

PEI AgriStability Program 2022 Interim Request

Participant Identification	
Name _____	
Address _____	
City/Town _____	Prov/Terr _____
Postal Code _____	
Telephone _____	Mobile _____
Email _____	
AgriStability PIN # _____	
Note: You must enter your PIN unless you have not been assigned one	
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 2022 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 2022 AgriStability;	
- Agree to repay any overpayment amount received as an interim payment if my interim payment is greater than my final 2022 AgriStability benefit.	
Signature of Participant: _____	Date: _____



Financial Farming Activity

for the tax year of _____ to _____ 2022

Estimated Allowable 2022 Income	
Crop Sales	\$
Livestock Sales	\$
Production Insurance payments	\$
Custom Work	\$
Other:	\$

2022 Accounts Receivable (Allowable Income only)		
Description	Opening Total	Ending Total (Estimated)
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Estimated Allowable 2022 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	\$

2022 Accounts Payable (Allowable Expenses only)		
Description	Opening Total	Ending Total (Estimated)
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

2022 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