

Saskatchewan Crop Insurance Corporation
 484 Prince William Drive
 PO Box 3000
 Melville SK S0A 2P0

www.scic.ca
 Phone: 1-866-270-8450
 Fax: 1-888-728-0440
 Email: agristability@scic.ca

SCIC ID:

AgriStability PIN:

Note: Deadline for submission is 90 days after program year-end.

Any questions, please contact us.

Mail: Saskatchewan Crop Insurance Corporation
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Section 1 - Participant Information

Name			Home Phone		
Address 1			Work Phone		
Address 2			Cell Phone		
City	Province	Postal Code		Fax Number	
Country		E-mail			
Legal land description of your main farmstead:					
RM	QTR	SEC	TWP	RGE	MER
Fiscal year-end: Day Month Year					

Section 2 - Change Contact Person

Name			Home Phone		
Address 1			Work Phone		
Address 2			Cell Phone		
City	Province	Postal Code		Fax Number	
Country		E-mail			

Please check here to have a copy of your Calculation of Benefits (COB) sent to this contact person

Section 3 - Participant Declaration

By submitting this form, I understand an overpayment may occur if I fail to meet the related requirements. If any payment related to this application exceeds my final AgriStability benefit, I will be required to repay any overpayment.

I certify the information provided on this form to be true, correct and subject to the AgriStability Participant Initial Declaration. I am aware that to make a false statement is an offence.

Signature (Participant/Signing Officer)	Printed Name
Corporate Name (if applicable)	Date

The Saskatchewan Crop Insurance Corporation (SCIC) recognizes the importance of your personal information and the privacy surrounding it. Depending on the program offered by SCIC, and pursuant to provincial legislation and regulations, SCIC will not share or disclose any of your information unless otherwise required by law or for the purpose of programs offered by SCIC. SCIC will secure your information and may archive it indefinitely in accordance with The Archives Act. For all privacy concerns, please contact SCIC's Privacy & Security Commissioner by e-mail at securityofficer@scic.ca or phone at 306-728-7200.

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Farming operation _____ of _____

(Complete this page for each farming operation)

Farming operation name: _____

Section 4 - Program Year Farming Activity

* A production cycle and six months of farming activity must be completed to be eligible unless you have experienced a major disaster.

- i. Have you completed a production cycle and six months of farming activity in this fiscal year? Yes No
- ii. Did you participate as a crop/production share landlord in the program year? Yes No

iii. Explain the reason you are applying for an interim benefit (e.g. flooding, drought, quality factors, etc.)

- iv. Based on criteria set out in the AgriStability Program Handbook, should this operation be combined to reflect the whole farm? If yes, indicate the name and PIN of the other operations. Yes No

Name	PIN	Please explain
_____	_____	<div style="border: 1px solid black; height: 40px;"></div>
_____	_____	

- v. Have there been any changes in your farming operation? Yes No

Explain reason for changes (e.g. increased acres of crop, decreased livestock inventory).

- vi. Indicate any program year payments you have received or may receive related to the 2021 program year.

Crop Insurance \$ _____	Hail Insurance \$ _____	Other Program Payments \$ _____
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- vii. Indicate any of your allowable expenses that have increased or decreased unexpectedly this year. (If you require more space, please attach additional sheets)

Expense Categories	No significant increase/decrease	Total Amount (\$) Purchased for 2021 Year
Feed Purchase	<input type="checkbox"/>	_____
Fertilizers and Soil Supplements	<input type="checkbox"/>	_____
Pesticides and Chemical Treatments	<input type="checkbox"/>	_____
Machinery (gasoline, diesel fuel, oil)	<input type="checkbox"/>	_____
Other (please specify) _____	<input type="checkbox"/>	_____

* Do not include amounts pre-bought for the next year

* Should you have additional information that could impact your interim benefit, such as unseedable acres, or grain not harvested, etc. please attach an additional page with notes to explain your unique circumstances.

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Farming operation _____ of _____

(Complete this page for each farming operation)

Farming operation name: _____

Section 4 - Program Year Farming Activity (continued)

2021 Livestock Productive Capacity

Code	Cow/Calf Production	Number of Cows Calved	Number of Calves Born	Estimated Average Sale Weight	Estimated Number of Calves Sold
104	Cattle				
Code	Fed Cattle	Number of Animals Sold	Estimated Average Weight		
105	Feeder Cattle (fed up to 900 lbs)				
106	Finished Cattle (fed over 901 lbs)				
Code	Fed Cattle	Number of Animal Feed Days	Number of Animals Fed		
141	Custom Fed Cattle				
Code	Fed Hogs	Number of Animal Feed Days	Number of Animals Fed		
124	Feeders, Fed over 50 lbs to Finish				
125	Hogs, Feeders, Fed Up to 50 lbs				
142	Custom Fed Hogs				
Code	Hog Production	Number of Animals Born	Number of Sows that Birthed	Average Wean Weight	
145	Hogs, Farrowing, Up to 50 lbs				
123	Hogs, Farrow to Finish				
Code	Other Products: Specify	Production	Productive Capacity		