



**LIVESTOCK
INSURANCE
MANAGERS**
A Division of
Canadian Farm Insurance Corp

EQUINE INSURANCE APPLICATION

210 – 3502 Taylor St. E. Saskatoon, SK S7H 5H9
Phone 306-244-8181 Fax 306-244-8183
Email: info@lim-sk.ca

APPLICATION #
AGENT:

NAME OF INSURED: _____

AUCTION SALE **SALE DATE** _____
SALE NAME _____
Veterinary Inspection done within 30 days prior to the Sale? Yes No

ADDRESS: _____

PRIVATE TREATY / SALE **PURCHASE DATE** _____

PHONE: _____ **EMAIL:** _____

HOME-RAISED **OTHER** _____

Hereby apply for Insurance on the following described Foal / Horse

LOT #	NAME	BREED	REG#	BIRTH DATE	<input type="checkbox"/> STALLION <input type="checkbox"/> MARE <input type="checkbox"/> GELDING	<input type="checkbox"/> COLT <input type="checkbox"/> FILLY	PURCHASE PRICE
USE (Please be Specific):		SIRE	DAM				INSURED VALUE
							\$
							\$

PLEASE COMPLETE THE FOLLOWING QUESTIONS	IF YES, EXPLAIN	COVERAGE	VALUE / LIMITS	DEDUCTIBLE	RATE / COST	PREMIUM
		<input checked="" type="checkbox"/> All Risks of Mortality		\$	NIL	%
Do you anticipate transporting this Foal / Horse in the next 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Theft & Unlawful Removal		NIL	N/C	INCL.
		<input type="checkbox"/> 12 Month Extension Clause		NIL	N/C	
Has any Insurer cancelled or declined Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Tack to a Limit of \$1500.00	\$ 1,500.00	\$ 100.00	N/C	
		<input type="checkbox"/> Additional Tack (Schedule Required)		\$ 100.00	1.25 %	
Any Pending or Paid Livestock Claims in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Death Claim Reimbursement		NIL		
		<input type="checkbox"/> Major Medical Surgical End.		\$ 500.00		
		<input type="checkbox"/> Colic Surgery Endorsement		\$ 500.00		
		<input type="checkbox"/> Stallion Infertility Extension		NIL	1.00%	
		<input type="checkbox"/> Guaranteed Renewal		NIL	0.10%	
		<input type="checkbox"/> Air Transit Extension (Per Trip)			0.25%	
		<input type="checkbox"/> Loss of Use (Prior Submit Only)				
		For Death Claim Reimbursement / Major Medical Surgical / Colic Surgery Endorsements, please refer to the Rate Guide for Limits & Additional Costs.		TOTAL PREMIUM		\$
		I/We have been advised and agreed to the application of the Policy Processing Fee. This Fee is levied to standardize the offset of internal Administrative costs (staffing, overhead, etc.) that are not necessarily covered by commissions earned from variable premiums.		Minimum & Retained Premium - \$150.00		\$
I / We understand that a Deductible may apply due to frequency of Claims. This Policy contains a clause(s) that may limit the amount payable.				RETAINED POLICY PROCESSING FEE		\$ 50.00
				TOTAL AMOUNT DUE		\$

I / We, the Undersigned, hereby warrant and declare the animal described hereon to be in sound health and free from any 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. I / We understand that non-disclosure or misrepresentation of a material fact will entitle the Underwriters to void the Insurance.

Name of Applicant (Printed) _____ Signed (Applicant) _____ Date _____

CLAIMS E-Mail : livestockclaims@cdfarmins.com Signed (Agent) _____ Date _____

Office Use Only	Effective Date
DOCUMENTS ATTACHED <input type="checkbox"/> Veterinary Certificate <input type="checkbox"/> Purchase Receipt <input type="checkbox"/> Justification of Value <input type="checkbox"/> Photos (Front, Back, Sides)	