



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

Variety	Farm Number	Tract Number	# of Units Lost	# of Affected Acres	Planting Date	Reason for Loss

### Documentation Required

- Proof of Purchase
- Federal Crop Insurance 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](mailto:claims@americot.com)  
*Claims will be validated against reported seed sales.*

Rev. 06.26.18