



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
MIKE STRAIN DVM, COMMISSIONER
Agricultural Commodities Division, 5825 Florida Blvd. Suite 5000, Baton Rouge, LA 70806, (225) 935-2164, FAX (225) 237-5645

SELF-INSURANCE FUND APPLICATION

Name of Applicant

Check ALL that apply:

- Warehouse (see worksheet for premium amount)
- Grain Dealer (\$500 premium)
- Cotton Merchant (\$500 premium)

I/We hereby apply for participation in the Agricultural Commodities Commission Self-Insurance Fund Program for licensed grain dealers, warehouses and cotton merchants as administered by the Louisiana Department of Agriculture and Forestry, Louisiana Agricultural Commodities Commission.

The required fee(s) of \$ _____ is/are enclosed with this application. I/We understand that the payment of said fees does not guarantee admission to said program and that if participation to said program is denied; the fee will be refunded on a pro-rata basis with the commission retaining a proportionate amount for any period which coverage was provided to the applicant.

I/We also understand that the commission may permit a licensee to provide other security in accordance with LA R.S. 3:3410(H), LA R.S. 3:3411(G) or LA R.S. 3:3411.1(C)(1).

SIGNATURE

DATE