

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
 Fax: 1-902-895-4622 Email: nsclic@novascotia.ca

APPLICATION FORM – WEATHER PLAN FOR FORAGE

CLIENT IDENTIFICATION	
Name	
Farm Name	Location
Mailing Address	Postal Code
Civic Address	☎ Home
Type of Operation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	☎ Cellular
SIN/Tax ID#	☎ Barn
Email Address	☎ Fax
Contact Person	Contact ☎

Do you currently have crop insurance? Yes No If yes, indicate contract no. _____
 Do you currently have dairy insurance? Yes No

FODDER: Crop that is grown and managed to produce stored livestock feed **PASTURE:** Crop of any mixture that is grown and managed for grazing livestock

Field Name - FODDER:	ACRES
Total Fodder Acres	

Field Name – PASTURE:	ACRES
Total Pasture Acres	

Total Acres (Fodder and Pasture) _____ (If space is insufficient, please use reverse side)

Select one coverage period: May 1 to June 30
 May 1 to July 31
 May 1 to August 31

Additional Rain Coverage
 Yes No

NOTE: You must select May 1 to August 31 coverage period if you wish to insure pasture forage.

Please select a value (maximum dollar value must be \$288) \$ _____.

Please select the weather station nearest your farm location:

<input type="checkbox"/> Sydney	<input type="checkbox"/> Charlottetown	<input type="checkbox"/> Parrsboro	<input type="checkbox"/> Lunenburg County
<input type="checkbox"/> Baddeck	<input type="checkbox"/> Colchester County	<input type="checkbox"/> Halifax County	<input type="checkbox"/> Greenwood
<input type="checkbox"/> Antigonish	<input type="checkbox"/> Nappan	<input type="checkbox"/> Halifax Airport	<input type="checkbox"/> Kentville
		<input type="checkbox"/> Shearwater	<input type="checkbox"/> Yarmouth

PREMIUM
Premium payment in full is due by July 1. Please make cheque payable to Nova Scotia Crop and Livestock Insurance Commission.

DECLARATION AND SIGNATURE
I, the undersigned, certify that the information provided is accurate. I have read and agree to the conditions outlined on the reverse of this application form.

Signature of Applicant	Date
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Commission Representative

OFFICE USE
Effective Date

Effective Date	Contract No.
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