

NOTICE OF LOSS

HEAD OFFICE AT
2709 - 13TH AVENUE
REGINA, SASKATCHEWAN
S4T 1N4



ISSUED FOR
SASKATCHEWAN
MANITOBA

EFFECTIVE DATE
D M Y
D M Y
15 10

I SUSTAINED A LOSS TO MY CROP BY HAIL, INSURED UNDER THE ABOVE POLICY, WHICH OCCURRED
ON THE DAY OF 20, AT ABOUT THE HOUR OF A.M. P.M.
THE TOWN OR VILLAGE NEAREST THE LOSS IS I RESIDE ON THE
QUARTER OF SEC. TWP. RGE. MER. MILES OF SAID STATION. PHONE
MY POST OFFICE ADDRESS IS CELL

INSURED'S FULL NAME
ADDRESS
POSTAL CODE
IMPORTANT
FAX: (306) 352-9130
NOTICE OF LOSS WAS FAXED
PHONE NO.
CELL NO.

TYPE OF COVERAGE FULL COVERAGE 10% DED 25% DED
APPLICANT RESIDES ON 1/4 OF SEC TP RGE W

I AM AWARE THAT THE COMPANY IS LIABLE FOR THE FULL AMOUNT OF LOSS PROVIDED THE LOSS IS 5% OR MORE IN THE CASE OF NON-DEDUCTIBLE POLICY, AND, IN THE CASE OF A DEDUCTIBLE POLICY, TO LOSS IN EXCESS OF SUCH PERCENTAGE AS MAY BE ENDORSED ON THE POLICY IN ACCORDANCE WITH MY APPLICATION FOR INSURANCE.

ALL OTHER HAIL INSURANCE ON SAME GRAIN MUST BE LISTED TO COMPLY WITH GOVERNMENT REGULATIONS.

THE LOSS IS ON THE FOLLOWING GRAIN:

Table with columns: ITEM NO., NO. OF ACRES, KIND OF GRAIN, LOCATION (PART, SEC., TP, RANGE, MERID), STAGE OF GROWTH, # OF DAYS FLOWERING, PERCENT OF DAMAGE LIGHT/MEDIUM/HEAVY

IMPORTANT: PLEASE COMPLETE THE LOWER PORTION

POWER OF ATTORNEY

IN THE EVENT OF MY ABSENCE WHEN YOUR ADJUSTER CALLS TO MAKE AN APPRAISAL OF THIS CLAIM, I HEREBY APPOINT WHO RESIDES AT QUARTER OF SEC. TWP. RGE. 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.
PHONE CELL

MY APPLICATION FOR INSURANCE WAS GIVEN TO:

AGENT AT

DATE WRITTEN: 20

THIS NOTICE OF LOSS MUST BE SIGNED BY THE INSURED, AND MAILED OR FAXED WITHIN 3 DAYS AFTER DAMAGE TO THE CROP
ADVICE TO LOCAL AGENT IS NOT SUFFICIENT SEND THIS NOTICE TO THE HEAD OFFICE AT THE ADDRESS SHOWN

WITNESS

(SEAL)

(SIGNATURE OF POLICYHOLDER)