

## Compensation Claim for Crops Destroyed by Elk

*The information provided on this claim form will be used to evaluate payment for damage from elk. A claimant is not legally required to provide MDA with the information requested, but only completed claim forms will be considered for approval. Data provided on compensation claims is available to relevant staff, the public through a data request, and may be shared upon court order or provided to the state or legislative auditor.*

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
If an insurance policy is in place, have you or will you file a claim for this loss?   Yes      No      Amount \$		
County, township, and 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 loss described above 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 \_\_\_\_\_

<b>PART B. To be completed by an approved agent</b>		Claim # (MDA will fill this in)
Claimant name		
Approved agent name		
Date reported		Date investigated
Evidence of elk (see instructions)		
Amount of loss		

I have inspected the destroyed or damaged crop and find that the loss described above occurred, that the evidence indicates that the damage was more probably than not by elk, and that the above descriptions are accurate. The information provided on this claim form will be used to evaluate payment for damage from elk.

Agent signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by the Minnesota Department of Agriculture**

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

Claimant supplier number

Purchase order number

Signature, MDA \_\_\_\_\_ Date \_\_\_\_\_