



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. The table contains 10 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.*