



THE HARTFORD

**CANADA - STALLION INFERTILITY  
 (Accident, Sickness, and Disease)**

**This document forms part of the Animal Mortality Application  
 (to be completed by the applicant)**

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 _____	

Check one:  New  Renewal  Endorsement      Policy Number (If available) \_\_\_\_\_

Name of Horse: \_\_\_\_\_      Registration Number: \_\_\_\_\_

Breed: \_\_\_\_\_      Date of Birth: \_\_\_\_\_

Sire: \_\_\_\_\_      Dam: \_\_\_\_\_

- Dates of Service Season: Beginning \_\_\_\_\_ Ending \_\_\_\_\_
  - Is Stud Fee on "no foal-no fee" basis  Yes  No
  - Is service  Live Cover  A.I.
  - Number of mares settled\*: \_\_\_\_\_
  - Number of foals born: \_\_\_\_\_
- \*Coverage not available for stallions in their first breeding season.

**Stallion Records**

Current Season					
Number of Mares Bred			Number of Mares Booked		
Total Number	Stud Fee	Amount Earned	Total Number Remaining	Stud Fee	Projected Earnings
	\$	\$		\$	\$

  

Last Season			Next Season		
Number of Mares Bred			Number of Mares Booked		
Total Number	Stud Fee	Amount Earned	Total Number	Stud Fee	Projected Earnings
	\$	\$		\$	\$

Does this stallion have any problems, medical or otherwise, that have affected or could affect breeding? ....  Yes  No  
 If Yes, complete the section below:

Date	Description of Problem	Description of Treatment	Problem Resolved
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how can this be verified? _____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how can this be verified? _____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how can this be verified? _____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how can this be verified? _____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how can this be verified? _____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how can this be verified? _____

**Must also complete and attach Breeding Soundness Evaluation (LS 16 55).**

Applicant declares the above statements are true and complete, and that no material information was withheld.

Applicants Signature \_\_\_\_\_

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