

**NOVA SCOTIA CROP AND LIVESTOCK INSURANCE COMMISSION**

74 Research Drive, Lorraine Building, Bible Hill, NS B6L 2R2

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**CANCELLATION FORM**

Name: \_\_\_\_\_

Contract No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Plan(s) and Cancellation Dates-Check plan(s) to cancel:

- |  |  |
|--|--|
| <input type="checkbox"/> Acreage Loss - March 31 <sup>st</sup> | <input type="checkbox"/> Spring Grain - March 15 <sup>th</sup>     |
| <input type="checkbox"/> Grapes - October 31 <sup>st</sup>     | <input type="checkbox"/> Strawberry - September 15 <sup>th</sup>   |
| <input type="checkbox"/> Blueberry - December 15 <sup>th</sup> | <input type="checkbox"/> Tree Fruit - November 30 <sup>th</sup>    |
| <input type="checkbox"/> Corn - March 15 <sup>th</sup>         | <input type="checkbox"/> Vegetable - March 14 <sup>th</sup>        |
| <input type="checkbox"/> Maple - May 15 <sup>th</sup>          | <input type="checkbox"/> Winter Grain - September 15 <sup>th</sup> |
| <input type="checkbox"/> Potato - March 15 <sup>th</sup>       | <input type="checkbox"/> Dairy                                     |
| <input type="checkbox"/> Raspberry - October 31 <sup>st</sup>  | <input type="checkbox"/> Poultry                                   |
| <input type="checkbox"/> Soybean - March 15 <sup>th</sup>      | <input type="checkbox"/> Weather                                   |

Reasons for cancellation:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Out of business | <input type="checkbox"/> No longer growing | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Death           | <input type="checkbox"/> Farm transfer     |   |

**Please read carefully, sign and date:**

I hereby request the cancellation of my insurance contract for the above mentioned plan(s) with the Nova Scotia Crop and Livestock Insurance Commission. My contract will be terminated at the beginning of the next crop year as indicated in the regulations of the appropriate plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (DD/MM/YY)

OFFICE USE ONLY	
Received by: _____	Date: _____
Cancellation approved: _____	Effective Date: _____

