



Pilot Ginseng Grower Program Crop Loss Reporting

Kentucky Department of Agriculture



KENTUCKY
DEPARTMENT OF
AGRICULTURE

Plant Marketing Division – Ginseng Program • 111 Corporate Drive, Frankfort, KY 40601 • (502) 573-0282

This template outlines details you should maintain in your records. You may use this template or your own method of recording details. Regardless of the method used, these records must be maintained in your files for at least ten (10) years. You may submit records to KDA for placement in your grower file voluntarily.

Registration Year 20 _____

Grower Information

Grower Name _____ Ginseng Grower Number _____ K Y _____

Company Name _____ ☐ Mailing address is my business address.

Mailing Address _____

City _____ State _____ Zip _____

If your mailing address is a P.O. Box, please provide a street address. If the physical address differs from the address listed on your photo identification, please indicate why: ☐ This is my business address. ☐ Other: _____

Physical Address _____

City _____ State _____ Zip _____

Phone () - _____ Alternate Phone () - _____ Fax () - _____

Grower Signature ☒ _____ Date _____

Crop Loss Reporting

1. Due to Natural Disaster:

☐ Weather

☐ Drought

☐ Freeze

☐ Hail

☐ Wind

☐ Excessive moisture

☐ Excessive heat

☐ Weather Event

☐ Earthquake

☐ Flood

☐ Tornado

☐ Other (Please specify): _____

Date(s) of weather activity causing damage: _____

2. Due to Disease:

☐ Alternaria leaf blight

☐ Root Rot

☐ Phytophthora

☐ Other: _____

☐ Damping-off:

☐ Pythium

☐ Phytophthora

☐ Fusarium

a. Did you have the disease diagnosed? ☐ Yes ☐ No

i. If yes, please attach any laboratory or diagnostic documentation and corresponding photos.

b. Age of plants affected by disease: _____

3. Due to Pest Destruction:

☐ mice ☐ moles ☐ voles ☐ deer browse ☐ turkey ☐ other:

4. To Due Theft:

a. Did you file a police report related to this theft? ----- ☐ Yes ☐ No

b. Did you complete an insurance report related to this theft? ----- ☐ Yes ☐ No

c. Do you have cameras documenting the theft? ----- ☐ Yes ☐ No

d. List the date(s) theft occurred: _____

e. Please attach any supplemental documentation relating to the theft.