



MINNESOTA DEPARTMENT OF AGRICULTURE
Federal Crop Insurance Reimbursement
90 West Plato Boulevard
Saint Paul, MN 55107-2094

Telephone: 612/215-3946

Claim for Reimbursement of Federal Crop Insurance

See the back side of this form for instructions.

Notice: The data that you supply on this form will be used to process this claim. You are not legally required to provide this information, but we will not be able to process this claim without it. This claim will constitute a public record except for your social security number, which we will withhold.

Part I—Verification of Eligibility

Name:	Social Security Number:
Address:	Telephone Number:
City, State, Zip:	<i>For office use only</i>

I am filing this claim as an:

- ☐ Individual farmer ☐ Family Farm Partnership ☐ Family Farm Corporation shareholder
Family Farm Partnership/Corporation Name : *Business Tax Identification Number :*

Location of qualifying farm:

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Beltrami 007 | <input type="checkbox"/> Lake of the Woods 077 | <input type="checkbox"/> Marshall 089 | <input type="checkbox"/> Polk 119 |
| <input type="checkbox"/> Clay 027 | <input type="checkbox"/> Lincoln 081 | <input type="checkbox"/> Norman 107 | <input type="checkbox"/> Red Lake 125 |
| <input type="checkbox"/> Clearwater 029 | <input type="checkbox"/> Lyon 083 | <input type="checkbox"/> Pennington 113 | <input type="checkbox"/> Roseau 135 |
| <input type="checkbox"/> Kittson 069 | <input type="checkbox"/> Mahnomen 087 | <input type="checkbox"/> Pipestone 117 | <input type="checkbox"/> Wilkin 167 |

Part II—Verification of Eligible Loss—*Check one of the following and attach documentation*

- ☐ 1. I collected a crop insurance indemnity payment on wheat or barley in one or more growing seasons between 1993 and 1997; or,
- ☐ 2. I collected a disaster payment on wheat or barley in one or more growing seasons between 1993 and 1997; or,
- ☐ 3. I experienced a loss of at least 50 percent from the United States Department of Agriculture, Farm Service Agency, county yield on wheat or barley in one or more growing seasons between 1993 and 1997.

Part III—Verification of 1997 Crop Insurance Premium

Enter the amount of premium paid in 1997 and attach a copy of any documentation which identifies you, the crops you insured in 1997, the location of the crops, and the amount of insurance premiums you paid. **Do not include interest paid with insurance premiums.** Examples of suitable documentation are listed on the back of this form.

Total Wheat & Barley Crop Insurance Premium: \$ _____ paid in 1997

Agency Representative:	Policy Number:	Agency Telephone Number:
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Part IV—Certification

I hereby certify I am a resident of the State of Minnesota and that the above information is true, complete, and accurate; that I experienced a 50 percent or greater loss in yield; or received a disaster or indemnity payment; in the crop years 1993-1997. I further certify that the above premium paid in 1997 was for crop insurance covering wheat or barley grown in a crisis county during 1997.

Signature of claimant:	Date:	Signature of insurance agent:	Date:
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