



LIVESTOCK INSURANCE MANAGERS

A Division of Canadian Farm Insurance Corp.

BOVINE 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: _____

ADDRESS: _____

FALL OF HAMMER
SALE NAME _____

*Warranted a Veterinary Inspection has been done within 30 days prior to Sale day

PHONE: _____ FAX: _____

SALE PROV. _____ SALE DATE _____
 Or State

E-MAIL: _____

DATE BINDER SENT _____
 OR PRIVATE TREATY OR HOME-RAISED

Hereby apply for Insurance on the following described animals: (list each animal in detail) * **Bulls Insured for Natural Use ONLY unless otherwise specified.**

LOT #	BREED	TATTOO / RFID # / CCIA #	SEX	BIRTHDATE (mm / dd / yy)	USE Natural AI	PURCHASE PRICE	INSURED VALUE	COVERAGE REQUESTED	VC/ BSE

<p>PLEASE COMPLETE THE FOLLOWING QUESTIONS</p> <p>AI Use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is/Are the Named Insured(s), Sole Owner(s) of this/these Animal(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If NO, Other Insured's Name(s) _____</p> <p>Has any Insurer cancelled or declined Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you had any Paid Livestock Claims in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "YES", give details _____</p>	AVAILABLE COVERAGE		Total Sum Insured	x Rate	= Premium
	<p>BULLS</p> <ul style="list-style-type: none"> · ARM – ALL RISK MORTALITY · ASD – ARM & ACCIDENT SICKNESS & DISEASE Infertility · BF – ARM & BROAD FORM Infertility <p>COWS / HEIFERS</p> <ul style="list-style-type: none"> · ARM – ALL RISK MORTALITY · PAR X – ARM & PARTURITION Exclusion <p>· OTHER _____</p> <p style="color: red;">Accident Sickness & Disease limited to Accidental External Injury w/o a BSE</p>		+ Policy Processing Fee		\$ 50.00
	<p style="text-align: center;">POLICY TERM</p> <p><input type="checkbox"/> 1 year <input type="checkbox"/> 6 months <input type="checkbox"/> Other</p>		Total Amount Due		\$
	<p>I 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</p> <p style="text-align: right;">Minimum & Retained Premium Annual \$ 150.00 Short Term \$125.00</p>				

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.

I / We, the Undersigned, hereby warrant and declare the animal(s) 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 Livestock 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. No other Insurance is in effect and that Insurance values requested are not in excess of fair market value or recent appraisal, and that the above noted animals are owned by Me / Us.

I / We understand that non-disclosure or misrepresentation of a material fact will entitle the Underwriters to void the Insurance.

THIS SIGNED APPLICATION SHALL BE THE BASIS OF THE CONTRACT FOR THE APPLIED INSURANCE. PLEASE ADVISE IMMEDIATELY OF ANY DISCREPANCIES, INACCURACIES OR CHANGES.

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

CLAIMS E-Mail : livestockclaims@cdfnfarmins.com

Signed (Agent) _____ Date _____