CropInsurance

Release of Information

Contract Number	Crop Year	Home RM	Ver	Page	Date	Form ID

Customer Name: _____

THE UNDERSIGNED, (in addition to any rights, obligations, consents or authorizations contained within the statutory contract of crop insurance attached as Appendix "A: to The Crop Insurance Regulations as amended from time to time), by executing this Authorization hereby consents to and authorizes Saskatchewan Crop Insurance, its successors or assigns to:

* Obtain, gather, update and collate any information respecting the agricultural operations of the undersigned and
* Release or disclose any information within its possession, power or control pertaining to Crop Insurance contract number listed above including, but not limited to, any and all information Crop Insurance may have with respect to the agriculture operations of the undersigned listed below.

SECTION 1 - Personal Information

☐ This information is for my personal use and will remain in effect until expressly cancelled in writing by the undersigned. This information can be sent to the following fax number and email address:

Fax: _____ Email: _____

SECTION 2 - Third Party Information

☐ Name of individual, organization or institution to which information may be disclosed and a fax number or email address the undersigned wishes information to be sent to.

Name: _____

Fax: _____ Email: _____

THE UNDERSIGNED expressly acknowledges and agrees that this authorization is:

☐ For crop year _____.
☐ Specific information _____.
☐ Continuous and will remain in effect until expressly cancelled in writing by the undersigned.
☐ Expiry Date of _____ unless otherwise revoked by the undersigned.

Declaration:
By signing below, THE UNDERSIGNED understands that transmitting personal information via fax or email is not a secured method of transport. By completing, signing and sending the "Authorization for Release of Information" form back to Saskatchewan Crop Insurance, the undersigned will indemnify and hold harmless SCIC for any breaches that may result.

☐ Individual ☐ Joint Venture ☐ Partnership ☐ Ltd. Company ☐ Co-operative

I am acting on behalf of the parties involved in the above listed contract.

BY: _____
Participant of Contract (Print Name)

_____ _____
Signature Date

_____
Relationship

BY: _____
Participant of Contract (Print Name)

_____ _____
Signature Date

_____
Relationship

BY: _____
Participant of Contract (Print Name)

_____ _____
Signature Date

_____
Relationship

BY: _____
Participant of Contract (Print Name)

_____ _____
Signature Date

_____
Relationship

Saskatchewan Crop Insurance Corporation (SCIC) recognizes the importance of your personal information and the privacy surrounding it. Depending on the program offered by SCIC, and pursuant to provincial legislation and regulations, SCIC will not share or disclose any of your information unless otherwise required by law or for the purpose of programs offered by SCIC. SCIC will secure your information and may archive it indefinitely in accordance to The Archives Act. For all privacy concerns, please contact SCIC's Privacy & Security Commissioner by email at securityofficer@scic.gov.sk.ca or phone at 306-728-7200.

Growing Forward 2 SCIC Saskatchewan Crop Insurance Corporation Canada

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