



Farm Produce Insurance Authority

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

**SUBROGATION AND ASSIGNMENT OF CLAIM
FOR FARM PRODUCE**

This undertaking is entered into this _____ day of _____, 20__,
by _____ (hereinafter referred to as the “Claimant”), in favor of
the Farm Produce Insurance Authority (hereinafter referred to as the “Authority”).

The Claimant has filed a claim with the Authority, as provided in Section 15 of 2003, PA 198, to collect from the Farm Produce Insurance Fund for settlement due from Lapeer Grain Company (hereinafter collectively and individually referred to as the “Debtor”) for farm produce delivered to the Debtor and which, upon demand of the Claimant, have not been returned nor settlement received for the value thereof. The farm produce that are the subject to the claim are more specifically described on the claim forms attached to this agreement and made a part of this agreement (Claim). The total value of the claim submitted by the Claimant to the Authority is _____.

In consideration of the sum of _____, which Claimant accepts as full and final satisfaction of the obligations of the Authority to Claimant in connection with the Claim, paid to the Claimant by the Authority from the Farm Produce Insurance Fund, the Claimant does hereby subrogate and assign to the Authority all right and title in any claim for the recovery of said farm produce, or value thereof, with any state or federal court or agency, or any other person or entity having jurisdiction over the assets of the Debtor.

The Claimant herein certifies that any court, agency, person, or entity authorized to make settlement to creditors from the assets of the Debtor, or from other moneys pledged to cover unsettled agricultural commodity claims against the Debtor, has been notified of the subrogation and assignment to the Authority of said Claimant’s claim against the Debtor.

Claimant further certifies that there are no liens, mortgages, or other encumbrances outstanding against any commodity listed herein that have not been disclosed to the Authority and to the Debtor.

The undersigned certifies that he/she has the full and proper authority to bind Claimant to the terms herein.

Claimant: _____

Social Security #: _____ State of Michigan, County of _____

Before me, a notary public in and for said County and State, this _____ day of _____, 20__,
personally appeared _____ and _____

as Claimant(s) who swore to the truth of the above and foregoing Subrogation and Assignment to be their free and voluntary act and deed.

Signature: _____	PLACE STAMP HERE
Notary Public: _____	
My Commission Expires: _____	