

Contract Number	Crop Year	Home RM	Ver	Page	Date	Form ID	Inspection No.	Inspection Type

Telephone Number:
Home Quarter:

Power of Attorney:

Contact Information	Local Number	Toll-Free Number	Fax Number

Crop Description	Code

**THIS FORM MUST BE COMPLETED BEFORE THE CLAIM CAN BE PROCESSED.
FILL OUT THE CHART BELOW INDICATING WHAT HAPPENED TO YOUR INSPECTED CLAIM ACRES.**

RM	LEGAL LAND DESCRIPTION	Number of Acres Inspected	RESEEDING INFORMATION		ESTABLISHMENT OR PREHARVEST OR WILDLIFE		Date
			Reseeded claim acres: LIST BELOW to what		Indicated use and # acres		
			Crop	Variety	Use	Acres	

Comments: _____

If crop was not previously insured, do you wish to have insurance on your reseeded acres? Yes No
 If Yes: Coverage Option (circle one): 50% 60% 70% 80%
 Price Option (circle one): Base Low Variable Contract In-season

I certify the above to be true and correct and is subject to the Crop Insurance Contract of Insurance. I am aware that to make a false statement is an offence.

Customer Signature _____ Date _____

Please complete, date and sign this form and mail, fax or phone the information to the Saskatchewan Crop Insurance Customer Service Office listed in Contact Information within 10 days of the inspection day. SCIC needs this information to update your yields or process your claim if applicable.