

<b>Branch Office Use Only</b>			
Identification Number	Subscription		Year
8 7 0 _____	-		

<b>Client Information</b>
Business Name _____

**New for 2022:** The deadline to apply for Straight Hail Insurance is July 31. Acres that have incurred hail damage prior to Straight Hail Insurance coming into effect will not be eligible for Straight Hail Insurance.

Insurance comes into effect at 12:00 noon (Mountain Standard Time) the day following the purchase of a Policy, subject to AFSC approval.

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

Straight Hail Insurance expires when harvest is complete or at midnight on October 31 of the year of insurance.

<b>Section A. Existing Insurance Subscriptions Only</b>								
<p>To apply, check the box(es) for subscription(s) that contain the locations and crops that you want to insure under Straight Hail. Visit <a href="http://www.afsc.ca">www.afsc.ca</a> for more information on the Straight Hail Insurance program. Also see your Insurance Estimate for Straight Hail rates.</p>								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Crop Insurance (sub # _____)</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Silage Greenfeed Insurance (sub # _____)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Processing Vegetable Insurance (sub # _____)</td> <td style="border: none;"><input type="checkbox"/> Corn Heat Unit Insurance (sub # _____)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> New Crop Insurance Initiative (NCII) (sub # _____)</td> <td style="border: none;"><input type="checkbox"/> Hay Insurance (sub # _____)</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Export Timothy Hay Insurance (sub # _____)</td> </tr> </table>	<input type="checkbox"/> Crop Insurance (sub # _____)	<input type="checkbox"/> Silage Greenfeed Insurance (sub # _____)	<input type="checkbox"/> Processing Vegetable Insurance (sub # _____)	<input type="checkbox"/> Corn Heat Unit Insurance (sub # _____)	<input type="checkbox"/> New Crop Insurance Initiative (NCII) (sub # _____)	<input type="checkbox"/> Hay Insurance (sub # _____)		<input type="checkbox"/> Export Timothy Hay Insurance (sub # _____)
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	<input type="checkbox"/> Export Timothy Hay Insurance (sub # _____)							
<ul style="list-style-type: none"> <li>● A Straight Hail calculator is available online at <a href="http://www.afsc.ca">www.afsc.ca</a></li> </ul>								

**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)		
					Yes	No	Record Land Location and Acres
					<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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**Section B. Complete to purchase Straight Hail for separate field(s) (insured or uninsured).**

What is your financial interest in the Insured Acres?  Owner/Operator  Crop Share

**Cash rent landlords are not eligible for Straight Hail Insurance. Acres with previous damage are also not eligible for Straight Hail Insurance.**

If insuring partial acres of a field, or if partial acres have incurred previous, map the acres and provide the map to your Branch with this application.

Legal Location					Crop Type to be Insured (E.g. Winter Wheat, CPS Wheat, Timothy for Seed or Forage)	Dry or Irr	\$Cov/Acre	Deductible 0% - 10% - 25%	# of Acres
Part	Sec.	Twp.	Rge.	Mer.					

**Total Acres**

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Authorities
<input type="checkbox"/> 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).

Freedom of Information and Protection of Privacy Act and Client Declaration
<p>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 <i>Agriculture Financial Services Act</i> (Alberta) and the <i>Freedom of Information and Protection of Privacy Act</i> (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.</p> <p>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, Alberta Ministry of Agriculture and Forestry, Saskatchewan Ministry of Agriculture, Saskatchewan Crop Insurance Corporation, Manitoba Ministry of Agriculture and Resource Development, 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.</p> <p>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.</p> <p>I acknowledge, agree and understand that: I am not insured until AFSC accepts this application and if AFSC accepts this application I shall be insured pursuant to the terms and conditions of the current AFSC Straight Hail Contract of Insurance. I acknowledge I have received a copy of the AFSC Straight Hail Contract of Insurance and I agree and understand that my insurance coverage and indemnity payable thereunder shall be determined in accordance with the information contained in my accepted application and in accordance with the terms and conditions of the current AFSC Straight Hail Contract of Insurance.</p>
Client Signature _____ Date _____

Branch office use only
Straight Hail Contract of Insurance was provided <input type="checkbox"/> AFSC Branch: _____
Received by: _____ AFSC representative signature _____ print name _____