



**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](mailto: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: \_\_\_\_\_

OR  PRIVATE TREATY OR  HOME-RAISED

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

LOT #:	NAME:	REG #:	BREED:	SEX:	BIRTH DATE:	PURCHASE PRICE:	INSURED VALUE:	DOCUMENTS ATTACHED	INCL
								Veterinary Certificate	
								Purchase Receipt	
USE (Please be Specific):			SIRE:		DAM:			Justification of Value	
								Photos (Front, Back, Sides)	

PLEASE COMPLETE THE FOLLOWING QUESTIONS	COVERAGE	INSURED VALUE / LIMITS	DEDUCTIBLE	ADDITIONAL PREMIUM / RATE	PREMIUM
Has any Insurer cancelled or declined Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	<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	
Have you had any Paid Livestock Claims in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Tack (Schedule Required)		\$ 100.00	1.25%	
	12 Month Extension Clause		NIL	N/C	
Loss History / Notes:	Death Claim Reimbursement		NIL		
	Major Medical Surgical End.		\$ 500.00		
	Colic Surgery Endorsement		\$ 500.00		
	Stallion Infertility Extension		NIL	1.00%	
	Guaranteed Renewal		NIL	.10%	
	Air Transit Extension (Per Trip)			0.25%	
	World Wide Geographical			0.25%	
	Loss of Use (Prior Submit Only)				
<b>TOTAL PREMIUM</b>					<b>\$</b>
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 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.					
In regards to the Major Medical / Surgical / Colic Endorsements - Please Refer to the Rate Guide for Limits / Rates					
Minimum & Retained Premium: Annual - \$150.00				<b>RETAINED POLICY PROCESSING FEE</b>	<b>\$ 50.00</b>
Premium Payment Warranty (30) thirty days.				<b>TOTAL AMOUNT DUE</b>	<b>\$</b>

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](mailto:livestockclaims@cdfarmins.com)

Signed (Agent) \_\_\_\_\_ Date \_\_\_\_\_