

# NOVA SCOTIA CROP AND LIVESTOCK INSURANCE COMMISSION

74 Research Drive, Lorraine Building, Bible Hill, NS B6L 2R2  
Truro: 902-893-6370 Kentville: 902-679-6015/6028 Toll Free: 1-800-565-6371  
Fax: 1-902-895-4622 Email: nsclc@novascotia.ca

## REQUEST FOR TRANSFER OF INSURANCE COVERAGE

Name of Insured Person: \_\_\_\_\_ Contract No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Civic Address: \_\_\_\_\_ Phone ☎: \_\_\_\_\_

Insurance Plan(s) \_\_\_\_\_

I hereby certify that I have transferred ownership of my farming operation to the person(s) listed below and request that the Nova Scotia Crop and Livestock Insurance Commission transfer my insurance coverage to that person for the remainder of the crop year now in effect.

My original contract of insurance will be terminated when the application from the new owner is approved.

I understand that if the new owner declines to assume my current insurance coverage, or is determined to be uninsurable by the Commission, the premium shall be deemed earned and payable by me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Civic Address \_\_\_\_\_ Phone ☎: \_\_\_\_\_

Insurance Plan(s) \_\_\_\_\_

I hereby certify that I have purchased the farming operation described above and request that the Nova Scotia Crop and Livestock Insurance Commission transfer the insurance coverage to me for the remainder of the crop year now in effect. I agree to complete a new application for insurance in my name and to abide by all terms and conditions of the Contract of Insurance and the applicable regulations for these insurance plans. I further agree to pay all premiums payable for this contract for the current crop year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

