



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



POLICY NUMBER

FOR COMPANY USE

INSURANCE APPLICATION

PLEASE PRINT LEGIBLY

APPLICANT

AGENT INFORMATION

NAME _____
LAST FIRST
ADDRESS _____
TOWN _____ PROV _____
POSTAL CODE _____
TELEPHONE _____

NAME _____
ADDRESS _____
TOWN _____ PROV _____
POSTAL CODE _____ PHONE _____
AGENT I.D. # _____

POLICY FORMS		<input type="checkbox"/> FULL COVERAGE (FC)		<input type="checkbox"/> 10% STRAIGHT DEDUCTIBLE (10S)		<input type="checkbox"/> 25% STRAIGHT DEDUCTIBLE (25S)						
ITEM	ACRES	CROP	LOCATION					\$/ACRE MAX. \$300	LIABILITY	DED.	RATE (Round to 2 decimal places)	PREMIUM (Round to \$)
			QT	SEC	TP	RG	M					
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

YES, THIS APPLICATION WAS FAXED.

TOTAL ACRES: TOTAL LIABILITY:

SUBTOTAL: _____
NOTE CARRYING CHARGE + 5%
TOTAL: _____

CREDIT CARDS NOT ACCEPTED

- HAS HAIL FALLEN ON THESE CROPS: NO IF YES APPLICANT WILL BE DECLINED.
- I am owner tenant, _____, and reside on, _____
Other QTR. SEC. TWP. RGE. M.
- LOSS, IF ANY, PAYABLE TO: APPLICANT OTHER SPECIFY _____
- LIST OTHER INSURANCE IN FORCE OR APPLIED FOR ON ABOVE LISTED CROPS:
COMPANY _____ \$/ACRE _____
COMPANY _____ \$/ACRE _____
COMPANY _____ \$/ACRE _____

FOR OFFICE USE ONLY

EFFECTIVE DATE
M | D | YR
CODING

CASH _____
 NOTE _____
CHEQUE # _____
DATE _____
REMIT
I A

DECLARATION

- As a condition of acceptance of this application, I will pay the premium indicated, at 4668 Cordova Bay Road, Victoria, BC V8X 3V7 to the order of the Company, either in cash or by providing a personalized cheque from a bank at which I maintain an account at the present time in the full amount of the credit premium.
- The term of the Credit Premium is to October 1 next, and if in default I will pay interest at the rate of one and seventy five hundredths percent, (1.75%) per month (twenty four percent (24%) per annum). I acknowledge receipt of a Cost of Credit Disclosure (where applicable).
- I certify that the crops upon which this insurance is applied for have not been hailed upon previous to the time of signing this application, and I agree that this application, and resulting policy, if any, shall be void if the crops in question are damaged by hail before the commencement of Insurance, as set forth in THE INSURANCE ACT.
- I agree that any award payable to me under the policy resulting from this application, if accepted, may first be applied to any account I have with Canadian Hail Agencies Inc.
- I, the applicant, being of legal age and having an Insurable interest in the herein described crop, declare that all statements above, including land description are true; hereby make application for INSURANCE against direct loss by Hail and additional perils named by endorsement, whilst cut or uncut subject to the Cut Grain Endorsement, and that such insurance will become effective according to the provisions of the Insurance Act of the said province and remain in force until noon of October 15th next, and for amounts not exceeding those separately shown subject to any Deductible Endorsement.
- In the event that the personalized cheque is not honoured at the time of presentment, then I will pay all costs of collection.
- I agree that by providing personal information on this Hail Policy Application and Declaration, I am consenting to the collection, use and disclosure of such information for application and underwriting purposes and for the additional purposes as stated in the Canadian Hail Agencies Inc. Privacy Policy. I understand a copy of this Privacy Policy can be obtained by contacting Canadian Hail Agencies Inc, or any one of its licensed insurance agents, or at www.canhail.com.

I DECLARE THE FACTS STATED HEREIN TO BE TRUE AND I PERSONALLY GUARANTEE PAYMENT. X	PRINT AGENT NAME _____ DATE _____ () M. _____ MONTH _____ DAY _____ YEAR O'CLOCK
	X APPLICANT'S SIGNATURE AGENT'S SIGNATURE