



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

Agent:

DECLARATION OF HEALTH

INSURED:	ADDRESS:
POLICY NO.	TELEPHONE NO.

<i>Breed</i>	<i>Sex*</i>	<i>Reg. No. or Tattoo</i>	<i>Date of Birth</i>	<i>Previous Insured Value</i>	<i>Desired Insured Value</i>

*Please specify Sex: Male, Female, Castrated Male, Sterilized Female or Broodmare

1. For what purposes are the animals kept or employed?
2. Are the animals sound and healthy?
3. Give full particulars of defects or ailments, illness or disease, during the past twelve months.
4. Is there any contagious or infectious disease on the premises now? During the past twelve months?
5. Is there to your knowledge any disease in the neighborhood now?
6. Have you had any livestock insurance claims in the past 3 years? If so, give details on back of form.
7. Has any insurer cancelled or declined insurance? If so, state particulars.

DECLARATION

I, the undersigned, hereby propose to insure the above mentioned animals owned by me, subject to the terms and conditions of the Policy to be issued, and I declare that to the best of my knowledge and belief the above statements are true and complete and that I have not withheld any material information.

SIGNATURE _____ **DATE** _____