

BOVINE INSURANCE APPLICATION



Canadian Farm
Insurance Corp.

PO Box 30101 RPO 32
Saskatoon, SK S7L 7M6
Phone 306-244-8181 Fax 306-244-8183

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

AGENT: _____

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

Binding Authority at FOH Sales is limited to animals valued at \$34,999 and under; Binding Authority for Non-FOH business is limited to animals valued at \$24,999 and under; otherwise all applications are subject to prior Underwriter approval.

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

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

TOTAL		SUB TOTAL	
RETAINED POLICY PROCESSING FEE			\$ 50.00
TOTAL DUE, INCLUDING FEES			

RATES & COVERAGE

4.5% Females
All Risks of Mortality
Parturition Exclusion Applies

6.0% Females
All Risks of Mortality

10.0% Bulls
All Risks of Mortality
Accident, Sickness & Disease
Infertility Coverage Applies

15.0% Bulls
All Risks of Mortality
Broad Form Infertility
Coverage Applies
10% Deductible

OTHER _____

METHOD OF PAYMENT

CHEQUE # _____

OTHER: _____

POLICY TERM

1 YEAR

6 MONTHS

OTHER: _____

DEDUCTIBLES

- 10% Deductible Clause (Broad Form Bull Infertility Only)
- 10% Deductible – 3 or More Paid Claims in 3 years
- 10% or \$250.00, whichever is greater, Provincial Grazing Reserve/ Community Pasture
- 20% Maximum Deductible

Please complete the following questions:

A.I. Use?

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

Is / Are the Animal(s) listed on this application going to be used on a Provincial Grazing Reserve / Community Pasture? If yes, 10% or \$250.00 deductible applies.

How Many Paid Livestock Claims in the Past 3 years?

Give Details: _____

I have been advised of the privacy agreement on the reverse of this application.

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. I understand that a deductible will apply if I have 3 or more paid claims in the past 3 years.

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

Signature of Applicant: _____ Date: _____

Signature of Agent: _____ Date: _____

	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, 10% or \$250.00 deductible applies.	<input type="checkbox"/>	<input type="checkbox"/>
How Many Paid Livestock Claims in the Past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
I have been advised of the privacy agreement on the reverse of this application.	<input type="checkbox"/>	<input type="checkbox"/>