



Farm Produce Insurance Authority

PO Box 30017, Lansing, MI 48909

FPIF #1 (Rev.11/17)
AOBJ 3330

ASSESSMENT QUARTERLY REPORT AND REMITTANCE

This report must be completed and returned even if no grain purchases were made.

The Farm Produce Insurance Fund (2003, PA 198) is established for the purpose of providing money to pay producers for farm produce losses incurred due to a failure of a grain buyer.

Buyers shall deduct these assessments from the net sales price and shall remit to the Farm Produce Insurance Authority. The assessments, as defined in Section 10, shall be calculated using the net sales price of the grain including all discounts for moisture, quality, variety, or any other characteristic of the farm produce and after the deduction of marketing assessments, storage, drying, cleaning, or any usual customary charges of the sale of farm produce.

When purchasing grain, a buyer shall deduct the assessments from the producer's net payment, document the producer's premium, and submit the assessments collected in the following period and mail by the due dates as listed below.

Check appropriate box to indicate quarter and write year in which quarter falls in the space provided.

- Year due APRIL 30 for assessments collected in January-February-March
Year due JULY 31 for assessments collected in April-May-June
Year due OCTOBER 31 for assessments collected in July-August-September
Year due JANUARY 31 for assessments collected in October-November-December

Company or Buyer's Name: Federal ID No.:

Address:

City: State: Zip Code: County:

Telephone No. with Area Code: Email:

FAX No. with Area Code: Check No.:

Calculation of assessments collected from producer for:

Table with 2 columns: MONTH, DOLLAR AMOUNT OF PURCHASES. Rows include Month 1, Month 2, Month 3, Quarterly Total Purchases, Quarterly Assessment Rate (0.00015), and Assessment to be Remitted.

COMPLETE REVERSE SIDE (Signature Required)

For a copy of this form, other forms, and other information related to the Farm Produce Insurance Fund and the Grain Dealers Act, please visit our website at www.michigan.gov/graindealers.

If this report includes multiple branches, list the facilities below.

| Date(s)<br>Assessments<br>Collected | Purchaser (elevator or company collecting administrative assessments)<br>List each separately | Amount Withheld |
|-------------------------------------|---|-----------------|
|                                     | Name: _____ Branch: _____<br>City: _____ County: _____  | \$ _____        |
|                                     | Name: _____ Branch: _____<br>City: _____ County: _____  | \$ _____        |
|                                     | Name: _____ Branch: _____<br>City: _____ County: _____  | \$ _____        |
|                                     | Name: _____ Branch: _____<br>City: _____ County: _____  | \$ _____        |
|                                     | Name: _____ Branch: _____<br>City: _____ County: _____  | \$ _____        |
|                                     | Name: _____ Branch: _____<br>City: _____ County: _____  | \$ _____        |
|                                     | Name: _____ Branch: _____<br>City: _____ County: _____  | \$ _____        |
|                                     | Name: _____ Branch: _____<br>City: _____ County: _____  | \$ _____        |
|                                     | Name: _____ Branch: _____<br>City: _____ County: _____  | \$ _____        |
|                                     | Name: _____ Branch: _____<br>City: _____ County: _____  | \$ _____        |
|                                     | Name: _____ Branch: _____<br>City: _____ County: _____  | \$ _____        |
|                                     | Name: _____ Branch: _____<br>City: _____ County: _____  | \$ _____        |
|                                     | Name: _____ Branch: _____<br>City: _____ County: _____  | \$ _____        |
|                                     | Name: _____ Branch: _____<br>City: _____ County: _____  | \$ _____        |
|                                     | <b>TOTAL of Page 2</b><br><b>(Enter on Page 1)</b>  | \$ _____        |

How was the assessments collection documented (e.g., settlement sheet, check register, journal, etc.)? \_\_\_\_\_

**IF PAYMENT IS OWED**, please make a copy of this form for your records and submit the original form with a check for the total amount due made payable to:

Farm Produce Insurance Authority  
PO Box 674704  
Detroit MI 48267-4704

**IF NO PAYMENT IS OWED**, please enter zeroes in the appropriate spaces and submit via one of the following:

Email: MDARD-GrainDealers@michigan.gov  
Fax: 517-763-0500  
Mail: Jeff Haarer, Producer Security Services  
Farm Produce Insurance Authority  
PO Box 30017  
Lansing MI 48909-7517

**Please submit the original and retain a copy for your files.**

I, the undersigned, declare this report has been examined by me and to my best knowledge is true, correct, and complete.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_