

STOCKMENS INSURANCE AGENCY LLC

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Administration and Claims Notification

AGENCY:

STOCKMENS INSURANCE AGENCY LLC



Bill Pelton Telephone: 1-406-671-5100
Email: bill@billpelton.com

C/N # **01001**

NAME OF INSURED: _____ TELEPHONE: _____

ADDRESS: _____ FAX _____

LOT	SEX	NAME	REG. #	TATTOO	DATE OF BIRTH (M/D/Y)	PURCHASE PRICE	INSURED VALUE

NAME OF SALE _____ TOTAL INSURED VALUE \$ _____ X RATE _____ % = PREMIUM \$ _____

BREED _____ USE _____ PREMIUMS ARE PAYABLE ON EFFECTIVE DATE PAID \$ _____

I/WE _____ HEREBY REQUEST THE FOLLOWING COVERAGE:

MORTALITY ANNUAL SHORT TERM (SPECIFY LENGTH) _____ SALE DATE _____

INFERTILITY None Accidental Injury Only EFFECTIVE DATE OF INSURANCE _____
 Accident/Sickness/Disease Comprehensive

TRANSIT ONLY. DATE OF LOADING _____ DATE OF UNLOADING _____

OTHER _____

Has any insurer cancelled or declined insurance? Yes No Have you had any Limestone Insurance claims in the past 3 years? Yes No

If answer is "Yes", please explain _____ If answer is "Yes", please explain _____

I/We the undersigned hereby apply for insurance on the animal(s) described hereon, subject to the terms and conditions of the Policy to be issued and I/We warrant and declare the animal(s) described hereon to be in sound health and free from any illness, disease, 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 Limestone Insurance.
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 understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to void the insurance.

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

Signed (Applicant) _____ Date _____