



Do you have Crop Damage?

Initial Investigation Contact Form

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Fax 1-877-248-1312 Call 306-961-0001 C. 306-929-4946 O.

INITIAL INFORMATION

Date _____

Your Name _____ Phone _____

Company Bill to: _____ Policy or Reference #: _____

Address _____

Email: _____

Insured Name _____ Phone _____

Address _____

Landowner Producer Renter Applicator _____

Damaged Party Name _____ Phone _____

Address _____

Landowner Producer Renter Applicator _____

When problem was first noticed _____ Date _____

Crop damaged Canola Wheat Barley Peas _____

Crop Variety _____ Herbicide Tolerance Type RR LL CF

By Drift Residue Improper Application _____

Estimated Acres _____ Description of problem _____

Legal Land Location of problem _____ Sec _____ Twp _____ Rge _____ W of _____

If applicable, Legal Land Location of Origin _____ Sec _____ Twp _____ Rge _____ W of _____

Other Parties involved _____

Other Documents Attached : # of pages _____

Please start an investigation file. _____
Signature

Date