

## **Application**

| Contract Number          | Clop real         | 1 of 2      | Date          | APPF915        | Ne               | W                | Reinstate        | ement  |    |
|--------------------------|-------------------|-------------|---------------|----------------|------------------|------------------|------------------|--------|----|
| Home Quarter             |                   |             | Но            | Home RM        |                  | Application Type |                  |        |    |
| Contract Name            |                   |             |               |                |                  |                  | •                |        |    |
| Address                  |                   |             |               |                |                  |                  |                  |        |    |
| Alternate Address        |                   |             |               |                |                  | e Phone N        | umber            |        |    |
| Alternate Phone Numb     |                   |             |               |                |                  |                  |                  | er     |    |
| Fax number               |                   |             | •             |                |                  |                  |                  | IN     |    |
| Business Number          |                   |             |               | orm attached?  |                  |                  | e of Info attac  | -      | No |
| DEMOGRAPHICS             |                   |             |               |                |                  |                  |                  |        |    |
| Do you currently have    | an active Cro     | p Insura    | nce contract  | or have you h  | ad one in the p  | ast?             |                  | Yes    | No |
| Contract Name            |                   |             | •             |                | Status           |                  | Balance Owing \$ |        |    |
| Contract Name            |                   |             |               |                |                  |                  | Balance Owing \$ |        |    |
| Are you in AgriStability | ? Ye              | s           | No Pin        |                | Are you in Ag    | rilnvest?        | Yes              | No Pin |    |
| OPERATIONAL IND          | EPENDENC          | E           |               |                |                  |                  |                  |        |    |
| Do you share equipme     | nt? Yes           |             | No Na         | ime            |                  | _                | Relationshi      | ip     |    |
| Name                     |                   |             |               |                |                  | _                | Relationshi      | ip     |    |
| Name                     |                   |             |               |                |                  | _                | Relationshi      | ip     |    |
| Do you share bins?       | Yes               |             |               |                |                  | _                |                  | ip     |    |
| Explain circumstances    | where grain       | may be r    | mixed with ar | nother produce | er. Discuss pror | ate if mixino    | g grain.         |        |    |
| Are you involved in a c  | ustom farm        | peration    | ? Ye          | s No           | ls labour paid   | for with pro     | oduction?        | Yes    | No |
| Name                     |                   |             |               |                |                  | _                | Relationshi      | ip     |    |
| FINANCIAL INDEPE         |                   |             |               |                |                  |                  |                  |        |    |
| Who buys seed and fe     | rtilizer for this | s farm op   | peration?     |                |                  |                  |                  |        |    |
| Where are accounts se    | et up for the i   | nputs?      | Ca            | n you provide  | receipts for inp | uts if neede     | ed?              | Yes    | No |
| Who claims income an     | d expense fo      | or this far | m operation?  | •              |                  |                  |                  |        |    |
| Who absorbs the farmi    | ing loss if the   | re is one   | ?             |                |                  |                  |                  |        |    |
| What name is your fa     | rm income ta      | x return f  | filed under?  |                |                  |                  |                  |        |    |









## **Application**

| Contract Number | Crop Year | Page   | Date | Form ID |
|-----------------|-----------|--------|------|---------|
|                 |           | 2 of 2 |      | APPF915 |

| LEGAL INDEPENDENCE   |  |  |                        |  |  |
|--|--|--|------------------------|--|--|
| Explain ownership of land  |  |  |                        |  |  |
| Is proof of ownership attached?  | Yes  | No   |                        |  |  |
| Rented Land  |  |  | Relation               | onship   | Type of Agreement                      |
| Landlord Name  |  |  |                        |  |  |
| Landlord Name  |  |  |                        |  |  |
| Landlord Name  |  |  |                        |  |  |
| Landlord Name  |  |  |                        |  |  |
| If the land operated is only rente   | ed land the Rental Aç                        | greement must be                             | provided               | or the application will not b                            | pe approved.                           |
| Is the Rental Agreement attache  | ed? Yes                                      | No   | If No,                 | Explain  |  |
| If all land that is operated is renal land.  | ted by a verbal agree                        | ement, we require                            | a Confirr              | mation of Verbal Agreemen                                | t to verify legal access to the        |
| ls Confirmation of Verbal Agree  | ment attached?                               | Yes  | No                     | Permit Number(s) for Wi                                  | ld Rice                                |
| GENERAL INFORMATION  |  |  |                        |  |  |
| Please explain your farming pla  | n for this year.                             |  |                        |  |  |
| Seeding Intentions?  |  |  |                        |  |  |
| Crop Rotations?  |  |  |                        |  |  |
| Fertilizer and Chemical Plans?   |  |  |                        |  |  |
| Labour and Harvest Plans?  |  |  |                        |  |  |
| A Guarantee is required for all on Band Council Resolution (BCR) by the band council authorizing   | is required for all Fir                      | st Nation or First                           | Nation re              | lated company contracts. T                               | he BCR is to be completed              |
| Is Guarantee or Band Council F   | Resolution attached?                         | Yes  |                        | No   |  |
| Declaration:   |  |  |                        |  |  |
| I/We declare that the parties list<br>the document is true and correct<br>documentation, upon request, the<br>accepted by Saskatchewan Cro<br>contained in the contract. | ct and I/We am/are av<br>hat may be required | ware that false info<br>to verify the forego | ormation<br>oing infor | will void the contract. I/We mation. Should this applica | agree to provide tion for insurance be |
| Date   | Applicant Signat                             | ure  |                        | Applicant Signa  | ature                                  |
| CSO  | Representative S                             | Signature                                    |                        | Approval   |  |

The 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 The Freedom of Information and Protection of Privacy and regulations, SCIC will not share or disclose any of your information unless otherwise required by law or for the purpose of programs offered by SCIC. SCIC will secure your information and may archive it indefinitely in accordance with The Archives and Public Records Management Act. For all privacy concerns, please contact SCIC's Privacy Manager by e-mail at privacy@scic.ca or call 306-728-7200.





