

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.

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.

Date	Applicant Signature	Applicant Signature
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](mailto:privacy@scic.ca) or call 306-728-7200.

CONTRAP0125-6/INS