

BOVINE INSURANCE APPLICATION



Canadian Farm Insurance Corp.
 3rd Floor, 13220 St. Albert Trail
 Edmonton AB, T5L 4W1
 Phone 780-447-3276 Fax 780-732-3607

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: _____	
<small>*Warranted a Veterinary Inspection has been done within 30 days prior to sale day</small>			

AGENT:

I / WE _____

Address _____

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

Phone No. () _____

Postal Code _____

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	

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**

<u>RATES & COVERAGE</u>	
6.0% All Risks of Mortality (ARM) Females Only	<input type="checkbox"/>
10% ARM & ASD ARM & Accident, Sickness & Disease Max. 20% Deductible	<input type="checkbox"/>
9.5% ARM & ASD Arm & Accident, Sickness & Disease Min. 10% Deductible to Apply Max. 20% deductible	<input type="checkbox"/>
15% ARM & Broad Form Infertility Min. 10% Deductible to Apply Max. 20% Deductible	<input type="checkbox"/>
A.I. Use YES <input type="checkbox"/> NO <input type="checkbox"/>	

METHOD OF PAYMENT

CHEQUE# _____

OTHER: _____

POLICY TERM

1 YEAR

6 MONTHS

OTHER

Please complete the following questions:

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: _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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.

DEDUCTIBLES

10% Deductible Clause (Bull Infertility Only) (9.5% ARM + ASD + Broad Form)
 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:** _____