



2100 Cornwall Street Regina, SK S4P 2K7  
Toll free: 1-877-414-7644 Local: (306) 569-1852  
Fax: (306) 522-3717 Email: municipalhail@smhi.ca

# CROP HAIL ADJUSTER Application Form

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<i>Street Address or Box Number</i>	<i>City/Town</i>	<i>Postal Code</i>
<i>Telephone Number</i>	<i>Cell Number</i>	
<i>Email Address</i>	<i>Date of Birth DD/MM/YYYY</i>	

Education \_\_\_\_\_ Post Secondary \_\_\_\_\_

Other Courses \_\_\_\_\_

Present Occupation \_\_\_\_\_ Years Experience \_\_\_\_\_

Previous Occupation \_\_\_\_\_ Years Experience \_\_\_\_\_

Farming experience \_\_\_\_\_ (years) Currently farming \_\_\_\_\_ acres,

Valid driver`s license Yes No

I have a \_\_\_\_\_ vehicle.  
( year, make, model )

This vehicle is available for hail adjusting work and I will be prepared to proceed to any place in Saskatchewan for the work at any time during the months of \_\_\_\_\_

Experience as a hail adjuster: Yes No Company \_\_\_\_\_

Crop hail adjusters are required to walk long distances every day while adjusting hail losses.

Are you physically fit and able to work independently? Yes No



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**References:**

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Briefly describe why you would like to become a hail adjuster:

How did you learn of this potential job opportunity?

- SMHI website
- Personal reference
- Radio Advertisement
- RM office poster
- Other – please specify: \_\_\_\_\_

Please note that all successful candidates will be required to provide Saskatchewan Municipal Hail Insurance with a Criminal Records Check.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Please return this completed application along with a short resume to the address below:

**Saskatchewan Municipal Hail Insurance Association  
2100 Cornwall Street, Regina, SK S4P 2K7**

OR

**Email your completed application to [dtiefenbach@smhi.ca](mailto:dtiefenbach@smhi.ca).**