## TENNESSEE DEPARTMENT OF AGRICULTURE

# **TENNESSEE GRAIN INDEMNITY FUND**

A. DEBTOR (The name and address of warehouse or dealer that owes you money.) B. CLAIMANT (Your name and address, SS# and telephone number.)

#### C. CLAIM INFORMATION

Basis of Claim

 Failure to receive delivery
 or payment for grain from a
 failed grain warehouse.
 Failure to receive payment
 for grain from a licensed grain dealer

2. Date demand for delivery or payment was made.

### **D.** AMOUNT OF CLAIM

- 1. ATTACH COPIES of documents in support of this claim such as:
  - a) Warehouse receipts covering commodities owned or stored by the warehouseman;
  - b) Any written evidence of ownership, other than warehouse receipts, disclosing a storage obligation of the warehouse, including scale tickets, settlement sheets and ledger cards;
  - c) Evidence of a loan to a warehouse for which a warehouse receipt was to be received as security and the warehouseman failed within 21 days after receiving loan moneys and no warehouse receipt was issued;
  - d) Evidence a warehouse receipt was surrendered as a part of a commodity sales transaction, the warehouseman failed within 21 days and the person surrendering the receipt did not get fully paid;
  - e) Written evidence of the sale of commodities to a failed commodity dealer including but not limited to scale tickets, settlement sheets, price later contracts, basis contracts or similar commodities delivery contracts and unable to secure satisfaction of financial obligations from the commodity dealer.

<sup>2.</sup> CREDITS AND SETOFFS: Attach an itemization of all amounts and dates of payments which have been credited against the debt. Set forth any set off or counter claim which the debtor may have against your claim.

**3.** TOTAL AMOUNT OF CLAIM: Amount should be calculated using the average price of the high and low bid price of the commodity on the day you made demand for delivery or payment. Such prices may be obtained through the Market News Division of the Tennessee Department of Agriculture Mon.-Fri. between 8:00AM and 4:30PM at 1 (800) 342-8206.

\$ \$ + \$ = \$ (Amount owed to you (Amount owed to you for (Amount you owe the TOTAL Amount of grain sold) evidenced by debtor) evidenced by as storage obligations) Claim evidenced by documents documents pursuant to documents pursuant to pursuant to D. 1. a,b,c, **D.** 1. (e) D. 2. or d.

Price per commodity used to calculate amount of Claim:\_

## E. CERTIFICATION

THE UNDERSIGNED CERTIFIES THAT THE DEBTOR NAMED ABOVE is indebted to the Claimant in the amount shown, that there is no security for the debt other than that stated above or in an attachment to this form, that no unmatured interest is included, and that undersigned is authorized to make this claim.

DATE

YOUR SIGNATURE

SOCIAL SECURITY #

PRINT YOUR NAME