

**FARM PRODUCE INSURANCE AUTHORITY**  
**PO BOX 30017 – 525 W ALLEGAN**  
**LANSING, MI 48909**  
**PHONE: (517) 284-5642**  
**FAX: (517) 335-4540**

## GRAIN PRODUCER PREMIUM REFUND REQUEST

I am hereby requesting reimbursement of the two-tenths percent (.002) producer premium withheld from payment for farm produce which I sold. This request must be received or postmarked by first class mail to the Farm Produce Insurance Authority **not more than twelve (12) months after the premium was collected**. Refunds will be processed no later than 60 days after receipt of a completed form.

(PLEASE PRINT CLEARLY)

Producer's Name (Payee on settlement): \_\_\_\_\_

Producer's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone Number (including Area Code): \_\_\_\_\_

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ or Federal ID Number \_\_\_\_\_

**(A Social Security or federal ID number must be supplied under IRC6109 for the purpose filing IRS form 1099.)**

Dates Premium Collected	Purchaser (Elevator or Company Collecting Premium) List each separately. Use reverse side if more space is needed.	Amount Withheld
	Name: Branch: _____ City: _____ County: _____	\$
	Name: Branch: _____ City: _____ County: _____	\$
Total From Reverse Side		\$
<b>TOTAL REFUND REQUESTED</b>		<b>\$</b>

I am enclosing a copy of the settlement sheets or other documentation showing: the amount of GRAIN SOLD and that the two-tenths percent (.002) was withheld.

I certify, under penalties by law, that the producer requesting this refund paid the premium for which a refund is sought, the information in this request is not false or fraudulent, and a request has not been previously submitted, nor a refund received, on the grain to which this refund refers.

A producer that requests and receives a Premium Refund forgoes protection or compensation from the Farm Produce Insurance Program on any and all grain. Re-entry information will be mailed with refund checks.

This form may be reproduced as needed.

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Have you:

- Completed this form
- Attached copies of settlement sheets or other documentation
- Is Power of Attorney on file for a landlord?    on file    attached

Date(s) Premium Collected	Purchaser (Elevator or Company Collecting Premium) List each separately. Use reverse side if more space is <i>needed</i> .	Amount Withheld
	Name: Branch: City: County:	
TOTAL OF THIS PAGE <i>Enter Total on the front side of form</i>		