

NOVA SCOTIA CROP AND LIVESTOCK INSURANCE COMMISSION

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

HISTORICAL RECORDS FORM (to accompany Crop Insurance Application)

Name _____ Contract No. _____

Name of Applicant, Corporation or Partnership _____

Crop Insurance Plan _____ Crop _____

Yield History (please complete giving the past 15 years of records)

YEAR	AREA <input type="checkbox"/> Ac <input type="checkbox"/> Ha <input type="checkbox"/> No. of Taps	YIELD <input type="checkbox"/> Kgs. <input type="checkbox"/> Bus. <input type="checkbox"/> Lbs. <input type="checkbox"/> Tonnes <input type="checkbox"/> Tons <input type="checkbox"/> L	TOTAL INCOME	OFFICE USE ONLY	
				AHY	COMMENTS

Present total area of crop owned: _____

Area to be harvested next crop year: _____

Permission is hereby granted to verify production and sales records at: _____

_____ Date _____ Signature of Applicant _____ Commission Representative _____

