Western LPIP
LIVESTOCK PRICE INSURANCE PROGRAM

Saskatchewan Request to Purchase – Cattle

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: Local SCIC Office: _____

Hours to Purchase: Tuesday, Wednesday, Thursday
2:00 pm to 5:30 pm MT (Alberta)

Options

Fed	Feeder	Calf
☐ Price	☐ Alberta ☐ SaskMan	☐ Alberta ☐ SaskMan

Fed applicants to complete 1 and 2 only.
Feeder and Calf applicants to complete 2 and 3 only.

1. ☐ Yes ☐ No Client finishes the Fed Cattle for at least the four week period immediately prior to the claim window for this policy.
2. ☐ Yes ☐ No Client feeds the Fed Cattle, Feeder Cattle or Calves either within Western Canada or within a geographic locale as has been specified by the Insurer.
3. ☐ Yes ☐ No Client will own the Feeder Cattle or Calves for a minimum of 60 continuous days within the policy length.

Date to Purchase Policy: _____

Payment must be received within 15 days of purchase. Any balance owing after 15 days is subject to interest at CIBC prime plus two per cent and is due, in full, at policy expiration.

Payments can be completed via telephone or online banking. Add *Agriculture Financial Services* as a payee and use your **subscription number** as the account number.

Cheques must be made payable to AFSC and mailed to:

- Agriculture Financial Services Corporation, 5718 - 56 Avenue, Lacombe, Alberta T4L 1B1.

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

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Identification Number	Subscription		Year
870 _____	_____ - _____		_____

Total number of head being insured _____ **× Average expected sale weight** _____ **(lbs) ÷ 100 =** 0 **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	*Office Use* 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 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 Cattle 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 _____ Time _____

SCIC Office Use Only

Purchase completed by _____ Date _____ Time _____
SCIC representative

Approved by _____ Date _____
Program Coordinator

Reset Form Print Form