



CLAIM # *office use*

2018 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: _____ Cell 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 (Production Worksheet)
- FSA 578

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

DEADLINE - within 30 days of crop loss and no later than August 31, 2018
Please email your claim to claims@americot.com
Claims will be validated against reported seed sales.

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