



CROP HAIL AGENT APPLICATION

Name of Applicant _____

Residence Address _____

Residence Telephone Number _____

Residence Fax Number _____

Mobile Number _____

Email Address _____

SIN# _____

Corporate Name of Business (If Any) _____

Business Address _____

Business Telephone Number _____

Business Fax Number _____

Employment History for the Previous Five Years (include months, years and periods of unemployment)

Employer's Name	Dates	Position Held

Sales History

Year	Premium	# of Policyholders	Uncollected Premium	Loss Ratio



Companies Represented	Premium	# of Policyholders

Estimated Premium to Canadian Hail Agencies Inc.:

2015	2016

Please provide details as to how you currently market Crop Hail Insurance in your region:

Additional Comments:
