

*Canadian Farm Insurance Corp.*  
Alberta 4-H Livestock Insurance Coverage  
2011/2012



**Canadian Farm Insurance Corp.** will again offer All Risks Mortality livestock insurance to recognized 4-H livestock clubs. The coverage available is:

**Beef, Dairy, & Bison Projects**

- a nine-month term at 6% of the animals original value, with the value of the animal increasing 10% per month (designed for fattening stock). Steers-Maximum value \$900.00 (Actual weight times by fair market value)
- a twelve-month term at 6% of the animals original value, but without increasing limits (designed for breeding stock) Females only-Maximum value of \$2000.00
- post sale coverage is available as an endorsement to the policy if there may be a delay in shipping – application must be filled out and submitted.

**Horse Projects**

- a twelve-month term at 3% of the animals original value, but without increasing limits (designed for all horse projects except the market horse - meat project).

**Canine Projects**

- a twelve-month term at 9.0 % of the animals original value for females and males.

If you have a request for a program not listed above please contact our office for quotation.

**Stipulations:**

- To issue a policy, a minimum premium of \$125.00 per club is required.
- The **club leader** must certify the condition of the member's animal to be sound and healthy at the beginning of the policy period (weigh-in day for fattening projects). ***All calves must be weighted and the actual value on weigh day be calculated on the schedule sheet. Round all values to the nearest dollar. Misrepresentation of the actual weight and value may result in the policy and any claims being null and void. The club leader will certify any losses occurring during the term of the policy.***

**Application**

- Please make sure that the application is dated the day of your weigh-in or inspection.
- Applications should be sent to **Canadian Farm Insurance Corp.** within 30 days of club weigh-in or inspection.
- Payment should be sent as **one club cheque** to **Canadian Farm Insurance Corp.** within 30 days of club weigh-in or inspection.

**Claims**

- If losses should occur, contact **Canadian Farm Insurance Corp.** immediately for further instructions.

**Canadian Farm Insurance Corp.**  
#302, 13220 St. Albert Trail  
Edmonton, Alberta T5L 4W1

Telephone:  
Fax:

Attention :  
780-349-1072  
780-732-3607

**Doug Kastelic, Claims**

**For general information, please contact:**  
Monica Czech at 780-732-8613

\*\* Download CFI Insurance Application forms from the Alberta 4-H website: [www.4h.ab.ca](http://www.4h.ab.ca).

# Full Mortality Canine Insurance Application



Name of Club: \_\_\_\_\_ Club Leader: \_\_\_\_\_

Address Club Leader: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Name Assistant Leader: \_\_\_\_\_ Telephone No. \_\_\_\_\_

1. This program is specifically designed for **4-H Canine project animals**.
2. This application is to be used for animals 6 months to 7 years of age.
3. The club leader will inspect each animal and certify the animal to be in good health before submitting the application form. He will also inspect the animals that have died and report the causes and circumstances surrounding the death.
4. A minimum of **\$125.00 premium per club** is required to issue a policy.
5. The Insurance will take effect the day of inspection by club leader and/or local veterinarian (club start up).
6. A policy will be forwarded to the club leader upon of acceptance of the application form.
7. Loss cheque will be mailed directly to the club leader.
8. Dogs will be accepted to a maximum value of **\$2,000.00**.
9. Dogs over \$2,000, apply to CFIC for details.
10. If additional insurance coverage is required please contact CFIC.

## Coverage

**A. Twelve Month Term:** Full Mortality Insurance

**Declaration:** (To be completed by the club leader).

**I hereby certify that I have this day examined the animal(s) described on the attached page(s) and I have found the animal(s) in sound and healthy condition, and free from any illness, disease, lameness, injury or physical disability whatsoever at the time of commencement of insurance.**

**I also agree that this declaration shall be the basis of the policy and there shall be no liability on the insurer until the application for insurance has been accepted. Further, if there is any misrepresentation in respect to the information contained herein, the policy shall be null and void.**

Date of Inspection \_\_\_\_\_ Signature of Club Leader \_\_\_\_\_

Witness \_\_\_\_\_

**Important:** Please collect all your member insurance fees and **remit One Club Cheque payable to Canadian Farm Insurance Corp.** and mail to the address below within 30 days of inspection date:

**Canadian Farm Insurance Corp.**

#302, 13220 St. Albert Trail  
Edmonton, Alberta T5L 4W1

Telephone: 780-447-3276  
Fax: 780-732-3607

# Alberta 4-H Club Details of Loss Form



Note: The club leader must physically inspect animals that have died and establish the cause of death. However, if the club leader is not able to do so, he/she is to telephone **CFIC**. for further instructions. Should **CFIC** feel that a veterinary inspection is necessary, a veterinarian will be appointed to inspect the carcass of the animal.

Name of 4-H Club: \_\_\_\_\_

Club Member's Name and Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Animal Was Purchased: \_\_\_\_\_ ID or Tag Number: \_\_\_\_\_

Date Insurance Effective: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Age of Animal at Death \_\_\_\_\_ Months \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Weight of Animal at Date of Purchase: \_\_\_\_\_ lbs. (approximately)

Weight of Animal at Death: \_\_\_\_\_ lbs. (approximately)

Was the Animal in Transit at the time of Loss: Yes  No

If so, state the Carriers Name and Address: \_\_\_\_\_

Cause of Death:      Bloat \*                      Poison                      Shipping Fever  
                            Water belly                      Pneumonia                      I.B.R.  
                            Coccidiosis and Scours                      Black Leg                      Polio                      Other

• **Post Mortem MAY be required and a 10% deductible MAY be applied at the discretion of the Underwriters.**

If Other, Explain: \_\_\_\_\_

Verified by: \_\_\_\_\_

(4-H Club leader or Licensed Veterinarian)

Comments: \_\_\_\_\_

This form is to be attached to proof of loss and mailed to:

**Canadian Farm Insurance Corp.**  
#302, 13220 St. Albert Trail  
Edmonton, AB T5L 4W1  
Telephone: 780-447-3276  
Fax: 780-732-3607

# Alberta 4-H Club Proof of Loss



1. By your Policy of Insurance no. \_\_\_\_\_ dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and expiring the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at 12 o'clock noon your insured \_\_\_\_\_ according to the terms and conditions of the said policy, against a loss of All Risks of Mortality in respect of the animals therein and herein after described, as follows:  
4-H CLUB LIVESTOCK PROJECT.

2. THE SAID ANIMAL destroyed as described on the Details of Loss Form attached.

3. THE AMOUNT OF OTHER INSURANCE on or affecting the said property, or any portion thereof, and the names of other insurers, were as follows, if any:  
Name & Address of Company: \_\_\_\_\_  
Amount of Insurance: \_\_\_\_\_

4. THE ANIMAL described in the said Policy belonged at the time of the said loss to named Insured and no other person or persons had any interest therein, nor any lien or encumbrance therein except as follows:  
Nature and extent of Interest, Lien or Encumbrance (Name, Address, Amount), ie. Bank.  
\_\_\_\_\_

5. I HEREBY authorize payment of this claim to the 4-H Member  
\_\_\_\_\_

I, \_\_\_\_\_ (the Club Leader) of the Village (or town) of \_\_\_\_\_, do solemnly declare that the aforesaid claim and statement are to the best of my knowledge and belief true in every particular, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath, any by virtue of "The Canada Evidence Act".

SWORN to before me at \_\_\_\_\_ )  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ )  
\_\_\_\_\_ )

Notary Public or Commissioner for Oaths in and for the Province of Alberta.  
\_\_\_\_\_  
4-H Club Leader

Mail To: **Canadian Farm Insurance Corp.**  
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Edmonton, AB T5L 4W1  
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