



Henderson Hail Agencies Ltd.

109 Ominica St. W., Box 610, Moose Jaw, SK S6H 4P4
Telephone (306) 694-5555 • Fax (306) 693-3202

Palliser

INSURANCE COMPANY LIMITED
Hereinafter referred to as the insurer.
HEAD OFFICE: SASKATOON

Notice of Hail Loss

must be signed by the Insured and sent by registered mail within 3 days after hail damage to the crop. Send this notice direct to the Office in Moose Jaw.

*If you have more than one policy on the locations mentioned below, a separate notice of loss is required for each policy.

Date _____ 20 _____

POLICY NO _____

In the name of _____

Were damaged by HAIL which occurred on the _____ day of _____ 20 _____

at or about _____ o'clock _____ M as follows

My application for insurance was given to _____
Agent at _____

ITEM #	No. of ACRES	KIND OF GRAIN	QTR.	SEC.	TWP.	RGE.	MER.	ESTIMATED % OF DAMAGE	STAGE OF GROWTH WHEN HAILED
								light <input type="checkbox"/> medium <input type="checkbox"/> heavy <input type="checkbox"/>	
								light <input type="checkbox"/> medium <input type="checkbox"/> heavy <input type="checkbox"/>	
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I am aware that according to the terms of the Policy under which I am making claim, that if loss due to hail is not equivalent to 5% or more of the crop on any portion of the acreage insured the Company is not liable for the loss. I am also aware that under such circumstances I am liable for the expense incurred by the Company in investigating the claim and I promise that on demand I will pay the Company all such expenses.

OTHER INSURANCE? YES NO If yes, give names of companies and amounts.

Company _____ Amount \$ _____
Company _____ Amount \$ _____
Company _____ Amount \$ _____

DOES ANYONE ELSE CARRY INSURANCE ON THIS SAME CROP? YES NO If yes, give names of person, companies and amounts.

Person _____ Company _____ Amount \$ _____

The town or village nearest loss is _____

I reside on _____ quarter of Sec _____ T _____ R _____, _____ miles _____ of said town or village.
(DIRECTION)

Assured Phone No. Res # _____ Bus # _____ Cell # _____ Other # _____

(SIGNATURE OF POLICY HOLDER)

POWER OF ATTORNEY In the event of my being absent when your adjuster calls to make an appraisal of this claim, I hereby appoint _____

who resides on the _____ quarter of Sec _____ T _____ R _____

Res # _____ Bus # _____ Cell # _____ Other # _____

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 adjustments.

Given under my hand and seal this _____ Day of _____, 20 _____

Witness _____ (Signed) _____