

Identification Number	Subscription		Year
8 7 0 _____	- _____		_____

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

Purchase Information	Local SCIC Office: _____
Hours to Purchase: Tuesday, Wednesday, Thursday 2:00 pm to 5:30 pm MT (Alberta)	
Options	
<input type="checkbox"/> AB Red Deer	<input type="checkbox"/> SK Brandon
<input type="checkbox"/> MB Brandon	
<input type="checkbox"/> Yes <input type="checkbox"/> No Can demonstrate ownership of Hogs for a minimum of 20 continuous days within the policy length purchased	
<input type="checkbox"/> Yes <input type="checkbox"/> No Feeds the Hogs within Western Canada or within a geographical locale as may be specified by the Insurer	
Date to Purchase Policy: _____	
Payment by cheque only payable to AFSC. If payment is not received within 15 days the policy will be cancelled.	

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

Saskatchewan Crop Insurance Corporation (SCIC) recognizes the sensitivity of your personal information. Any personal information given to SCIC for the purpose of the Western Livestock Price Insurance Program will be shared with the province of Alberta for the purpose of administering the Program. SCIC and Alberta will secure your information in accordance with the *Freedom of Information and Protection of Privacy Act*, the *Personal Information and Protection of Electronic Documents Act*, *The Saskatchewan Crop Insurance Corporation Act*, and other applicable Saskatchewan statutes, regulations and SCIC privacy policies. You agree that SCIC and Alberta may archive your personal information for the purpose of administering the Program and as required by Federal and Provincial legislation, including but not limited to *The Archives Act*. For all privacy concerns related to this program, please contact SCIC's Privacy & Security Manager at 306.728.7200 or email securityofficer@scic.gov.sk.ca

Identification Number	Subscription		Year
870	-		

Lot ID* (Optional)	Insurable Period (No. of Months)	Insured Price (per 100kgs)	Premium (per 100kgs)	Insured Weight** (per 100kgs)	Policy Premium	Office Use	
						Invoice Number	Policy Number
				x	=		
				x	=		
				x	=		
				x	=		
				x	=		
				x	=		
				x	=		
Total Premium							

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

** Insured Weight per 100 kgs = (number of head x expected sale dressed weight) ÷ 100

Need assistance with this form? Call your local SCIC office or toll free at 1.888.935.0000

You may return this form to your local SCIC office or fax to 1.306.728.7202

Client Declaration	
I meet the eligibility requirements of the Western Hog 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.	
Client Signature _____ / _____	Print Name _____
Contact Number _____	Date _____

SCIC Office Use Only	
Reviewed by _____ Local SCIC Office	Date _____ Time _____
Approved by _____ For SCIC	Date _____