

Client Reported Hail Claim Information

Identification Number	Subscription		Year
8 7 0 _____	Enter subscription numbers below		_____

Client Information
Business Name _____
Business Address _____
Contact Person (Must be a Client, or Shareholder of the company) _____

Select subscription type and also enter subscription number _____	Select subscription type and also enter subscription number _____
Select subscription type and also enter subscription number _____	Select subscription type and also enter subscription number _____

General Guidelines	Branch Office <input type="text"/>
<p>TO PROTECT YOUR INSURANCE . . .</p> <ul style="list-style-type: none"> • Clients now have fourteen (14) calendar days from the date of the storm to <u>report</u> hail damage. Late reporting of hail damage after fourteen days will not be accepted. • Notify AFSC 5 days in advance of harvesting the damaged acres or putting a crop to a use other than combining; such as silaging, greenfeed, turn cattle into, plowing down. 	

Storm Details
Type of subscription: <input type="checkbox"/> Hail Endorsement <input type="checkbox"/> Straight Hail <input type="checkbox"/> Both
Date of storm: _____ Closest town to storm: _____
Time of storm: _____ Size of stones: _____ Wind velocity: _____
Duration of hail: _____ Direction of storm: _____ Amount of rain: _____
Stage of crop at time of storm: _____
Indicate which storm this is: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> _____
Stage of crop at time of filing: _____
Did "Associated Business(es)" have hail as well? <input type="checkbox"/> Yes <input type="checkbox"/> No
Record "Associated Business(es)" Names & Subscription numbers: _____

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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The personal information on this form is collected under the authority of the *Agriculture Financial Services Act* and the *Freedom of Information and Protection of Privacy Act* (FOIP Act) and will be used to evaluate your eligibility for the program to which this form relates, for the administration of the program and for the administration of any other AFSC program or benefit in which you participate. Your information is subject to the provisions of the FOIP Act. If you have any questions about this form and the collection and use of information, please contact the AFSC Client Contact Centre, 5718 56th Avenue, Lacombe AB T4L 1B1, 1.877.899.2372.

Identification Number			Year
870 _____			_____

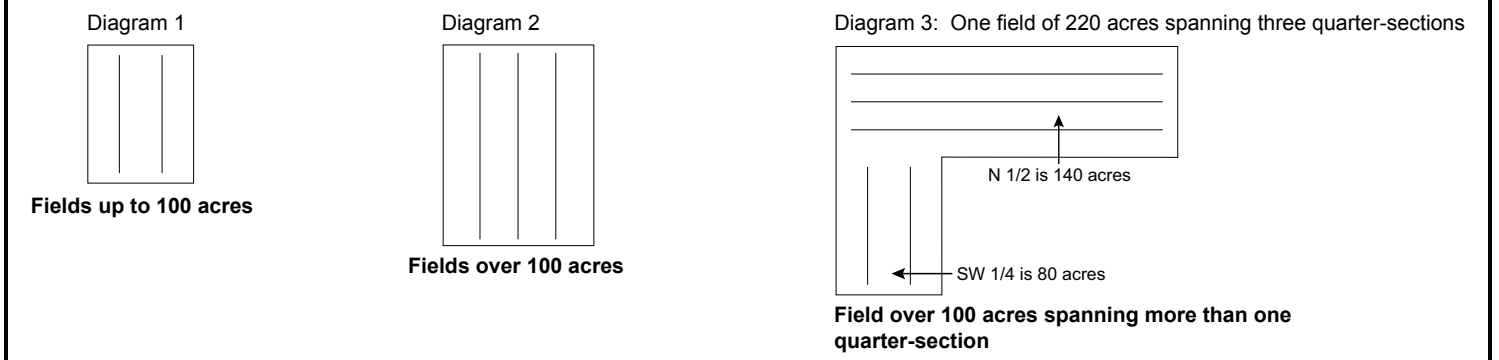
Details of Hail Damaged Acres				
Land Description (Part-Section- Township-Range- Meridian)	Crop (one crop per line)	Number of acres in field	Your estimate of % of damage	If you intend to put the damaged acres to a use other than combining, record the date you intend to start.

Yes No Do you require additional fields? If so, please request the form Client Report Hail Claim Information Additional Fields from your Branch Office.

To protect your Insurance, notify AFSC 5 days in advance of harvesting the damaged acres or putting a crop to a use other than combining; such as silaging, greenfeed, turn cattle into, plowing down.

Inspection Strips: Inspection strips are standing strips or swaths of insured crop left in from the edges of the field, a distance of about one-third (1/3) of the width of the field, for the length of the field and a minimum of 10 feet in width, for inspection by AFSC. The client is responsible for the maintenance of all inspection strips and swaths.

1. On field up to 100 acres, 2 strips are required.
2. On fields over 100 acres, an additional 3rd strip must be left in the middle of the field.
3. On fields over 100 acres that span multiple quarter sections, treat each quarter-section as a separate field.



Client Signature and Declaration

By signing this document, I/we understand and acknowledge the Inspection Strips policy. Where the Insured has not left AFSC required inspection strips as set forth above, AFSC may deny or reduce the claim.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____