

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



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, FAXED OR EMAILED 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
OR EMAIL TO CANHAIL@SHAW.CA. 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)

POLICY ITEM NO	NO OF ACRES	KIND OF GRAIN	QTR	SECTION	TWP	RANGE	MER	TYPE OF DAMAGE			STAGE OF GROWTH WHEN HAILED
								LIGHT	MED	HEAVY	
								L	M	H	
								L	M	H	
								L	M	H	
								L	M	H	
								L	M	H	
								L	M	H	

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 _____