



BROKER:

ALL RISK MORTALITY

Insured Name: _____ Occupation: _____ PH: _____
 Address: _____ Town _____ Prov _____ PC _____
 Loss Payable if not as above: _____

hereby apply for INSURANCE on the following described animals: (list each animal) - **SECTION A**

Name	Mircochip / Tattoo / Freeze Mark	Breed	Sex	Use	Year of Birth	Parts Operative	Endorsements Operative	Ded.	Insured Desired Value

***Please Specify Sex:** Male, Female, Sterilised Female or Broodmare

- Are the animals confined or on an open range? _____
- How long have the animal(s) been in your possession? _____
- Are the animals sound and healthy? _____
- Is there any contagious disease on premises now? _____
- Has there been any in past 12 months? _____
- Has any insurer cancelled or declined insurance?
If answer is "yes" please explain on reverse side. _____
- Have you had any livestock insurance claims in the past 2 years?
If answer is "yes" please explain on reverse side. _____
- Name of Veterinarian _____
Address of Veterinarian _____

- Distance from Farm _____

DECLARATION

I/We, the undersigned hereby warrant and declare the animal(s) described above to be in sound health and free from any illness, disease, lameness, injury or physical disability whatsoever at this time and that I/We have not withheld any information which would affect the insurers acceptance of my/our application for 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 a satisfactory Veterinary Certificate are accepted by the Insurer.

Signed _____
 Dated _____
 Applicant _____

VETERINARY CERTIFICATE

INSTRUCTIONS TO VETERINARY SURGEON

It is required in every case that each animal shall be examined outside the stall and that it should be made to move about to demonstrate soundness of limbs and freedom of action. Animals having vicious habits, that have suffered recurrent attacks of colic or bleeding, that are tuberculous or that have been un-nerved, are not insurable. Careful observation and enquiry should be made as to housing conditions and the presence of contagious or infectious disease.

1. Is there any female animal pregnant? If so		9. AS REGARDS HORSES A. Has the heart been auscultated before and after exercise, and found normal? B. Has any animal been fired or blistered? If so, give details and state date and whether any likelihood of future danger to life or limb as a result of such firing or blistering. C. Has neurectomy ("un-nerving") been performed on any animal?	
2. Has any female animal a history of abortion?			
3. Are pulse and respiration of each animal normal?			
4. Is there any contagious disease on premises now?			
5. Does any animal manifest any indication of lameness or faulty conformation in any of its legs or feet?			
6. Is any animal subject to attacks of colic or bleeding?		10. VET CERTIFICATE AS REGARDS LOSS OF USE COVERAGE I have examined the reproductive organs of the animal(s) and found them to be properly developed for the age of the animal(s) without abnormality.	
7. Has any operation been performed on any animal? If so, give details and state date and whether fully recovered and whether any likelihood of future danger to life as a result of such operation.			
8. Is there to your knowledge any contagious or infectious disease in the neighbourhood?		11. Is there to your knowledge any reason why the animal(s) inspected cannot be used for the purpose stated on the application?	
		12. If the above animal(s) is/are to be used for breeding; are the reproductive organs properly developed for the age of the animal and without abnormality?	

I found the housing to be _____ and I discovered _____ contagious or infectious disease present; and except as noted above, I hereby certify that each animal is in a sound and healthy condition.

Name (Signature) _____ Qualifications _____

Date of Examination _____ Telephone No. _____

THIS CERTIFICATE MUST BE RECEIVED BY THIS COMPANY WITHIN 30 DAYS OF THE EXAMINATION