LIVESTOCK PRICE INSURANCE

British Columbia Application for Identification & Subscription Numbers

			Year
8 7 0 _____			_____

Client Information

Business Name _____

Business Address _____

Phone Number ( ) _____ Fax ( ) _____

Email Address _____

Contact Person (Must be an Applicant, or Shareholder of the company) _____

Applicant Type – Choose one BC Ministry Office: _____

- ☐ Individual – Also complete a Personal Information Form
- ☐ Corporation – Provide Business or Trust Number: _____
- ☐ Informal Partnership – Individuals must complete a Personal Information Form
- ☐ Legal Partnership – Provide Business Number: _____

Shareholder Details

	Surname/First/Middle Names	Phone	Address	Share %
1				
2				
3				
4				
5				

Complete and return this form to AGRI.LivestockPriceInsurance@gov.bc.ca, fax to BRMB at 1.250.861.7490, or at any local BC Ministry of Agriculture & Food office.

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

The personal information on this form is collected under the authority of the Farm Income Insurance Act, RSBC 1996. Your information is protected by and is subject to the provisions of the Freedom of Information and Protection of Privacy Act. We collect only what is necessary for the administration of the Livestock Price Insurance Program and the operation of the program's online systems and the provision of requested materials to you. Your information will be shared with the Agriculture Financial Services Corporation for the purposes of administering the program and may also be used for the administration of all BRM programs, to advise you about BRM programs and services, for policy and program development and evaluation, and for research and statistical purposes. Your information may be shared with Agriculture and Agri-Food Canada for policy and program development and evaluation and for research and statistical purposes. Questions about the collection of information should be directed to: Business Risk Management Branch, 200 - 1690 Powick Rd., Kelowna, BC V1X 7G5 1.888.332.3352.

AFSC collects information for the purpose of operation and administration of our programs and services. Any information you provide to us related to this purpose, whether personal information or business information, (the "**Collected Information**") is collected under the authority of the *Protection of Privacy Act* (Alberta) under section 4(c). AFSC may use the Collected Information in automated systems to generate content and to make decisions, recommendations and predictions.

If you have any questions about this notification, or about the collection and use of your information, please contact AFSC by mail at 5718 – 56 Avenue, Lacombe AB T4L 1B1, 1.877.899.2372, or privacy@afsc.ca.

LIVESTOCK PRICE INSURANCE

British Columbia Application for Identification & Subscription Numbers

			Year
8 7 0 _____			_____

Program Eligibility

Application for ☐ Calf ☐ Fed ☐ Feeder

Questions 1 to 4 must be answered "Yes"

1. ☐ Yes ☐ No Client files or intends to file farm Income (or Loss) for tax purposes in the Province of British Columbia as required under the Income Tax Act (Canada).
2. ☐ Yes ☐ No Eligible Livestock are/will be owned by the applicant
3. ☐ Yes ☐ No Client (if an individual) is 19 years of age or older
4. ☐ Yes ☐ No Client's greatest amount of income from Eligible Livestock would be reportable in British Columbia under the Income Tax Act (Canada) or be a Status Indian who carried on the business of farming on a reserve in Western Canada.

Authorization

Only applicants and parties with written authorization are allowed to give or receive information about this account.

☐ Check here if you want the legal document (Authority Form – LPI) required to designate an Authorized Representative to act on behalf of the client, for all matters regarding LPI or for a "Person to only receive Information". Until the document is received from you completed and signed, the Insurer will not provide or receive information from anyone other than the client.

Conflict of Interest

☐ The Livestock Price Insurance applicant acknowledges that individuals who are subject to the provisions of the Conflict of Interest Act (S.C. 2006, c. 9, s. 2), the Conflict of Interest Code for Members of the House of Commons, the Ethics and Conflict of Interest Code for Senators, the Values and Ethics Code for the Public Sector or any other conflict of interest and/or values and ethics codes applicable within provincial or territorial governments or specific organizations, shall not derive any direct benefit resulting from this application unless the provision or receipt of such benefit is permitted in such legislation, policy or codes.

Client Declaration

Cheques and correspondence will be sent to the "Client" shown as the Business Name.

I (the Applicant) declare that all the information contained in this application is accurate and true and understand that I must notify the Insurer in writing immediately if this business undergoes a change in clients or I discover that any of the information contained in this application is inaccurate or untrue.

	Client Signature	Date
1		
2		
3		
4		
5		

BC Ministry of Agriculture and Food Office Use Only

Comments _____

Approved by _____ Date _____

Signature

Reset Form Print Form