

Branch Office Use Only			
Identification Number	Subscription		Year
8 7 0 _____	_____	_____	_____

Client Information
Business Name _____

The deadline to apply for Straight Hail Insurance is July 31. Acres that have incurred hail damage prior to Straight Hail Insurance coming into effect will not be eligible for Straight Hail Insurance.

Insurance comes into effect at 12:00 noon (Mountain Standard Time) the day following the purchase of a Policy, subject to AFSC approval.

Clients have 14 calendar days from the date of the storm to report hail damage. Late reporting of hail damage will not be accepted.

Straight Hail Insurance expires when harvest is complete or at midnight on October 31 of the year of insurance.

Section A. Existing Insurance Subscriptions Only
<p>To apply, check the box(es) for subscription(s) that contain the locations and crops that you want to insure under Straight Hail. Visit www.afsc.ca for more information on the Straight Hail Insurance program. Also see your Insurance Estimate for Straight Hail rates.</p> <p> <input type="checkbox"/> Crop Insurance (sub # _____) <input type="checkbox"/> Silage Greenfeed Insurance (sub # _____) <input type="checkbox"/> Processing Vegetable Insurance (sub # _____) <input type="checkbox"/> Corn Heat Unit Insurance (sub # _____) <input type="checkbox"/> New Crop Insurance Initiative (NCII) (sub # _____) <input type="checkbox"/> Hay Insurance (sub # _____) <input type="checkbox"/> Export Timothy Hay Insurance (sub # _____) </p> <p>● A Straight Hail calculator is available online at www.afsc.ca</p>

If you wish to insure all acres of a specified insured crop type e.g. Barley, CPS Wheat, complete this section.
If not, proceed to Section B.

Crop Type to be Insured	Dryland \$Cov/acre	Deductible 0%-10%-25%	Irrigated \$Cov/acre	Deductible 0%-10%-25%	Previous Damage (this crop year)		
					Yes	No	Record Land Location and Acres
					<input type="checkbox"/>	<input type="checkbox"/>	_____
					<input type="checkbox"/>	<input type="checkbox"/>	_____
					<input type="checkbox"/>	<input type="checkbox"/>	_____
					<input type="checkbox"/>	<input type="checkbox"/>	_____
					<input type="checkbox"/>	<input type="checkbox"/>	_____
					<input type="checkbox"/>	<input type="checkbox"/>	_____
					<input type="checkbox"/>	<input type="checkbox"/>	_____
					<input type="checkbox"/>	<input type="checkbox"/>	_____
					<input type="checkbox"/>	<input type="checkbox"/>	_____

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary



Total Acres

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Authorities
<input type="checkbox"/> Check here if you want the legal document required to designate an individual to act on your behalf for all matters regarding AFSC (Third Party Representative Authorization).

Freedom of Information and Protection of Privacy Act and Client Declaration
<p>The information on this form, and any information you provide to us in the future related to this form, is collected under the authority of the Agriculture Financial Services Act (Alberta) and the Freedom of Information and Protection of Privacy Act (Alberta) (the "FOIP Act"). The collected information, whether personal information or business information, will be used: (i) to evaluate your eligibility for the program to which this form relates; (ii) for the administration of the program; and/or (iii) for the administration of any other AFSC program or benefit in which you participate. Your personal information is subject to the provisions of the FOIP Act.</p> <p>By submitting this form, you are providing your consent to AFSC disclosing and sharing the information contained on this form for the purpose of meeting and advancing AFSC's legislative, contractual, administrative, business and operational obligations and objectives.</p> <p>If you have any questions about this form and the collection and use of your information, please contact AFSC at 5718 - 56 Avenue, Lacombe AB T4L 1B1, 1.877.899.2372.</p> <p>I (we) the applicant hereby acknowledge that I am not insured until AFSC accepts this application and if AFSC accepts this application I shall be insured pursuant to the terms and conditions of the current AFSC Straight Hail Contract of Insurance.</p> <p>I (we) the applicant hereby acknowledge I have reviewed the AFSC Straight Hail Contract of Insurance and I agree and understand that the insurance coverage and indemnity payable thereunder shall be determined in accordance with the information contained in the accepted application and in accordance with the terms and conditions of the current AFSC Straight Hail Contract of Insurance.</p> <p>Applicant Signature _____ Date _____</p>

Branch office use only
<p>Directed Applicant to view Contract on AFSC.ca <input type="checkbox"/> Branch: _____</p> <p>Received by: _____ AFSC representative signature _____ print name _____</p>