



2100 CORNWALL STREET, Regina, SK S4P 2K7  
 Toll Free: 1-877-414-7644 Local (306)569-1852  
 Fax (306)522-3717

Year	Owner No.	Effective Date	Policy No.
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# CLAIM FORM

Fill out and forward by Mail **or** Fax to (306) 522-3717 **or** email to **claims@smhi.ca** within 3 days of the storm.

\_\_\_\_\_  
Insured's Name(s)

\_\_\_\_\_  
Insured's Name(s)

\_\_\_\_\_  
Insured's Address

\_\_\_\_\_  
Town Prov. Postal Code



\_\_\_\_\_  
Home Phone No.

\_\_\_\_\_  
Cellular Phone No.

\_\_\_\_\_  
Fax No.

\_\_\_\_\_  
Email

H.O. Use	#	RM No.	QTR.	SEC.	TWP.	RGE.	MER.	Crop	Acres	Ind \$	Cov	L-Light M-Medium H-Heavy	H.O. Use
	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												

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Total Acres

**HAIL STORM OCCURRED ON** \_\_\_\_\_ **Date & Time** \_\_\_\_\_ **Insured's Home Qtr.** \_\_\_\_ **1/4 Sec.** \_\_\_\_ **Twp.** \_\_\_\_ **Rge.** \_\_\_\_ **W.** \_\_\_\_

Other Company carrying Hail Insurance:  SMHI  PMHL Other: \_\_\_\_\_

**Power of Attorney:** In the event of my absence when your adjuster calls to make an adjustment of this claim, I hereby appoint \_\_\_\_\_ who resides on \_\_\_\_ 1/4 Sec. \_\_\_\_ Twp. \_\_\_\_ Rge. \_\_\_\_ W. \_\_\_\_ Phone No. \_\_\_\_\_ to act on my behalf in the adjustment of the said loss and in that capacity to make proof of loss and to do all things required by me to be done, pursuant to the statutory conditions of the said policy, and I hereby ratify all that said attorney may do in connection with such adjustment and appraisal.

**I am aware that according to the policy which I hold, the company is not liable if the loss is less than 5 percent of the insurance per acre, or in the case of a deductible policy, to loss in excess of such percentage as may be endorsed on the policy in accordance with my application for insurance and that if I ask for an adjuster, and the loss proves to be less than that amount, that I am liable for the expense of the adjustment, and I now ask for an adjuster, believing my loss to be more than that amount.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Policy Holder