

Policy Number



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Palliser
INSURANCE COMPANY LIMITED
Hereinafter referred to as the insurer.
HEAD OFFICE: SASKATOON
103 - 3502 Taylor Street East
Saskatoon SK S7K 5H9

Name and Address of Applicant

NOTICE OF LOSS

A NOTICE OF LOSS MUST BE SIGNED BY THE ASSURED AND MAILED WITHIN 3 DAYS AFTER DAMAGE TO CROP. ADVISE TO LOCAL AGENT IS NOT SUFFICIENT. SEND A NOTICE DIRECT TO THE OFFICE ISSUING THE POLICY WHOSE ADDRESS IS PRINTED ABOVE. ANY LETTER FORM OF REPORTING A HAIL LOSS IS ACCEPTABLE. THIS FORM SUPPLIED FOR YOUR CONVENIENCE.

TODAY'S DATE \_\_\_\_\_ 20\_\_\_\_
PLEASE TAKE NOTICE THAT THE FOLLOWING GROWING CROPS INSURED UNDER THE ABOVE POLICY WERE DAMAGED BY HAIL ON \_\_\_\_\_ 20 \_\_\_\_\_ AT ABOUT \_\_\_\_\_ O'CLOCK \_\_\_\_\_ (CIRCLE ONE)

Table with 10 columns: POLICY ITEM NO., NO. OF ACRES, KIND OF GRAIN, QTR, SECTION, TWP., RANGE, MER., TYPE OF DAMAGE (LIGHT, MEDIUM, HEAVY), STAGE OF GROWTH WHEN HAILED

THE TOWN NEAREST THE LOSS \_\_\_\_\_

I RESIDE ON THE \_\_\_\_\_ QUARTER OF SEC \_\_\_\_\_ TWP \_\_\_\_\_ RGE \_\_\_\_\_, \_\_\_\_\_ MILES \_\_\_\_\_ DIRECTION \_\_\_\_\_ OF SAID SECTION.

NOTE - I AM AWARE THAT ACCORDING TO THE POLICY UNDER WHICH I AM MAKING CLAIM THAT IF FOR ANY REASON THE INSURER IS NOT LIABLE FOR LOSS, THEN I AM LIABLE FOR THE EXPENSE INCURRED BY THE INSURER FOR INVESTIGATING SAID CLAIM, AND ON DEMAND, I PROMISE TO PAY THE INSURER ALL SUCH EXPENSE.

THE INFORMATION BELOW IS REQUIRED UNDER THE PROVINCIAL INSURANCE ACT.
COMPANY \_\_\_\_\_ OTHER HAIL INSURANCE ON SAME CROPS \_\_\_\_\_ AMOUNT PER ACRE \_\_\_\_\_

( ) \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_ TELEPHONE \_\_\_\_\_ SIGNATURE OF POLICY HOLDER

POWER OF ATTORNEY
IN THE EVENT OF MY ABSENCE WHEN YOUR ADJUSTER CALLS TO MAKE AN APPRAISAL OF THIS CLAIM, I HEREBY APPOINT \_\_\_\_\_ OF \_\_\_\_\_ NEAREST TOWN \_\_\_\_\_ (PHONE) \_\_\_\_\_ 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 \_\_\_\_\_