



CLAIM # *office use*

2017 AMERICOT® CROP LOSS CLAIM FORM ALL REGIONS

Dealer: _____ City, State: _____
Dealer Contact: _____ Phone: _____
Dealer Email: _____

GROWER INFORMATION

Monsanto Grower License #: _____
(required)
Farm or Business Name: _____
Grower's Name: _____
Address: _____
City, State: _____ Zip: _____
Email: _____ Mobile Phone: _____

CROP LOSS INFORMATION

Planting Date: _____ Number of Acres: _____

Variety Lost	Units Lost	Reason for Loss

Documentation Required

- Proof of Purchase
- Federal Crop Insurance Documents
- FSA 578

Customer Signature: _____ Date: _____
Americot Representative: _____ Date: _____

DEADLINE - August 31, 2017
Please email your claim to claims@americot.com
Claims will be validated against reported seed sales.