

AgrilInsurance Assignment Request

Prince Edward Island Agricultural Insurance Corporation

INSURED PRODUCER'S CONTRACT OF INSURANCE INFORMATION:

Name		Client ID #	
Mailing Address		City/Town	
Postal Code			

For value received, we the insured hereby transfer, assign and set over my/our right, title and interest (as indicated below) in this Contract of Insurance and all advantage to the named Assignee. I/we also declare that we have disclosed below all other assignments we have requested/authorized.

Authorized Contact Name		Witness Name	
Authorized Signature		Witness Signature	
Date of signature		Date of signature	

Crop Year	2021	Maximum \$ Amount Assigned	
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THE INSURED PRODUCER MUST INITIAL EACH PROGRAM TO BE ASSIGNED AND ONLY THOSE FOR WHICH THERE EXISTS A VALID CONTRACT

Initials of Insured	Program	Initials of Insured	Program
	Production (Crop) Insurance		Unharvested Acreage Benefit - Rider
	Forage Insurance		Livestock
	Colour Rider for Processing Potatoes		Phytosanitary Disease Plan
	Potato Storage		Other _____

*At this time, the Prince Edward Island Agricultural Insurance Corporation accepts assignments on a **first come first serve basis**. Assignees will be notified of their ranking by the Corporation. As indicated below, it is the **Producers' responsibility** to disclose all assignments to all parties involved. If there is an issue with ranking, it is the responsibility of the Assignee and producer to notify the Corporation of the final decision in writing. If not notified the Corporation assumes the original ranking is correct.*

DISCLOSURE OF OTHER ASSIGNMENTS MADE BY THE INSURED ON THE SAME CONTRACT OF INSURANCE:

The insured producer **MUST** declare and identify in the space below, all **OTHER** assignments requested for this contract of insurance **AND** have the Assignee (Lender) **ACKNOWLEDGE** the other assignments first claim(s) to this request by signing the acknowledgement below.

1st Assignment		Maximum \$ Amount Assigned	
2nd Assignment		Maximum \$ Amount Assigned	

The Assignee (Lender) hereby acknowledges that the above 1st and/or 2nd ranking assignments will be fully satisfied prior to receiving any indemnity payment contemplated under this assignment request.

Assignee (Lender) Signature		Printed Name	
Date of signature			

ASSIGNEE INFORMATION (ORGANIZATION TO WHICH INDEMNITY PAYMENT IS ASSIGNED):

Name		Postal Code	
Mailing Address		Contact Name	
City/Town		Contact Phone	

Please mail completed ORIGINAL form to:

Prince Edward Island Agricultural Insurance Corporation (AIC), P.O. Box 400 Kensington PE C0B 1M0
 Email copies will be accepted, with the understanding AIC may obtain the original form upon request.

****Incomplete forms will not be acknowledged or consented.****