

# BOVINE INSURANCE APPLICATION

## STOCKMENS INSURANCE AGENCY LLC

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APPLICATION # \_\_\_\_\_

AGENCY: \_\_\_\_\_

NAME OF INSURED: \_\_\_\_\_

FALL OF HAMMER SALE NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SALE STATE \_\_\_\_\_ SALE DATE \_\_\_\_\_  
Or Prov. \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX / PHONE: \_\_\_\_\_

DATE BINDER SENT \_\_\_\_\_  
(If sent)

E-MAIL: \_\_\_\_\_

PRIVATE TREATY / SALE (Attach Copy of Purchase Receipt)

HOME-RAISED (Attach Justification of Value if over \$4,000.00)

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 TAG #	NAME of ANIMAL	REG #	SEX	BIRTHDATE (mm / dd / yy)	USE		PURCHASE PRICE	INSURED VALUE	COVERAGE REQUESTED	VC/ BSE
							Natural	AI				
							<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
							<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
							<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
							<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

<p><b>PLEASE COMPLETE THE FOLLOWING QUESTIONS</b></p> <p>AI Use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is/Are the Named Insured(s), Sole Owner(s) of this/these Animal(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <b>NO</b>, Provide Uninsured Owner's Name(s) &amp; <input type="checkbox"/> Uninsured Interest Letter(s) attached.</p> <p>Any Pending or Paid Livestock Claims in the past 3 years? If "YES", give details <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has any Insurer cancelled or declined Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: center;"><b>AVAILABLE COVERAGE</b></p> <p style="text-align: center;"><b>BULLS</b></p> <ul style="list-style-type: none"> <li>• <b>ARM</b> – ALL RISK MORTALITY</li> <li>• <b>ACC</b> – ARM &amp; ACCIDENT ONLY Infertility</li> <li>• <b>ASD</b> – ARM &amp; ACCIDENT SICKNESS &amp; DISEASE Infertility</li> <li>• <b>COMP</b> – ARM &amp; COMPREHENSIVE Infertility</li> </ul> <p style="text-align: center;"><b>COWS / HEIFERS</b></p> <ul style="list-style-type: none"> <li>• <b>ARM</b> – ALL RISK MORTALITY</li> <li>• <b>PAR X</b> – ARM &amp; PARTURITION Exclusion</li> </ul> <p>• <b>OTHER</b> _____</p> <p style="text-align: center;"><b>POLICY TERM</b></p> <p><input type="checkbox"/> 1 year <input type="checkbox"/> Other</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black;">Total Sum Insured \$ _____</td> <td style="border: 1px solid black;">x Rate %</td> <td style="border: 1px solid black;">= Premium \$ _____</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; text-align: center;"><b>Total Amount Due</b></td> <td style="border: 1px solid black; text-align: center;">\$ _____</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; text-align: center;">                     Deductibles Apply to Infertility Coverage                       Minimum &amp; Retained Premium                      Annual \$ 150.00      Short Term \$100.00                 </td> </tr> </table>	Total Sum Insured \$ _____	x Rate %	= Premium \$ _____	<b>Total Amount Due</b>		\$ _____	Deductibles Apply to Infertility Coverage  Minimum & Retained Premium Annual \$ 150.00      Short Term \$100.00		
Total Sum Insured \$ _____	x Rate %	= Premium \$ _____									
<b>Total Amount Due</b>		\$ _____									
Deductibles Apply to Infertility Coverage  Minimum & Retained Premium Annual \$ 150.00      Short Term \$100.00											

I / We understand and agree that Accident, Sickness & Disease Infertility is limited to Accident Only Infertility 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 \_\_\_\_\_

Claims Email: [livestockclaims@stockmensinsurance.ca](mailto:livestockclaims@stockmensinsurance.ca) Signed (Agent) \_\_\_\_\_ Date \_\_\_\_\_