

Wisconsin Department of Agriculture, Trade and Consumer Protection 2811 Agriculture Drive, P.O. Box 8911 Madison, WI 53708-8911 (608) 224-4966 or (608) 224-4968

## **VEGETABLE CONTRACTOR DEFAULT CLAIM WAIVER**

(Authorized under Wis. Stat. § 126.70)

| STATE OF         |              | )          |                              |
|------------------|--------------|------------|------------------------------|
| COUNTY OF        |              | ) ss.<br>) |                              |
|                  |              |            |                              |
| Ι,               | (Print Name) |            | _, being first duly sworn on |
| oath state that: | ()           |            |                              |

1. I am a (producer)(producer agent)(authorized representative of a producer/producer agent)(circle one that applies) located at:

(Producer/Producer Agent mailing address)

2. I do certify to the department that I, or the principal I represent, have a greater than 50 percent ownership interest, or collectively with other persons, have a greater than 50 percent ownership interest, in

(Name of Producer/Producer Agent)

3. I do certify to the department that said producer/producer agent has a greater than 50 percent ownership interest, or collectively with other persons have a greater than 50 percent ownership interest, in

(Name of Vegetable Contractor)

4. Attached to and made part of this waiver are copies of true and accurate documents showing the ownership interests in the producer/producer agent and in the vegetable contractor, and documentation to show that I am authorized to sign this waiver on behalf of the producer/producer agent, all as required in Wis. Stat. §126.70(1)(c).

5. The producer/producer agent does hereby permanently waive the right to file a default claim under Wis. Stat. § 126.70 (1), against said vegetable contractor.

6. As a producer/producer agent/authorized representative of a producer/producer agent, I submit this waiver, as notification of the ownership interest of at least 50 percent in said producer/producer agent and said vegetable contractor, and acknowledge that, based on this permanent waiver, vegetables delivered to said vegetable contractor is, and will not be, included in said vegetable contractor's total vegetable contractor obligation for determination of filing annual financial statements required to be filed with the department under Wis. Stat. § 126.58 (1), and determination of assessment payments into the Wisconsin agricultural producer security fund established under Wis. Stat. § 25.463, and that payment for vegetables delivered by producer/producer agent to said vegetable contractor will have no right to recovery of claims under Wis. Stat. ch. 126, Subchapter VII.

7. This waiver is to certify facts under which a vegetable is delivered by producer/producer agent to the above named vegetable contractor and producer/producer agent acknowledges that deliveries of vegetables from producer/producer agent to said vegetable contractor cannot participate in the agricultural producer security fund under Wis. Stat. ch. 126, Subchapter VI, or in recovery of claims under Wis. Stat. Subchapter VII.

8. The producer/producer agent has authorized the person signing this default claim waiver to execute this waiver. All statements contained in this waiver are true, correct and accurate. The producer/producer agent and the authorized person signing this waiver fully understand that if any statement contained in this waiver is not true, correct or accurate, or is false or misleading,the vegetable contractor and the authorized person signing this waiver may be in violation of Wis. Stat. § 126.64, and subject to the provisions of Wis. Stat. ch. 126, Subchapter VIII.

|               |                                       | (Signature of Authorized Person) |  |
|---------------|---------------------------------------|----------------------------------|--|
|               |                                       | (Title)                          |  |
|               |                                       | (Street Address)                 |  |
|               |                                       | (City/State)                     |  |
| Signed and sv | vorn to (or affirmed) before me on    |                                  |  |
| C             | · · · · · · · · · · · · · · · · · · · | (Date)                           |  |
|               | (Signature of Notary Public)          | (Print Name of Notary)           |  |
| [SEAL]        | Notary Public, State of               |                                  |  |
|               | My commission (is permanent) (exp     | pires):                          |  |