

*Mid-Columbia Insurance, Inc. P.O. Box 857 The Dalles, OR 97058*

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*Hail/Fire Worksheet*

Name \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

*Please submit by email, fax or U.S. Mail. Expect confirmation from us within 24 hours. Please contact us if we do not confirm.*

Crop	Farm Name	Twp N/S	Range E/W	Section	A	B	C	D	E*	F** For company use		
					Your Share in Crop	Acres	Estimated Bu./Tons per Acre	Estimated \$ per Bu./Tons	Total Ins./acre @ 100% share	Total Amount of Ins.	Rate	Gross Premium

Do you want: Cash Discount (if applicable & paid by July 1st)? Y \_\_\_ N \_\_\_ Coverage on Home Stored Grain: Y \_\_\_ N \_\_\_

Other entities insured on your policy (Please list names): \_\_\_\_\_

E\* = C x D      F\*\* = A x B x E

*We strongly encourage you to break out your coverage by field.*