



Saskatchewan Municipal Hail Insurance Association
2100 Cornwall Street
Regina, SK S4P 2K7
Toll free 1-877-414-7644 or Local (306) 569-1852

RM No. Owner No. Year

Claim No.

File No.

Claim Form



Fill out and forward by Mail or Fax to (306) 522-3717 or email to claims@smhi.ca within 3 days of the storm.

Landowner's Name(s)
Landowner's Name(s)
Landowner's Address
Town Prov. Postal Code

Home Phone No.
Cellular Phone No.
Fax No.
Email

Table with columns for Report By Quarter Section (#, QTR., SEC., TWP., RGE., MER.), Crown, Base Rate %, Crop, Acres, Ind \$, Cov, Total Insured Acres, and Est. % Damage. Includes a warning: 'If no payable loss is found or the loss is less than the coverage in effect, the cost of the adjustment may be charged to the Land Owner.'

IMPORTANT - PLEASE PROVIDE THE INFORMATION REQUIRED BELOW AND ALSO BE SURE TO CIRCLE THE ACRES BEING CLAIMED ON.

HAIL STORM OCCURRED ON DATE & TIME OWNER'S HOME 1/4
I AM CLAIMING ON BEHALF OF SELF OWNER CLAIMANT'S HOME 1/4 PH:
I HEREBY APPOINT AS MY REPRESENTATIVE REP'S HOME 1/4 PH:
OTHER COMPANY(S) CARRYING HAIL INSURANCE: AMHL PMHL OTHER:
CLAIMANT'S INTEREST IN LAND CLAIMANT'S INTEREST IN CROP
CLAIMANT'S SHARE OF INSURANCE CLAIMANT'S SHARE OF HAIL TAXES
OTHER PARTY'S SHARE OF INSURANCE
OTHER PARTY'S NAME
OTHER PARTY'S ADDRESS
ADDRESS
TOWN PROV. POSTAL CODE
CLAIMANTS SIGNATURE DATE