

BOVINE INSURANCE APPLICATION

**1786992 ALBERTA LTD. o/a
STOCKMENS INSURANCE**

210 – 3502 Taylor Street East
Saskatoon, SK S7H 5H9

Phone: 306-931-0088 Fax: 306-931-8782

E-Mail: rkohle@stockmensinsurance.ca

Claims Phone: 780-733-7717 Emergencies: 306-250-8144

Claims Email: livestockclaims@stockmensinsurance.ca

APPLICATION # _____

AGENCY: _____

NAME OF INSURED: _____

ADDRESS: _____

FALL OF HAMMER
SALE NAME _____

PHONE: _____ FAX: _____

SALE PROV. _____ SALE DATE _____
Or State

DATE BINDER SENT _____

E-MAIL: _____

OR PRIVATE TREATY OR HOME-RAISED

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	TATTOO / RFID # / CCIA #	SEX	BIRTHDATE (mm / dd / yy)	USE Natural AI	PURCHASE PRICE	INSURED VALUE	COVERAGE REQUESTED	VC/ BSE

PLEASE COMPLETE THE FOLLOWING QUESTIONS

AI Use? Yes No
 Is/Are the Named Insured(s), Sole Owner(s) of this/these Animal(s)? Yes No
 If NO, Name(s) of the Co-Owner(s) – Requires Uninsured Interest Letter(s)

 Has any Insurer cancelled or declined Insurance? Yes No
 Have you had any Paid Livestock Claims in the past 3 years? Yes No
 If "YES", give details

AVAILABLE COVERAGE

BULLS

- ARM – ALL RISK MORTALITY
- AEI – ARM & ACCIDENTAL EXTERNAL INJURY ONLY
- ASD – ARM & ACCIDENT SICKNESS & DISEASE Infertility
- COMP – ARM & COMPREHENSIVE Infertility
- COMP & A.I – ARM & COMPREHENSIVE Semen Quality

COWS / HEIFERS

- ARM – ALL RISK MORTALITY
- PAR X – ARM & PARTURITION Exclusion
- OTHER _____

POLICY TERM

1 year 6 months Other

Total Sum Insured	x Rate	= Premium
+ Policy Processing Fee		\$ 50.00
Total Amount Due		\$
<p>I have been advised and agreed to the application of the Policy Processing Fee. This Fee is levied to standardize the offset of internal Administrative costs (staffing, overhead, etc.) that are not necessarily covered by commissions earned from variable premiums</p> <p style="text-align: right;">Minimum & Retained Premium 6 Months & Annual \$ 150.00 Short Term \$100.00</p>		

I / We understand and agree that Accident, Sickness & Disease Infertility is limited to Accidental External Injury Only until a current Satisfactory Breeding Soundness Evaluation is received by the Company. _____
Applicants Initials

I / We understand that a Deductible may apply due to frequency of Claims. This Policy contains a clause(s) that may limit the amount payable.
 I / We, the Undersigned, hereby warrant and declare the animal(s) described hereon to be in sound health and free from any 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 Livestock 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. No other Insurance is in effect and that Insurance values requested are not in excess of fair market value or recent appraisal, and that the above noted animals are owned by Me / Us.
 I / We understand that non-disclosure or misrepresentation of a material fact will entitle the Underwriters to void the Insurance.

THIS SIGNED APPLICATION SHALL BE THE BASIS OF THE CONTRACT FOR THE APPLIED INSURANCE. PLEASE ADVISE IMMEDIATELY OF ANY DISCREPANCIES, INACCURACIES OR CHANGES.

Name of Applicant (Printed) _____ Signed (Applicant) _____ Date _____

Revised 01/23 Signed (Agent) _____ Date _____