

MONTANA STATE HAIL INSURANCE PROGRAM
SERVING MONTANA PRODUCERS FOR MORE THAN 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

Date: _____

HAIL INSURANCE APPLICATION

Name of Applicant

Other Shareholders

Mailing Address

County

City, State, Zip

E-mail

Upon receipt of this form, you will be contacted by the Department to confirm receipt and to provide a Tax Identification Number. **To protect yourself from identity theft, do not include a Tax ID number on this form.**

Phone

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

Check * <i>* see back</i>	E-Check *** <i>*** Fees apply</i>	Credit/Debit Card *** <i>*** Fees apply</i>	<i>Qualify as cash and receive a 4% discount. If payment received within 14 days of application.</i>
Charge ** <i>** see back</i>	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 attach this form to your policy. Acres and dollar amounts must be accurate. Please round the acres to the nearest whole number. One county per application. 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. This application binds your hail policy. You have coverage based on application date not on your policy signature.

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. Indicate \$ amount not total amount per field. This amount will be on your policy that is mailed to you.

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 totaling 600 acres of barley to be insured in Sections 3, 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	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 Ex \$75 or \$114
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
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22								
23								
24								
25								

Your hail policy will be mailed to you for your signature and review. You must return the signed policy, this application is part of that 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	TC	Truck Crops
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
CP	Chickpeas			SY	Soybeans		