

Section 1: Participant Information

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

Contact Person: Note: To change your contact person you must complete this section and the participant must sign page two of this document for the change to be accepted.

Name			Home Phone
Mailing Address			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

Contact Person:

Name			Home Phone
Mailing Address			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 2: Participant Profile

The participant is:

☐ Co-operative	☐ Communal Organization	☐ Limited Partnership	☐ Other Entity	Specify
☐ Corporation	☐ Trust	☐ Status Indian Farming on a Reserve	☐ Band Farm	Band #
Business Number				

Farm profile:

Province of main farmstead

This application is for (check all that apply):

☐ AgriStability ☐ AgriInvest

* Main Farmstead is where all or the majority of the gross farming income was earned over the reference period.

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:

Section 2: Participant Profile (continued)

Please list the legal land description of your main farmstead:

RM QTR SEC TWP RGE MER

If the participant is deceased, please provide date of death:

Day Month Year

Was your final year of farming?

☐ Yes ☐ No

Have you completed a production cycle on at least one of the commodities you produced?

☐ Yes ☐ No

If no to the above question, were you unable to complete a production cycle due to disaster circumstances?

☐ Yes ☐ No

Based on the AgriStability whole farm combining criteria outlined:

Should your operation be combined with another operation for the program year?

☐ Yes ☐ No

If you should be combined in the program year, or if you were previously but should no longer be combined, indicate the PINs that should be added or removed from your whole farm.

☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove

AgriStability PIN

AgriStability PIN

AgriStability PIN

AgriStability PIN

Please explain

Supporting Documentation

Please attach additional information as required and submit all documentation to the Saskatchewan Crop Insurance Corporation (see contact and mailing information at the top of the page).

With these forms, are you including any of the following? (Check all that apply)

- ☐ Greenhouses and Nurseries Productive Capacity Form ☐ Section 85 Rollover Documents
- ☐ Receipts ☐ Financial Statements/Notes to Financial Statements
- ☐ Accrual to Cash/Cash to Accrual Conversions ☐ Purchase Agreement
- ☐ Other (Please specify):

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) values your privacy and the protection of your personal information. In accordance with The Freedom of Information and Protection of Privacy Act and related regulations, SCIC will not share or disclose your information unless required by law or for the purpose of programs offered by SCIC. Your information will be securely stored and may be archived indefinitely as per The Archives and Public Records Management Act. For privacy concerns, please contact SCIC's Privacy Manager at privacy@scic.ca or call 306-728-7200.

(Complete this page for each farming operation)

Farming Operation Name

Fiscal Year (To): Day Month Year

Enter the applicable code for each entry on the form. The codes are listed in the Commodity Code Guide.

Canada¹

Farming operation _____ of _____ (Complete this page for each farming operation)

Section 6: Statement of Farming Activities

	Code	Amount
Gross farming income	9959	
Total farming expenses	9968	
Net farming income (loss) before adjustments	9969	
Optional inventory adjustments - Current Year	9941	
Mandatory inventory adjustments - Current Year	9942	
Net farming income (loss) after adjustments	9944	
Net farming income (loss)	9946	
Shareholder/Member Information	Code	Amount
Number of members in co-operative	865	
Total number of outstanding common shares (voting/non-voting)	854	

Shareholders		855
Name of Shareholder/Member	AgriStability PIN	Number of Common Shares per Shareholder

Partners		
Enter the first and last name if the partner is an individual. Enter the corporation name if the partner is a corporation.	AgriStability PIN	Percentage Share

(Complete this page for each farming operation)

Has the productive capacity of this operation decreased during the program year due to disaster circumstances?

For Crops: ☐ Yes ☐ No For Livestock: ☐ Yes ☐ No

If you purchased Crop Insurance in the program year for this operation, please provide your contract numbers in the spaces below.

Contract Number	Your Share	Contract Number	Your Share	Contract Number	Your Share
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☐ Nothing to report

a	b	c	d	a	b	c	d
Code	Description	Ending Inventory	Price per Unit (\$)	Code	Description	Ending Inventory	Price per Unit (\$)

☐ Nothing to report

a	b	c	d	e	f	g
Code	Crop/Grade	Units	Acres	Quantity Produced	Ending Inventory	Price per Unit (\$)
16	Unseedable acres (too wet/too dry)			If extra rows are required, please continue on Page 8		
17	Summerfallow acres					
18	Pasture acres					
19	Wasteland acres					
Total Acres						

☐ Nothing to report

Code	Productive Animals	Units	
104	Cattle	Number of females that have birthed	
123	Hogs, Farrow to Finish	Number of females that have birthed	
145	Hogs, Farrowing, Up to 50 lbs	Number of females that have birthed	

Farming operation _____ of _____

(Complete this page for each farming operation)

Section 9: Livestock Productive Capacity (continued)

Code	Number of Feeder Livestock	Units	
105	Feeder Cattle (fed up to 900 lbs)	Number of opening or purchased animals fed	
106	Finished Cattle (fed over 901 lbs)	Number of opening or purchased animals fed	
125	Hogs, Feeders, Fed Up to 50 lbs	Number of opening or purchased animals fed	
124	Hogs, Feeders, Fed over 50 lbs to Finish	Number of opening or purchased animals fed	
Code	Custom Fed Livestock	Units	
141	Custom Fed Cattle	Number of animal feed days	
142	Custom Fed Hogs	Number of animal feed days	
Code	Supply Managed Commodities	Units	
113	Dairy Quota, Butterfat	Number of kg of butterfat/day	
108	Chicken, Layers, Broiler Eggs for Hatching	Number of producing hens	
109	Chicken, Layers, Eggs for Consumption	Number of producing hens	
143	Chicken, Broilers	Number of kg produced	
144	Turkey, Broilers	Number of kg produced	
Code	Other (specify below)	Units	

Section 10: Purchased Inputs / Prepaid Expenses

☐ Nothing to report

Code	Description	Year-end amount (\$)	Code	Description	Year-end amount (\$)

Section 11: Deferred Income and Accounts Receivable

☐ Nothing to report

Code	Description	Receivables & income	Code	Description	Receivables & income

Section 12: Accounts Payable/Unpaid Expenses

☐ Nothing to report

Code	Description	Year-end amount (\$)	Code	Description	Year-end amount (\$)

Farming operation _____ of _____ (Complete this page for each farming operation)

Section 10: Purchased Inputs / Prepaid Expenses (continued)

Code	Description	Year-end amount (\$)	Code	Description	Year-end amount (\$)

Section 11: Deferred Income and Accounts Receivable (continued)

Code	Description	Receivables & income	Code	Description	Receivables & income

Section 12: Accounts Payable/Unpaid Expenses (continued)

Code	Description	Year-end amount (\$)	Code	Description	Year-end amount (\$)