Indiana Grain Indemnity Corporation
One North Capitol Avenue, Suite 600
Indianapolis, IN 46204
Phone: (317) 232-1360

Petition to Reenter the Indiana Grain Indemnity Fund

(Please print clearly)

Producer's Name (Name for refund):
Producer's Address:
City, State & Zip:
Telephone Number (including Area Code):
Email:
Last 4 Digits of Social Security Number or Federal I.D. Number:

I acknowledge having received producer premium refunds from grain sold under the Indiana Grain Indemnity Program (IGIP). I am requesting the Indiana Grain Indemnity Corporation Board (Board) to approve my petition to reenter the IGIP.

For coverage under the IGIP to be effective, the Board must approve my reentry petition, and I am to pay all producer premiums received with interest at a rate determined by the Board. (*See* IC 26-4-5-2)

Producer's Signature:_____ Date:_____

This form is to be hand delivered or sent certified mail, return receipt requested **(do not fax or email)** to the Indiana Grain Indemnity Corporation. ***Do not send payment with this petition.*** You will be notified of the Board's decision and the amount to be paid. **Coverage will start upon receipt of all funds.**

Petitions for reentry into the (IGIP) are to be considered at the next scheduled Board meeting.

FOR OFFICE USE ONLY:

Board Action Approved: ☐ Disallowed: ☐ Date of Action: _____