



Application for Livestock Insurance

Name: _____ Home Phone #: _____
 Address: _____ Cellular Phone #: _____
 Postal Code: _____
 Email Address: _____ Contract #: Administration Use

"I hereby apply for a Contract of Insurance in accordance with The Livestock Insurance Act, 1975, and regulations made thereunder. I have provided the required copies of registration documents to support my request to insure registered animals. For additions to existing policies, I have provided a copy of the bill of sale to verify the purchase complies with the the 30 day deadline."

Sheep

	Quantity Insured	Premium rate / head	Total Premium Due
Grade Rams (over 1 year)		\$4.20	
Indicate Tag Numbers:			
			More tags numbers? →
Grade Ewes (over 1 year)		\$4.20	
Indicate Tag Numbers:			
			More tags numbers? →
Grade Ram Lambs (under 1 year)		\$3.35	
Indicate Tag Numbers:			
			More tags numbers? →

Sheep

	Quantity Insured	Premium rate / head	Total Premium Due
Grade Ewe Lambs (under 1 year)		\$3.35	
Indicate Tag Numbers:			
			More tags numbers? →
Registered Rams (over 1 year)		\$4.50	
Indicate Tag Numbers:			
			More tags numbers? →
Registered Ewes (over 1 year)		\$4.00	
Indicate Tag Numbers:			
			More tags numbers? →
Registered Ram Lambs (under 1 year)		\$6.00	
Indicate Tag Numbers:			
			More tags numbers? →
Registered Ewe Lambs (under 1 year)		\$5.30	
Indicate Tag Numbers:			
			More tags numbers? →

Goats

	Quantity Insured	Premium rate / head	Total Premium Due
Grade Bucks (over 1 year)		\$2.00	
Indicate Tag Numbers:			
Grade Does (over 1 year)		\$2.00	
Indicate Tag Numbers:			
Grade Buck Kids (1 year)		\$1.00	
Indicate Tag Numbers:			
Grade Doe Kids (under 1 year)		\$1.00	
Indicate Tag Numbers:			
Registered Bucks (over 1 year)		\$2.50	
Indicate Tag Numbers:			
Registered Does (over 1 year)		\$2.50	
Indicate Tag Numbers:			
Registered Buck Kids (under 1 year)		\$2.00	
Indicate Tag Numbers:			
Registered Doe Kids		\$2.00	
Indicate Tag Numbers:			

Beef Cattle

	Quantity Insured	Premium rate / head	Total Premium Due
Grade Bulls		\$4.00	
Indicate Tag Numbers:			
Grade Cows		\$4.00	
Indicate Tag Numbers:			
Grade Heifers/Steers (1-2 yr)		\$2.00	
Indicate Tag Numbers:			
Grade Calves - M/F (< 1yr)		\$0.70	
Indicate Tag Numbers:			
Registered Bulls		\$6.50	
Indicate Tag Numbers:			
Registered Cows		\$6.50	
Indicate Tag Numbers:			
Registered Heifers/Steers (1-2 yr)		\$4.00	
Indicate Tag Numbers:			
Registered Calves - M/F (< 1yr)		\$1.00	
Indicate Tag Numbers:			

Dairy Cattle

	Quantity Insured	Premium rate / head	Total Premium Due
Grade Bulls		\$5.00	
Indicate Tag Numbers:			
Grade Cows		\$5.00	
Indicate Tag Numbers:			
Grade Heifers/Steers (1-2 yr)		\$3.00	
Indicate Tag Numbers:			
Grade Calves - M/F (< 1yr)		\$0.70	
Indicate Tag Numbers:			
Registered Bulls		\$7.50	
Indicate Tag Numbers:			
Registered Cows		\$7.50	
Indicate Tag Numbers:			
Registered Heifers/Steers (1-2 yr)		\$5.00	
Indicate Tag Numbers:			
Registered Calves - M/F (< 1yr)		\$1.50	
Indicate Tag Numbers:			

Total Payable

Administration Use Only	Amount of Payment	Form of Payment	Balance After Payment	Verified

"Upon acceptance of this application by the Livestock Owners Compensation Board, I hereby agree to execute and comply with a contract of insurance or to comply with the conditions applicable to such contract previously executed by me and with The Livestock Insurance Plan Regulations, 1976. I declare that the statements made herein are true and correct."

Dated this _____ day of _____, 20_____.

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Signature of Applicant

The Livestock Owners Compensation Board is committed to protecting personal information. The personal information requested is being collected in accordance with section 61(c) of the Access to Information and Protection of Privacy Act, 2015 (ATIPPA, 2015) and will be used for the purpose of administering the Livestock Insurance Program. It will not be used for any other purposes unless authorized under ATIPPA, 2015

For more information please contact:
Livestock Insurance Program Manager
Forestry, Agriculture and Lands
Mailing Address: P.O. Box 2006, 192 Wheeler's Road, Corner Brook, NL. A2H 6J8
Office Number: 709-637-2077

Required payment of premium for the requested insurance is enclosed.

Make payment payable to:

Livestock Owners Compensation Board

IMPORTANT ➡ Forward completed application and payment to the Livestock Owners Compensation Board in Corner Brook for processing.

Livestock Owners Compensation Board
PO Box 2006, 192 Wheeler's Rd. Corner Brook, NL A2H 6J8
Phone: 709-637-2077

Approved for the Livestock Owners Compensation Board

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Livestock Owners Compensation Board Chair