



Proof of Yield Request Form

Requestor Company Name _____

Requestor _____

Date Requested _____

Email address _____

Information requested Crop/Crop year or all years _____

United Cooperative Customer Number _____

United Cooperative Customer Name _____

Customer Address _____

I hereby authorize United Cooperative to provide the requested party crop information to be used for insurance purposes only.

Printed Name _____

Signature _____

Date _____