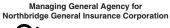


## CANADIAN HAIL AGENCIES INC.

5th Floor, 1661 Portage Ave. Winnipeg MB R3J 3T7 Phone: 1-888-666-4245 or Fax to 1-306-664-4492 Web: www.canhail.com • Email: info@canhail.com

**APPLICANT** 





**POLICY NUMBER** 

**INSURANCE APPLICATION** 

FOR COMPANY USE

## PLEASE PRINT LEGIBLY

## **AGENT INFORMATION**

AME								NA	NAME				
LAST FIRST									ADDRESS				
OWN	WN PROV								TOWN PROV				
OSTA	EPHONE EMAIL								OSTAL CODE	HONE			
ELEP	HONE			EM	IAIL			AC	GENT I.D. #				
POL FOR		FULL COVERAGE (	FC		0% DISAPPEA DEDUCTIB	RING (10D		10% INCREASING PAYMENT	(10IP)	20% DISAPPEARING DEDUCTIBLE	(20D)	25% STRAIGHT DEDUCTIBLE 25S	
ТЕМ	ACRES	CROP	QT	SEC	OCATIO TP	N RG	М	\$/ACRE MAX. \$400	LIABILITY	DED.	RATE (Round decimal p	to 2 PREMIUM (Round to \$)	
1				020									
2													
3													
4													
5													
6													
7													
8													
9													
10													
	YES. THIS	APPLICATIO	IN WAS I	FAXED.							SUBTO	TAL	
	-, -		TOTAL ACRES	TOTAL LIABILITY						NOTE CARRYII	NG CHARGE 4	F 5%	
			AUNES		LIADI						TOTA	AL	
SA/	MC (CIRCLE	ONE) CARD I	NUMBER:									FOR OFFICE USE ONLY	
XPIR'	/ DATE:	MONTH YE	AR .	CVV	_							EFFECTIVE DATE	
HAS	MONTH YEAR CVV  HAS HAIL FALLEN ON THESE CROPS: NO $\Box$ IF YES, PLEASE CAL							EASE CALL THE (	OFFICE.				
I am	I am □ owner □ tenant,, and reside on,							SEC TI	WP RGE			M D YR CODING	
		AYABLE TO:				OTHER [					_   🗆	CASH	
		SURANCE IN F				N ABOVE	LISTED	CROPS:				NOTE	
	CON	//PANY							\$/ACRE		_	CHEQUE #	
	COMPANY								\$/ACRE			DATE	
	CON	//PANY							\$/ACRE			REMIT	
												I 🗆 A 🗆	

- 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.
- 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.	PRINT AGENT NAME							
	DATE ( ) M	_						
X	X							