



Canadian Farm  
Insurance Corp.

#205, 101 Riel Drive  
St. Albert AB, T8N 3X4  
Phone 780-447-3276 Fax 780-732-3607

# EQUINE INSURANCE APPLICATION

Private Treaty	Home Raised
Veterinary Certificate of Health Attached	
Justification of Value Attached	
Fall of Hammer (name of sale)	
Breed:	Sale Date:
*Warranted a Veterinary Inspection has been done within 30 days prior/post sale day	

AGENT:

I / WE

Phone No. ( )

Address

Postal Code

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

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

BREED / DESCRIPTION / REG # / BRAND / TATTOO	SEX	BIRTHDATE YYYY	USE Please be specific	PURCHASE DATE	PURCHASE PRICE	INSURED VALUE

Subtotal

Retained Policy Processing Fee

\$ 50.00

**Total Due, Including Fees**

COVERAGE	LIMITS	DEDUCTIBLE	RATE/hd	PREMIUM
<input checked="" type="checkbox"/> All Risks of Mortality		NIL		
<input checked="" type="checkbox"/> Theft & Unlawful Removal		NIL		INC
<input checked="" type="checkbox"/> Tack to a Limit of \$1500.00	\$1,500.00	\$100.00		INC
Guaranteed Renewal		NIL	.10%	
Death Claim Reimbursement	\$500.00	NIL	\$20.00	
Death Claim Reimbursement	\$1,000.00	NIL	\$25.00	
<input checked="" type="checkbox"/> 12 Month Extension Clause		NIL		INC
Stallion Infertility Extension		NIL	1.00%	
Major Medical/Surgical Endorsement		\$500.00		
Air Transit Extension (Per Trip)				
World Wide Geographical				

As regards the Surgical & Major Medical Endorsements please refer to the rate guide for limits and rates

Minimum & Retained Premium \$150.00      **Policy Premium**      \$

**Loss History:**

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

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

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

**Please complete the following**

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

Yes      No  
     

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