

CANADIAN FARM INSURANCE CORPORATION
ALPACA JUSTIFICATION OF VALUE

CERTIFICATE NUMBER _____

NAME _____

ADDRESS _____

NAME OF ANIMAL _____

MICROCHIP NUMBER _____ LOCATION _____

BREED - HUACAYA or SURI _____ SEX _____

SIRE _____ DAM _____

DATE OF BIRTH _____

SUM INSURED REQUIRED _____

PURCHASE PRICE _____ DATE _____

BREED SOCIETY REGISTRATION NUMBER (BAS/ARI/CLAA/AAA): _____

TAG NUMBER _____

COLOUR _____ Solid OR Multi _____

DNA PROFILE (From Blood): _____

FLEECE DETAILS:

Weight of First Fleece _____

Date of Fibre Test _____

Micron Count _____

Follicle Density per sqm _____

Average Fibre D A (to IWTO method 12 DIA →0←) _____ Microns

Standard Deviation _____ Microns

Coefficient of Variation _____ %

Fibres > 30 Microns _____ %

SHOW DETAILS(events and placings/winnings): _____

FEMALES ONLY

Number of Crias Bred (including sex) _____
In Cria - if so to whom stud fee paid _____
Highest Recorded Sale Price of Offspring (male & female) _____

MALES ONLY

Stud Fee _____
Has the Animal Undergone a Fertility Check? _____
Number of Females Served to Date – Sex of Cria(s) _____
Number of Scheduled Breedings for upcoming season _____
Highest Recorded Price of Offspring (male and female) _____

PREVIOUS OWNERS DETAILS (if applicable)

NAME _____

ADDRESS _____

FOR VALUES OVER or EQUIVALENT to \$20,000.00 ONLY

Please Provide a Side and Front Photograph of the Alpaca and Showing Results if Applicable

PEDIGREE

Please Include Name, Type, ID Number Colour, Value, Fleece Details

For Values up to \$25,000.00 please provide 2 generations details, for values over this please provide 3 generations details, alternatively please provide a copy of the registration certificate.

SIRE _____
SIRE _____ SIRE _____
DAM _____
SIRE _____
DAM _____ DAM _____
SIRE _____
SIRE _____ DAM _____
DAM _____
SIRE _____
DAM _____ DAM _____

Please attach any other relevant information to this form for further Justification of Value.

The above named animals are owned by me and, to the best of my knowledge and belief, the information provided in connection with this proposal, whether in my hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Broker.)

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

I declare that to the best of my knowledge and belief all of the above statements made by me are true. I hereby consent to any information you may have about me being processed by you for the purposes of providing insurance, and claims handling, which may necessitate providing such information to third parties. I also confirm there are no other circumstances within my knowledge or opinion that are not already disclosed that are likely to affect the proposed insurance.

Signed _____

Please Print _____

Dated _____