

CLAIM REPORT

FEEDERS

Foothills Livestock Co-op
Group Protection Plan
Box 725
Rocky Mountain House, Alberta
T4T 1A5

1-866-848-6669 Toll Free
1-403-845-6669
1-403-845-4115 Fax

FULL MORTALITY

CLAIM PROCEDURES:

- 1) Notify our office ASAP to report any losses.
- 2) Provide proof of loss: vet report, photos of dead animal or slip from dead animal truck showing the brand or fieldperson acknowledgement.
- 3) If three or more losses occur within a week a post mortem will be required.

Contract Holder's Name: _____

Address: _____

Animal Brand _____

Loss: ____ Feeder Cow ____ Hfr ____ Str Date of Loss: _____

Reason: _____

Location of loss: _____

Post Mortem Yes _____ No _____

Date _____

Contract Holder's Signature _____

Supervisor / Fieldperson _____

Deductible: 2% of gross value of loan with a minimum of \$1000.00.

OFFICE USE

Deductible:

Insured Value:

Paid to Policy Holder: