



Canadian Farm  
Insurance Corp.



#375, 13220 St. Albert Trail  
Edmonton AB, T5L 4W1  
Phone 780-447-3276 Fax 780-732-3607  
Toll Free 1-877-909-3276

# Animal Mortality Insurance Application

AGENT:

I / WE

Phone No. (     )

Address

Postal Code:

Email Address:

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

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

LOT #	BREED / DESCRIPTION	TATTOO / REG#	SEX	BIRTHDATE	USE	PURCHASE PRICE	INSURED VALUE	RATE	PREMIUM
<b>Total</b>									
<b>Minimum &amp; Retained Premium \$125.00</b>									

***Please complete the following questions:***

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

Has the applicant had any animal mortality claims in the past 3 years?

If Yes give details:

YES	
NO	

NO	

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.

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_