

P.O. Box 6000
Fredericton
New Brunswick E3B 5H1
Tel: 506 453-2185
Fax: 506 453-7406

C.P. 6000
Fredericton
Nouveau-Brunswick E3B 5H1
Tél.: 506 453-2185
Fax: 506 453-7406

Canada / New Brunswick Wildlife Damage Compensation Program
Application Form

1) APPLICANT

Name: _____

Mailing Address: _____

_____ Street _____ City / Town _____ Province _____ Postal Code

Telephone: _____ Cell: _____

Email: _____ Fax: _____

Corporate Tax No.: _____ Or S.I.N.: _____

Do you currently have Agricultural Insurance? Yes No

If yes, indicate Producer Id. No.: _____

2) CONTACT PERSON (if different from applicant)

Name: _____

Telephone: _____ Email: _____

3) CLAIM FOR COMPENSATION

Damage Caused by: _____

Damage Cause to (commodity): _____

Date of Damage Noticed: _____

Location of Loss: _____

Briefly Describe the Loss: _____

Estimated Value of Loss: _____

I certify that the information given in this application is true, correct and complete to the best of my knowledge. I hereby authorize the New Brunswick Agricultural Insurance Commission or its agents to inspect the damage and verify this information as required.

Signature of Applicant: _____ **Date:** _____