



**STALLION LOSS OF USE**  
Underwritten by Northbridge General Insurance Corporation  
(One Per Horse)

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ PC \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

Previous policy number if applicable: EQUI- \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**STALLION BREEDING REPORT (to be completed by owner)**

YEAR	# OF MARES COVERED	# OF LIVE FOALS	STUD FEE
			\$ _____
			\$ _____
			\$ _____

Please attach any current advertising material on this stallion

\_\_\_\_\_  
SIGNATURE OF HORSE OWNER/Authorized Agent      DATE SIGNED

**STALLION EVALUATION (to be completed by Veterinarian)**

NAME OF HORSE (registered/show and barn name) \_\_\_\_\_

BREED	COLOUR	Date of Birth
MARKINGS		TATTOO
		\$ _____

- 1) Name & Address of Owner: \_\_\_\_\_
- 2) Name & Address of farm Stallion stands at: \_\_\_\_\_
- 3) Physical Exam: \_\_\_\_\_
- 4) Testicles: \_\_\_\_\_
- 5) Libido: \_\_\_\_\_
- 6) Semen Volume: Total: \_\_\_\_\_ Gel-Free: \_\_\_\_\_
- 7) Progressive Motility: \_\_\_\_\_ Total # of Sperm: \_\_\_\_\_
- 8) Morphology:
  - Normal: \_\_\_\_\_ Head Defects: \_\_\_\_\_
  - Midpiece Defects: \_\_\_\_\_ Tail Defects: \_\_\_\_\_
- 9) Sperm Culture: \_\_\_\_\_
- 10) Comments regarding insurability: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF Veterinarian      DATE SIGNED

Name & Address of Veterinarian: \_\_\_\_\_

**Western Provinces and Territories:**

Acera Insurance Services Ltd.  
100 - 1500 Hardy Street, Kelowna, BC V1Y 8H2

TF 1 800 670 1877 F 1 888 822 6115  
E agri@acera.ca W acera.ca/equine

**Ontario and Provinces Eastward:**

Acera Insurance Services Ltd.  
15221 Yonge Street, Aurora, ON L4G 1L8

TF 1 888 394 3330 F 1 888 822 6115  
E forms@equicare.ca W acera.ca/equine