

Contract Number	Crop Year	Page	Date	Form ID
		1 of 3		APPF915

New Reinstatement

Home Quarter _____ Home RM _____ Application Type _____

Contract Name _____

Address _____

Alternate Address _____ Home Phone Number _____

Alternate Phone Number _____ Description _____ Cell Number _____

Fax Number _____ Email Address _____ SIN _____

Business Number _____ Direct Deposit form attached? Yes No Release of info attached? Yes No

DEMOGRAPHICS

Do you currently have an active Crop Insurance contract or have you had one in the past? Yes No

Contract Name _____ Contract Number _____ Status _____ Balance Owing \$ _____

Contract Name _____ Contract Number _____ Status _____ Balance Owing \$ _____

Are you in AgriStability? Yes No Pin _____ Are you in AgriInvest? Yes No Pin _____

OPERATIONAL INDEPENDENCE

Do you share equipment? Yes No Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Grain Storage – Describe type and location (provide bin map)

Do you share bins? Yes No Name _____ Relationship _____

Name _____ Relationship _____

Explain circumstances where grain may be mixed with another producer. Discuss prorate if mixing grain.

Mike and I use Grandpa's yard, we have 4 bins each. If that is not enough storage will use grain bags. Will not put grain in the same bins as Mike. Trucking is hired independently from Mike. Grain sold in my name only.

Are you involved in a custom farm operation? Yes No Is labour paid for with production Yes No

Name _____ Relationship _____

FINANCIAL INDEPENDENCE

Who buys seed and fertilizer for this farm operation?

CONTRAP0125-6/INS

Contract Number	Crop Year	Page	Date	Form ID
		2 of 3		APPF915

Where are accounts set up for the inputs? Can you provide receipts for inputs if needed? Yes No

Who claims income and expense for this farm operation?

Who absorbs the farming loss if there is one?

What name is your farm income tax return filed under? _____

LEGAL INDEPENDENCE

Explain ownership of land _____

Is proof of ownership attached?	Yes	No	
Rented Land		Relationship	Type of Agreement
Landlord Name _____		_____	_____
Landlord Name _____		_____	_____
Landlord Name _____		_____	_____
Landlord Name _____		_____	_____

If the land operated is only rented land the Rental Agreement must be provided or the application will not be approved.

Is the Rental Agreement attached? Yes No If No, Explain _____

If all land that is operated is rented by a verbal agreement, we require a Confirmation of Verbal Agreement to verify legal access to the land.

Is Confirmation of Verbal Agreement attached? Yes No Permit Number(s) for Wild Rice _____

GENERAL INFORMATION

Please explain your farming plan for this year.

CONTRAP0125-6/INS

Seeding Intentions?

Crop Rotations?

Fertilizer and Chemical Plans?

Labour and Harvest Plans?

Contract Number	Crop Year	Page	Date	Form ID
		3 of 3		APPF915

A Guarantee is required for all corporate contracts to ensure that officers and directors accept the financial obligation of the contract. A Band Council Resolution (BCR) is required for all First Nation or First Nation related company contracts. The BCR is to be completed by the band council authorizing the band to guarantee the premium of either the First Nation contract or related corporate contract.

Is Guarantee or Band Council Resolution attached? Yes No

Declaration:

I/We declare that the parties listed on the above application are at least 18 years of age. I/We declare that all information provided in the document is true and correct and I/We am/are aware that false information will void the contract. I/We agree to provide documentation, upon request, that may be required to verify the foregoing information. Should this application for insurance be accepted by Saskatchewan Crop Insurance Corporation, I/We declare that I/We understand and agree to all terms and conditions contained in the contract.

	<i>Joe Farmer</i>	
Date	Applicant Signature	Applicant Signature
	<i>Bob Roberts</i>	<i>Manager</i>
CSO	Representative Signature	Approval

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 The Freedom of Information and Protection of Privacy 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 and Public Records Management Act. For all privacy concerns, please contact SCIC's Privacy Manager by e-mail at privacy@scic.ca or call 306-728-7200.

CONTRAP0125-6/INS