



Indiana Grain Indemnity Corporation

One North Capitol Avenue, Suite 600

Indianapolis, IN 46204

Phone: (317) 232-1360

Grain Producer Premium Refund Request

I am hereby requesting reimbursement of the two-tenths percent (0.2%) producer premium withheld from payment for grain which I sold. This request must be made in writing and hand delivered or sent by first class mail to the Indiana Grain Indemnity Corporation Board not more than twelve (12) months after the premium was collected. (See IC 26-4-5-1) Refunds will be processed within sixty (60) days of refund request.

A producer that requests and receives a Producer Premium Refund is not protected on any commodity by any first purchaser and will not be compensated by the Indiana Grain Indemnity Program. (See IC 26-4-5-1)

Producer's Name (Payee on settlement): _____

Producer's Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone (including Area Code): (_____) _____

Email: _____

Last 4 Digits of Social Security Number or Federal I.D. Number: _____

Date(s) Premium was collected	Purchaser (Elevator or Company collecting Premium) <i>List each separately, use reverse side if more space is needed.</i>	Amount Withheld
	Name: _____ Branch: _____ City: _____ County: _____	\$
	Name: _____ Branch: _____ City: _____ County: _____	\$
Total From Reverse Side		\$
<u>Total Refund Requested</u>		\$

Enclose a copy of the settlement sheet(s) or other documentation showing: *the amount of GRAIN SOLD; and that the two-tenths percent (0.2%) was withheld.*

Producer Signature: _____ Date: _____

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Date(s) Premium was collected	Purchaser (Elevator or Company collecting Premium) <i>List each separately, use reverse side if more space is needed.</i>	Amount Withheld
	Name: _____ Branch: _____ City: _____ County: _____	\$
	Name: _____ Branch: _____ City: _____ County: _____	\$
	Name: _____ Branch: _____ City: _____ County: _____	\$
	Name: _____ Branch: _____ City: _____ County: _____	\$
	Name: _____ Branch: _____ City: _____ County: _____	\$
	Name: _____ Branch: _____ City: _____ County: _____	\$
	Total of This Page <i>Enter Total on the Front Side of Form</i>	\$

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