



Application For AgrilInsurance

Returning Clients: Crop Rotation Plan (signed) must be submitted with Application by April 30 deadline.

I hereby apply for a contract of insurance in accordance with the *Crop Insurance Act* .

Legal Name _____

Farm/Contact Name _____

Address _____

Postal Code _____ **E-mail Address** _____

Phone # _____ **Cellular #** _____

Please indicate the level of insurance you wish to purchase by completing the following table. In the event that you do not indicate the desired coverage level and price option, the default selection of the Agency will be at the 60% coverage level and COP price option.

| CROP | ESTIMATED ACREAGE | DRILL WIDTH | COVERAGE LEVEL | | | PRICE OPTION | |
|------------------|-------------------|-------------|---------------------------|-----|-----|---------------------------|--------------------|
| | | | (please circle selection) | | | (please circle selection) | |
| Beet | acres | | 60% | 70% | 80% | Market Price | Cost of Production |
| Cabbage | acres | | 60% | 70% | 80% | Market Price | Cost of Production |
| Carrot - Mineral | acres | | 60% | 70% | 80% | Market Price | Cost of Production |
| Carrot - Peat | acres | | 60% | 70% | 80% | Market Price | Cost of Production |
| Parsnip | acres | | 60% | 70% | 80% | Market Price | Cost of Production |
| Potato | acres | | 60% | 70% | 80% | Market Price | Cost of Production |
| Rutabaga | acres | | 60% | 70% | 80% | Market Price | Cost of Production |

Upon acceptance of this application by the Newfoundland and Labrador Crop Insurance Agency (NLCIA), I hereby agree to execute and comply with a contract of insurance or to comply with the conditions applicable to such contract executed by me with NLCIA. I declare that the statements made herein are true and correct.

Dated this _____ day of _____, 2017.

Returning Clients : I agree that if planting intentions submitted with this application differ from actual plantings, restrictions may be applied accordingly

Signature of Applicant

Agency Approval

Under the authority of Crop Insurance Act, personal information will be collected for the purpose of providing insurance coverage. The information provided in this application is subject to the Access to Information and Protection of Privacy Act of the Government of Newfoundland and Labrador. Personal information may be submitted to third parties for the purposes of program administration, audit, and evaluation. For further information on privacy issues under the Crop Insurance Act, please contact (709) 637-2473.