

**Agricorp ID:**  
**Customer name:**  
**Crop year:**  
**Print date:**

# Proof of Loss

1. Report your yields to Agricorp **before** completing this form.
2. Complete this form **only** if your yield (adjusted for quality, where applicable) is less than your guaranteed production.
3. Mail or fax (519-826-4118) the completed, signed form to Agricorp within 60 days of harvest.
4. If you have any questions please contact Agricorp Monday to Friday, 7 a.m. to 5 p.m. at 1-888-247-4999 or by email at [contact@agricorp.com](mailto:contact@agricorp.com).

I hereby declare the loss of production on the following crops:

Crop	Total guaranteed production*	Total yield (adjusted for quality)**	Shortfall or loss	Cause of loss (Peril)

\* Total guaranteed production is subject to adjustment if the actual acreage is different from that reported as ~~the~~ the acreage, or in the case of a loss due to an uninsured peril.

\*\* Spring wheat yields may be adjusted downward by 30% for claim purposes when they are feed grade or lower.

1. At the time of damage, the said crop(s) were insured under the *Contract of insurance, Terms and conditions*.
2. I am (we are) the owner(s) of said crop(s), and no person has any interest therein, nor any lien or encumbrance thereon, except: \_\_\_\_\_
3. Since the *Contract of insurance* was issued, there has been no change in title, use, occupation, location, possession or risk of the property on which the crop is or was located.
4. Damage did not result from any willful act, neglect, procurement, means or connivance of the Insured.

I declare that the above information and statements made by me on this *Proof of Loss* are true in every particular to the best of my knowledge and belief. I make this declaration intending it to have the same status in law as if it had been made under oath or affirmed.

I authorize Agricorp to obtain from any person, partnership, corporation, marketing board, or other legal entity, knowledge of the quantity and grade of crop resulting from the 2020 crop year that I (we) have delivered or have had delivered on my (our) behalf, to any elevators or destinations. I also authorize said entities to release any such information.

Signature of insured \_\_\_\_\_ Date \_\_\_\_\_  
Signature of witness \_\_\_\_\_ Date \_\_\_\_\_

This form is provided to comply with the *Crop Insurance Act* and without prejudice to the liability of Agricorp.

Please refer to your *2008 Contract of insurance, Terms and conditions - Part I, Section I* for details on the collection of information and treatment of records (also available on [agricorp.com](http://agricorp.com)).

Errors and omissions excepted. Agricorp reserves the right to make corrections if there are any errors or omissions on this notice.