

Contract Number	Crop Year	Home RM	Ver	Page	Date	Form ID	Crop	Code
				1 of 1		YLH0911		

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)	Number of Hives

** All production MUST be reported in Kilograms

Method 4

Volunteer Yields

Missing Yields (Zero S)

I/We certify the above to be true and correct and is subject to Crop Insurance Contract of Insurance.

 SCIC Representative Signature

 Customer Signature

 Date

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.

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