

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:

All AgriStability participants must sign the declaration to confirm they understand the terms set out by the Saskatchewan Crop Insurance Corporation (SCIC). The declaration is a one-time requirement that allows SCIC access to your AgriStability program information. It must be completed and signed by only the participant or their legal signing officer. Failure to submit this declaration may result in a loss or delay in your AgriStability benefits. Please sign and return this declaration by mail to the address listed below, by fax to 1-888-728-0440, or you can drop it off at any of our 21 SCIC customer service offices throughout the province.

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Participant Information

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

Contact Person Information

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

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

Crop Insurance Contracts

If applicable, please enter the Saskatchewan Crop Insurance contract numbers associated with your farming operation.

Contract Number	Contract Number	Contract Number	Contract Number
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Declaration

I declare and certify that the following terms of this declaration shall govern my participation in the AgriStability program:

1. I understand that the Saskatchewan Crop Insurance Corporation (SCIC) is administering the AgriStability program for the 2009 program year and onward.
2. For purposes of this declaration, "I" refers to the participant (you) or your authorized Contact Person(s).
3. I am eligible to participate in the AgriStability program.
4. The majority of my farm business is based in Saskatchewan.
5. I have disclosed complete and true information to the program administration to date and I will continue to provide accurate, true and complete information which is not misleading.
6. I agree that information I provide may be confirmed with the Canada Revenue Agency (CRA) and that I will notify SCIC immediately of any changes to information provided to the CRA.
7. I will disclose details on all farming activities for farming operations in which I am involved, including proprietorships, partnerships, joint ventures, corporations and co-operatives.
8. I will not make alterations/adjustments to the ownership, business structure, size of operation, farming practices, type of farming activity, or accounting methods in an attempt to change my eligibility or benefits in the AgriStability program.
9. I agree that SCIC or SCIC representatives may have access to the farm for on-farm audits and may have access to all financial and production records for the purpose of a program audit to verify the accuracy of information I provide.
10. I confirm that any declared overpayment under AgriStability is a debt due and owing to the Crown, will be repaid to SCIC upon demand, and will survive any cancellation of my participation in the AgriStability program.
11. I understand interest will be charged on any overpayments at the SCIC corporate rate of Royal Bank prime plus two per cent per annum adjusted quarterly.
12. I confirm any declared overpayment may be offset against any federal/provincial income tax and other federal/provincial programs.
13. I consent to the release of my contact information, which includes my name, physical and mailing addresses, phone and facsimile number(s), and applicable electronic address(es) to an outside service provider for the defined purpose of printing and mailing AgriStability documents that may be addressed to me.
14. I consent to SCIC and other federal/provincial administrations having access to all information for providing agricultural policy or program funding.
15. I consent that my information will be available to SCIC for the purpose of:
 - A. administration and audits of all current and future SCIC, federal and provincial programs related to agriculture including, but not limited to, the AgriStability and Crop Insurance programs;
 - B. SCIC, federal and provincial policy program development and evaluation; and
 - C. research and statistical purposes.
16. I acknowledge that SCIC will share my information with AAFC for the AgriInvest program.
17. I understand any submitted information may be combined with other participants for AgriStability benefits, and consent to disclose this information to these other participants.
18. I understand and certify any information I have provided for other individuals or entities has been authorized by those individuals. I understand and agree to provide them with information from SCIC if requested.
19. I acknowledge this declaration will remain valid for any program years I am a participant in AgriStability or future similar farm income stabilization/disaster programs administered by SCIC.
20. I acknowledge in the event of my death, the AgriStability program requirements will be in effect for all my heirs, successors and assigns.
21. I understand SCIC recognizes the importance of my 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 my information unless otherwise required by law or for the purpose of programs offered by SCIC. SCIC will secure my 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.

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