

HAIL LOSS CLAIM

MONTANA STATE HAIL INSURANCE PROGRAM

In the event you suffer a hail loss and receive a subsequent loss payment, the Montana Department of Agriculture is required to report this information to the Internal Revenue Service (IRS). Your signature on this document certifies the tax identification number(s) and following information is correct to the best of your knowledge and meets IRS reporting requirements.

Applicant _____

Date _____

Address _____

Policy number _____

Town _____ **State** _____ **Zip** _____

Phone _____

Landowner _____ **Address** _____

Other Shareholders (please list) _____

In the event of hail damage, ALWAYS file a loss claim, regardless of other insurance, and mail within 14 days to the Montana State Hail Insurance Program, PO Box 200201, Helena, MT 59620-0201. Or call 844-515-1571 toll free or 406-444-5429. If a claim is not received, it cannot be adjusted. No loss claims will be honored after October 1st. Only report hail loss damage of 5% or greater.

Montana State Hail Insurance covers loss or damage by hail to growing crops only. It does not cover loss after the crop is cut (except the liability on windrowed, bound or shocked grain will be continued until final harvest), or damage resulting from the neglect of the insured to cut, pull, gather or harvest over-ripe crops.

List the fields and approximate acres damaged in each field in the "Acres Damaged" column. In the space "List Stages of Growth" state whether the grain is stemming, booting, heading out, milk stage, stiff dough or ready to combine.

Please accompany the adjuster, so there will be no misunderstanding in case of damage other than hail; for example, rodents, insects, crinkle wind joint, etc. **The inspection will be made as soon as possible after the claim is received by the Montana State Hail Insurance Program.**

If any insured grain has been damaged by hail and is ripe enough to harvest before the adjuster appears, the insured may precede with harvest with the exception that representative samples must be left in each field. These samples should be strips or spots of grain approximately (20'x20') in various parts of the field. Do not select those spots or strips where the grain has been double drilled.

ACRES DAMAGED	FIELD NO.	SHARE OF CROP	ACRES INSURED	KIND OF CROP	SEC. NO.	TWNShp.	RANGE
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						

For more fields use additional form or include copy of policy.

LIST STAGES OF GROWTH _____

LIST PERCENT OF CROP LOSS _____

1. I also have private hail insurance with the following company: _____
2. My landlord (if applicable) has private insurance with the following company: _____
3. I have the following crops insured with State Hail exclusively: _____
4. Give a full description of the storm: time occurred, direction, width of damaged area, size of hail stones, wind, etc.

DATE OF STORM: month _____, day _____, year _____

Representative _____ Address _____ Phone _____

If other than the policyholder.

I hereby claim that the accompanying statements are true and correct to the best of my knowledge. If the loss does not exceed 5%, I understand that I may be called upon to pay the expenses of adjustment as provided for in my hail insurance policy.

Claimant Name (please print) _____

Claimant Signature _____ Cell Phone _____ County _____