

Identification Number	Subscription		Year
8 7 0 _____	-		

Client Information

Business Name _____

Business Address _____

Contact Person (Must be a Client or Shareholder of the company) _____

Section A. Existing Insurance Subscriptions Only Branch Office

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 Proposal for Straight Hail rates.

Annual Crop Insurance (Sub # _____) Silage Greenfeed Insurance (Sub # _____)
 Processing Vegetable Insurance (Sub # _____) Corn Heat Unit Insurance (Sub # _____)
 New Crop Insurance Initiative (NCII) (Sub # _____) Hay or Export Timothy Hay Insurance (Sub # _____)

- A Straight Hail calculator is available online at www.afsc.ca
- Land reports for the program(s) selected above must accompany this form or have been previously received by AFSC

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)			Record Field Number(s) (from billing, if known)
					Estimate % of Loss			
					Y	N	% loss	
					<input type="checkbox"/>	<input type="checkbox"/>		Field # - _____
					<input type="checkbox"/>	<input type="checkbox"/>		Field # - _____
					<input type="checkbox"/>	<input type="checkbox"/>		Field # - _____
					<input type="checkbox"/>	<input type="checkbox"/>		Field # - _____
					<input type="checkbox"/>	<input type="checkbox"/>		Field # - _____
					<input type="checkbox"/>	<input type="checkbox"/>		Field # - _____
					<input type="checkbox"/>	<input type="checkbox"/>		Field # - _____
					<input type="checkbox"/>	<input type="checkbox"/>		Field # - _____
					<input type="checkbox"/>	<input type="checkbox"/>		Field # - _____

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.

Straight Hail Insurance Application Form

Identification Number	Subscription		Year
870 _____	-		

Authorized Representative for Straight Hail Insurance Only			
An authorized representative acts on the behalf of the Applicant in case of loss. Documents signed by the authorized representative are binding. (<u>Print information below</u>).			
Name: _____			
Primary contact number: _____			
		<input type="checkbox"/> Home	<input type="checkbox"/> Office
		<input type="checkbox"/> Cell	

Client Declaration and Statements	
I acknowledge, agree and understand 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. I acknowledge I have received a copy of the AFSC Straight Hail Contract of Insurance and I agree and understand that my insurance coverage and indemnity payable thereunder shall be determined in accordance with the information contained in my accepted application and in accordance with the terms and conditions of the current AFSC Straight Hail Contract of Insurance.	
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 .	
Insurance is in effect at 12:00 noon (Mountain Standard Time) the day following the purchase of a subscription, subject to AFSC approval, and expires when harvest is complete or at midnight on October 31 of the year of insurance.	
Client Signature _____ Date _____	

Branch office use only	
Straight Hail Contract of Insurance was provided <input type="checkbox"/>	AFSC Branch: _____
Received by: _____	_____
<small>AFSC representative signature</small>	<small>print name</small>