


EQUINE INSURANCE APPLICATION


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

Private Treaty	
Veterinary Certificate of Health 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 PRICE	INSURED VALUE
Total					

COVERAGE	LIMITS	DEDUCTIBLE	RATE/hd	PREMIUM
All Risks of Mortality		NIL		
<input checked="" type="checkbox"/> Theft & Unlawful Removal		NIL		INCL
<input checked="" type="checkbox"/> Tack to a Limit of \$1500.00	\$1,500.00	\$100.00		INCL
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		INCL
Stallion Infertility Extension		NIL	1.00%	
Major Medical Endorsement		\$500.00		
Surgical Endorsement		\$250.00		
Air Transit Extension (Per Trip)			0.25%	
World Wide Geographical			0.25%	
As regards the Surgical & Major Medical Endorsements please refer to the rate guide for limits and rates				
Minimum & Retained Premium \$125.00			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.

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? **Yes** **No**

Signature of Applicant: _____ Date: _____

Signature of Agent: _____ Date: _____