

# NOVA SCOTIA CROP AND LIVESTOCK INSURANCE COMMISSION

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## PROOF OF LOSS FORM

Insured Person: \_\_\_\_\_ Contract No: \_\_\_\_\_

Insurance Plan: \_\_\_\_\_ Crop Year: \_\_\_\_\_

1. Date when notice of loss or damage was given: \_\_\_\_\_

2. Date or period when loss or damage occurred: \_\_\_\_\_

3. Specific location where loss or damage occurred: \_\_\_\_\_

4. Indicate percentage of loss caused by each peril totaling 100%. <b>NOTE:</b> Some perils not applicable to all crops.	5. Briefly describe loss damage
%	excessive moisture
%	drought
%	snow
%	spring frost
%	fall frost
%	flood
%	excessive heat
%	winter injury
%	hail
%	wind
%	wildlife
%	insects (specify)
%	disease (specify)
%	unavoidable pollination failure (tree fruit, blueberries, strawberries only)
%	adverse weather (blueberries, strawberries only)

6. Total actual production from this crop: \_\_\_\_\_ (units: lbs., kg., cwt., bu.)

**NOTE:** PLEASE SUBMIT WEIGHT SLIPS

7. I hereby warrant that:

- a) the statements made above are true to the best of my knowledge and belief, and I authorize the Commission to verify yield information as required; and
- b) the loss or damage to the crop for which this claim is made was not caused by negligence, misconduct or poor farming practices of the insured person, his agents or employees or, unless otherwise stated in paragraphs 4 or 5, by a peril not insured under this policy.

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Insured person, agent, assignee

The preparation and furnishing of this form, or any other act of any agent or member of the Nova Scotia Crop and Livestock Insurance Commission, shall not be considered an admission of liability on the part of the Commission, or a waiver of any of its rights.

