

POLICY NUMBER



CANADIAN HAIL AGENCIES INC.
4668 Cordova Bay Road, Victoria, BC V8X 3V7
Phone: 1-888-666-4245 or Fax to 1-306-664-4492
Web: www.canhail.com • Email: canhail@shaw.ca

Managing General Agency for
Northbridge General Insurance
Corporation
Northbridge
Insurance

LOSS NUMBER
For Office use Only

NOTICE OF LOSS

APPLICANT NAME
ADDRESS
TOWN PR
PHONE CEL
EMAIL

AGENT NAME
AGENT ID #
TOWN PR
PHONE

NOTICE OF LOSS MUST BE SIGNED BY THE ASSURED AND MAILED OR FAXED WITHIN 3 DAYS AFTER DAMAGE TO CROP.
SEND A NOTICE DIRECT TO CANADIAN HAIL AGENCIES AT 4668 CORDOVA BAY RD VICTORIA BC V8X 3V7 OR FAX TO 1-306-664-4492.
ANY WRITTEN FORM OF REPORTING A HAIL LOSS IS ACCEPTABLE.
ANY NOTICE OF LOSS FILED AFTER 3 DAYS MAY BE SUBJECT TO A SURCHARGE PENALTY.

NOTICE TO LOCAL AGENT IS NOT SUFFICIENT.
THIS FORM SUPPLIED FOR YOUR CONVENIENCE

TODAY'S DATE YR

PLEASE TAKE NOTICE THAT THE FOLLOWING GROWING CROPS INSURED UNDER THE ABOVE POLICY WERE DAMAGED BY
HAIL ON YR AT ABOUT O'CLOCK AM / PM. (circle one)

Table with 10 columns: POLICY ITEM NO, NO OF ACRES, KIND OF GRAIN, QTR, SECTION, TWP, RANGE, MER, TYPE OF DAMAGE (LIGHT / MED / HEAVY), STAGE OF GROWTH WHEN HAILED.

THE TOWN NEAREST THE LOSS I RESIDE ON QTR OF SEC TWP RANGE

NOTE: I AM AWARE THAT ACCORDING TO THE POLICY UNDER WHICH I AM MAKING CLAIM THAT IF FOR ANY REASON THE COMPANY IS NOT LIABLE FOR LOSS, THEN I AM LIABLE FOR THE EXPENSE INCURRED BY THE COMPANY FOR INVESTIGATING SAID CLAIM, AND ON DEMAND, I PROMISE TO PAY THE COMPANY ALL SUCH EXPENSE.

THE INFORMATION BELOW IS REQUIRED UNDER THE PROVINCIAL INSURANCE ACT.

COMPANY OTHER HAIL INSURANCE ON SAME CROPS AMOUNT PER ACRE

PLEASE LIST ALL CONTACT NUMBERS
( ) TELEPHONE / CEL / OTHER ( ) TELEPHONE / CEL / OTHER ( ) TELEPHONE / CEL / OTHER

POWER OF ATTORNEY

In the event of my absence when your adjuster calls to make an appraisal of this claim, I hereby appoint of
Ph ( ) to act for me and 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 my said attorney may do in connection with such appraisal and adjustment.

DATE WITNESS SIGNATURE OF POLICY HOLDER