



Farm Produce Insurance Authority

PO Box 30017, Lansing, MI 48909

December 19, 2014

Jamie Clover-Adams,
Chair
Michigan Department of
Agriculture & Rural
Development

To Whom It May Concern:

**Representing
Corn Producers:**
Scott Miller, Vice Chair
Elsie, MI

Based upon a review of the Lapeer Grain Co. Inc.'s books and records, your name has been listed as a potential holder of a scale ticket, a price later agreement, or a contract for farm produce that has not been paid in full. Please disregard this notice if you do not have a current farm produce claim against Lapeer Grain.

**Representing
Soybean Producers:**
Benjamin Chaffin
Thaca, MI

The Farm Produce Insurance Authority (Authority) is currently in the process of taking claims for grain delivered to Lapeer Grain and not paid for. Please fill out the enclosed documents if you have such a claim. The enclosed claim form and copies of your documents will provide verification of your claim. Please do not submit your original documents, rather a good quality photocopy. For more claim forms, copies of the Act, or other related information, please go to www.Michigan.gov/graindealers. The Authority will determine the eligibility of each claim submitted in accordance with the Farm Produce Insurance Act, 2003 PA 198, as amended, MCL 285.311 et seq.

**Representing
Agricultural Lenders:**
Steven Klumper,
Treasurer
Williamston, MI

The Authority is requesting that claimants file their claims within the next 30 days in order to expedite approval and payments of claims. Lapeer Grain continues to make some payments to producers. In the event you receive payment from Lapeer Grain prior to payment of your claim by the Authority, your claim amount will be reduced by the amount you receive from Lapeer Grain.

**Representing
General Farm Interests:**
Paul Koeman
Hamilton, MI

Please submit your signed claim form and copies of your documents and return to the address on the claim form by January 20, 2015, so that the Authority may verify claims and set up a meeting soon after to review the submitted claims. If you have any questions, please contact me by phone at (517) 284-5642 or by email at haarerj@Michigan.gov.

Matthew Frostic,
Pleegate, MI

Aron Somers
Henderson, MI

**Representing
Dry Bean Producers:**
Greg Ackerman
Assar, MI

Sincerely,

**Representing
Wheat Producers:**
Mark Metz
A, MI

Jeff G. Haarer, JD, CPA
Producer Security and Ag Products Manager

**Representing
Wheat Licensees:**
James Howe
Ankenmuth, MI

Non-voting member

AGENCY USE ONLY
CLAIM # _____



Farm Produce Insurance Authority

PO Box 30017 - 525 W Allegan Street
 Lansing, MI 48909
 Phone: (517) 284-5642
 FAX: (517) 335-4540

STATEMENT OF PROOF OF LOSS

Grain Dealer: _____

I, _____

Print name clearly

state that the following statements are true and complete to the best of my knowledge.

1. I am: *(please check one)* the owner an officer a partner an agent

Hereinafter "Claimant":

Claimant's Name: *(please print)* _____

Claimant's Address: _____

Claimant's City _____ State _____ ZIP Code _____

Claimant's Telephone Number: *(including area code)* _____

Claimant's Social Security Number _____ - _____ - _____

or Federal Tax I.D. Number: _____

I am filing with the Farm Produce Insurance Authority this statement of Proof of Loss. I have full personal knowledge of facts and matters set forth in this statement of Proof of Loss and all of the same are true.

2. The Claimant is entitled to and hereby claims the following for farm produce stored or sold by the Licensee.

A. WAREHOUSE RECEIPT & GRAIN BANK

Date of Delivery	Warehouse Receipt No.	Settlement or Scale Ticket Number	Type of Grain	Total of Bushels/cwt	Comment

B. PRICE LATER AGREEMENTS

Date of Delivery	Price Later Agreement No.	Type of Farm Produce	Net Bushels/cwt	Scale Ticket Number	Comment

C. SOLD FARM PRODUCE

Net Bushels/cwt	Date Issued	Settlement Sheet or Ticket No.	Type of Farm Produce	Amount of Check
TOTAL				

D. AMOUNT YOU OWE GRAIN DEALER:	\$
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3. Claimant has not received the above claimed farm produce nor been paid for the above claimed amount and demand was made this day upon the Licensee for the above amount by filing of this claim and such demand was denied.
4. Claimant hereby demands payment for the above claimed farm produce.
5. I have attached copies of all pertinent evidence which I have, and such evidence is incorporated into this document.
6. Is there a lien on this farm produce? _____ If so, please state name and address of lienholder:

Date: _____ Signed: _____

AGENCY USE ONLY	
The total amount due Claimant is:	
A. Warehouse Receipt	\$
B. Price Later Agreement	\$
C. Sold Farm Produce	\$
TOTAL	\$