

Policy Number



Palliser Insurance Company Limited
A MID-WEST HAIL AND CROP INSURANCE COMPANY

Hereinafter referred to as the insurer.
HEAD OFFICE: SASKATOON

BOX 38 REGINA SK S4P 2Z5
FAX: (306) 586-2112

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 _____ AM (CIRCLE ONE)

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 _____