

LIVESTOCK INSURANCE MANAGERS .
 PO Box 30101, 1624 – 33rd Street W.
 Saskatoon, Saskatchewan S7L 7M6
 Phone: 306-244-8181 Fax: 306-244-8183
 E-mail: info@lim-sk.ca

AGENCY:

ADMINISTRATION AND CLAIMS NOTIFICATION

APPLICATION FOR LIVESTOCK INSURANCE – LLAMAS AND ALPACAS
TO BE COMPLETED BY THE INSURED. VETERINARY TO FILL OUT ATTACHED SHEET

I/We _____

Address _____ Tel. # _____

Hereby apply for LIVESTOCK INSURANCE on the following described animals: (List each animal)

SEX	BREED	NAME OF ANIMAL	REG. #	IDENTIFYING NUMBER OR TATTOO	BIRTHDATE	PURCHASE PRICE	INSURED VALUE DESIRED

Coverage Requested: ALL RISK MORTALITY ANNUAL – 3.75% with a NIL deductible EFFECTIVE DATE _____

- HERD PLAN _____ 2.00% - \$2,000.00 OR 2.0% Aggregate Deductible, whichever is greater
 _____ 1.35% - \$2,850.00 OR 2.85% Aggregate Deductible, whichever is greater
 _____ 1.25% - \$5,000.00 OR 3.0 % Aggregate Deductible, whichever is greater
 _____ 1.00% - \$10,000.00 OR 3.6% Aggregate Deductible, whichever is greater

Total Insured Value \$ _____ X Rate _____ % = Premium \$ _____ MY CHEQUE IS ATTACHED FOR \$ _____

Minimum Retained Premium \$150.00

A QUESTIONS TO BE ANSWERED FOR ALL APPLICATIONS

1. Location where animals kept _____ Address _____
 2. Under whose supervision _____ (c) Have you had any livestock Insurance claims past 3 years? _____
 If yes, please explain _____
 3. Are the animals under daily supervision?, If not how often. _____
 4. Is there any contagious disease on premises now? _____
 5. Has there been any in past 12 months _____
 6. How many animals of this type do you own: Male _____ Female _____
 7. (a) Has any Insurer cancelled or declined insurance? _____
 If answer is 'Yes' please explain on separate sheet.
 (b) State name of previous Insurance Company _____
 8. Name of Veterinarian _____
 Address of Veterinarian _____
 Miles from farm _____
 9. Name of any other person or Corporation holding any interest in or mortgage on these animals _____

B VETERINARY CERTIFICATE – ALL RISK MORTALITY

SEE ATTACHED

C PROPOSAL DECLARATION – MUST BE SIGNED AND DATED BY INSURED FOR ALL APPLICATIONS

I/We the undersigned hereby apply for insurance on the animal(s) described hereon, subject to the terms and conditions of the Policy to be issued and I/We warrant and declare the animal(s) described hereon 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 Insurer's acceptance of my/our application for Livestock Insurance.
 I/We further agree that this declaration shall be the basis of the insurance applied for and that there shall be no liability hereunder until this application has been accepted and a policy of Insurance has been issued by the Insurer.

Signed(Applicant) _____ Date _____

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VETERINARIAN EXAMINATION CERTIFICATE / LLAMAS OR ALPACAS

TO BE COMPLETED BY A LICENSED VETERINARY

The Llama/Alpaca being examined for insurance should be moved about to demonstrate soundness of limb and freedom of movement. Careful examination should be made as to housing conditions and the presence of contagious disease.

Named of Applicant _____

I, the undersigned, do certify that I am a graduate Veterinarian holding a current license to practice in the Province of _____ and that on this date examined:

<u>NAME</u>	<u>LLAMA or ALPACA</u>	<u>COLOUR</u>	<u>SEX</u>	<u>DATE OF BIRTH</u>
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1. _____

2. _____

3. _____

4. _____

Owned By: _____ Address: _____

Pulse & Respiration Normal?	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	2. <input type="checkbox"/> Yes <input type="checkbox"/> No	3. <input type="checkbox"/> Yes <input type="checkbox"/> No	4. <input type="checkbox"/> Yes <input type="checkbox"/> No	5. <input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Auscultated and found normal?	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	2. <input type="checkbox"/> Yes <input type="checkbox"/> No	3. <input type="checkbox"/> Yes <input type="checkbox"/> No	4. <input type="checkbox"/> Yes <input type="checkbox"/> No	5. <input type="checkbox"/> Yes <input type="checkbox"/> No
Temperature normal?	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	2. <input type="checkbox"/> Yes <input type="checkbox"/> No	3. <input type="checkbox"/> Yes <input type="checkbox"/> No	4. <input type="checkbox"/> Yes <input type="checkbox"/> No	5. <input type="checkbox"/> Yes <input type="checkbox"/> No
Teeth normal?	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	2. <input type="checkbox"/> Yes <input type="checkbox"/> No	3. <input type="checkbox"/> Yes <input type="checkbox"/> No	4. <input type="checkbox"/> Yes <input type="checkbox"/> No	5. <input type="checkbox"/> Yes <input type="checkbox"/> No
Glands normal?	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	2. <input type="checkbox"/> Yes <input type="checkbox"/> No	3. <input type="checkbox"/> Yes <input type="checkbox"/> No	4. <input type="checkbox"/> Yes <input type="checkbox"/> No	5. <input type="checkbox"/> Yes <input type="checkbox"/> No
Any history of flukes?	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	2. <input type="checkbox"/> Yes <input type="checkbox"/> No	3. <input type="checkbox"/> Yes <input type="checkbox"/> No	4. <input type="checkbox"/> Yes <input type="checkbox"/> No	5. <input type="checkbox"/> Yes <input type="checkbox"/> No
Any history of colic or ulcers?	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	2. <input type="checkbox"/> Yes <input type="checkbox"/> No	3. <input type="checkbox"/> Yes <input type="checkbox"/> No	4. <input type="checkbox"/> Yes <input type="checkbox"/> No	5. <input type="checkbox"/> Yes <input type="checkbox"/> No
If male, are both testicles evident?	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	2. <input type="checkbox"/> Yes <input type="checkbox"/> No	3. <input type="checkbox"/> Yes <input type="checkbox"/> No	4. <input type="checkbox"/> Yes <input type="checkbox"/> No	5. <input type="checkbox"/> Yes <input type="checkbox"/> No
If female, any history of dystocia? (i.e. prolapsed uterus)	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	2. <input type="checkbox"/> Yes <input type="checkbox"/> No	3. <input type="checkbox"/> Yes <input type="checkbox"/> No	4. <input type="checkbox"/> Yes <input type="checkbox"/> No	5. <input type="checkbox"/> Yes <input type="checkbox"/> No
Has any surgery been performed?	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	2. <input type="checkbox"/> Yes <input type="checkbox"/> No	3. <input type="checkbox"/> Yes <input type="checkbox"/> No	4. <input type="checkbox"/> Yes <input type="checkbox"/> No	5. <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, give details below)

Does any animal have any physical deformities, disease or infection of Pads? _____

Describe any lameness problems: _____

Date and Results of last Blood Test:	1. _____	2. _____	3. _____	4. _____	5. _____
Date of last Worming:	1. _____	2. _____	3. _____	4. _____	5. _____
Date of last Tetanus Vaccination:	1. _____	2. _____	3. _____	4. _____	5. _____
Date of last Enterotoxemia Vaccination:	1. _____	2. _____	3. _____	4. _____	5. _____
Fecal Sample taken? Results:	1. _____	2. _____	3. _____	4. _____	5. _____

ARE THERE ANY MEDICAL FACTS THAT SHOULD BE BROUGHT TO THE ATTENTION OF THE INSURANCE COMPANY OR ANY REASON WHY THE ANIMAL(S) SHOULD NOT BE INSURED: _____

EXCEPT AS NOTED ABOVE, I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ANIMAL(S) IS/ARE HEALTHY AND IN SOUND CONDITION.

Name (Please Print): _____ Address: _____

Date: _____ Phone No(____) _____ Signature: _____