

# 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: nsclic@novascotia.ca

## APPLICATION SUPPLEMENT

Name: \_\_\_\_\_

Farm Registration Number: \_\_\_\_\_

Does the applicant have an interest in, or a current application for, any other contract of insurance?  Yes  No

If yes, please give details.

a) Individual contract: \_\_\_\_\_

b) Share of partnership contract: \_\_\_\_\_

c) Shareholder: \_\_\_\_\_

Does the applicant own land for the farming operation?  Yes  No

Does the applicant rent or lease land for the farming operation?  Yes  No

Does any other person (whether an individual, partnership, corporation or other entity) have a direct or indirect financial or other operating interest/obligation in the applicants' farm operation?  Yes  No

If yes, please give details: \_\_\_\_\_

I declare that the statements made herein are true and correct.

\_\_\_\_\_  
Date

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

The information collected on this form is held in confidence for determining eligibility for a contract of insurance with the Nova Scotia Crop and Livestock Insurance Commission.

