

Compensation Claim for Crops Destroyed by Elk

PART A. To be completed by Owner			Claim # (MDA will fill this in):		
Owner Name:				Phone:	
Address:					
City:		State:		Zip:	
Was the crop covered by insurance?		Yes	No	If yes, policy number:	
Insurance agent:			Phone:		
Have you received compensation for these losses from any other source?		Yes	No	If yes, amount \$	
Loss 1					
County and Township/Range/Section where loss occurred:					
Description of damage and evidence leading claimant to believe damages were caused by elk:					
Date loss discovered:			Date loss reported:		
Name of approved agent notified:					

I have inspected the destroyed or damaged crop and find that the above described loss occurred, that the evidence indicates the crop was damaged or destroyed more probably than not by elk and that the above descriptions are accurate.

 Owner Signature

 Date

To be completed by the Minnesota Department of Agriculture

Claimant vendor #	
Claim total	
Less insurance or other compensation	
Amounts of previous claims paid during the current fiscal year	
Reasons why claim reimbursement is less than claim total	
Claim reimbursement	
Agent vendor number	Loc No:
Purchase order number	Loc No:

Signature, MDA

Date