

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.

Full Mortality Beef, Dairy & Bison Insurance Application
NOTE: Max Value for Steers and Heifers has been adjusted for the 2010-2011 season



Name of Club: _____ Club Leader: _____

Address Club Leader: _____ Telephone No. _____

Name Assistant Leader: _____ Telephone No. _____

1. This program is specifically designed for **4-H Beef, Dairy and Bison Club Project animals**.
2. This application is to be used for animals over 90 days and under 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.
The club leader 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 (weigh-in date).
6. A policy will be forwarded to the club leader upon acceptance of the application form.
7. Loss cheque will be mailed directly to the club leader.
8. Heifers will be accepted to a **maximum value of \$2,000.00** (Annual Policy).
9. Steers will be accepted to a **maximum value of \$900.00** at time of weigh in. (Actual weight times fair market value)

Coverage

A. Nine month terms: A nine-month Full Mortality Insurance at a rate of **6%** of the animal value, the value of the animal increases 10% per month (designed for fattening projects). The club leader certifies death.

E.g. Month:	1	2	3	4	5	6	7	8	9	
Value:	500	550	605	665	730	805	885	975	1070	

The inception date of the Insurance Policy becomes the anniversary date for each monthly increase (10%). Note: A 10% deductible will apply in the event of a loss due to **bloat** and a post mortem may be required. Contact CFIC immediately in the event of a loss.

B. Twelve month term: Full Mortality Insurance at a rate of **6%** of the original value but without increasing limits (designed for breeding projects). Club leader certifies death.

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 Weigh In _____ 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 weigh-in date:

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

Full Mortality Horse 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 Horse Club project animals**.
2. This application is to be used for animals over 180 days and under 12 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 acceptance of the application form.
7. Loss cheque will be mailed directly to the club leader.
8. Horse will be accepted to a maximum value of **\$2,500.00**
9. If additional insurance coverage is required please contact CFIC.

Coverage

Twelve month term: Full Mortality Insurance at a rate of **3%** of the original value but without increasing limits (designed for all other horse projects). Club leader certifies death.

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 Weigh In _____ 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/weigh in date:

Canadian Farm Insurance Corp.

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

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

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

