



# Claim Form

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

Claim #

File #

\_\_\_\_\_  
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 \$	Ded	Crop	Acres	Ind \$	Ded	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 _____	