



INDEMNITY FUND CLAIM FORM

Claim Against: _____

Claimant: _____

Mailing Address: _____

Mailing Address: _____

City, State, Zip: _____

City, State, Zip: _____

Have you requested payment? Yes ____ No ____

If yes, date requested? _____

How did you request your payment? (in writing, by telephone, if other please explain)

If you need more space to complete your claim, attach additional pages. Please include copies of your scale tickets, settlement sheets, delayed price agreements, basis contracts and any other documentation to substantiate your claim.

Has your claim been filed with the Receiver or Trustee? Yes ____ No ____ If yes, date filed? _____

Commodity: _____

(File separate claim for each commodity and each type of claim)

Type of Claim:

- Delayed Price Sold and Priced (not settled for) Bailment (grain bank and/or storage)

Summary of Claim (Fill in the information you have available):

Table with 8 columns: Ticket No., Date, Net Lbs., Net Bu., Base Price, Adjustments, Net Price, \$ Amount. Multiple empty rows for data entry.



Total Net Bushels: # _____

Total Claim Amount: \$ _____

Have you received a partial settlement or advance on the commodity listed above? Yes _____ No _____

If yes, what amount? \$ _____

Please attach the original scale tickets, or photocopies thereof, of each ticket listed in the claim.

Do you need the originals returned?

Forward your claim to:

**The Ohio Department of Agriculture
Grain, Feed & Seed Section
8995 East Main Street
Reynoldsburg OH 43068-3399**

Signature of Claimant

Social Security Number or
Federal Tax Identification Number

*Social Security or Federal Tax ID Number
MUST be listed or claim cannot be processed.*