

NOVA SCOTIA CROP AND LIVESTOCK INSURANCE COMMISSION

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 Fax: 1-902-895-4622 Email: nscllc@novascotia.ca

DAIRY LIVESTOCK INSURANCE PLAN – APPLICATION & RENEWAL

CLIENT IDENTIFICATION		Contract No.:	
Name			
Farm Name		Location	
Mailing Address		Postal Code	
Civic Address		☎ Home	
Type of Operation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		☎ Cellular	
SIN/Tax ID#		☎ Barn	
Email Address		☎ Fax	
Contact Person		Contact ☎	

INSURANCE DISEASE PROTECTION and LOSS OF INCOME						Expiry Date:														
CLASS OF ANIMAL	NO. OF ANIMALS		INSURED VALUE/ANIMAL		COST/ANIMAL		TOTAL													
	PREVIOUS	RENEWAL	PREVIOUS	RENEWAL	PREVIOUS	RENEWAL	PREVIOUS	RENEWAL												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURED'S INCOME*</th> <th colspan="2">KGS OF QUOTA</th> </tr> <tr> <th>PREVIOUS</th> <th>RENEWAL</th> <th>PREVIOUS</th> <th>RENEWAL</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>					INSURED'S INCOME*		KGS OF QUOTA		PREVIOUS	RENEWAL	PREVIOUS	RENEWAL					PREMIUM COST # of Animals x Cost/Animal			
					INSURED'S INCOME*		KGS OF QUOTA													
PREVIOUS	RENEWAL	PREVIOUS	RENEWAL																	
<p>*Average monthly gross income from sale of milk for the previous 12 months. Premium for Basic Loss of Income Endorsement is included in premiums for animals (4 months of coverage).</p>					LESS DISCOUNT															
					NET PREMIUM DUE MINIMUM \$25.00															
					LESS CREDIT															
					AMOUNT DUE															

Are all insured Animals housed at Farm address? Yes No

If No, provide address where Animals are housed _____

I, the undersigned, hereby propose to insure the above animals, subject to the terms and conditions of the Dairy Livestock Insurance Plan, and I agree that at this date, the animals listed on the Application are in good health and includes all animals over 12 months of age. I acknowledge that this Insurance Coverage shall commence at the date the Certificate of Insurance is issued by the Commission.

_____ Date

_____ Signature of Applicant

