



CLAIM # *office use*

**2017 AMERICOT® DROUGHT CLAIM FORM**  
**SEED DROP ZONE D & E ONLY**  
*(TEXAS, NEW MEXICO, OKLAHOMA, KANSAS)*

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: \_\_\_\_\_

**DROUGHT INFORMATION**

Farm Number and Tract Number: \_\_\_\_\_ Affected Acres: \_\_\_\_\_  
Variety: \_\_\_\_\_ Planting Rate/# of Bags: \_\_\_\_\_

Harvested  Not Harvested

**Documentation Required**

- Proof of Purchase
- Federal Crop Insurance Documents  
(Production Worksheet needed on both Harvested and Unharvested acres/Proof of Loss must be Drought)
- ASCS 503 (Only if taken to Harvest)
- FSA 578

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Americot Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**DEADLINE TO SUBMIT FINAL CLAIM DOCUMENTATION - NOVEMBER 15, 2017 (East Texas) or  
January 15, 2018 (remaining Southwest Geography)**  
Please email your claim to [claims@americot.com](mailto:claims@americot.com)  
*Claims will be validated against reported seed sales.*