

MONTANA STATE HAIL INSURANCE PROGRAM

SERVING MONTANA PRODUCERS FOR 100 YEARS

Hail Insurance Program
P O Box 200201, 302 N Roberts
Helena, MT 59620

Phone: 406-444-5429 or 844-515-1571 toll free
Fax: 406-444-9442
E-mail: agrhail@mt.gov

HAIL INSURANCE APPLICATION

Date: _____

After submitting call 406.444.5429 to give tax id information. Must have for insurance to be in effect.

Name of Applicant

Tax Identification Number SSN EIN

Other Shareholders

County

Mailing Address

E-mail

City, State, Zip

Phone

Type of Payment: *choose one* **If this form is emailed you will receive a verification email from the Department, with payment options.**

| | | | |
|---|--|--|--|
| Check * <small>* see back</small> | E-Check *** <small>*** Fees apply</small> | Credit/Debit Card *** <small>*** Fees apply</small> | <i>Qualify as cash and receive a 4% discount. If payment received within 14 days of application.</i> |
| Charge ** <small>** see back</small> | Crop Lien | | |

Please fill out the above information and list each field that you want insured before you call, fax, email or mail this sheet to the hail insurance office. We will transfer your figures onto your hail insurance policy and keep this form on file in our office. Acres and dollar amounts must be accurate. Please round the acres to the nearest whole number. A separate sheet must be filled out for property to be insured in another county. **Your policy will be effective at 12:01 am the day following the date of application**, determined by it being received in the office or the postmark date when mailed.

DIRECTIONS

% CROP INSURED: Please list your share of coverage: i.e. 100%, 50%, 33%, etc. No more than 100% of a crop may be insured, even if there are multiple shareholders. If other shareholders do not desire hail insurance, any shareholder may insure the entire crop for the maximum allowed per acre.

ACRES INSURED AND TYPE OF CROP: Please list only full acres and complete fields. We are unable to insure partial fields. Crops are to be listed specifically: i.e. winter wheat, spring wheat, barley, irrigated barley, oats, irrigated oats, etc. Please use crop code on back of this form.

IRRIGATED: Please indicate if field is irrigated or not. Y/N

SECTION, TOWNSHIP, RANGE: Please show the legal description of your field. If the field crosses sections, townships, or ranges, please list them all for that field. One section, township and range per line please.

MAXIMUM INSURED AMOUNTS: Non-irrigated crops - \$75. Irrigated crops - \$114.

EXAMPLE 1 (see field 1 below): You have a 200 acre field of spring wheat in Section 26, Township 24 North, Range 48 East and you want 100% coverage (\$75/acre).

EXAMPLE 2 (see field 2 below): You have multiple strips in several sections totaling 600 acres of barley to be insured in Sections 3,4,5, Township 24 North, Range 48 and you want 2/3 or 66% coverage.

| FIELD # | % CROP INSURED | ACRES INSURED | TYPE OF CROP | IRRIGATED (Y/N) | SECTION NUMBER | TOWNSHIP | RANGE | INSURED AMOUNT |
|---------|----------------|---------------|--------------|-----------------|----------------|----------|-------|----------------|
| 1 | 100% | 200 | SW | N | 26 | 24 N | 48 E | \$75.00 |
| 2 | 66% | 600 | BA | N | 3,4,5 | 24 N | 48 E | \$75.00 |

Name of Applicant: _____

| FIELD # | % CROP INSURED | ACRES INSURED | TYPE OF CROP | IRRIGATED (Y/N) | SECTION NUMBER | TOWNSHIP | RANGE | INSURED AMOUNT |
|---------|----------------|---------------|--------------|-----------------|----------------|----------|-------|----------------|
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Your hail policy will be mailed to you for your signature and review. You must return the signed policy.

* *By signing below, you verify that you are the title owner of the insured land, when charge payment option is selected. If the Department determines you are not the title owner, the assessment will be due immediately upon notification by the Department. Failure to pay or furnish a crop lien within 14 days of notification will result in cancellation of your insurance.

*If the applicant fails to make cash payment within 14 days of the date of this application, when check option is selected, applicant has agreed to furnish the Department a crop lien on the insured crops sufficient to cover the fees for the insurance, plus interest if applicable.

Applicant Signature _____ Title _____

Representative's Signature _____ Relationship _____

(If other than applicant)

| Code | Crop Name | Code | Crop Name | Code | Crop Name | Code | Crop Name |
|------|--------------|------|-------------|------|-----------|------|--------------|
| AS | Alfalfa Seed | CN | Corn | PE | Peas | SW | Spring Wheat |
| BA | Barley | DW | Durum Wheat | PO | Potatoes | SB | Sugarbeets |
| BN | Beans | FX | Flax | RS | Rape Seed | SU | Sunflower |
| BM | Black Medic | HY | Hay | RY | Rye | SC | Sweet Clover |
| BK | Buckwheat | LT | Lentils | SF | Safflower | SY | Soybeans |
| CM | Camelina | ML | Millet | SA | Sainfoin | TR | Triticale |
| CS | Canary Seed | MU | Mustard | SG | Sorghum | WG | Wheat Grass |
| CA | Canola | OT | Oats | SP | Speltz | WW | Winter Wheat |