

Instructions

Forage Rainfall Endorsement

**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

2 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
3 Assiniboia Office <small>www.saskcropinsurance.com</small>	1-888-935-0017	1-888-935-0000	1-306-642-7229

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

TO ENDORSE A FORAGE RAINFALL CROP: Select 'YES' in the Endorsed column below.
 TO DELETE A FORAGE RAINFALL ENDORSEMENT: Select 'NO' in the Endorsed column below.

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

Refer to *Your Complete Guide to Understanding Crop Insurance* for information relating to weighting and capping percent option.

Land Code	RM	Legal Land Description	Forage Type	Acres	Dollar Coverage	Weather Station*	Weighting Code	Capping Percent	Premium per acre**
16	001	NE 01 01 01 1	Native	50		Regina	1	125	
	002	NW 02 02 02 2	Tame	60		Moose Jaw	3	150	

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

- 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.