

APPLICATION FORM

CLIENT DETAILS

Legal Name of Farm Operation:	
Contact Name:	Phone: (h) _____ (c) _____
Mailing Address:	
Farm Address (if different from mailing):	
Type of Operation: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
SIN/Tax ID/Bus. #:	Email:
Additional Contacts:	
Name:	Number:
Name:	Number:

INSURANCE PLANS

Plan	Coverage Level*	Price Option*	Application Deadline
<input type="checkbox"/> Acreage Loss			Mar 31
<input type="checkbox"/> Blueberry <input type="checkbox"/> Highbush <input type="checkbox"/> Lowbush			Nov 30
<input type="checkbox"/> Corn <input type="checkbox"/> Silage <input type="checkbox"/> Grain			Apr 30
<input type="checkbox"/> Forage Estab.			Oct 15
<input type="checkbox"/> Maple Syrup			Apr 30
<input type="checkbox"/> Potato			Apr 19
<input type="checkbox"/> Raspberry			Oct 31
<input type="checkbox"/> Soybean			May 11
<input type="checkbox"/> Dairy			N/A

Plan	Coverage Level*	Price Option*	Application Deadline
<input type="checkbox"/> Spring Grain			Apr 14
<input type="checkbox"/> Tree Fruit <input type="checkbox"/> Apples <input type="checkbox"/> Pears <input type="checkbox"/> Peaches			Nov 30
<input type="checkbox"/> Grapes <input type="checkbox"/> Vinifera <input type="checkbox"/> French Hy. <input type="checkbox"/> Labrusca			Nov 14
<input type="checkbox"/> Strawberry			Nov 14
<input type="checkbox"/> Winter Grain			Aug 31
<input type="checkbox"/> Processing Carrots			Mar 14
<input type="checkbox"/> Tree Insurance			Dec 01
<input type="checkbox"/> Weather Derivatives			Apr 30
<input type="checkbox"/> Poultry			N/A

***If no coverage level or price option is selected, clients will receive 80% coverage and the medium price option.**

PREMIUM DEPOSIT

Premium Deposit of \$ _____ (\$50.00 minimum) accompanies this application. Please make cheque payable to Nova Scotia Crop and Livestock Insurance Commission or pay online at: novascotia.ca/agri/crop-livestock-insurance-payment

SUPPLEMENTARY DETAILS

1. Do you currently have insurance with NSCLIC? Yes No If yes, indicate contract no. _____
2. Are your prior year crop yields available? Yes No N/A
3. Do you own the land for the farm? Yes No
4. Do you rent or lease any land for the farm? Yes No
5. Do you have a direct or indirect financial or operating obligation in any other entity (individual, partnership, corporation, or other)? Yes No

If yes, provide details: _____

6. Does any other person (individual, partnership, corporation, or other entity) have a direct or indirect financial or operating obligation in your farm? Yes No

If yes, provide details: _____

7. Any claims paid by NSCLIC should be issued to: Farm/Bus Name or Contact Name

CONDITIONS

I understand that:

1. The land to be insured is land that I (we) own, lease, or operate.
2. All acres of the insured crop, whether on owned or leased land, must be offered for insurance.
3. I am obligated to pay premium on the entire insured area, as calculated by the Nova Scotia Crop and Livestock Insurance Commission using the premium rate schedule for the current year.
4. I must notify the Nova Scotia Crop and Livestock Insurance Commission of any damage or loss as follows:
 - a. Re-seeding - area must be inspected by a Commission Representative prior to being worked and/or re-seeded.
 - b. Pre-harvest yield loss - area must be inspected by a Commission Representative before being abandoned or otherwise destroyed.
 - c. Post-harvest yield loss – notice must be submitted within 5 days of completion of harvest.
5. I can apply for a claim with the submission of a Proof of Loss form.
6. I must file a Harvest Yield Report when harvest is complete whether filing a claim or not.
7. If my application is accepted by the Nova Scotia Crop and Livestock Insurance Commission, this contract continues in force for each crop year until written withdrawal is received according to the regulations except for the Forage Establishment plan.
8. For the purposes of administering its insurance programs, the Nova Scotia Crop and Livestock Commission may share the information it collects from me to meet the requirements of its cost sharing agreements or as otherwise required by law.

DECLARATION AND SIGNATURE

I, the undersigned, certify that the information provided is accurate. I have read and agreed to the conditions outlined on the reverse of this application form.

Signature

Date



Submit your application to:

74 Research Drive, Lorraine Building
Bible Hill, NS B6L 2R2

Truro: 902-893-6370 Kentville: 902-679-6015/6028

Toll Free: 1-800-565-637 Cell: 902-324-2381

Fax: 1-902-895-4622

Email: nscllc@novascotia.ca