CANADA - STATEMENT OF HEALTH

Cattle

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			

This Statement forms part of the Animal Mortality Application for Cattle.
(To be completed by the applicant.)

Animal Name	**Date of Birth**	**Date of Purchase**	**Purchase Price** (or stud fee if raised)	**Requested Limit of Insurance**

Identification (Sire/Dam, Registration#, Tattoo#, or Pictures if unregistered)	**Sex** (Male, Female or Neutered)	**Species**	**Breed**	**Use**

1. Is the animal currently free of lameness and healthy without the use of drugs? ..... ☐Yes ☐No

   If No, Please give details. _____

   _____

2. Has the animal been examined or treated by a veterinarian for any accident, injury, sickness, disease, lameness, displaced abomasum or bloat in the last 12 months? ..... ☐Yes ☐No
3. Has the animal undergone any diagnostics, x-rays or ultrasounds, within the last 12 months? ..... ☐Yes ☐No
4. Does the animal have any past conformational problems or defects, illness or injury or physical disability? ..... ☐Yes ☐No
5. Other than routine care, is the animal listed receiving regular medication or supplements? ..... ☐Yes ☐No
6. Is the animal due to give birth any time during the requested policy period? ..... ☐Yes ☐No
   If Yes, please give:
   Estimated Birthing Date: _____; Number of Previous Offspring: _____; Stud fee (if applicable): _____
7. Has the animal ever experienced any birthing difficulties? ..... ☐Yes ☐No

If "Yes" to any of the above, please give Details.

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I declare the above statements are true and complete, and that no material information was withheld.

Applicant's Signature	Date: (Must be no more than 30 days prior to policy effective 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

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