

PEI AgriStability Program 2021 Interim Request

| Participant Identification | |
|--|--|
| Name _____ | |
| Address _____ | |
| City/Town _____ | Prov/Terr _____ |
| Postal Code _____ | |
| Telephone _____ | Mobile _____ |
| Email _____ | |
| AgriStability PIN # _____ | |
| Partnership PIN # _____ | |
| (if applicable) | |
| The participant is: (check all applicable boxes) | |
| <input type="checkbox"/> a sole proprietor | <input type="checkbox"/> a member of a partnership |
| <input type="checkbox"/> a corporation | <input type="checkbox"/> other: _____ |
| Language: <input type="checkbox"/> English <input type="checkbox"/> French | |

| Contact Person Information | |
|---|-----------------|
| If you would like someone other than yourself to provide additional information on your behalf, provide all details in this section. | |
| Name _____ | |
| Business name _____ | |
| Address _____ | |
| City/Town _____ | Prov/Terr _____ |
| Postal Code _____ | |
| Telephone _____ | Email _____ |
| Note: If you have a Contact Person, you must complete this section each time you submit this form. The Administration will replace any previous contact person you may have designated with the name you provide here. | |
| By providing a contact person's name, you are authorizing the AgriStability Administration to receive information from and to disclose information to the contact person, and to make changes to your applications as directed by the contact person. | |
| Additional Contact (Accountant, Spouse, and/or other) | |
| Name _____ | Telephone _____ |
| Address _____ | |
| Email _____ | |

| Your Farming Information | |
|--|--|
| Have you completed a production cycle on at least one of the commodities you produced? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "no" to the above question, were you unable to complete a production cycle due to disaster circumstances? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please explain the reason you are applying for an interim Request? _____ | |
| _____ | |

| Production (Crop) Insurance (PI) Information | |
|--|------------------------------|
| Have you been enrolled in the Production (Crop) Insurance Program <input type="checkbox"/> Yes <input type="checkbox"/> No | Production Insurance # _____ |
| What name is listed on your Production (Crop) Insurance Agreement? _____ | |
| If you have been previously enrolled under another Name or PI#, please indicate Name or PI# _____ | |

| Participant Declaration | |
|--|-------------|
| By submitting this form, I: | |
| - Certify that I have completed a production cycle and at least six months of farming activity in the 2021 program year, or could not for reasons beyond my control; | |
| - Certify that the information provided is complete and correct; | |
| - Understand and agree that as a condition of receiving an interim payment, I will meet all requirements to participate in 2021 AgriStability; | |
| - Agree to repay any overpayment amount received as an interim payment if my interim payment is greater than my final 2021 AgriStability benefit. | |
| Signature of Participant: _____ | Date: _____ |



Financial Farming Activity

for the tax year of _____ to _____ 2021

| Estimated Allowable 2021 Income | |
|---------------------------------|----|
| Crop Sales | \$ |
| Livestock Sales | \$ |
| Production Insurance payments | \$ |
| Custom Work | \$ |
| Other: | \$ |
| | |

| 2021 Accounts Receivable (Allowable Income only) | | |
|--|---------------|--------------------------|
| Description | Opening Total | Ending Total (Estimated) |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

| Estimated Allowable 2021 Expenses | |
|-----------------------------------|----|
| Seed Purchases | \$ |
| Livestock Purchases | \$ |
| Commissions and levies | \$ |
| Feed Purchases | \$ |
| Containers and twine | \$ |
| Fertilizers and lime | \$ |
| Pesticides | \$ |
| Minerals and salt | \$ |
| Machinery (gasoline, diesel, oil) | \$ |
| Electricity | \$ |
| Freight and shipping | \$ |
| Heating fuel | \$ |
| Arm's Length Salaries | \$ |
| Veterinary Fees | \$ |
| Production Insurance Premiums | \$ |

| 2021 Accounts Payable (Allowable Expenses only) | | |
|---|---------------|--------------------------|
| Description | Opening Total | Ending Total (Estimated) |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

| 2021 Prepays/Purchased Input Inventory | | |
|--|---------------|--------------------------|
| Description | Opening Total | Ending Total (Estimated) |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

To submit this application please send it to the following address or if you have any questions regarding this application please contact:

AgriStability Administration c/o PEI Agricultural Insurance Corporation
P.O. Box 400, 7 Gerald McCarville Drive
Kensington, PE C0B 1M0
Toll Free: 1-855-251-9695 / Fax: 902-836-8912