

Contract Number	Crop Year	Home RM	Ver	Page	Date	Form ID	Crop	Code
			1	1 of 1		YLHW909		

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			

Year	Total Production (KG)	Seeded Acres			
		SMF	STB	IRR	Total
Totals					

****All productions MUST be reported in Kilograms**

Yield Ratios	
STB/SMF	
IRR/SMF	

Method 4

Volunteer Yields

Missing Yields (Zero S)

Note: The annual yield information must be returned by May 31st of this year to have your Long Term Individual Yields recalculated for this year.

I/We certify the above to be true and correct and is subject to the Crop Insurance Contract of Insurance. I/We are aware that to make a false statement is an offence.

SCIC Representative Signature

Customer Signature

Date

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.

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