



CATTLE ASSOCIATION INSURANCE APPLICATION

Name of Association		
Address		
City	Province	Postal Code
Telephone or Contact No.	Fax Number	R.M. Number(s)

Broker
Producer Name

Required Information							
	Owner's Name	Address	Phone No.	**Type of Cattle	Breed	Tag No. or Brand	Animal's Date of Birth
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

**TYPE - INDICATE IF STEERS (S), HEIFERS (H), COWS (C)

PLEASE ENSURE BOTH SIDES ARE COMPLETED

A. Policy Period Desired _____

B. Are all animals currently in a normal and healthy condition? yes no

If no, please indicate tag numbers: _____

C. Are all animals listed free of sickness, disease or injury in the past year? yes no

If no, please indicate tag numbers: _____

D. Please list all livestock insurance claims in the past three years: _____

E. Veterinarian to be used on claims (name, address and phone):

DO YOU AGREE TO:

1. Notify the Agent or Company immediately and not later than 24 hours after a loss? yes no

2. Prior to notification, not remove the cattle from the point of death? yes no

3. Provide a certificate at your expense, stating the cause of death signed by a licensed veterinarian? yes no

+ Date coverage requested to be effective _____

+ Insurance on cattle shall expire at 12:01 a.m. on the _____ day of _____, 200____

+ The premium is fully earned on the date of inception of this policy.

+ Coverage shall not become effective sooner than 24 hours after the applicant has signed this application.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

I attest that all information supplied by me for the association is true and correct.

Applicant's Signature
(Executive Member)

Date

Submit to: **The Hartford**
#111-2116, 27 Ave NE
Calgary, Alberta T2E 7A6

email: kevin.cornforth@thehartford.com
Toll Free: (800) 842-4933
Fax: (403) 291-3599

PLEASE ENSURE BOTH SIDES ARE COMPLETED