BOVINE INSURANCE APPLICATION

Canadian Farm Insurance Corp.

3rd Floor, 13220 St. Albert Trail
Edmonton AB, T5L 4W1
Phone 780-447-3276 Fax 780-733-7724

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

AGENT:

A renewal notice will not be sent on 'Fall of Hammer' or 'Production Sale' Business

I / WE

Phone No. ( )

Address

Postal Code

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

Email

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 / DESCRIPTION	TATTOO / CFIA#	SEX	BIRTHDATE (mm/dd/yy)	TYPE OF BREEDING	PURCHASE PRICE	INSURED VALUE	RATE	PREMIUM
						Total		**Total**	

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

All Animals Valued over $25,000.00 are subject to Underwriters approval.

RATES & COVERAGE

- Females – 4.5%: All risk mortality Excludes Loss Caused By Parturition or Calving ☐
- Females – 6.0%: All risk mortality Includes Loss Caused By Parturition or Calving ☐
- Bulls – 10%: All Risk Mortality Including Infertility or Inability to Breed Caused by Accident, Sickness or Disease ☐
- Bulls – 15%: All Risk Mortality Including All Risk Infertility or Inability to Breed (Subject to 10% Deductible Clause) ☐
- Other – Call for Rate and Coverage Options ☐

METHOD OF PAYMENT

CHEQUE#

OTHER:

POLICY TERM

1 YEAR ☐

6 MONTHS ☐

OTHER ☐

Please complete the following questions:

	Yes	No
A.I. Use?	☐	☐
Has the applicant ever been declined insurance or had insurance cancelled?	☐	☐
Is / Are the Animal(s) listed on this application going to be used on a Provincial Grazing Reserve / Community Pasture? If yes 10% or $250.00 deductible applies.	☐	☐
Have you had any paid Claims in the Past 3 years?	☐	☐

If yes 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. I understand that a deductible will apply if I have 3 or more paid claims in the past 3 years.

This Policy includes a clause(s) that may limit the amount payable.

DEDUCTIBLES

10% Deductible Clause (Bull Infertility Only)
10% Deductible – 3 or More Paid Claims in 3 yrs
10% or $250.00, whichever is Greater, Provincial Grazing Reserve/Community Pasture

Signature of Applicant: **Date:**

Signature of Agent: **Date:**