



# Claim Form

Owner No.	Effective Date	Year
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Underwritten by Additional Municipal Hail Limited

Policy #

Fill out and forward by mail or fax to 306-522-3717 or email to [claims@municipalhail.ca](mailto:claims@municipalhail.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

Claim #	#	RM	QTR	SEC	TWP	RGE	MER	Crop	Acres	Ind \$	Ded	Est'd % Damage	H.O Use
	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												

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Total Acres

**HAIL STORM OCCURED ON** \_\_\_\_\_ Date & Time Insured's home: QTR \_\_\_\_ SEC \_\_\_\_ TWP \_\_\_\_ RGE \_\_\_\_ MER \_\_\_\_

Other company carrying hail insurance:

**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 QTR \_\_\_\_ SEC \_\_\_\_ TWP \_\_\_\_ RGE \_\_\_\_ MER \_\_\_\_ , Phone No. \_\_\_\_\_ , Email \_\_\_\_\_ 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 connections 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