

## PEI AgriStability Program 2025 Interim Request

Participant Identification		Contact Person Information	
Name <hr/> Address <hr/> City/Town                      Prov/Terr                      Postal Code <hr/> Telephone                      Mobile <hr/> Email <hr/> AgriStability PIN # <hr/> Partnership PIN # <hr/> (if applicable)  The participant is: (check all applicable boxes)  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a sole proprietor             </div> <div> <input type="checkbox"/> a member of a partnership             </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a corporation             </div> <div> <input type="checkbox"/> other: _____             </div> </div> Language: <input type="checkbox"/> English <input type="checkbox"/> French		If you would like someone other than yourself to provide additional information on your behalf, provide all details in this section.  Name <hr/> Business name <hr/> Address <hr/> City/Town                      Prov/Terr                      Postal Code <hr/> Telephone                      Email <hr/> <b>Note:</b> 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 <hr/> Address <hr/> Email <hr/> Telephone <hr/>			
Your Farming Information			
Have you completed a production cycle on at least one of the commodities you produced? <div style="float: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No           </div> If "no" to the above question, were you unable to complete a production cycle due to disaster circumstances? <div style="float: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No           </div> 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 2025 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 2025 AgriStability; - Agree to repay any overpayment amount received as an interim payment if my interim payment is greater than my final 2025 AgriStability benefit. Signature of Participant: _____                      Date: _____			



for the tax year of \_\_\_\_\_ to \_\_\_\_\_ 2025

- [illegible]

[illegible][illegible]

## Financial Farming Activity

for the tax year of \_\_\_\_\_ to \_\_\_\_\_ 2025

Estimated Allowable 2025 Income	
Crop Sales	\$
Livestock Sales	\$
Production Insurance payments	\$
Custom Work	\$
Other:	\$

2025 Accounts Receivable (Allowable Income only)		
Description	Opening Total	Ending Total (Estimated)
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Estimated Allowable 2025 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	\$

2025 Accounts Payable (Allowable Expenses only)		
Description	Opening Total	Ending Total (Estimated)
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

2025 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  
Email: AICStability@gov.pe.ca  
Tel: 902-836-0435 / Fax: 902-836-8912