

# NOVA SCOTIA CROP AND LIVESTOCK INSURANCE COMMISSION

74 Research Drive, Lorraine Building, Bible Hill, NS B6L 2R2  
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 Fax: 1-902-895-4622 Email: nscllc@novascotia.ca

## APPLICATION FORM – FORAGE ESTABLISHMENT

Crop Year: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ SIN/Tax ID#: \_\_\_\_\_ Contract No.: \_\_\_\_\_

Civic Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Complete details of seeded acreage** (If more space is needed use chart on the reverse of this form).

Field Name	Crop	No. of Acres	Seeding Date	Seeding Rate	Direct Seeded		Date Limed	Fertilizer Grade	Fertilizer Rate	Previous Crop
					Yes	No				
					<input type="checkbox"/>	<input type="checkbox"/>				
					<input type="checkbox"/>	<input type="checkbox"/>				
					<input type="checkbox"/>	<input type="checkbox"/>				
					<input type="checkbox"/>	<input type="checkbox"/>				

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

Please check selection: Use value from current premium rate sheet. <input type="checkbox"/> OPTION A: \$100/acre <input type="checkbox"/> OPTION B: \$200/acre <input type="checkbox"/> OPTION C: \$300/acre	Premium Rate _____% X _____ Number of Acres X \$ _____ Coverage Per Acre = \$ _____. Number of Acres _____ X \$ _____ per acre = \$ _____. Number of Acres _____ X \$ _____ per acre = \$ _____. Number of Acres _____ X \$ _____ per acre = \$ _____
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**Please Note:** For the Forage Establishment Plan, the Total Premium must accompany this application. The Total Premium is the calculated amount, or \$50, whichever is greater. Total Premium in the amount of \$ \_\_\_\_\_ is enclosed.

I, the undersigned, certify that the information provided is accurate and that the land to be insured is land that I (we) own, lease or operate. For the purpose of administering this insurance program, the Nova Scotia Crop and Livestock Insurance Commission may share the information it collects from me to meet the requirements of its cost sharing agreements or as otherwise required by law.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Commission Representative \_\_\_\_\_



**Complete details of seeded acreage**

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					<input type="checkbox"/>	<input type="checkbox"/>				

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