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>
<thead>
<tr>
<th>Ticket No.</th>
<th>Date</th>
<th>Net Lbs.</th>
<th>Net Bu.</th>
<th>Base Price</th>
<th>Adjustments</th>
<th>Net Price</th>
<th>$ Amount</th>
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</table>


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 or Federal Tax Identification Number ____________________________

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