Western LPIP
LIVESTOCK PRICE INSURANCE PROGRAM

Saskatchewan Personal Information Form – WLPIP

Identification Number	Subscription		Year
8 7 0 _____	_____ - _____		_____

Client Information:

Business Name _____

Business Address _____

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

Legal Name _____

Social Insurance Number _____

All of the information contained in this form is accurate and true. If I give false information, make a false statement, fail to disclose in the form any information required by the Insurer, or return misleading information, I could be prosecuted and liable to a fine or imprisonment, or both, and forfeit the right to an indemnity.

Client Signature _____

Print Name _____

Date _____

Reset Form Print Form

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