



Canadian Farm
Insurance Corp.

#302, 13220 St. Albert Trail
Edmonton AB, T5L 4W1
Phone 780-447-3276 Fax 780-732-3607

EQUINE NAMED PERILS APPLICATION

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 PRICE	INSURED VALUE
Total					

COVERAGE	LIMITS	DEDUCTIBLE	RATE/hd	PREMIUM
Named Perils Farm Livestock Form FL1 & FL2 Only				
X Named Perils FL1 & FL2				
Death Claim Reimbursement	\$500.00	NIL	\$25.00/hd	
Tack to a Limit of \$1,500.00	\$1,500.00	\$100.00	INCL	---
Tack over the \$1,500.00 Limit		\$100.00	1.25%	
Locked Warranty to apply in the event of a TACK claim.				
Minimum & Retained Premium \$150.00		Policy Premium		\$

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.

Please complete the following

- | | | |
|--|--------------------------|--------------------------|
| Has the applicant ever been declined insurance or had insurance Cancelled? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the applicant had any livestock claims in the past 3 years? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Applicant: _____ Date: _____

Signature of Agent: _____ Date: _____

Loss History/Notes: