



LIVESTOCK INSURANCE MANAGERS

A Division of Canadian Farm Insurance Corp.

210-3502 Taylor Street East
Saskatoon, SK S7H 5H9
Phone 306-244-8181 Fax 306-244-8183

LIVESTOCK INSURANCE APPLICATION

Private Treaty	Home Raised
Purchase Date:	
Attachment (i.e. Breeding Soundness Evaluation, Veterinary Certificates, etc.)	
Individual / Herd Vet Cert	
Fall of Hammer* (Name of Sale)	
Breed:	Sale Date:
*Warranted a Veterinary Inspection has been done within 30 days prior to sale day	

AGENT:

I / WE _____ Phone No. () _____

Address _____ Postal Code _____

Loss Payable(s) including complete address (es): _____ Email _____

Hereby apply for Insurance on the following described animals: (list each animal in detail)

LOT #	BREED / DESCRIPTION	TATTOO / CFIA#	SEX	BIRTHDATE (mm/dd/yy)	TYPE OF BREEDING	PURCHASE PRICE	INSURED VALUE	RATE	PREMIUM
TOTAL								SUB TOTAL	
Minimum & Retained Premium:									\$50.00
Annual - \$150.00									
Short Term - \$125.00									
RETAINED POLICY PROCESSING FEE									
TOTAL DUE, INCLUDING FEES									

All Animals Valued over \$25,000.00 are subject to underwriters approval.
This Policy includes a clause(s) that may limit the amount payable.

RATES & COVERAGE

- 4.5% All Risks of Mortality (ARM – Parturition Clause Applies) Females Only
- 6.0% All Risks of Mortality (ARM) Females Only
- 12.5% ARM & ASD Bull Infertility ARM & Accident, Sickness & Disease Max. 20% Deductible
- 16.0% ARM & Broad Form Bull Infertility Min. 10% Deductible to Apply Max. 20% Deductible
- OTHER _____

METHOD OF PAYMENT

CHEQUE # _____

OTHER: _____

POLICY TERM

- 1 YEAR
- 6 MONTHS
- OTHER:

Please complete the following questions:

A.I. Use? YES NO

Has the applicant ever been declined insurance or had insurance cancelled? YES NO

Is / Are the Animal(s) listed on this application going to be used on a Provincial Grazing Reserve / Community Pasture? YES NO

How Many Paid Livestock Claims in the Past 3 years? _____

Give Details: _____

I have been advised of the privacy agreement on the reverse of this application. YES NO

I have been advised of and agree to the application of the policy fee YES NO

I/We, the undersigned hereby warrant and declare the animal(s) described above to be in sound health and free from illness, disease, apparent lameness, injury or physical disability whatsoever at this time and that I/We have not withheld any information which would affect the insurer's acceptance of my/our application for Insurance. I/We further agree that this declaration shall be the basis of the insurance hereby applied for and that there shall be no liability on the Insurer until this application and/or applicable certificates are accepted by the Insurer. Premium payment warranty (30) thirty days. I understand that a deductible will apply if I have 3 or more paid claims in the past 3 years. I have been advised of and agree to the policy fee.

DEDUCTIBLES

- 10% Deductible Clause (Bull Infertility Only) (Broad Form)
- 10% Deductible – 3 or More Paid Claims in the past 3 years
- 20% Provincial Grazing Reserve/Community Pasture

Signature of Applicant: _____ Date: _____

Signature of Agent: _____ Date: _____