



CLAIM # office use

DEALER INFORMATION							
Dealer: City:					State:		
Dealer Contact:							
Email:							
GROWER INFORMATION							
(required)			Grower Name:				
Farm/Business Name:Address:							
City:			State: Zip:				
Emaile					Dhono:		
CROP LOSS INFORMATION							
Variety	Farm Number	Tract Number	# of Units Lost	# of Affected Acres	Planting Date	Reason for Loss	
Documentation Required  Proof of Purchase  FSA 576 & FSA 578 or  Federal Crop Insurance Production Worksheet/ Proof of Loss				<ul> <li>Seed previously qualifying for refund under the Americot Replant Program is ineligible for Americot's Crop Loss Program.</li> <li>Factory overtreatments are not eligible for the Americot Crop Loss Program.</li> <li>Go to www.americot.com/programs to see the full Crop Loss Program.</li> </ul>			
Customer Signa	nture:		Date:				
Americot Repre			Date:				

DEADLINE - within 30 days of crop loss and no later than:

August 15, 2024 (Zone D), October 15, 2024 (Zone E) or August 31, 2024 (All Other Zones)

Please email your claim form and required documentation to claims@americot.com

Claims will be validated against reported seed sales.

