Claim Form

R.M. No.	Owner No.	Security Code	Year

Claim #

File #

Fill out and forward by mail or fax to 306-522-3717 or email to **claims@municipalhail.ca** within 3 days of the storm.

Landowner's Name(s) | Home Phone No.

Landowner's Name(s) | Cellular Phone No.

Landowner's Address | Fax No.

Town | Prov. | Postal Code | Email

Report By Quarter Section						Crown	Base Rate %	If no payable loss is found or the loss is less than the coverage in effect, the cost of the adjustment may be charged to the Land Owner.								
#	QTR	SEC	TWP	RGE	MER			Crop	Acres	Ind $	Ded	Crop	Acres	Ind $	Ded	Total Insured Acres	Est'd % Damage
1																0	
2																0	
3																0	
4																0	
5																0	
6																0	
7																0	
8																0	
9																0	
10																0	
11																0	
12																0	
								Totals	0				0			0	

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IMPORTANT - PLEASE PROVIDE THE INFORMATION REQUIRED BELOW AND ALSO BE SURE TO CIRCLE THE ACRES BEING CLAIMED ON.

HAIL STORM OCCURRED ON DATE & TIME	OWNER'S HOME 1/4	
I AM CLAIMING ON BEHALF OF ☐ SELF ☐ OWNER	CLAIMANT'S HOME 1/4	PH:
I HEREBY APPOINT AS MY REPRESENTATIVE	REP'S HOME 1/4	PH:
OTHER COMPANY(S) CARRYING HAIL INSURANCE: ☐ AMHI ☐ PMHI OTHER:		

CLAIMANT'S INTEREST IN LAND	CLAIMANT'S INTEREST IN CROP
CLAIMANT'S SHARE OF INSURANCE	CLAIMANT'S SHARE OF HAIL TAXES
OTHER PARTY'S SHARE OF INSURANCE	
OTHER PARTY'S NAME	
OTHER PARTY'S ADDRESS	

ADDRESS

TOWN | PROV | POSTAL CODE

CLAIMANTS SIGNATURE | DATE