



Application For AgrilInsurance

Returning Clients: Crop Rotation Plan (signed) must be submitted with application by April 30, 2024 deadline.

All applicants must provide soil test reports for each field the applicant intends to insure.

I hereby apply for AgrilInsurance coverage in accordance with the Crop Insurance Act.

Legal Name _____

Farm/Contact Name _____

Address _____

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

Phone # _____ **Cellular #** _____

CRA Business # _____ (Mandatory)

Canada GAP certified ? Y___ N___

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	
			(indicate selection)			(indicate 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 an Agreement for AgrilInsurance or to comply with the conditions applicable to such agreement executed by me with NLCIA. I declare that the statements made herein are true and correct.

Dated this _____ day of _____, 20__.

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

The Newfoundland and Labrador Crop Insurance Agency is committed to protecting personal information. The personal information requested is being collected in accordance with section 61(c) of the Access to Information and Protection of Privacy Act, 2015 (ATIPPA, 2015) and will be used for the purpose of administering the AgrilInsurance Program. It will not be used for any other purposes unless

For more information please contact:

AgrilInsurance Program Manager

Fisheries, Forestry and Agriculture

Mailing Address: P.O. Box 2006, 192 Wheeler's Road, Corner Brook, NL. A2H 6J8

Office Number: 709-637-2077