CropInsurance

# Instructions

## Wild Rice Endorsement

CropInsurance

### WILD RICE ENDORSEMENT

| Contract Number | Crop Year | Home RM | Ver | Page | Date | Form ID |
|---|---|---|---|---|---|---|
| 123456-7 | | 001 | 1 | 1 of 1 | X/XX/XX | WREN001 |

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

| Contact Information | Local Number | Toll-Free Number | Fax Number |
|---|---|---|---|
| Prince Albert Office | 1-888-935-0018 | 1-888-935-0000 | 1-306-953-2285 |

www.scic.ca

TO ENDORSE WILD RICE: Select your coverage level and select 'YES' in the Endorsed column below.
TO DELETE A WILD RICE ENDORSEMENT: Select 'NO' in the Endorsed column below.

| IU Code | Description | Coverage Option (%) | | | Endorsed | | Price Option |
|---|---|---|---|---|---|---|---|
| 65 | Wild Rice | ☐ 50 | ☐ 60 | ☒ 70 | ☒ Yes | ☐ No | |

| Region | Saskatchewan Environment License # / Band # | Acres |
|---|---|---|
| (1) Western | 1234567 | 50 |
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Payment(s) to be deferred? ◉ Yes ○ No Deferred Date: XX/XX/XX (max. of one year from claim calculation)
DD/MM/YY

1. Complete Contract Number, 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.
4. TO ADD insurance, select the coverage option and Yes in the Endorsed column. TO DELETE insurance, select No in the Endorsed column.
5. SELECT the region in which you harvest. Please refer to the Wild Rice Insurance Program brochure for more information or contact the Prince Albert Customer Service Office.
6. Saskatchewan Ministry of Environment license number or applicable band number.
7. Number of licensed acres that are eligible for harvest.
8. TO ADD, select a region, enter license/band number and number of eligible acres.

**Please note: Electronically-completed files 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.**

CANADIAN AGRICULTURAL PARTNERSHIP
SCIC SASKATCHEWAN CROP INSURANCE CORPORATION
Canada
Comms2020