NOVA SCOTIA CROP AND LIVESTOCK INSURANCE COMMISSION

74 Research Drive, Lorraine Building, Bible Hill, NS B6L 2R2 Truro: 902-893-6370 Kentville: 902-679-6015/6028 Toll Free: 1-800-565-6371 Cell: 902-324-2381 Email: nsclic@novascotia.ca

APPLICATION FORM – FORAGE ESTABLISHMENT

								Crop Ye	ear:		
Name: Civic Address:		elephone: SIN/Tax ID#:							Contract No.:		
		Mailing Address:								Postal Code:	
Complete detai	Is of seeded acreage (If	more space is ne	eded use chart o	on the reverse of	of this forr	n).					
Field Name	Сгор	No. of	Seeding	Seeding	Direct Seeded		Date	Fertilizer	Fertilizer	Previous Crop	
		Acres	Date	Rate	Yes	No	Limed	Grade	Rate		
Acres listed abo	ve is total acreage seed	ed to forage this	year. 🗌 Yes 🗌	No		I				_1	
Please check selection:		Premium Rate% X Number of Acres X \$Coverage Per Acre									
Use value from current premium rate sheet.		Number of Acres X \$ per acre = \$							·		
OPTION A: \$200/acre		Number of Acres X \$ per acre									
OPTION B: \$300/acre		Number of Acres X \$ per acre = \$									
OPTION C: \$	-										
	r the Forage Establishm eater. Total Premium ir				iis applicat iclosed.	tion. The	Total Premiu	m is the calcula	ted amount, oi	r \$50,	
I, the undersign administering the	ed, certify that the info nis insurance program, t f its cost sharing agreen	rmation provided he Nova Scotia C	is accurate and rop and Livestoc	k Insurance Co						•	
S	Signature of Applicant		Date					Commission Representative			



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Complete details of seeded acreage

Field Name	Сгор	No. of Acres	Seeding Date	Seeding Rate	Direct Seeded		Date	Fertilizer	Fertilizer	Previous
					Yes	No	Limed	Grade	Rate	Crop

Acres listed above is total acreage seeded to forage this year.	Yes] No