



**LOUISIANA DEPARTMENT of
AGRICULTURE & FORESTRY**

MIKE STRAIN, DVM *Commissioner*

On November 20, 2025, the Louisiana Department of Agriculture and Forestry's (LDAF) Louisiana Agricultural Commodities Commission (LACC) declared Hansen – Mueller Co. insolvent and approved opening the Grain and Cotton Indemnity Fund (GCIF) to ensure Louisiana producers are compensated.

In accordance with La. R.S. 3:3412.1(F), a producer shall be eligible to receive indemnity payments from the GCIF if the licensee, Hansen – Mueller Co., did not fully compensate the producer in accordance with a sale of agricultural commodities.

Claims for delivered and priced grain will be prioritized.

Please complete the attached Proof of Loss form and worksheet. The worksheet is designed to help you gather all necessary information and assist LDAF staff in verifying that you have submitted all required documentation. This worksheet should be submitted along with your Proof of Loss as supporting documentation.

To expedite the review process, kindly email your completed forms and supporting documentation to hmclaims@ldaf.state.la.us before mailing. The Department is also working to schedule an in-person claim documentation collection in the Tallulah area.

If you have any questions or concerns, please reach out to LDAF's Agro-Consumer Services (ACS) Office at 225-935-2164 or by email at hmclaims@ldaf.state.la.us.

5825 Florida Blvd., Baton Rouge, Louisiana 70806 | Telephone: (225) 922-1234 Fax: (225) 922-1253 LDAF.LA.GOV

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Suite 3000
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Fax: 923-4877

**Animal Health
& Food Safety**
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Fax: 923-4900

Forestry
Suite 6000
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Fax: 922-1356

**Management
& Finance**
Suite 1000
(225) 952-8143

**Soil & Water
Conservation**
Suite 7000
(225) 922-1269

Louisiana Agricultural Commodities Commission

PROOF OF LOSS

Self-Insurance Fund
Grain and Cotton Indemnity Fund

Submit Proof of Loss and Supporting Documentation to:

ATTN: Director

Louisiana Agricultural Commodities Commission

5825 Florida Boulevard, Suite 5000

Baton Rouge, LA 70806

Name, Address, Phone, E-mail of Claimant:	Name of Licensee Against Whom Claimant is Asserting a Loss: Hansen – Mueller Co. 2230 US – 80 East Tallulah, LA 71282
Description of the Nature of the Relationship Between Claimant and Licensee:	
Date of Loss:	Amount of Loss:
Concise Explanation of Circumstances that Precipitated Loss and How Amount of Loss was Calculated:	
ATTACH COPIES OF ANY DOCUMENTS RELIED UPON AS PROOF OF LOSS.	
STATE OF _____	
PARISH OF _____	
I attest that the information provided in this proof of loss and all supporting documentation is true and correct. I acknowledge that receipt of funds from the Grain and Cotton Indemnity Fund requires subrogation of claims I may have against the licensee in favor of the Louisiana Agricultural Commodities Commission pursuant to La. R.S. 3:3412.1(L). I understand that if I receive payment from the licensee following receipt of GCIF funds, I shall remit the payment to the Louisiana Department of Agriculture and Forestry to reimburse the Grain and Cotton Indemnity Fund.	
_____ Signature of Claimant or Authorized Representative	
_____ (print name of person signing)	
Sworn to and subscribed before me, Notary,	
this _____ day of _____, 20____.	
_____ _____ NOTARY PUBLIC (print name of notary)	
La. Bar Roll No. or Notary ID No. _____	

Claim for Loss on Contracts with Hansen-Mueller, Co. Worksheet

This worksheet should be submitted as supporting documentation with the Proof of Loss.

Name on Contract:	
Mailing Address	
Physical Address: (For Overnight Mail)	
Phone Number:	
Email and/or Fax:	

Total BU. Contracted	BU Delivered To H-M	BU Remaining on Contracts

H-M Contract Number	BU Delivered	BU Remaining	Delivery Period*	Price	Basis

*Use Abbreviations (JFM, AM, JJ, AS, OND) or final month of delivery period.