



## CROP INSURANCE Enrolment Form

Client No.:  
Enterprise No. (NEQ):  
NIM:  
Business Tel.:  
Applicant Tel.:  
E-mail:  
Centre / Territory :  
Year:

SECTION 1 IDENTIFICATION

SECTION 2 DESCRIPTION OF HERD

Feed requirement zone:		Number	x	Equivalence	=	Animals Units
Dairy cows						
Beef cows				1,0		
Bred heifers				0,8		
Males and females (1 to 2 years)				0,6		
Males and females (1 <sup>st</sup> wintering)				0,2		
Bulls						
Horses						
Sheep				0,2		
<b>Total</b>						X 5 300 kg / ua
<b>Total maximum granted (kg) =</b>						

SECTION 3 CALCULATION OF CONTRIBUTION

Insured Production(s)	Number of units	Probable yield/allowed	Guarantee (%)	Insured yield	Unit price (\$)	Insured value (\$)	Rate (%)	Gross contribution (\$)
Total gross contribution =								
Fidelity discount =								
Net contribution =								

SECTION 4 FORM OF PAYMENT

Your contribution will be payable once we ascertain your actual production units. Starting on June 1, your contribution will either be deducted from any compensation or indemnity or an invoice will be sent to you.

SECTION 5 IMPORTANTES FOOTNOTES

The participants is held to pay the balance of the unpaid contribution, including interest if applicable, before contracting new insurance coverage.

SECTION 6 DECLARATION AND SIGNATURE

I, the undersigned, certify that the information on this form is accurate in applying for crop insurance, I agree to comply with farming standards recognized by La Financière agricole. In the event I will not be complying with all such standards, I have indicated so by checking the following box:

SIGNATURE

DATE

Under the Crop Insurance Plan: "Any person who knowingly makes a misrepresentation for the purpose of obtaining a certificate or an indemnity shall not be entitled to any indemnity."

Authorizing officer	NO	Date	Initials	Date
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**For your information:**  
1 800 749-3646  
www.fadq.qc.ca