

# BROAD FORMS NAMED PERIL APPLICATION

NORTH WATERLOO FARMERS MUTUAL INSURANCE COMPANY  
 100 ERB STREET EAST  
 WATERLOO ONTARIO, CANADA N2J 1L9  
 PHONE (519) 886-4530 TOLL FREE 1(800) 265-8813  
 24 HOUR CLAIMS RESPONSE 1(800) 263-1420 ACCESS CODE 332169  
 EMAIL INSURANCE@NWF.M.COM

COLLEY, BORLAND & VALE INSURANCE BROKERS LIMITED  
 4591 Highway 7 East  
 Unionville ON L3R 1M6  
 Phone (905) 477-2720 Fax (905) 477-2724



<b>Name:</b>		
<b>Address:</b>		<b>Postal Code:</b>
<b>Home Telephone:( )</b>	<b>Business Telephone:( )</b>	
<b>Horse Name:</b>		<b>Breed:</b>
<b>Date of Birth:</b>	<b>Sex:</b>	<b>Registry #:</b>
<b>Location of Horse:</b>	<b>Value:</b>	<b>Premium:</b>
<b>Veterinarian Name:</b>		
<b>Veterinarian Address:</b>		<b>Postal Code:</b>
<b>Last Vet Visit:</b>	<b>Reason:</b>	
<b>Last Wormed:</b>	<b>Last Shots:</b>	
<b>I request optional Vet Coverage</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (Applicable to insured perils only)		
<b>Amount Requested: \$</b>	<b>Premium:</b>	
<b>I have enclosed:</b> <input type="checkbox"/> 1. Bill of Sale <input type="checkbox"/> 2. Registration <input type="checkbox"/> 3. Vet Certificate <input type="checkbox"/> 4. Dated Photo <input type="checkbox"/> 5. Cheque		

**Coverage NOT in effect until ALL documentation is received.**

I hereby certify my horse has no pre-existing condition or illness that affects this policy coverage.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_