

# Instructions

## Forage Rainfall Endorsement

Contract Number		Crop Year	Home RM	Ver	Page	Date	Form ID
123456-7			001	1	1 of 1	X/XX/XX	FRPP001

Name: **THE CUSTOMER** Telephone Number: **(306) 123-4567**  
 Address: **PO BOX 99** Home Quarter: **NE 01 01 01 1**  
 City: **ANYWHERE** Prov: **SK** Postal Code: **S0D0X0** Power of Attorney: \_\_\_\_\_

Contact Information	Local Number	Toll-Free Number	Fax Number
<b>Assiniboia Office</b> www.saskcropinsurance.com	<b>1-888-935-0017</b>	1-888-935-0000	<b>1-306-642-7229</b>

IU Code	Forage Type	Endorsed	
862	Tame Grazing	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
863	Native Forage	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Monthly Weighting

Code	April	May	June	July	Capping
1	30	30	30	10	125%
2	30	40	40	10	150%
3	10	30	30	30	

Note: The Forage Rainfall Insurance Program is continuous. No selections may be made or changed after March 31, 2015.

Land Code	RM	Legal Land Description	Forage Type	Acres	Dollar Coverage	Weather Station*	Weighting Code	Capping Percent	Premium per acre**
	001	NE 01 01 01 1	Native	50		Regina	1	125	
	002	NW 02 02 02 2	Tame	60		Moose Jaw	3	150	

Payment(s) to be deferred?  Yes  No Deferred Date: **XX/XX/XX** (max. of one year from claim calculation)  
DD/MMYY

- 9 Indicates tame grazing or native forage acres.
- 10 Number of acres in the pasture.
- 11 Dollar coverage is determined by the soil zone of each pasture type of location (to be completed by SCIC).
- 12 Weather stations must be selected within 100 kilometres of the insured parcel. Weather stations can be found in *Your Complete Guide to Understanding Crop Insurance* or online at www.saskcropinsurance.com.
- 13 Weighting option of precipitation from April to July. See chart above (#2).
- 14 Capping per cent of rainfall for claim calculation. See cart above (#2).
- 15 Customer premium per acre (to be completed by SCIC).
- 16 TO ADD coverage, enter RM, legal land description, acres and weather station. SELECT forage type, weighting code and capping percent from the drop-down lists.
- 17 Claims do not have to be filed; they are automatically calculated. TO DEFER your claim, select Yes and write the deferral date.

**Please note: Electronically-completed files cannot be saved. Please print two copies of the completed form and save one for your records. Please mail, fax or drop-off this form to your local Crop Insurance office.**

- 1 Complete Contract Number (if known), Home RM and Date.
- 2 Complete Contact Information, Home Quarter and Power of Attorney (if applicable)
- 3 From the drop-down list, select your Crop Insurance office (if known).
- 4 TO ADD OR DELETE, select Yes or No in the Endorsed column.
- 5 Weighting options are selected to best suit the growing season and management plans. Any precipitation more than the selected cap will not be included in the claim calculation.
- 6 The numerical order of your current land as recorded at SCIC.
- 7 Rural municipality where the land is located.
- 8 Legal land description for each parcel of land.