



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

Agent:

## DECLARATION OF HEALTH

<b>INSURED:</b>	<b>ADDRESS:</b>
<b>POLICY NO.</b>	<b>TELEPHONE NO.</b>

Breed	Sex*	Reg. No. or Tattoo	Date of Birth	Previous Insured Value	Desired Insured Value

\*Please specify Sex: Male, Female, or Steer.

1. For what purposes are the animals kept or employed?
2. Are the animals sound and healthy?
3. Give full particulars of any lameness, breeding injury, (or any other injuries), 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 paid 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.
8. Are cattle on community grazing reserves?

### 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. I understand that policy deductible(s) may be applicable if I have answered yes to Question 6 and/or Question 8.*

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_