CropInsurance

Customer Name: Contract: I, (Landlord's Name)														
								_ of (Address)						
confirms th	nat:													
I.														
I,(Tenant's Name)								(Address)						
is the tena	nt on	the follo	owing pro	operty:										
RM (Qtr	Sec	Тwp	Rge	Mer	# of acres		RM	Qtr	Sec	Тwp	Rge	Mer	# of acres
											<u> </u>			
			·											
	e abov	ve to be				ubject to the Cr	op Insuranc	e Contra	act of Ins	surance.	l am awa		o make	
Landlord's Signature							Ŧ	Tenant's Signature						
Landlord's Phone Number							Ē	Date						

Date

Note: All land transfers are subject to 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 securityofficer@scic.ca or call 306-728-7200.

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