



## Drought Claim Form

Distributor Name: \_\_\_\_\_ City, State: \_\_\_\_\_  
 Dealer Name: \_\_\_\_\_ City, State: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_

### Grower Information

Grower License #: \_\_\_\_\_  
 Farm or Business Name: \_\_\_\_\_  
 Grower's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### Drought Information

Farm Number and Tract Number: \_\_\_\_\_  
 Affected Acres: \_\_\_\_\_  
 Variety Planted: \_\_\_\_\_  
 Planting Rate/ Number of Bags: \_\_\_\_\_

### Documentation Attached

- Proof of Purchase
- Federal Crop Insurance Documents  
(Production Worksheet/Proof of Loss)
- ASCS 503
- FSA 578

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Americot Representative: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE FAX COMPLETED FORM TO CHIREE LOPEZ AT (866) 429-9310  
 POTENTIAL CLAIM DEADLINE: **OCTOBER 1, 2011**  
 DEADLINE TO SUBMIT FINAL CLAIM DOCUMENTATION: JANUARY 15, 2012