



**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

**ANIMAL MORTALITY INSURANCE APPLICATION**

Private Treaty	
Home-Raised	
Auction Sale	
Breed:	
Attachment (i.e.: Veterinary Certificates , Justification of Value)	

AGENT:

I / WE \_\_\_\_\_ Phone No. (     ) \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Loss Payable(s) including complete address (es): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

LOT #	NAME / BREED / DESCRIPTION	TATTOO / REG#	SEX	BIRTHDATE (m/d/y)	USE	PURCHASE PRICE	INSURED VALUE	RATE	PREMIUM
<b>Total</b>								<b>SubTotal</b>	
<b>Retained Policy Processing Fee</b>									\$ 50.00
<b>Total Due, Including Fees</b>									

Minimum & Retained Premium:                      Annual - \$150.00                      Short Term - \$125.00

**POLICY TERM**

1 YEAR

6 MONTHS

OTHER \_\_\_\_\_

**Please complete the following questions:**

Has the applicant ever been declined insurance or had insurance cancelled?

Has the applicant had any livestock claims in the past 3 years?

If Yes give details:

Notes

YES	NO

**METHOD OF PAYMENT**

CHEQUE# \_\_\_\_\_

OTHER: \_\_\_\_\_

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_