



Canadian Farm
Insurance Corp.

Suite 205, 101 Riel Drive
St. Albert, AB T8N 3X4
Phone 780-447-3276 Fax 780-733-7724

BOVINE INSURANCE APPLICATION

Private Treaty	Home Raised
Purchase Date:	
Attachment (i.e.: Breeding Soundness Evaluation, Veterinary Certificates, etc.)	
Individual / Herd Vet Cert:	
Fall of Hammer* (Name of Sale):	
Breed:	Sale Date:

AGENT:

*Warranted a Veterinary Inspection has been done within 30 days prior to sale day.

I / WE _____ Phone No. () _____

Address _____ Postal Code _____

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

Hereby apply for Insurance on the following described animals: (list each animal in detail) ***Bulls Insured for Natural Use ONLY unless otherwise specified.**

LOT #	BREED / DESCRIPTION	TATTOO / CFIA#	SEX	BIRTHDATE (mm / dd / yy)	TYPE OF BREEDING	PURCHASE PRICE	INSURED VALUE	RATE	PREMIUM

This Policy includes a clause(s) that may limit the amount payable.

TOTAL _____ SUB TOTAL _____

RETAINED POLICY PROCESSING FEE **\$50.00**

Minimum & Retained Premium: Annual \$150.00; Short Term \$125.00

<p>AVAILABLE COVERAGE</p> <p><input type="checkbox"/> - Females - All Risks of Mortality - Parturition Exclusion Applies</p> <p><input type="checkbox"/> - Bulls - All Risks of Mortality - Accident, Sickness & Disease - Infertility Coverage Applies</p>			<p><input type="checkbox"/> - Females - All Risks of Mortality</p> <p><input type="checkbox"/> - Bulls - All Risks of Mortality - Broad Form Infertility Coverage Applies - 10% Deductible</p>			<p><input type="checkbox"/> OTHER:</p>			<p>POLICY TERM</p> <p><input type="checkbox"/> 1 YEAR</p> <p><input type="checkbox"/> 6 MONTHS</p> <p><input type="checkbox"/> OTHER</p>		<p>TOTAL DUE, INCLUDING FEES \$ _____</p>	
<p>METHOD OF PAYMENT</p> <p>CHEQUE # _____</p> <p>OTHER: _____</p>												

DEDUCTIBLES • 10% Deductible Clause (Broad Form Bull Infertility Only) • 10% Deductible - Frequency of Claims • 20% Provincial Grazing Reserve / Community Pasture each and every loss

Please complete the following questions:

	YES	NO
A.I. Use	<input type="checkbox"/>	<input type="checkbox"/>
Has the applicant ever been declined insurance or had insurance cancelled?	<input type="checkbox"/>	<input type="checkbox"/>
Is / Are the animal(s) listed on this application going to be used on a Provincial Grazing Reserve / Community Pasture? If yes, 20% deductible each and every loss.	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any Paid Claims in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, give details:		
I have been advised of the Privacy Agreement on the reverse of this application.	<input type="checkbox"/>	<input type="checkbox"/>

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 the 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. I understand that a deductible will apply if I / We have (3) three or more paid claims in the past (3) three years.

I have been advised of and agree to the application of the Policy Fee.

Signature of Agent: _____ Date: _____ Signature of Applicant: _____ Date: _____