

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.

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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

- 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 \_\_\_\_\_ program year.
- |                         |                       |                                 |
|-------------------------|-----------------------|---------------------------------|
| Crop Insurance \$ _____ | AgriRecovery \$ _____ | Other Program Payments \$ _____ |
|-------------------------|-----------------------|---------------------------------|

- 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	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)

### Livestock Productive Capacity

Code	Cow/Calf Production	Number of Cows Calved	Estimated Average Sale Weight	Estimated Number of Calves Intended for Sale	Average Price per Head

Code	Fed Cattle	Number of Animals Intended for Sale <i>(do not include purchased animals sold)</i>	Estimated Average Weight	Average Price per Head

### Additional Information

Code	Fed Cattle	Number of Animal Feed Days	Number of Animals Fed

Code	Purchased Animals	Head Purchased	Purchased Head Intended for Sale (if any)	Estimated Average Weight Sold	Average Price per Head Sold

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(Complete this page for each farming operation)

Farming operation name:

### Section 4 - Program Year Farming Activity (continued)

Code	Fed Hogs	Number of Animal Feed Days	Number of Animals Fed
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Code	Hog Production	Number of Animals Born	Number of Sows that Birthed	Average Wean Weight
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Additional Information

Code	Other Livestock Products: Specify	Production	Productive Capacity
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Additional Information