



CLAIM # *office use*

2020 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, 2020
 Please email your claim to claims@americot.com
Claims will be validated against reported seed sales.

Rev. 01.16.2020