

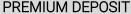
OFFICE USE

Contract No.

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APPLICATION FORM

CLIENT DETAILS											
Legal Name of Far	m Operatio	n:									
Contact Name:				F	Phone: (h) (c)						
Mailing Address:											
	forant from mo	iling).									
Farm Address (if different from mailing):											
Type of Operation: Proprietorship Partnership Corporation											
SIN/Tax ID/Bus. #: Email:											
Additional Contact Name: Name:	S:					Number: Number:					
INSURANCE PLAN	IS										
Plan	Coverage Level*	Price Option*	Applicatio n Deadline	Pla	Plan		Coverage Level*	Price Option*	Applicatio n Deadline		
☐ Acreage Loss			Mar 31		Spring	Grain			Apr 14		
☐ Blueberry ☐ Highbush ☐ Lowbush			Nov 30		☐ Tree Fruit ☐ Apples ☐ Pears ☐ Peaches				Nov 30		
□ Corn □ Silage □ Grain			Apr 30		☐ Grapes ☐ Vinifera ☐ French Hy. ☐ Labrusca				Nov 14		
☐ Forage Estab.			Oct 15		☐ Strawberry				Nov 14		
☐ Maple Syrup			Apr 30		☐ Winter Grain				Aug 31		
☐ Potato			Apr 19		☐ Processing Carrots				Mar 14		
☐ Raspberry			Oct 31		☐ Tree Insurance				Dec 01		
☐ Soybean			May 11	☐ Weather Derivatives				Apr 30			
☐ Dairy			N/A		☐ Poultry				N/A		
*If no coverage level	or price op	tion is sele	cted, clients w	vill rece	eive 80)% coverage an	d the mediu	m price op	tion.		



Premium Deposit of \$ ______ (\$50.00 minimum) accompanies this application. Please make cheque payable to Nova Scotia Crop and Livestock Insurance Commission or pay online at:

novascotia.ca/agri/crop-livestock-insurance-payment









Date

Signature

Submit your application to: 74 Research Drive, Lorraine Building Bible Hill, NS B6L 2R2

Truro: 902-893-6370 Kentville: 902-679-6015/6028 Toll Free: 1-800-565-637 Cell: 902-324-2381 Email: nsclic@novascotia.ca