

CLAIM FORM

R.M. No.	Owner No.	Security Code	Year
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2100 Cornwall St., Regina, Saskatchewan S4P 2K7
 Toll Free: 1-877-414-7644 Local (306) 569-1852
 Fax (306) 522-3717

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

Claim No.
File No.

Landowner's Name(s) _____

Landowner's Name(s) _____

Landowner's Address _____

Town _____ Prov. _____ Postal Code _____

Home Phone No. _____

Cellular Phone No. _____

Fax No. _____

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 \$	Cov	Crop	Acres	Ind \$	Cov	Total Insured Acres
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

Page of _____ Totals _____

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 <input type="checkbox"/> SELF <input type="checkbox"/> 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: <input type="checkbox"/> AMHI <input type="checkbox"/> 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 _____