

APPLICATION FOR BLUETONGUE INSURANCE (SHEEP)



CANADIAN SHEEP FEDERATION
130 MALCOLM ROAD
GUELPH, ON
N1K 1B1
1-888-684-7739

SECTION 1: APPLICANT INFORMATION

1. Name of Insured :
2. Principal Business :
3. Address of Farm property :

City: Province: Postal Code:

Phone: Fax:

4. Location Address of animals if different from above :

City: Province: Postal Code:

Phone: Fax:

SECTION 2: UNDERWRITING INFORMATION

1. Name of Veterinary Surgeon:

Address of Veterinary Surgeon:

City: Province: Postal Code:

Phone: Fax: E-mail address:

2. Animals to be Insured :
 - a) Animals less than 1 year :

Category	Number	Value Per Animal	Total Value
Rams (reg)			
Rams (non-reg)			
Ewes (reg)			
Ewes (non-reg)			
Ewe lambs			
Other (specify)			
Total			

b) Animals 1 to 2 years of age :

Category	Number	Value Per Animal	Total Value
Rams (reg)			
Rams (non-reg)			
Ewes (reg)			
Ewes (non-reg)			
Other (specify)			
Total			

c) Animals 2 to 3 years of age :

Category	Number	Value Per Animal	Total Value
Rams (reg)			
Rams (non-reg)			
Ewes (reg)			
Ewes (non-reg)			
Other (specify)			
Total			

d) Animals above 3 years of age :

Category	Number	Value Per Animal	Total Value
Rams (reg)			
Rams (non-reg)			
Ewes (reg)			
Ewes (non-reg)			
Other (specify)			
Total			

e) Total Insured Value :

Category	Number	Total Value
Animals less than 1 year old (total of a)		
Animals 1 to 2 years old (total of b)		
Animals 2 to 3 years old (total of c)		
Animals more than 3 years old (total of d)		
Total		

3. a) Will the animals be kept in an enclosed paddock? Yes No

b) Will the animals be in an Open RANGE at any time? Yes No

If "Yes", please explain:

4. Has any other person any interest in the animals? Yes No

If "Yes", please explain:

5. a) Are the animals sound and healthy? Yes No

- b) Please give full particulars of defects or ailments, illness or disease during the last twelve months. :
6. Is there any contagious or infections disease affecting animals (insured or uninsured) :
- on premises now on the premises during past twelve months within five kilometres of the farm
7. a) How long have the animals been in your possession?
- b) If they have been recently imported please give details of when, from where they were imported?
8. a) Have the animals been insured before? Yes No
- If "Yes", please give name of insurer:
- Period of Insurance:
- b) Has any insurer ever declined, cancelled or imposed special conditions for your Livestock insurance in the last five years? Yes No
- If "Yes", please give full details:

SECTION 3: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to The Precept Group/Echelon General Insurance Company until accepted by The Precept Group/Echelon General Insurance Company but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the above animals are owned by me the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy provided through Echelon General Insurance Company (EGIC). I acknowledge that if, at the time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is underwritten by EGIC and provided to you by The Precept Group. EGIC, The Precept Group and The Canadian Sheep Federation will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits. Full details regarding how your privacy is protected can be obtained at the www.echelon-insurance.ca -the web-site of Echelon General Insurance Company.

 APPLICANT'S NAME (PLEASE PRINT)

 SIGNATURE OF APPLICANT

 DATE (MM/DD/YYYY)