



SASKATCHEWAN MUTUAL INSURANCE COMPANY

HEAD OFFICE: 279 - 3rd Ave. N. Saskatoon, Saskatchewan S7K 2H8

Telephone (306) 653-4232

STORM LOSS REPORT FORM

INSURED _____ Policy No. _____
 Address _____ Postal Code _____
 Business Phone _____ Residence Phone _____ Cell. _____

Special Instructions/Comments:

Date of Loss Day _____ Month _____ Year _____ Time _____ AM PM

Hail _____ Wind _____ Sewer BackUp _____

Damage To

Dwelling (Interior Damage - Yes No) Window Fence Deck
 Detached Private Structure: Garage Garden Shed Greenhouse Gazebo

Other: _____

Farm Outbuildings:

Auto _____ Vehicle Description _____

SMI OFFICE USE ONLY:

COVERAGE	CLASS (WHAT)	KIND (WHY)	CAUSE (BASIC)	CAUSE (SPEC.)	BASIS OF SETTLE	CO-INS.	RESERVE		
							LOSS	EXP.	LEGAL

CHARGEABLE

RETURN TO: _____ FOR _____

PAYMENT LETTER REVIEW

TYPE OF CLAIM:

-OPEN FILE
 -ADD NEW SUBFILE

LNC	LOSS NOT COVERED	<input type="checkbox"/>
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NCP	LOSS REPORTED/NO CLAIM PRESENTED	<input type="checkbox"/>	NICT	D/L NOT IN COV. TERM	<input type="checkbox"/>
<DED	INS.'S CLAIM LESS THAN DEDUCTIBLE	<input type="checkbox"/>	IWC	INS. WITHDREW CLM.	<input type="checkbox"/>

LOSS PAYMENTS: PP FP SP

PAY TO: IN FF _____

SEND TO: IN AG FF _____

DATE: _____ DAY _____ MONTH _____ YEAR _____ INITIALS _____