

Contract Number	Crop Year	Home RM	Ver	Page	Date	Form ID

Telephone Number:  
Home Quarter:

Contact Information	Local Number	Toll-Free Number	Fax Number

- Estate   
  Individual   
  Joint Venture   
  Partnership   
  LTD Co.   
  Co-op

**NAME/DEMOGRAPHIC CHANGES**

Name \_\_\_\_\_

Street / PO Box \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone & Description \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Farm Headquarters  RM  Qtr  Sec  Twp  Rge  Mer

Email Address: \_\_\_\_\_ Do you want to receive email from SCIC?  Yes  No

- CANCELLATION** This contract is to be cancelled for the \_\_\_\_\_ crop year.  
 Cancelled by Insured (CI)   
  Partnership Dissolved (PD)   
  Partnership Formed (PF)   
  Application Withdrawn (AI)  
 Ceased Farming (CF)   
 Date \_\_\_\_\_   
 Other   
 Account Balance \_\_\_\_\_

**Should insurance be required in the future, it is the customer's responsibility to re-apply by the specific dates.**

**TRANSFER OF EARNED CREDITS**

To: _____	Contract Number _____	Renewal Attached
To: _____	_____	Application Attached
To: _____	_____	Application Attached

**DECLARATION BY CONTRACT HOLDER:**

**I/We understand that if the request(s) made on this form are accepted by the Saskatchewan Crop Insurance Corporation, the changes will be in effect from the date of approval or crop year cancellation. I/We, hereby agree to adhere to the terms and conditions of the Contract of Insurance.**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_   
 \_\_\_\_\_   
 \_\_\_\_\_  
 Day    Month    Year    Customer Signature    S.C.I.C. Representative Signature  
 \_\_\_\_\_  
 Customer Signature

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CSO \_\_\_\_\_ Approval \_\_\_\_\_

