

Identification Number	Subscription		Year
870 _____	- _____		_____

Client Information
Business Name _____

Section A. Existing Insurance Subscriptions Only	Branch Office <input type="text"/>
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To apply, check the box(es) for subscription(s) that contain the locations and crops that you want to insure under Straight Hail. Visit www.afsc.ca for more information on the Straight Hail Insurance program. Also see your Insurance Estimate for Straight Hail rates.

- Annual Crop Insurance (Sub # _____) Silage Greenfeed Insurance (Sub # _____)
- Processing Vegetable Insurance (Sub # _____) Corn Heat Unit Insurance (Sub # _____)
- New Crop Insurance Initiative (NCII) (Sub # _____) Hay or Export Timothy Hay Insurance (Sub # _____)

- To get an estimate of your premium based on your own crop mix there are two options available:
Log in to AFSC Connect to quickly populate your land and crop information from previous hail insurance and/or crop insurance, or enter new land and crop information from scratch using the Straight Hail Premium Calculator on www.afsc.ca
- Land reports for the program(s) selected above must accompany this form or have been previously received by AFSC

If you wish to insure all acres of a specified insured crop type e.g. Barley, CPS Wheat, complete this section. If not, proceed to Section B.

Crop Type to be Insured	Dryland \$Cov/acre	Deductible 0%-10%-25%	Irrigated \$Cov/acre	Deductible 0%-10%-25%	Previous Damage (this crop year)			Record Land Location and Acres
					Estimate % of Loss		% loss	
					Y	N		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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8 7 0 _____	- _____		

Freedom of Information and Protection of Privacy Act and Client Declaration

The information on this form and any information you provide to us in the future related to this form is collected under the authority of the *Agriculture Financial Services Act* and the *Freedom of Information and Protection of Privacy Act* (the FOIP Act). The collected information, whether personal information or business information, will be used: (i) to evaluate your eligibility for the program to which this form relates; (ii) for the administration of the program; and/ or (iii) for the administration of any other AFSC program or benefit in which you participate. Your personal information is subject to the provisions of the FOIP Act.

By signing this form below, you are providing your consent to AFSC disclosing and sharing the information contained on this form, whether personal information or business information, or any other information that will be provided in the future by you or your authorized representative, to the following third parties: Alberta Agriculture and Forestry, Agriculture and Agri-Food Canada, Canada Revenue Agency and Statistics Canada. You consent that such disclosed and shared personal information and business information may be used in the following ways: (i) for the administration of all current and future AFSC federal and provincial programs related to agriculture, AFSC lending programs and AFSC insurance programs; (ii) for AFSC, federal and provincial policy and program development; and (iii) AFSC, federal, and provincial policy and program evaluation; (iv) for research and statistical development; and (v) for statistical purposes.

If you have any questions about this form and the collection and use of your information, please contact AFSC at 5718 - 56 Avenue, Lacombe AB T4L 1B1, 1.877.899.2372 or info@afsc.ca.

Declaration

I declare that all of the information provided in this form is accurate and true and I understand that I must notify AFSC immediately if I discover that any of the information contained in this form is inaccurate or untrue. Should the information I provided not be accurate or true, I agree that AFSC may cancel any application or approved subscription issued in reliance on such provided information.

Clients have fourteen (14) calendar days from the date of the storm to report hail damage. **Late reporting** of hail damage after fourteen days **will not be accepted**.

Insurance is in effect at 12:00 noon (Mountain Standard Time) the day following the purchase of a subscription, subject to AFSC approval, and expires when harvest is complete or at midnight on October 31 of the year of insurance.

I agree that:

- I have not included any cash rent land locations.
- My insurance coverage and indemnity payable shall be determined in accordance with the information contained in my accepted application and in accordance with the terms and conditions of the AFSC Straight Hail Contract of Insurance.
- I have reviewed, and I agree to be bound by, the terms and conditions of the Straight Hail Contract of Insurance.

Client Signature _____ Date _____

Branch office use only

Straight Hail Contract of Insurance was provided AFSC Branch: _____

Received by: _____ AFSC representative signature _____ print name _____