



**LIVESTOCK
INSURANCE
MANAGERS**

A Division of
Canadian Farm Insurance Corp.

PO Box 30101 RPO 32
Saskatoon, SK S7L 7M6
Phone 306-244-8181 Fax 306-244-8183

EQUINE INSURANCE APPLICATION

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

I / WE _____ Phone No. () _____

Address _____ Postal Code _____

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

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

LOT #	NAME / BREED / DESCRIPTION	REGISTRATION #	SEX	BIRTHDATE (YYYY)	USE Please be Specific	PURCHASE DATE	PURCHASE PRICE	INSURED VALUE
SUBTOTAL								
RETAINED POLICY PROCESSING FEE								\$ 50.00
TOTAL DUE, INCLUDING FEES								

COVERAGE	LIMITS	DEDUCTIBLE	RATE / hd	PREMIUM
<input checked="" type="checkbox"/> All Risks of Mortality		NIL		
<input checked="" type="checkbox"/> Theft & Unlawful Removal		NIL	N/C	INCL.
Tack to a Limit of \$1500.00	\$1,500.00	\$100.00	N/C	
Additional Tack (Schedule Required)		\$100.00	1.25%	
12 Month Extension Clause		NIL	N/C	
Death Claim Reimbursement		NIL		
Major Medical Surgical End.		\$500.00		
Colic Surgery Endorsement		\$500.00		
Surgical Endorsement		\$250.00		
Stallion Infertility Extension		NIL	1.00%	
Guaranteed Renewal		NIL	.10%	
Air Transit Extension (Per Trip)			0.25%	
World Wide Geographical			0.25%	
In regards to the Major Medical/Surgical/Colic Endorsements Please Refer to the Rate Guide for Limits/Rates				
Minimum & Retained Premium: Annual - \$150.00		Policy Premium		\$

Please Complete the Following

Has the Applicant ever been declined insurance or had Insurance cancelled? Yes No
 Has the Applicant had any paid livestock claims in the past 3 years? ___ ___

Loss History / Notes:

I/We the undersigned hereby warrant and declare the animal(s) described above to be in sound health & 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 have been advised of and agree to the application of the policy fee.

Signature of Applicant _____ Date: _____
 Signature of Agent _____ Date: _____

Method of Payment			
Cheque #	Invoice	Other	