

# Instructions

## Corn Heat Unit Program Endorsement

**CORN HEAT UNIT PROGRAM ENDORSEMENT**

Contract Number	Crop Year	Home RM	Ver	Page	Date	Form ID
<b>123456-7</b>		<b>001</b>	1	1 of 1		CHUE001

**1** Name **THE CUSTOMER** Telephone Number **(306) 123-4567**  
**2** Address **PO BOX 99** Home Quarter **NE 01 01 01 1**  
City **ANYWHERE** Prov **SK** Postal Code **S0D0X0** Power of Attorney **X/XX/XX**

Contact Information	Local Number	Toll-Free Number	Fax Number
<b>Assiniboia Office</b> <small>www.scic.ca</small>	<b>1-888-935-0017</b>	1-888-935-0000	<b>1-306-642-7229</b>

TO ENDORSE CORN HEAT UNITS: Select your coverage level and select 'YES' in the Endorsed column below.  
TO DELETE CORN HEAT UNIT ENDORSEMENT: Select 'NO' in the Endorsed column below.

IU Code	Description	Coverage per Acre				Endorsed	
881	Corn	<input type="checkbox"/> 150	<input type="checkbox"/> 175	<input checked="" type="checkbox"/> 250	<input type="checkbox"/> 350	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

RM	Legal Land Description	Acres	Weather Station
<b>001</b>	<b>NE 01 01 01 1</b>	<b>100</b>	<b>Regina</b>

- 1** Complete Contract Number (if known), Home RM and Date.
- 2** Complete Contact Information, Home Quarter and Power of Attorney (if applicable)
- 3** From the drop-down list, SELECT your Crop Insurance office (if known).
- 4** TO ADD insurance, select the coverage per acre and Yes in the Endorsed column. TO DELETE insurance, select No in the Endorsed column.
- 5** TO ADD, provide the legal land description, number of seeded acres and weather station.
- 6** Rural municipality where the land is located.
- 7** Legal land description for each parcel of cultivated land to be insured.
- 8** Number of acres seeded to be insured on each legal land description.
- 9** Weather stations must be selected within 120 kilometres of the insured parcel.
- 10** Claims do not have to be filed; they are automatically calculated. TO DEFER your claim, select Yes and write the deferral date.

**10** Payment(s) to be deferred?  Yes  No    Deferred Date: **XX/XX/XX** (max. of one year from claim calculation)  
DD/MM/YY

**Please note: Electronically-completed forms cannot be saved. Please print two copies of the completed form and save one for your records. Please mail, fax or drop-off this form to your local Crop Insurance office.**