LIVESTOCK INSURANCE

EQUINE INSURANCE APPLICATION

Private Treaty Home Raised			AGENT:
Veterinary Certi	ficate of Health Attached		
Justification of	Value Attached	1	
Fall of Hammer*	(name of sale):		
Breed:	Sale Date:		
*Warranted a Veterina	ry Inspection has been done within 30 days prior to s	sale day	1

]	M WANAGERS		Justification of			a <u> </u>				
_	A Division of Canadian Farm Insurance Co	rp.	Fall of Hammer	* (name of s	ale):					
240 25	502 Taylor Street East		Breed:		Sale	Date:				
	oon, SK S7H 5H9			ary Inspec			0 days prior to sale day			
	306-244-8181 Fax 306-244-81			, ,			, ,			
I/WE								Phone	No (
									,	
Address	S							Postal	Code	
Loss Pa	ayable(s) including complete addres	s (es):								
Hereby a	apply for Insurance on the follow	vina described s	animals: (list each ani	mal in deta	iil\					
TICICDY E	apply for insurance on the follow	ing acsonbed a	dilinais. (list cacit ariii	nai in acto	ui <i>)</i>					
LOT						BIRTHDATE	E USE	PURCHASE	PURCHASE	INSURED
#	NAME / BREED / DES	SCRIPTION	REGISTRAT	ΓΙΟΝ #	SEX	(YYYY)	Please be Specific	DATE	PRICE	VALUE
									SUBTOTAL	
							RET	AINED POLICY P	ROCESSING FEE	\$ 50.00
								TOTAL DUE I	NCLUDING FEES	
								TOTAL DUE, I	NCLUDING FEES	
	COVERAGE	LIMITS	DEDUCTIBLE	RATE	/ hd	PREMIUM	Please Complete the	<u>Following</u>		Yes No
All Ris	sks of Mortality		NIL			_	Has the Applicant ever b	een declined insura	ince or had Insurance	Э
Theft	& Unlawful Removal		NIL	N/C		INCL.	cancelled? Has the Applicant had ar	v naid livestock cla	ims in the nast 3 yea	rs? —— ——
Tack t	to a Limit of \$1500.00	\$1,500.00	\$100.00	N/C			riae the Applicant had al	ly paid involvent old	mile in the pact o year	
Additio	onal Tack (Schedule Required)		\$100.00	1.25	%		Loss History / Notes			
12 Mc	onth Extension Clause		NIL	N/C						
Death	Claim Reimbursement		NIL							
	Medical Surgical End.		\$500.00							
	Surgery Endorsement		\$500.00							
	cal Endorsement		\$250.00							
	on Infertility Extension		NIL	1.00			I/We the undersigned	hereby warrant a	nd declare the anir	mal(s) described
	anteed Renewal		NIL	.109			above to be in sound I			
	ansit Extension (Per Trip)			0.25			injury or physical disal			
	l Wide Geographical			0.25			withheld any informati			
regards to	the Major Medical/Surgical/ColicEn	dorsements Plea		de for Limits	/Rates		my/our application for	Insurance. I/We	further agree that	this declaration

Method of Payment Cheque # Other Invoice

	Loss History / Notes:	

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 have been advised of and agree to the application of the policy fee.

Signature of Applicant	Date:
	_
Signature of Agent	Date: