

**CANADA - ANIMAL MORTALITY APPLICATION
for Species Other Than Horses and Cattle**



(Minimum Earned Policy Premium \$250.00)

Producer's Name _____	Applicant's Name _____
Agency Code _____	Mail Address _____
Mail Address _____	City, Prov, Post _____
City, Prov, Post _____	Phone _____
Phone _____	Fax _____
Fax _____	E-Mail Address _____
E-mail Address _____	Policy Term Desired (maximum term 12 months): _____

Individual Partnership Corporation Joint Venture Limited Liability Corp. Other _____

Proposed Effective Date: _____ New Policy Endorsement _____ (Policy Number)
 Installment Payment Plans? Yes No (Available on Premiums over \$500)

Animal Name	Date of Birth	Date of Purchase	Purchase Price (or stud fee if raised)	Requested Limit of Insurance	
<u>Identification</u> (Sire/Dam, Registration#, Tattoo#, or Pictures if unregistered)		<u>Sex</u> (Male, Female or Neutered)	<u>Species</u>	<u>Breed</u>	<u>Use</u>
<u>Primary Housing Location:</u>					

All Limits of Insurance are subject to company approval.

For a Requested Limit of Insurance that does not equal the Purchase Price, complete and attach a **Substantiation of Value**.

Type of Coverage Requested:

Mortality - Full Mortality - Limited Aggregate Deductible Other _____

1. Will the animal be observed and cared for daily? If No, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has animal listed received treatment for an accident, injury, sickness, disease, lameness or bloat in the last 12 months? If Yes, provide complete details including occurrence date(s). _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Other than for routine care, is the animal listed receiving regular treatment, medication or supplements? If Yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will animal be transported during the coverage period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the animal due to give birth any time during the requested Policy Period? If Yes, please give: Estimated Birthing Date: _____; Number of Previous Births: _____; Breeding fee: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the animal listed suffered from a prolapsed uterus or experienced any other birthing difficulties? If Yes, please provide details below. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has there been any illness, injury or death to any other animal owned by you in the past 36 months that were covered by mortality insurance or not? If Yes, please provide details below. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has there been any evidence of contagious or infectious disease during the past twelve months in the location where the animal is kept? If Yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has any insurance carrier ever canceled, non-renewed or refused to insure any animal in which the applicant has or had an insurable interest? If Yes, provide details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is there any other insurance on the animal? If Yes, provide the carrier name: _____ Expiration date: _____ Amount of coverage: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is the animal listed leased to others? If Yes, please attach a copy of the Lease Agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. For animal listed is there a Loss Payee: (Name and Address) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are you the sole owner of the animal? If No, provide other owner's % of interest, name and address: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Name, address, and telephone number of the animal's primary licensed Veterinarian: _____	
15. Do you understand that the insurance policy you are applying for requires you to give the Company immediate notice of any covered animal's death, injury, sickness, or disease, along with a description of the condition and the name of the attending veterinarian? Do you also understand that failure to give this immediate notice may result in the denial of a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANTS SIGNATURE	DATE (Must be no more than 30 days prior to policy effective date)	
PRODUCERS SIGNATURE	PRODUCERS NAME(Please Print)	DATE

NOTICE
 For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Hartford Fire Insurance Company's insurance business in Canada.

