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

Managing General Agency for
Northbridge General Insurance Corporation
Northbridge® Insurance

POLICY NUMBER
FOR COMPANY USE

INSURANCE APPLICATION

PLEASE PRINT LEGIBLY

APPLICANT

NAME _____ (LAST) (FIRST)
ADDRESS _____
TOWN _____ PROV _____
POSTAL CODE _____
TELEPHONE _____ EMAIL _____

AGENT INFORMATION

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

POLICY FORMS	☐ FULL COVERAGE (FC)	☐ 10% DISAPPEARING DEDUCTIBLE (10D)	☐ 10% INCREASING PAYMENT (10IP)	☐ 20% DISAPPEARING DEDUCTIBLE (20D)	☐ 25% STRAIGHT DEDUCTIBLE (25S)

ITEM	ACRES	CROP	LOCATION QT	SEC	TP	RG	M	$/ACRE MAX. $400	LIABILITY	DED.	RATE (Round to 2 decimal places)	PREMIUM (Round to $)
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 _____

VISA / MC (CIRCLE ONE) CARD NUMBER: _____

EXPIRY DATE: _____ (MONTH) (YEAR) _____ (CVV)

1. HAS HAIL FALLEN ON THESE CROPS: NO ☐ ***PLEASE NOTE WE DON'T ACCEPT CROPS WITH PREVIOUS HAIL***
2. I am ☐ owner ☐ tenant, _____ (Other), and reside on, _____ (QTR.) _____ (SEC.) _____ (TWP.) _____ (RGE.) _____ (M.)
3. LOSS, IF ANY, PAYABLE TO: APPLICANT ☐ OTHER ☐ SPECIFY _____
4. 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

1. As a condition of acceptance of this application, I will pay the premium indicated, at 5th Floor, 1661 Portage Ave., Winnipeg MB R3J 3T7, 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.
2. 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).
3. 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.
4. 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.
5. 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.
6. In the event that the personalized cheque is not honoured at the time of presentment, then I will pay all costs of collection.
7. 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
APPLICANT'S SIGNATURE

PRINT AGENT NAME _____

DATE _____ (O'CLOCK) ( ) M. _____ (MONTH) _____ (DAY) _____ (YEAR)

X
AGENT'S SIGNATURE