



CLAIM # *office use*

# 2019 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, 2019**  
Please email your claim to [claims@americot.com](mailto:claims@americot.com)  
*Claims will be validated against reported seed sales.*

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