

Branch Office Use Only

Identification Number			Year
8 7 0 _____			

Client Information

Business Name _____

Correspondence and cheques will be addressed and payable to the Business Name.

Eligibility Information

The questions below pertain to the Business Name above.

1. Does the Business:
 - a. Operate a farm in Alberta? (e.g. the business file taxes in Alberta, etc.) ☐ Yes ☐ No
 - b. Have an interest in the land in which coverage is to be provided? (e.g. own, rent, lease) ☐ Yes ☐ No
 - c. Make the decisions for cultural and cropping practices for that farm? (e.g. spraying, crop rotation, etc.) ☐ Yes ☐ No
 - d. Receive the majority of the proceeds from the sale or disposition of the insurable crops? (e.g. sale of the crop is in the sole name of the business) ☐ Yes ☐ No
 - e. Is the Business directly responsible for work involved in producing insurable crops and for paying for that work? (e.g. legally responsible to pay for inputs and contracted work) ☐ Yes ☐ No
2. Does the Business share or exchange work with another producer? Example:
 - a. Store production (e.g. grain, hay, honey) in the same area?
 - b. Share equipment? (e.g. seeding equipment, combine, etc.)
 - c. Exchange farm labour? (e.g. seasonal, fulltime)
 - d. Pool the purchase of inputs? (e.g. spray, fertilizer, fuel, etc.)
 - e. Exchange production for equipment use, labour, inputs, etc.?

☐ Yes ☐ No

If Yes, provide names and details:

Authorities

- ☐ Check here if you want the legal document required to designate an individual to act on your behalf for all matters regarding AFSC (Third Party Representative Authorization).

Date Stamp – primary

Date Stamp – secondary

Do Not Use
This Area

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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* (Alberta) and the *Freedom of Information and Protection of Privacy Act* (Alberta) (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 submitting this form, 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: B.C. Ministry of Agriculture and Food, Alberta Ministry of Agriculture and Irrigation, Saskatchewan Ministry of Agriculture, Saskatchewan Crop Insurance Corporation, Manitoba Ministry of Agriculture, Manitoba Agriculture Services Corporation, 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; (iii) for AFSC, federal and provincial policy and program evaluation; (iv) for AFSC, federal and provincial program compliance; (v) for research development; and (vi) 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.

I/We, the undersigned:

- Certify to Agriculture Financial Services Corporation (AFSC), the Insurer, that the client is directly engaged in the business of growing and harvesting an insurable crop and not (a) A land owner receiving cash rent or crop share compensation; (b) A mortgager or security holder; (c) A custom farm operator;
- Understand and agree that the client is not insured until AFSC accepts this application and that, once accepted, the client will be bound by all of the terms and conditions of the Contract of Insurance, including any changes that may be made from time to time, and that the insurance coverage and any indemnity payable there under shall be determined in accordance with the information contained in the client's accepted application and in accordance with the terms and conditions of the AFSC Contract of Insurance specific to each crop year;
- Understand and accept that this application remains in effect from year to year unless terminated pursuant to the terms of the Contract of Insurance in effect at the time of termination;
- Understand that if a client gives false information, makes a false statement, fails to disclose in the application any information required by AFSC, or returns misleading information, the client could be prosecuted and liable to imprisonment for up to one year, a fine of \$10,000, and forfeits the right to a claim or indemnity;
- Certify that all of the information contained in this application is accurate and true and that I/we will further undertake to immediately notify AFSC in writing upon discovery that any of the information contained in this application is inaccurate or untrue;
- Acknowledge that the current Insuring Agreement(s), as well as the current Benefits, Terms and Conditions, to which this application applies have been reviewed by the client and that it is the client's obligation to read and understand the Insuring Agreement(s) and to read and understand the Benefits, Terms and Conditions, which all may be amended from time to time. All current Insuring Agreements, and all current Benefits, Terms and Conditions are available to view and download on AFSC.ca.

☐ The client acknowledges the client's review of the applicable Insuring Agreement(s), Benefits, Terms and Conditions, and they have five days from the date below to rescind this Application for Contract of Insurance.

By submitting this form, you acknowledge that individuals who are subject to the provisions of the Conflict of Interest Act (S.C. 2006, c. 9, s. 2), the Conflict of Interest Code for Members of the House of Commons, the Ethics and Conflict of Interest Code for Senators, the Values and Ethics Code for the Public Sector or any other conflict of interest and/or values and ethics codes applicable within provincial or territorial governments or specific organizations, shall not derive any direct benefit resulting from this application unless the provision or receipt of such benefit is permitted in such legislation, policy or codes.

Client Signatures _____ Date _____

All parties must sign with the exception of limited companies where a signing officer's signature is sufficient.

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☐ Directed client to review the IA(s), Benefits, T&C on AFSC.ca Date _____

AFSC Representative Signature _____ Branch _____

Approved / Reviewed by _____ Date _____