



Kentucky Department of Agriculture

Kentucky Grain Insurance Fund Waiver to Opt-Out of Coverage Form

I am hereby requesting to Opt-Out of the Kentucky Grain Insurance Fund (KGIF). I fully understand that if I complete this form and either hand deliver or send by first class mail to the Kentucky Department of Agriculture to the above address that I forego any coverage by the KGIF and will NOT have a valid claim to any failed licensee within the Commonwealth of Kentucky. This form must be completed January of each year to Opt-Out of coverage for each calendar year. The form must be hand delivered or Post marked by first class mail no later than January 31st of each year. If the form is not received by KDA by January 31st of each year I understand that I am covered by the KGIF.

A producer that has completed this form and has met all deadlines shown will be eligible for refund of any Fund covered grain assessment collected by the KGIF if the fund becomes active during the current eligible year by completing a "Grain Producer Opt-Out Refund Request Form" along with documented evidence of grain delivered to a Kentucky licensed facility. (Ref. KRS 251.390)

Producer Name and/or Business Name: _____

Producer Address: _____

City: _____ State: _____ Zip code: _____

County: _____

E-mail: _____

Producer's Signature: _____

Date: ___/___/_____

If you have any questions feel free to contact KDA Grain Division at 502-573-0282.

