

Notice of Livestock Loss or Injury and Request for Inspection

Name: _____

Address: _____

Postal Code: _____

Contract #: _____

Requesting an immediate inspection by an agricultural representative of:

(Indicate the number of each)

	Sheep	Goat	Cattle
Registered			
Grade			

The animal(s) are insured under the above contract and has/have been injured/destroyed by:

Type of Predator _____

Date of discovery: _____ DD / MMM / YYYY

Date Agriculture and Lands Branch was notified: _____ DD / MMM / YYYY

Name of Agriculture and Lands Branch staff notified: _____

Please check method used to notify the board or its representative:

Telephone call Telephone Message E-mail

IMPORTANT INSTRUCTIONS:

1. The Livestock Insurance Act requires that you notify the Board or its representative within forty-eight (48) hours after the injury or loss occurs.
2. The Board will allow claims for a maximum of three insured animals, during the 2024-25 insurance period, without the requirement of ear tags, as long as there is proof of predator attack and the carcass is
3. The carcass and ear tag of insured animals destroyed, except those mention in number 2 above, must be produced as evidence. If these items cannot be produced, insurance cannot be paid.

P.O. Box 2006, Agriculture Business Development Division, Corner Brook, NL A2H 6J8

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

Fisheries, Forestry and Agriculture

Mailing Address: P.O. Box 2006, 192 Wheeler's Road, Corner Brook, NL A2H 6J8

Office Number: 709-637-2077