

4-H Livestock Club Insurance

The Hartford Insurance – Livestock Department offers the following options for 4-H Clubs and individual members.

1) Club Calf Mortality Insurance – **Including Show and Sale**

This is a Full Mortality coverage for Club calves while their project is in progress.

- Coverage begins when we receive the completed application
- Coverage ends at the expiry date on the policy- (June 30)
- This policy will extend coverage to the buyer of the animal at the Show and Sale

RATE: 1) \$60.00 per - Beef Animal, 2) \$40.00 per head – Sheep

There is a \$250.00 Minimum Policy Premium

VALUATIONS: 1) First 90 days after policy inception date
-Calves covered for \$1000.00 per head
- Sheep covered for \$300.00 per head
2) Remaining term of the policy
- Calves covered for \$1500.00 per head
- Sheep covered for \$600.00 per head

2) 4-H Show and Sale Coverage

This policy is designed to insure the club member suffers no unforeseen loss during the final and important aspect of their project – the marketing and sale of their animal.

- a) **Incoming transit, show and sale premises coverage:** covers the animals in transit and while in the yards at the sale site.
- Premium Rate - \$2.00 per head – Cattle
 - Premium Rate - \$1.00 per head - Sheep

This rate applies to **ALL** animals consigned.

- b) **Outgoing transit coverage,** transit coverage from the sale site to final destination.
- Premium Rate – \$2.00 per head --- Cattle going direct to abattoir
 - Premium Rate – \$1.00 per head --- Sheep going direct to abattoir
 - Premium Rate – \$5.00 per head --- Cattle -30 Day after sale coverage
 - Premium Rate – \$2.50 per head --- Sheep - 30 Days after sale coverage

There is a \$75.00 Minimum Policy Premium

The livestock are insured for their actual purchase value or Club sales average to a maximum of \$2000.00 per head.

The individual club leader must **contact our office before the sale** date to arrange coverage.

Contact the Hartford Insurance office at:

#111-2116, 27th Ave. NE
Calgary, Alberta T2E 7A6
Telephone – 1-800-842-4933
Fax – (403) 291-3599

Email – kevin.cornforth@thehartford.com



The Hartford
 111, 2116 – 27 Ave. N.E.
 Calgary, AB T2E 7A6
 Phone 403-291-3353
 Toll Free 1-800-842-4933
 Fax 403-291-3599

PREMIUM REPORT

Premium Report for sale held on _____

Incoming Transit and Yard And Outgoing Transit Insurance

| <u>No. of Animals</u> | <u>Premium</u> |
|---|----------------|
| 1. Incoming Transit Insurance and Yard | |
| _____ @ \$2.00/hd. | \$ _____ |
| _____ @ \$1.00/hd – Sheep | \$ _____ |
| 2. Outgoing Transit | |
| a. (to abattoir) | |
| _____ @ \$2.00/hd. | \$ _____ |
| _____ @ \$1.00/hd – Sheep | \$ _____ |
| b. (30 Day Coverage) | |
| _____ @ \$5.00/hd. | \$ _____ |
| Total Premium for which a cheque is attached: \$ _____ | |

We certify the above to be true and correct in every detail.

Name of Insured: _____

Address: _____

Contact: _____

Telephone : _____

Location of Show & Sale: _____

Date: _____ **Signed:** _____



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