

# BOVINE INSURANCE APPLICATION



**Canadian Farm  
Insurance Corp.**

3<sup>rd</sup> Floor, 13220 St. Albert Trail  
Edmonton AB, T5L 4W1  
Phone 780-447-3276 Fax 780-732-3607  
Toll Free 1-877-909-3276  
I / WE

<b>Private Treaty</b>	
Attachment (i.e.: Breeding Soundness Evaluation, Veterinary Certificates etc.)	
<b>Individual / Herd Vet Cert</b>	
<b>Fall of Hammer*</b> <small>(name of sale)</small>	
<b>Breed:</b>	<b>Sale Date:</b>
<small>*Warranted a Veterinary Inspection has been done within 30 days prior to sale day</small>	

AGENT:

Address	Phone No. (     )
Loss Payable(s) including complete address (es):	Postal Code
	Email

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

LOT #	BREED / DESCRIPTION	TATTOO / CFIA#	SEX	BIRTHDATE (mm/dd/yy)	TYPE OF BREEDING	PURCHASE PRICE	INSURED VALUE	RATE	PREMIUM
<b>Total</b>								<b>Total</b>	

All Animals Valued over \$25,000.00 are subject to Underwriters approval.  
This Policy includes a clause(s) that may limit the amount payable.  
**Minimum & Retained Premium:**                      **Annual - \$150.00**                      **Short Term - \$125.00**

**RATES & COVERAGE**

6.0% All Risks of Mortality (ARM) Females Only

10% ARM & ASD  
ARM & Accident, Sickness & Disease   
Min. 10% Deductible to Apply  
Max. 20% Deductible

12.5% ARM & Broad Form   
Min. 20% Deductible to Apply  
Max. 30% Deductible

15% ARM & Broad Form Infertility   
Min. 10% Deductible to Apply  
Max. 20% Deductible

**TYPE OF BREEDING**

A.I. - Artificial Insemination  
N - Natural  
D - Donor  
R - Recipient

**METHOD OF PAYMENT**

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

MasterCard

VISA

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

**POLICY TERM**

1 YEAR

6 MONTHS

OTHER

**Please complete the following questions:**

Has the applicant ever been declined insurance or had insurance cancelled?  YES  NO

Is / Are the Animal(s) listed on this application going to be used on a Provincial Grazing Reserve / Community Pasture?

Number of Livestock Claims in the Past 3 years? \_\_\_\_\_

Give Details: \_\_\_\_\_

\_\_\_\_\_

I have been advised of the privacy agreement on the reverse of this application.

Notes: \_\_\_\_\_

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.

**DEDUCTIBLES**

10% Deductible Clause (All bull policies)

10% Deductible – 2 or More Claims in 3 yrs

10% or \$250.00, whichever is Greater, Provincial Grazing Reserve/Community Pasture

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