

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 Purchase: Tuesday, Wednesday, Thursday 2:30pm to 11:00pm MT (Alberta) which is 5:30pm to 2:00am (Atlantic Time)				
Options				
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">Feeder</th> <th style="width: 50%; text-align: center;">Calf</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Feeder	Calf	<input type="checkbox"/>	<input type="checkbox"/>
Feeder	Calf			
<input type="checkbox"/>	<input type="checkbox"/>			
<p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Client feeds the Feeder Cattle or Calves either within Nova Scotia or within a geographic locale as has been specified by the Insurer.</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No Client will own the Feeder Cattle or Calves for a minimum of 60 continuous days within the policy length.</p> <p>Date to Purchase: _____ As offered within the Calendar of Insurance.</p> <p>Payment to be made to Agri-Commodity Management Association. If payment is not received within 15 days the policy will be cancelled.</p> <p>Payment can be sent to Agri-Commodity Management Association. E-transfer payments can be sent to elpi@agricommodity.ca. Cheques payable to ACMA. Mailed to 7 Atlantic Central Dr. East Mountain NS B6L 2Z2</p>				

Do Not Use This Area	Date Stamp	Do Not Use This Area
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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.

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Total number of head being insured _____ × Average expected sale weight _____ (lbs) ÷ 100 = _____ Insured Weight (cwt)

Lot ID* (Optional)	Insurable Period (No. of Weeks)	Insured Price	Premium (per CWT)		Insured Weight (per CWT)		Policy Premium	Office Use	
								Invoice Number	Policy Number
				x		=			
				x		=			
				x		=			
				x		=			
				x		=			

* Lot ID is optional. To link a group of cattle to a policy, enter up to 15 letters/numbers. Example: Pen 3.

Need assistance with this form?

Call LPI at 902-957-2606

Please return this form to projects@agricommodity.ca

Client Declaration & Signature

Correspondence and Indemnity Cheques will be sent to the "Client" as shown as the Business Name. Cheques will be issued by AFSC in Alberta.

I meet the eligibility requirements of the Livestock Price Insurance Program for the above selected subscription and am authorized to make this request. I also understand that this request cannot be withdrawn after it has been submitted to the Insurer.

I/we have received and agree to be bound by the terms of the Livestock Price Insurance Contract of Insurance.

Client Signature _____ / _____
Print Name

Contact Number _____ Date _____ Time _____

Office Use Only

Approved / Reviewed by _____ Date _____

Purchase completed by _____ Local Office _____

Time and Date _____