

Contract Number	Crop Year	Home RM	Ver	Page	Date	Form ID
	2024		1	1 of 1		WREN001

Name _____ Telephone Number _____

Address _____ Home Quarter _____

City _____ Prov _____ Postal Code _____ Power of Attorney _____

Contact Information	Local Number	Toll-Free Number	Fax Number
www.scic.ca			

TO ENDORSE WILD RICE: Select your coverage level and select 'YES' in the Endorsed column below.

TO DELETE A WILD RICE ENDORSEMENT: Select 'NO' in the Endorsed column below.

IU Code	Description	Coverage Option (%)			Endorsed		Price Option
65	Wild Rice	50	60	70	Yes	No	

Note: The Wild Rice Insurance Program is continuous. No Selections may be made or changed after March 31, 2024.

For more information, visit www.scic.ca.

Region	Saskatchewan Environment License # / Band #	Acres

Payment(s) to be deferred? Yes No Deferred Date: _____ (max. of one year from claim calculation)

If unsure, select 'yes' to defer and enter a date. Should you wish to change your deferral selection, contact your local customer service office. To defer the entire claim amount, your account must be paid in full prior to the claim calculation.

Customer Acknowledgement: I acknowledge that this endorsement, with approved changes, constitutes my Wild Rice Insurance Program selection for the 2024 crop year and agree to the terms and conditions stated in the Crop Insurance contract, regulations and policies.

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 programs offered by SCIC. SCIC will secure your information and may archive it indefinitely in accordance to The Archives Act. For all privacy concerns, please contact SCIC's Privacy Manager by e-mail at securityofficer@scic.ca or phone at 306-728-7200.

ENDORSEWILDRIC0124-9/INS