NOVA SCOTIA CROP AND LIVESTOCK INSURANCE COMMISSION

74 Research Drive, Lorraine Building, Bible Hill, NS B6L 2R2
Truro: 902-893-6370 Kentville: 902-679-6015/6028 Toll Free: 1-800-565-6371
Fax: 1-902-895-4622 Email: nsclic@novascotia.ca

Canada-Nova Scotia Wildlife Compensation Program APPLICATION FORM

PART A – Applicant			
Name			
Address		Postal Code	
Civic Address		☎ Home	
SIN/Tax ID#		☎ Cellular	
Email Address		☎ Fax	
Farm Registration Number			
Contact Person	Contact 🏗		
PART B – Claim for Compensation			
Damage caused by:			
Damage caused to (commodity):	Date damaged noted:		
Location of loss (if different than Part A):			
Briefly describe the loss:			
Estimated value of loss:			
Do you currently have crop insurance? Yes No If yes, indicate contract no.			
Do you currently have dairy insurance? Yes No			
Declaration and Signature			
I certify that the information entered on this form is correct and Insurance Commission or its agents to inspect the damage and	•	· · · · · · · · · · · · · · · · · · ·	
For the purpose of administering this program, the Nova Scoti information it collects from me to meet the requirements of it	·	· · · · · · · · · · · · · · · · · · ·	
Signature of Claimant		Date (DD/MM/YYYY)	





