

Identification Number	Subscription		Year
8 7 0 _____	-		

Client Information:
Business Name _____
Business Address _____
Contact Person (Must be a Client, or Shareholder of the company) _____

Program:																																										
Hours to Claim: Tuesday from 2:00pm to 11:00pm MT (Alberta); 5:00pm to 2:00am Atlantic																																										
<input type="checkbox"/> Feeder <input type="checkbox"/> Calf																																										
Date to Claim: _____ (As offered within the Calendar of Insurance)																																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 12.5%;">Invoice Number</th> <th style="width: 12.5%;">Policy Number</th> <th style="width: 12.5%;">Option</th> <th style="width: 12.5%;">Total Insured Weight (CWT)</th> <th style="width: 12.5%;">Claim Request (CWT)</th> <th style="width: 12.5%;">Remaining Weight to Claim on Policy (CWT) (Optional)</th> <th style="width: 12.5%;"><i>Office Use</i></th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <th style="text-align: center;">Claim Request Number</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Invoice Number	Policy Number	Option	Total Insured Weight (CWT)	Claim Request (CWT)	Remaining Weight to Claim on Policy (CWT) (Optional)	<i>Office Use</i>							Claim Request Number																												
Invoice Number	Policy Number	Option	Total Insured Weight (CWT)	Claim Request (CWT)	Remaining Weight to Claim on Policy (CWT) (Optional)	<i>Office Use</i>																																				
						Claim Request Number																																				
Need assistance? Call LPI at 902-957-2606 Please return this form to projects@agricommodity.ca																																										

Client Signature
Client Signature _____ / _____ Print Name
Contact Number _____ Date _____ Time _____

Do Not Use This Area	Date Stamp	Do Not Use This Area
----------------------	------------	----------------------

The personal information on this form is collected as authorized by the Nova Scotia Crop and Livestock Insurance Act and Freedom of Information and Protection of Privacy Act. The Province of Nova Scotia will use the information above to process your application for Livestock Price Insurance and communicate with you. Your information will be shared with the Agriculture Financial Services Corporation and Agri-Commodity Management Association for the purposes of administering the program. Your information may be shared with Agriculture and Agri-Food Canada for policy and program development, program evaluation and/or research and statistical purposes. Your personal information will only be used or disclosed for another purpose if authorized by law, or if we obtain your express consent. For questions about how your personal information is handled in relation to this service you may contact the Director of the Nova Scotia Crop & Livestock Insurance Commission office at (902) 893-6370.