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**U.S. DEPARTMENT OF AGRICULTURE  
WASHINGTON, D.C. 20250**

<b>FEDERAL CROP INSURANCE CORPORATION DIRECTIVE</b>		<b>NUMBER: 24040</b>
<b>SUBJECT:</b>  <b>DOCUMENTS STANDARDS HANDBOOK (DSH)</b>	<b>DATE:</b> <b>July 1998</b>	
	<b>OPI:</b> <b>Product Development Division</b>	
	<b>APPROVED:</b> <b>Deputy Administrator, Research &amp; Development</b>	

**1 PURPOSE**

This directive provides submission requirements and document standards established by the Federal Crop Insurance Corporation for the administration of the Multiple Peril Crop Insurance (MPCI) program, in accordance with the Standard Reinsurance Agreement (SRA) and the Federal Crop Insurance Act.

**2 SPECIAL INSTRUCTIONS**

- A This directive is effective on the date issued and will remain in effect until superseded or slipsheeted.
- B FCIC will amend this directive as needed to revise or issue new guidelines and to include additional MPCI documents requiring FCIC approval.
- C Trade associations that service reinsured companies will be considered the same as companies for the purposes of this handbook.

**3 OPERATING POLICY**

- A Documents, described in this handbook, are required to contain all items identified as "Substantive." (See the exhibits contained in this directive for the items specific to individual documents.)
- B Any documents containing an interest rate for late premium payment cannot be higher than the rates stated in the Code of Federal Regulations (7 CFR § 401.8(d)).
- C Item entries for forms may be formatted as line entries, column headings, boxes, or blocks, as appropriate.
- D The Privacy Act Statement must be printed on the document or provided to the applicant/insured each time a document is signed that collects information for the applicant/insured.
- E All documents must be identified by an alpha and/or numeric document identification number.

- F All documents must bear the name and address of the company requesting approval of the document.
- G FCIC expects all documents to have the text printed with no less than an 8 point font sizes. This will assist the applicants/insureds in reading and understanding documents presented before them.
- H When combining documents into one document, the combined document must meet the applicable standards in place for each individual document.
- I All documents (except as described in J) developed by an insurance provider must be submitted for approval, including documents for which standards have not been established.
- J Administrative documents (not requiring the insured's signature) for internal company operations do not have to be submitted for approval.
- K Provisions in Section 9 must be followed when submitting documents to FCIC for approval.
- L These standards apply to all submissions prepared by persons, companies and/or trade associations. Trade associations may submit and receive approval of submissions on behalf of member companies. Submissions for FCIC approval must comply with these standards.
- M For answers to any questions regarding submission, standards, or the approval process contact the Product Development Division at (816) 926-7387.

#### **4 ABBREVIATIONS**

- APH Actual Production History
- CFR Code of Federal Regulations
- CIH Crop Insurance Handbook
- DSH Documents Standards Handbook
- EIN Employer Identification Number
- FSA Farm Service Agency
- FCIC Federal Crop Insurance Corporation
- FSN Farm Serial Number
- MPCI Multiple Peril Crop Insurance

RMA Risk Management Agency

SBI Substantial Beneficial Interest

SRA Standard Reinsurance Agreement

SSN Social Security Number

USC United States Code

USDA United States Department of Agriculture

**5 REPORTS (Reserved)**

**6 DOCUMENTS**

A This directive contains standards for the following MPCl documents.

- (1) Application
- (2) Application/Cancellation and Transfer
- (3) Application/Acreage Report
- (4) Acreage Report
- (5) Policy Change
- (6) Social Security Number (SSN) and Employer Identification Number (EIN) Reporting Form
- (7) Policy Confirmation and/or Schedule of Insurance
- (8) APH Production and Yield Report
- (9) Power of Attorney
- (10) Assignment of Indemnity
- (11) Request for Actuarial Change
- (12) Continuous Hail and Fire Exclusion Option Form
- (13) Request to Exclude Hail and Fire
- (14) Transfer of Right to an Indemnity
- (15) High Risk Land Exclusion Option

## (16) Production Certification Worksheet

- B Loss Adjustment and Underwriting Procedures and Forms not contained in the DSH are found in the Loss Adjustment Manual (LAM), Crop Handbooks, and the Crop Insurance Handbook (CIH). These handbooks are the standards for those documents.
- C Policies, Options and Endorsements issued by FCIC are the standards that companies must meet.

**7 DEFINITIONS**

- A The Act - The Federal Crop Insurance Act, as amended.
- B Agent - means an individual licensed by the State in which the agent does business under contract with a Company, its managing general agent, or any other entity, to sell and service eligible crop insurance contracts.
- C Applicant - Any individual or legal entity applying for multiple peril crop insurance.
- D Approval - means that the company is authorized to begin using the documents in its operation.
- E Authorized Representative - Any person authorized by the insured to conduct crop insurance business on the insured's behalf.
- F Disapproval - means that the documents are not approved for use by the company.
- G Document - means policies, endorsements, forms, procedures, and other material, used for the purpose of administering the MPCl crop insurance program and which require approval in accordance with the Standard Reinsurance Agreement.
- H Insurance Provider - A company reinsured by FCIC providing crop insurance coverage to producers participating in any Federal crop insurance program administered under the Federal Crop Insurance Reform Act of 1994.
- I Non-substantive - A term used by FCIC informing the company that the recommended change(s) to a document may be made at company's discretion.
- J Substantive - A term used by FCIC informing the company that the specified change(s) to a document must be made before approval will be effective.

## 8 RESPONSIBILITIES

A FCIC's Product Development Division will:

- (1) Establish minimum standards for documents and issue to all affected parties.
- (2) Review all document submissions and identify substantive changes (required for approval) which companies must make prior to document approval by FCIC and their use in program delivery.
- (3) Approve and disapprove documents by giving notification in writing.
- (4) Provide guidance and clarification as needed regarding document standards.
- (5) Maintain DSH (update existing standards, develop new standards, incorporate recommended changes, etc.).

B Companies will:

- (1) Develop documents and procedures in accordance with existing FCIC standards.
- (2) Submit documents, document completion instructions, and applicable computation results of documents to FCIC's Product Development Division for approval prior to issuing documents.

## 9 SUBMISSION REQUIREMENTS

The Company must submit for FCIC's approval all forms incorporated by reference into the eligible crop insurance contracts reinsured under the SRA. Any such forms must not be used by the Company until approved or otherwise authorized in writing by FCIC.

A What to submit:

- (1) Two full sets of any documents requiring approval. Include both the front and back when information is contained on the reverse side (e.g., Privacy Act Statement) of any document.
  - (a) A transmittal memorandum which lists the documents submitted and their intended use.
  - (b) All documents used to administer the FCIC-approved policy provisions, standards, and procedures for the determination of premiums, liability, indemnities, eligibility for insurance,

special endorsements, amendments, exclusion documents, coverage determination documents, etc.

- (c) All instructions that will be utilized for documents completion. Indicate whether documents will be computer generated or will be typeset and printed for distribution. Do not submit blank documents only. Include examples of completed documents. Document completion instructions for documents involving multiple crops (such as acreage report form completion instructions) will not require the submission of completed examples for each crop. The company will be notified when any additional examples are required.
- (d) Examples and any explanations of the calculation process for any document used to compute the premium, liability and/or indemnities. FCIC approved rounding rules must be utilized.

- (2) Any documents previously approved that are revised by the company in **ANY** manner, or that FCIC determines must be revised. In addition to the requirements specified in (1), the company must submit an outline identifying the specific revision(s) made.

**B** Do not submit:

Internal company documents, administrative instructions and/or letters that do not affect the FCIC approved policy provisions or procedures.

**C** When to submit:

Send all submissions to FCIC at least 90 days prior to use. For example, an application for insurance must be submitted at least 90 days prior to the beginning of formal training on its use in sales for the crop year.

Loss adjustment procedures, documents, instructions, etc., must be submitted at least 90 days prior to the earlier of (1) the earliest date insurance could attach (e.g., corn planting in February in southern states) or (2) the beginning of formal training on their use in loss adjustment.

**D** Submit to:

- (1) Federal Crop Insurance Corporation  
Research and Development  
Attention: Product Development Division  
P.O. Box 419293  
Kansas City, Missouri 64141

- (2) Courtesy copy of the transmittal memo only to:



Federal Crop Insurance Corporation  
Attention: Reinsurance Services Division  
14th and Independence Avenue, SW  
Washington, D.C. 20250

E Quality of documents submitted

All documents must be edited, spell checked, in final form, and conform to any standards issued by FCIC. FCIC WILL NOT SPECIFICALLY REVIEW DOCUMENTS FOR SPELLING, GRAMMAR, PUNCTUATION, FORMAT, ETC. FAXED COPIES ARE GENERALLY NOT ACCEPTABLE FOR REVIEW PURPOSES.

**10 APPROVAL**

The Product Development Division will review all documents. FCIC will identify comments and/or changes in narrative form, or in red ink on the actual submission. FCIC will identify any "S" substantive and "NS" non-substantive changes.

The Product Development Division will issue a letter of approval, disapproval or conditional approval. Disapproval of documents will be accompanied with an explanation of why the documents were not approved. The company will have the opportunity to make the applicable corrections and resubmit for approval. Conditional approvals will require the substantive changes and final version of the form to be resubmitted to FCIC within thirty (30) days or the approval is voided.

Courtesy copies of document review determinations will be provided to the Reinsurance Services Division and the Deputy Administrator for Compliance.

Reserved

**DOCUMENTS STANDARDS HANDBOOK  
EXHIBITS**

Reserved

**APPLICATION FOR INSURANCE STATEMENT**

“Subject to the provisions of the Federal Crop Insurance Act and the regulations issued under that Act, I hereby apply for insurance on my share of the crops as specified below for the crop year. I understand that my share of all the crop grown on insurable land in the county (or state if the all county option question is marked “yes”) as of the acreage reporting date must be insured. I also understand that the location of land which is not insurable, premium rates, applicable deadlines, and production guarantees or amounts of insurance are on file and available for my inspection in my agent’s office. I further understand that no insurance will be available on a crop unless this application is completed and filed prior to the sales closing date for the crop. I also further understand that, although insurance under this application is continuous from year to year, policy terms, premium rates, production guarantees or amounts of insurance, and price elections may change from year to year. All changes will be available in my agent’s office prior to the contract change date.”

**CONDITIONS OF ACCEPTANCE STATEMENTS**

**CONDITIONS OF ACCEPTANCE:** This application is accepted and insurance attaches in accordance with the policy unless: (1) The Federal Crop Insurance Corporation determines that, in accordance with the regulations, the risk is excessive; (2) any material fact is omitted, concealed or misrepresented in this application or in the submission of this application; (3) you have failed to provide complete and accurate information required by this application; (4) the answer to any of the following questions is "yes." An answer of yes to these questions does not automatically result in rejection of the application. For example, if you answer yes to question (a) but your debt was discharged in bankruptcy, the application would not be rejected.

Yes No

- \_\_\_ \_\_\_ (a) Are you now indebted, and the debt is delinquent, for crop insurance coverage under the Federal Crop Insurance Act?
- \_\_\_ \_\_\_ (b) Have you in the last five years been convicted under federal or state law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance?
- \_\_\_ \_\_\_ (c) Have you ever had crop insurance terminated for violation of the terms of the contract or regulations, or for failure to pay your indebtedness?
- \_\_\_ \_\_\_ (d) Are you disqualified or debarred under the Federal Crop Insurance Act, or the regulations of the Federal Crop Insurance Corporation or the United States Department of Agriculture?
- \_\_\_ \_\_\_ (e) Have you ever entered into an agreement with the Federal Crop Insurance Corporation or with the Department of Justice that you would refrain from participating in the crop insurance program and that agreement is still effective?
- \_\_\_ \_\_\_ (f) Do you have like insurance on any of the above crops?

I understand that if coverage for any crop is currently terminated or would have subsequently terminated for indebtedness had this application been filed after the termination date, no coverage can be provided and I am ineligible for any benefits under the Federal Crop Insurance Act until the cause for termination is corrected.

We will notify you of rejection by depositing notification in the United States mail, postage paid, to the applicant's address. Unless rejected or the sales closing date has passed at the time you signed this application, insurance shall be in effect for the crops and crop years specified and shall continue for each succeeding crop year, unless otherwise specified in the policy, until canceled, terminated or voided. The insurance contract, which includes the accepted application, is defined in the regulation published at 7 CFR chapter IV. No term or condition of the contract shall be waived or changed unless such waiver or change is expressly allowed by the contract and is in writing.

## REINSURANCE STATEMENT

"This insurance policy is reinsured by the Federal Crop Insurance Corporation(FCIC) under the provisions of the Federal Crop Insurance Act, as amended (7 U.S.C. 1501 et seq.)(Act). All provisions of the policy and rights and responsibilities of the parties are specifically subject to the Act. The provisions of the policy are published in the Federal Register and codified in chapter IV of title 7 of the Code of Federal Regulations (CFR) under the Federal Register Act (44 U.S.C. 1501 et seq.), and may not be waived or varied in any way by the crop insurance agent or any other agent or employee of FCIC or the company. In the event we cannot pay your loss, your claim will be settled in accordance with the provisions of this policy and paid by FCIC. No state guarantee fund will be liable for your loss.

Through out this policy, "you" and "your" refer to the named insured shown on the accepted application and "we," "us," and "our" refer to the insurance company providing insurance. Unless the context indicates otherwise, use of the plural form of a word includes the singular and use of the singular form of the word includes the plural."

**FALSE CLAIM STATEMENT**

“The information I have furnished on this form is complete and accurate. I understand that any false or inaccurate information may result in the sanctions outlined in my policy and administrative, civil, and criminal sanctions under 18 U.S.C. §§1006 and 1014, 7 U.S.C. § 1506, 31 U.S.C. §§ 3729 and 3730 and other federal statutes.”



**ACREAGE REPORT  
CERTIFICATION STATEMENT**

"I submit this report as required for the above identified MPCl or alternative policy and certify that to the best of my knowledge and belief the information is correct and includes my entire interest in all acreage of the reported crops planted in the county(ies) and that of all sharecroppers, if any, in any crops insured under my policy."

**COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)**

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act, (7 U.S.C. 1501 et seq.) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Federal Crop Insurance Act (7 U.S.C. 1506), and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

The balance of the information requested is necessary for the insurance company and FCIC to process this form to: provide insurance; provide reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The information furnished on this form will be used by Federal agencies, FCIC employees, insurance companies, and contractors who require such information in the performance of their duties. The information may be furnished to: FCIC contract agencies, employees and loss adjusters; reinsured companies; other agencies within the United States Department of Agriculture; The Department of Treasury including the Internal Revenue Service; the Department of Justice, or other Federal or State law enforcement agencies; credit reporting agencies and collection agencies; other Federal agencies as requested in computer matching programs; and in response to judicial orders in the course of litigation. The information may also be furnished to congressional representatives and senators making inquiries on your behalf. Furnishing the information required by this form is voluntary; however, failure to report the correct and complete information requested may result in rejection of this form; rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; and a unilateral determination of any monetary amounts due.

**NONDISCRIMINATION STATEMENT**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th & Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

**APPLICATION FORM****1 APPLICANT INFORMATION**

- A "Applicant's Name" (Substantive)
- B "Applicant's Authorized Representative" (Substantive)
- C "Street or Mailing Address" (Substantive)
- D "City and State" (Substantive)
- E "Zip Code" (Substantive)
- F "Applicant's Telephone Number" (Substantive)
- G "State and County" (Substantive)

**NOTE: The entry for "State and County" must be the state and county name where insurance attaches. Form-completion procedures must provide this information.**

**An optional question is allowed on the application that permits an applicant to apply for coverage of all crops listed on the application to any unlisted county. If companies elect to include the optional question on the application, the following format is "Substantive".**

**"( ) YES ( ) NO I REQUEST INSURANCE COVERAGE FOR MY SHARE OF ALL CROPS SPECIFIED BELOW (IN ALL COUNTIES or IN ALL COUNTIES WITHIN THE STATE) EXCLUDING CATEGORY C CROPS, PERENNIALS." (Insert one of the above underlined).**

**Guidelines to administer this option are found in the 18010 Crop Insurance Handbook, Section 4.**

- H "State and County Codes" (Non-substantive)
- I "Policy Number" (Substantive)
- J "Tax Identification Number and type of Tax Identification Number" (Substantive)

**NOTE: Form-completion procedures must provide instructions to enter the appropriate identification number and identify the type of number as illustrated in (1) or (2) below or something consistent with this:**

(1) "SSN/EIN/Other (Circle One):" \_\_\_\_\_

(2) " G SSN G EIN G Other (Check One):" \_\_\_\_\_

K "Type of Entity: \_\_\_\_\_" (Substantive)

**NOTE: Form-completion procedures must provide instructions to enter the specific entity type, not entity code (i.e., partnership; trust; individual; joint-interest; corporation; etc.) This entry is verified for accuracy during applicable FCIC and insurance providers review and at loss adjustment time. Insurance providers are required to electronically transmit the type of entity code, as defined in the M-13 Handbook, to FCIC.**

L "Is applicant at least 18 years old? Yes \_\_\_ No \_\_\_" (Substantive)

## 2 CROP INFORMATION

A "Effective Crop Year" (Substantive)

B "Name of Crop" (Substantive)

C "Options" or "Optional Coverage" (Substantive)

D "Type, Class, Etc." (Substantive)

E "Price Election or Amount of Insurance" (Substantive)

F "Level Election" or "Coverage Level" (Substantive)

G "Estimated Acres" (Non-substantive)

H "Estimated Premium" (Non-substantive)

I "Plan of Insurance" (Substantive)

## 3 OTHER INFORMATION AND SIGNATURES

A "Name of previous carrier (if any) \_\_\_\_\_" (Substantive)

B "Policy Number under previous carrier (if any) \_\_\_\_\_" (Substantive)

C Certification statement above applicant's signature line: (Substantive)

"I certify that the information and answers on this application are correct to my knowledge and belief; that none of the reasons for rejection in items 1 through 4 of the 'Conditions of Acceptance' apply; and that I am aware of and understand the requirements of the Collection of Information and

Data (Privacy Act), as well as all other provisions contained on this application.”

- D "Applicant's Signature" (Substantive)
- E "Date" (of applicant's signature) (Substantive)
- F "Agent/Representative Signature" (Substantive)
- G "Agent/Representative Code Number" (Substantive)
- H "Agent/Representative Address\_\_\_\_\_ " (Substantive)
- I "Agent/Representative Telephone Number\_\_\_\_\_ " (Substantive)
- J "Location of Farm Headquarters\_\_\_\_\_ " (Non-substantive)
- K "Page\_\_\_\_of\_\_\_\_\_" (Substantive)
- L "List all persons or entities with 10 percent or more interest in the applicant." (See reverse side for additional space.)

Required Information: (Substantive)

1. Name
2. Address
3. Phone
4. Enter Code and Number  
S=SSN/E=EIN/O=OTHER
5. Entity Type”

- M "Insurance provider's Name and Address" (Substantive)
- N "Form Identification Number (alpha and/or numeric)" (Substantive)
- O "Form Title" (Substantive)

#### **4 REQUIRED STATEMENTS**

- A Application for Insurance Statement. See Exhibit 1. (Substantive)
- B Conditions of Acceptance Statements. See Exhibit 2. (Substantive)
- C Reinsurance Statement. See Exhibit 3. (Substantive)
- D False Claim Statement. See Exhibit 4. (Substantive)
- E Privacy Act Statement See Exhibit 6. (Substantive)

- (1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of applicant/policyholder on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

- (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974."  
(Substantive)

F Nondiscrimination Statement. See Exhibit 7. (Substantive)

5 (RESERVED)

**APPLICATION/CANCELLATION AND TRANSFER FORM****1 GENERAL INFORMATION**

This form must be designed and/or have explicit forms-completion procedures which provide that the applicant's/insured's original signature is on the application portion that is retained by the assuming insurance provider. Likewise, the form must be designed and/or have explicit forms-completion procedures which provide that the original applicant's/insured's signature is obtained on the cancellation/transfer portion which is sent to the ceding insurance provider. The form should be designed to allow all application information to carbon through to the page containing the cancellation/transfer portion that will be sent to the ceding insurance provider. (A four-part form is suggested to accomplish the preceding requirement.) (Substantive)

**2 APPLICANT INFORMATION**

- A "Applicant's Name" (Substantive)
- B "Applicant's Authorized Representative" (Substantive)
- C "Street or Mailing Address" (Substantive)
- D "City and State" (Substantive)
- E "Zip Code" (Substantive)
- F "Applicant's Telephone Number" (Substantive)
- G "State and County" (Substantive)

**NOTE: The entry for the "State and County" must be the state name and county name where insurance attaches. Form-completion procedures must provide this information.**

**An optional question is allowed on the application that permits an applicant to apply for coverage of all crops listed on the application to any unlisted county. If companies elect to include the optional question on the application, the following format is "Substantive".**

**"( ) YES ( ) NO I REQUEST INSURANCE COVERAGE FOR MY SHARE OF ALL CROPS SPECIFIED BELOW (IN ALL COUNTIES or IN ALL COUNTIES WITHIN THE STATE) EXCLUDING CATEGORY C CROPS, PERENNIALS." (Insert one of the above underlined).**

**Guidelines to administer this option are found in the 18010 Crop Insurance Handbook, Section 4.**



- H "Policy Number" (Substantive)
- I "Tax Identification Number" and type of Tax Identification Number (Substantive)

**NOTE: Form-completion procedures must provide instructions to enter the appropriate identification number and identify the type of number as illustrated in (1) or (2) below or something consistent with this:**

- (1) "SSN/EIN/Other (Circle One):" \_\_\_\_\_
- (2) "G SSN G EIN G Other (Check One):" \_\_\_\_\_

- J "Type of Entity: \_\_\_\_\_" (Substantive).

**NOTE: Form-completion procedures must provide instructions to enter the specific entity; not entity code (i.e., partnership; trust; individual; joint-interest; corporation; etc.). This entry is verified for accuracy during applicable FCIC and insurance provider reviews and at loss adjustment time. Companies are required to electronically transmit the type of entity code, as defined in the M-13 Handbook, to FCIC.**

- K "Is applicant at least 18 years old? Yes \_\_\_ No \_\_\_" (Substantive)

### 3 CROP INFORMATION

- A "Effective Crop Year" (Substantive)
- B "Name of Crop" (Substantive)
- C "Options" or "Optional Coverage" (Substantive)
- D "Type, Class, or Etc." (Substantive)
- E "Price Election or Amount of Insurance" (Substantive)
- F "Level Election" or "Coverage Level" (Substantive)
- G "Estimated Acres" (Non-substantive)
- H "Estimated Premium" (Non-substantive)
- I "Plan of Insurance" (Substantive)

### 4 OTHER INFORMATION AND SIGNATURES

- A "Name of previous carrier (if any) \_\_\_\_\_" (Substantive)
- B "Policy Number under previous carrier (if any) \_\_\_\_\_" (Substantive)
- C Certification statement above applicant's signature line:  
 "I certify that the information and answers on this application are correct to my knowledge and belief; that none of the reasons for rejection in items 1 through 4 of the 'Conditions of Acceptance' apply; and that I am aware of and understand the requirements of the Collection of Information and Data (Privacy Act), as well as all other provisions contained on this application." (Substantive)
- D "Applicant's Signature" (Substantive)
- E "Date" (of applicant's signature) (Substantive)
- F "Agent's Signature" (Substantive)
- G "Agent's Code Number" (Substantive)
- H "Agent's Address \_\_\_\_\_" (Substantive)
- I "Agent's Telephone Number \_\_\_\_\_" (Substantive)
- J "Location of Farm Headquarters \_\_\_\_\_" (Non-substantive)
- K "Page \_\_\_\_ of \_\_\_\_" (Substantive)
- L "Insurance provider's Name and Address" (Substantive)
- M "Form Identification Number (alpha and/or numeric)" (Substantive)
- N "Form Title" (Substantive)
- O "List all persons or entities with 10 percent or more interest in the applicant." (See reverse side for additional space.)
- Required Information: (Substantive)
1. Name
  2. Address
  3. Phone
  4. Enter Code and Number  
S=SSN/E=EIN/O=OTHER
  5. Entity Type"

## 5 CANCELLATION/TRANSFER OF EXPERIENCE INFORMATION

- A "To be completed if canceling previous policy with another insurance provider." (Substantive)
- B "I hereby request cancellation of my crop insurance policy (Policy Number) with (Insurance Provider) for the crop(s) and crop year shown on this application. I understand that if this form is not executed on or before the cancellation date for any crop year listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year. I hereby authorize and direct the ceding insurance provider shown to furnish any information relative to my insurance policy to (Assuming Insurance Provider Name). I understand that if coverage for any crop(s) is now terminated or would have subsequently terminated for indebtedness had this transfer not occurred no coverage can be provided by the assuming insurance provider." (Substantive)
- C "Applicant's Signature \_\_\_\_\_" (Substantive)
- D "Date \_\_\_\_\_" (Substantive)
- E "Insurance Provider Authorization \_\_\_\_\_" (Substantive)
- F "Date \_\_\_\_\_" (Substantive)

## 6 REQUIRED STATEMENTS

- A Application for Insurance Statement. See Exhibit 1. (Substantive)
- B Conditions of Acceptance Statements. See Exhibit 2. (Substantive)
- C Reinsurance Statement. See Exhibit 3. (Substantive)
- D False Claim Statement. See Exhibit 4. (Substantive)
- E Privacy Act Statement. See Exhibit 6. (Substantive)
- (1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of applicant/policyholder on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

- (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974." (Substantive)

F Nondiscrimination Statement. See Exhibit 7. (Substantive)

**7 RESERVED**

## APPLICATION/ACREAGE REPORT FORM

### 1 APPLICANT INFORMATION

- A "Applicant's Name" (Substantive)
- B "Applicant's Authorized Representative" (Substantive)
- C "Street or Mailing Address" (Substantive)
- D "City and State" (Substantive)
- E "Zip Code" (Substantive)
- F "Applicant's Telephone Number" (Substantive)
- G "State and County" (Substantive)

**NOTE: The entry for the "State and County" must be the state name and county name where insurance attaches. Form-completion procedures must provide this information.**

**An optional question is allowed on the application that permits an applicant to apply for coverage of all crops listed on the application to any unlisted county. If companies elect to include the optional question on the application, the following format is "Substantive".**

**"( ) YES ( ) NO I REQUEST INSURANCE COVERAGE FOR MY SHARE OF ALL CROPS SPECIFIED BELOW (IN ALL COUNTIES or IN ALL COUNTIES WITHIN THE STATE) EXCLUDING CATEGORY C CROPS, PERENNIALS." (Insert one of the above underlined).**

**Guidelines to administer this option are found in the 18010 Crop Insurance Handbook, Section 4.**

- H "State and County Codes" (Non-substantive)
- I "Policy Number" (Substantive)
- J "Tax Identification Number" and type of Tax Identification Number. (Substantive)

**NOTE: Form-completion procedures must provide instructions to enter the appropriate identification number and identify the type of number as illustrated in (1) or (2) below or something consistent with this:**

(1) "SSN/EIN/Other (Circle One):" \_\_\_\_\_

(2) "G SSN G EIN G Other (Check One):" \_\_\_\_\_

K "Type of Entity: \_\_\_\_\_" (Substantive)

**NOTE: Form-completion procedures must provide instructions to enter the specific entity type, not entity code (i.e., partnership; trust; individual; joint-interest; corporation; etc.). This entry is verified for accuracy during applicable FCIC compliance and insurance provider reviews and at loss adjustment time. Insurance providers are required to electronically transmit the type of entity code, as defined in the M-13 Handbook, to FCIC.**

L "Is applicant at least 18 years old? Yes \_\_\_ No \_\_\_" (Substantive)

## 2 CROP INFORMATION

A "Effective Crop Year" (Substantive)

B "Name of Crop" (Substantive)

C "Plan of Insurance" (Substantive)

D "Options" or "Optional Coverage" (Substantive)

E "Type, Class, Etc." (Substantive)

F "Section," "Township," and "Range" (Substantive)

G "FSA Farm Serial Number" (Substantive)

H "Acres of Insured Crop" (Substantive)

**NOTE: Divide column and label "Whole" and "10ths or 100ths" underneath "Acres of insured crop." (Non-substantive)**

I "Insured's Share" (Substantive)

J "Name of Other Person(s) Sharing in the Crop" (Substantive)

K "Date Planting Completed" (Substantive)

L "Practice" (Substantive)

M "Classification Number" (Substantive)

N "Basis of Coverage" (APH) Approved Yield, etc. (Substantive)

- O "Unit Number" (Substantive)
- P "Price Election or Amount of Insurance" (Substantive)
- Q "Level Election" or "Coverage Level" (Substantive)

### 3 OTHER INFORMATION AND SIGNATURES

- A "Name of previous carrier (if any) \_\_\_\_\_" (Substantive)
- B "Policy Number under previous carrier (if any) \_\_\_\_\_" (Substantive)
- C "Uninsured Acres" Create block area for this with an area large enough to record crop, acres, legal locations of the uninsured acreage, and the reason acreage is uninsured. (Non-substantive, but **highly** recommended)
- D "Remarks Section" (Substantive)

**Create an area large enough to document pertinent information and the number of uninsured acres if a specific block area for recording uninsured acres is not developed.**

- E Certification statement above applicant's signature line: (Substantive)
 

"I certify that the information and answers on this application/acreage report are correct to my knowledge and belief; that none of the reasons for rejection in items 1 through 4 of the 'Conditions of Acceptance' apply; and that I am aware of and understand the requirements of the Collection of Information and Data (Privacy Act), as well as all other provisions contained on this application."
- F "Applicant's Signature" (Substantive)
- G "Date" (of applicant's signature) (Substantive)
- H "Agent's Signature" (Substantive)
- I "Agent's Code Number" (Substantive)
- J "Agent's Address \_\_\_\_\_" (Substantive)
- K "Agent's Telephone Number \_\_\_\_\_" (Substantive)
- L "Location of Farm Headquarters \_\_\_\_\_" (Non-substantive)
- M "Page \_\_\_\_ of \_\_\_\_" (Substantive)

- N "Insurance provider's Name and Address" (Substantive)
- O "Form Identification Number (alpha and/or numeric)" (Substantive)
- P "Form Title" (Substantive)

#### 4 REQUIRED STATEMENTS

- A Application for Insurance Statement. See Exhibit 1. (Substantive)
- B Conditions of Acceptance Statements. See Exhibit 2. (Substantive)
- C Reinsurance Statement. See Exhibit 3. (Substantive)
- D False Claim Statement. (Substantive) See Exhibit 4.
- E Acreage Report Certification Statement. See Exhibit 5. (Substantive)
- F Privacy Act Statement. See Exhibit 6. (Substantive)

- (1) Include the Privacy Act Statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of applicant/policyholder on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

- (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974." (Non-substantive)

- G Nondiscrimination Statement. See Exhibit 7. (Substantive)

#### 5 (RESERVED)



**ACREAGE REPORT FORM****1 INSURED INFORMATION**

- A "Insured's Name" (Substantive)
- B "Street or Mailing Address" (Substantive)
- C "City and State" (Substantive)
- D "Zip Code" (Substantive)
- E "County and State Name" (Substantive)

**NOTE: the entry for "State and County" must be the state and county name where insurance attaches. Form-completion procedures must provide this information.**

- F "Crop Year" (Substantive)
- G "Crops Insured" (List) (Substantive)
- H "Price Election or Amount of Insurance" for each crop. (Non-substantive)
- I "Level Election" or "Coverage Level" for each crop. (Non-substantive)
- J "Policy Number" (Substantive)

**2 AGENT INFORMATION**

- A "Agent's Name" (Non-substantive)
- B "Street or Mailing Address" (Non-substantive)
- C "City and State" (Non-substantive)
- D "Zip Code" (Non-substantive)

**3 CROP INFORMATION**

- A "Section," "Township," and "Range" (Substantive)
- B "FSA Farm Serial Number" (Substantive)
- C "Name of Crop" (Substantive)
- D "Acres of Insured Crop" (Substantive)

**NOTE: Divide column and label "Whole" and "10ths or 100ths" underneath "Acres of Insured Crop." (Non-substantive)**

- E "Insured's Share" (Substantive)
- F "Name of Other Person(s) Sharing in the Crop" (Substantive)
- G "Date Planting is Completed" (Substantive)
- H "Practice" (Substantive)
- I "Type, Class, Etc." (Substantive)
- J "Classification Number" (Substantive)
- K "Basis of Coverage" (APH) Approved Yield, etc. (Substantive)
- L "Unit Number" (Substantive)

#### **4 OTHER INFORMATION AND SIGNATURES**

- A "Uninsured Acres" Create block area for this with an area large enough to record crop, acres, legal locations of the uninsured acreage, and the reason acreage is uninsured. (Non-substantive, but **highly** recommended.)

- B "Remarks Section" (Substantive)

**Create an area large enough to document pertinent information and the number of uninsured acres if a specific block area for recording uninsured acres is not developed.**

- C "Insured's Signature" (Substantive)
- D "Date" (of insured's signature) (Substantive)
- E "Agent's Signature" (Substantive)
- F "Agent's Code Number" (Substantive)
- G "Page\_\_\_\_of\_\_\_\_" (Substantive)
- H "Insurance provider's Name" (Substantive)
- I "Form Identification Number (alpha and/or numeric)" (Substantive)
- J "Form Title" (Substantive)

**5 REQUIRED STATEMENTS**

A Acreage Report Certification Statement. See Exhibit 5. (Substantive)

B False Claim Statement. See Exhibit 4. (Substantive)

C Privacy Act Statement. See Exhibit 6. (Substantive)

- (1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of applicant/policyholder on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

- (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974."  
(Non-substantive)

D Nondiscrimination Statement. See Exhibit 7. (Substantive)

## POLICY CHANGE FORM

### 1 INSURED INFORMATION

- A "Insured's Name" (Substantive)
- B "Insured's Authorized Representative" (Substantive)
- C "Street or Mailing Address" (Substantive)
- D "City and State" (Substantive)
- E "Zip Code" (Substantive)
- F "State and County" (Substantive)

**NOTE: The entry for the "State and County" must be the state name and county name where insurance attaches. Form-completion procedures must provide this information.**

**An optional question is allowed on the application that permits an applicant to apply for coverage of all crops listed on the application to any unlisted county. If companies elect to include the optional question on the application, the following format is "Substantive".**

**"( ) YES ( ) NO I REQUEST INSURANCE COVERAGE FOR MY SHARE OF ALL INSURED CROPS GROWN (IN ALL COUNTIES or IN ALL COUNTIES WITHIN THE STATE) EXCLUDING CATEGORY C CROPS, PERENNIALS." (Insert one of the above underlined).**

**Guidelines to administer this option are found in the 18010 Crop Insurance Handbook, Section 4.**

- G "State and County Codes" (Non-substantive)
- H "Policy/Contract Number" (Substantive)
- I "Tax Identification Number" and type of tax identification number (Substantive)

**NOTE: Form-completion procedures must provide instructions to enter the appropriate tax identification number and identify the type of number as illustrated in (1) or (2) below or something consistent with this:**

(1) "SSN/EIN/Other (Circle One)": \_\_\_\_\_

2 (2) "G SSN G EIN G Other (Check One):" \_\_\_\_\_  
**2 CHANGES**

A "Change Insurance G" (Substantive)

**NOTE: Form-completion procedures must provide instructions to check this box when appropriate.**

B "Effective Crop Year" (Substantive)

C "Name of Crop" (Substantive)

D "Type, Class, or Etc." (Substantive)

E "Price Election or Amount of Insurance" (Substantive)

F "Level Election" or "Coverage Level" (Substantive)

G "Practice" (Non-substantive)

H "Plan of Insurance" (Substantive)

I "Options" (Substantive)

**3 CANCELLATIONS**

A "Cancel Insurance G" (Substantive)

**NOTE: Form-completion procedures must provide instructions to check this box when appropriate.**

B "Effective Crop Year" (Substantive)

C "Name of Crop" (Substantive)

D "Options or Optional Coverage" (Substantive) See note pertaining to optional coverages at the end of this Exhibit.

E "Type, Class, or Etc." (Substantive)

**4 REASONS FOR CANCELLATION**

A "Reasons for Cancellation." (Substantive)

**NOTE: Create an item entry entitled "Reasons for Cancellation." Provide forms-completion procedures which instruct that the reason for cancellation must be explained in the remarks section of the form.**

- B Create item entries for "Reason of Cancellation," similar to the example below. (Substantive)

(Check One)	(Explain in Remarks)
G Insured's Request	G Mutual Consent
G Death, Incompetency, or Dissolution	G Other

**5 OTHER CHANGES**

- A "G Successor-in-interest" and "Effective Crop Year \_\_\_\_\_" (of the successor-in-interest transaction.) (Substantive)
- B "G Add or change insured's authorized representative" (Substantive)
- C "G Change insured's address" (Substantive)
- D "G Correct insured's tax identification number" (Substantive)
- E "G Correct spelling of insured's name" (Substantive)

**NOTE: These item entries are required in order to identify the type of change being initiated. Form-completion procedures must provide instructions to convey this information.**

**6 REMARKS SECTION**

Create an area large enough to enter explanations or remarks. (Substantive)

**7 OTHER INFORMATION AND SIGNATURES**

- A "Insured's Signature" (Substantive)
- B "Date" (of insured's signature) (Substantive)
- C "Agent's Signature" (Substantive)
- D "Agent's Code Number" (Substantive)
- E "Agent's Address and Phone Number" (Non-substantive)
- F "Form Identification Number (alpha and/or numeric)" (Substantive)
- G "Insurance provider's Name and Address" (Substantive)
- H "Form Title" (Substantive)

## 8 SPECIAL FORM-DEVELOPMENT INFORMATION

### A Optional Coverages

#### (1) Purchasing Optional Coverages

If optional coverages are purchased or coverage is excluded (when permitted by the policy) after basic coverage is established, the Policy Change form (Exhibit 12) may be used to add or exclude optional coverages. The application can also be used to add optional coverage; however, it is recommended that the Policy Change form is used to do this.

**NOTE: Forms-completion procedures must include instructions for adding optional coverages if this form is used to add optional coverages after the basic crop coverage has already been purchased.**

#### (2) Cancellation of Optional Coverages

The Policy Change form will be used to cancel optional coverages that the insured purchased or cancel coverage exclusion. This applies to all types of optional coverages; e.g., potato options, apple options, and High Risk Land Exclusion Option. Forms-completion procedures must include instructions to cancel optional coverages on this form.

## 9 REQUIRED STATEMENTS

A False Claim Statement. See Exhibit 4. (Substantive)

B Privacy Act Statement. See Exhibit 6. (Substantive)

- (1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of applicant/policyholder on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

- (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974."  
(Non-substantive)

C Nondiscrimination Statement. See Exhibit 7. (Substantive)



**SOCIAL SECURITY NUMBER (SSN) AND  
EMPLOYER IDENTIFICATION NUMBER (EIN)  
REPORTING FORM**

**1 GENERAL INFORMATION**

- A Form Title is: "Social Security Number (SSN) and Employer Identification Number (EIN) Reporting Form" (Substantive)
- B "  (YEAR) and Succeeding Crop Years" (Substantive)

**2 INSURED INFORMATION**

- A "Name of Applicant/Insured" (Substantive)
- B "Applicant's Telephone Number" (Substantive)
- C "Applicant's Address" (Substantive)
- D "City and State" (Substantive)
- E "Zip Code" (Substantive)
- F "Policy Number (if applicable)" (Substantive)
- G "Tax Identification Number" and type of "Tax Identification Number" (Substantive)

**NOTE: Form-completion procedures must provide instructions to enter the appropriate identification number and identify the type of number as illustrated in (1) or (2) below or something consistent with this:**

- (1) "SSN/EIN/Other (Circle One):" \_\_\_\_\_
- (2) "G SSN G EIN G Other (Check one):" \_\_\_\_\_

- H "Entity Type " (Substantive)

**NOTE: Form-completion instruction must convey that the title of the entity type is entered in this entry, not the entity type code.**

- I "Insurance provider's Name and Address" (Substantive)
- J "Form Identification Number (alpha and/or numeric)" (Substantive)

**2 AGENT INFORMATION**

- A "Name of Agent" (Substantive)
- B "Agent's Address" (Substantive)
- C "Agent Code" (Substantive)

### 3 OTHER PERSON AND/OR ENTITY STATEMENT

Enter the following statement above the entries outlined in item 4 below:

List persons and/or entities with 10 percent or more interest in the insurance entity identified above as the Applicant/Insured. (Substantive)

### 4 OTHER PERSON AND/OR ENTITY INFORMATION

- A "Name" (Substantive)
- B "Complete Address (St., R.R., or P.O. Box, City, State, Zip, etc.)" (Substantive)
- C "Telephone Number" (Substantive)
- D "Identification Number" and type of identification number entered: (Substantive)

**NOTE: Form-completion procedures must provide instructions to enter the appropriate identification number and identify the type of number as illustrated in (1) or (2) below or something consistent with this:**

- (1) "SSN/EIN/Other (Circle One):" \_\_\_\_\_
- (2) "G SSN G EIN G Other (Check one):" \_\_\_\_\_

- E "Entity Type " (Substantive)

**NOTE: Form-completion instruction must convey that the title of the entity type is entered in this entry, not the entity type code.**

### 5 SIGNATURE BLOCK

"Signature of Applicant/Insured" and "Date" (Substantive)

**6 REQUIRED STATEMENTS**

A False Claim Statement. See Exhibit 4. (Substantive)

**NOTE: Locate this statement directly below the signature block.**

B Privacy Act Statement. See Exhibit 6. (Substantive)

(1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of applicant/policyholder on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

(2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974."  
(Non-substantive)

C Nondiscrimination Statement. See Exhibit 7. (Substantive)

**POLICY CONFIRMATION AND/OR SCHEDULE OF INSURANCE****1 INSURED INFORMATION**

- A “Insured’s Name” (Substantive)
- B “Street or Mailing Address” (Substantive)
- C “City and State” (Substantive)
- D “Zip Code” (Substantive)
- E “Insured’s Identification Number” (SSN, EIN, Other) (Substantive)
- F “Policy Number” (Substantive)
- G “State and County” (Substantive)

**Note: The entry for the “State and County” must be the state name and county name where insurance attaches. Form-completion procedures must provide this information.**

**2 CROP INFORMATION**

- A “Crop Insured” (Substantive)
- B “Crop Type” (Substantive)
- C “Price Election” (Substantive)
- D “Level of Coverage” (Substantive)
- E “Options” (For example Hail/Fire, High Risk Exclusion, Potato Quality Option, etc.) (Substantive)
- F “Status” (Substantive)
- G “Action Taken” (Substantive)
- H “Effective Crop Year” (Substantive)

**3 AGENT INFORMATION**

- A “Agent’s Name” (Substantive)
- B “Street or Mailing Address” (Substantive)
- C “City and State” (Substantive)

- D "Zip Code" (Substantive)
- E "Agent's Code Number" (Substantive)
- F "Agent's Telephone Number" (Substantive)

**4 OTHER INFORMATION**

- A "Form Title" (Substantive)
- B "Form Identification Number (alpha and/or numeric)" (Substantive)
- C "Insurance provider's Name and Address" (Substantive)
- D "Date Issued" (Substantive)

**APH PRODUCTION AND YIELD REPORT****1 INSURED INFORMATION**

- A "Insured's Name" (Substantive)
- B "Street or Mailing Address" (Substantive)
- C "City and State" (Substantive)
- D "Zip Code" (Substantive)
- E "Insured's Telephone Number" (Substantive)
- F "Tax Identification Number" (Substantive)
- G "Policy Number" (Substantive)
- H "State and County" (Substantive)

**Note: The entry for the "State and County" must be the state name and county name where insurance attaches. Form-completion procedures must provide this information.**

**2 CROP INFORMATION**

- A "Name of Crop" (Substantive)
- B "Practice and Type" (Substantive)
- C "Unit Number" (Substantive)
- D "Section, Township and Range" (Substantive)
- E "Land Other County Yes\_\_ No\_\_" (Substantive)
- F "Other Entity (ies)" (Substantive)
- G "Record Type" (Substantive)
  - 1.\_ Production Sold/Commercial Storage
  - 2.\_ On Farm Storage, Recorded Bin Measurement
  - 3.\_ Livestock Feeding Records
  - 4.\_ FSA Load Record
  - 5.\_ Appraisals
  - 6.\_ Other
- H "Processor Number/Name and/or Number Trees Or Vines" (Substantive)

- I "Other" (Remarks) (Substantive)
- J "FSA Farm Serial Number" (Substantive)
- K "FSA Yield" (Non-substantive)
- L "RMA T Yield" (Substantive)
- M "Yield Floor" (Substantive)
- N "Crop Year of History" (Substantive)
- O "Total Production" (Substantive)
- P "Acres" (Substantive)
- Q "Yield" (Substantive)

**NOTE: For items N, O, P and Q above allow space to provide ten years of history.**

- R "Total" (of yield history) (Substantive)
- S "Prior APH Yield" (Substantive)
- T "Preliminary Yield" (Substantive)
- U "Approved APH Yield (For Insurance provider Use Only)" (Substantive)
- V "Required: Field Review \_ Inspection \_ " (Substantive)

### **3 AGENT INFORMATION**

- A "Agent's Name" (Substantive)
- B "Agent's Complete Address" (Substantive)
- C "Agent's Telephone Number" (Substantive)
- D "Agent's Code Number" (Substantive)

### **4 OTHER INFORMATION AND SIGNATURE**

- A "Insurance provider's Name and Address" (Substantive)
- B "Form Title" (Substantive)

- C "Form Identification Number (alpha and/or numeric)" (Substantive)
- D "APH Yield Computation for Crop Year \_\_\_" (Place at top of page one) (Substantive)
- E "Insured's Signature" (Substantive)
- F "Date" (Of Insured's Signature) (Substantive)
- G "Page\_\_ of\_\_" (Substantive)

## 5 REQUIRED STATEMENTS

- A Certification statement above Insured's Signature Line

"I certify that the information I have furnished as reflected on this form is complete and accurate for the commodity(ies), unit(s) and year(s) shown. I understand this form may be reviewed or audited and that information inaccurately reported or failure to retain records to support information on this form, may result in a recomputation of the approved APH yield. I also understand that failure to report completely and accurately may result in avoidance of my crop insurance contract and may result in criminal or civil false claims penalties (18 U.S.C. 1006 and 1014; 7 U.S.C. 1506; 31 U.S.C. 3729, and 3730)." (Substantive)

- B Privacy Act Statement See Exhibit 6. (Substantive)

- (1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of applicant/policyholder on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

- (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974. "(Non-substantive)

- C Nondiscrimination Statement. See Exhibit 7. (Substantive)



**POWER OF ATTORNEY**

**1 REQUIRED STATEMENTS**

A Use The Following Statements (Substantive)

“The undersigned does hereby make, constitute and appoint \_\_\_ of \_\_\_ in the County of \_\_\_ and State of \_\_, the true and lawful attorney, for and in the name, place and stead of the undersigned in connection with Multiple Peril Crop Insurance Policy and/or Contract Number \_\_\_\_.

The undersigned gives and grants unto said attorney full authority and power to do and perform actions as initialed below fully ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof.

- 1. Making application for insurance \_\_\_\_\_
- 2. Making crop acreage reports \_\_\_\_\_
- 3. Giving notice of damage or loss \_\_\_\_\_
- 4. Making claim for indemnity \_\_\_\_\_
- 5. Making contract change \_\_\_\_\_
- 6. Making transfers and cancellations \_\_\_\_\_
- 7. Providing program required production reports \_\_\_\_\_
- 8. Taking all actions related to crop insurance for the above identified policy and/or contract number \_\_\_\_\_

This Power of Attorney shall be filed at the office where the official file folder is maintained and shall remain in full force and effect until written notice of its revocation has been received by the office maintaining the official file folder (such revocation shall be placed in the official file folder).

This Power of Attorney is signed and dated at (City), (State) this \_\_\_ day of \_\_\_\_\_, (YEAR).

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Witness Signature

I hereby accept the foregoing appointment:

\_\_\_\_\_  
Appointee's Signature

**ACKNOWLEDGMENT**

(For use by Notary Public)

State of \_\_\_\_\_  
County of \_\_\_\_\_

(Use acknowledgment form required by the State where acknowledgment is taken)

**NOTE: Power of attorney only has to be notarized in states which require it to be notarized.”**

## **2 OTHER INFORMATION AND SIGNATURES**

- A “Notary Seal and Signature of Notary” (Substantive)
- B “Insurance provider’s Name and Address” (Substantive)
- C “Form Identification Number (alpha and/or numeric)” (Substantive)
- D “Form Title” (Substantive)
- E Privacy Act Statement. See Exhibit 6. (Substantive)
  - (1) Include the Privacy Act Statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of applicant/policyholder on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

- (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974."  
(Non-substantive)
- F Nondiscrimination Statement. See Exhibit 7. (Substantive)

## ASSIGNMENT OF INDEMNITY

### 1 INSURED INFORMATION

- A "Insured's Name" (Substantive)
- B "Insured's Authorized Representative" (Substantive)
- C "Street or Mailing Address" (Substantive)
- D "City and State" (Substantive)
- E "Zip Code" (Substantive)
- F "Policy Number" (Substantive)
- G "Effective Crop Year" (Substantive)

### 2 TERMS AND CONDITIONS

- A "The assignment must read as follows": (Substantive)

"The undersigned \_\_\_\_\_ (Herein referred to as the "insured") assigns to \_  
(Name of Lender or Creditor) of (Mailing Address) (City, State and  
Zip) (Herein referred to as the "Lender") the right and interest of any  
 indemnity payment(s) which may be payable to the insured under the  
 insurance policy for the crop(s) shown: \_\_\_\_\_

#### CONDITIONS

(1) This assignment will be binding upon the person(s) who succeed the Insured's interest in the insurance policy. (2) Indemnity payments made under the insurance policy will be subject to a deduction for any indebtedness due this insurance provider by the Insured. (3) This assignment will not grant the Lender any greater rights than originally held by the Insured. (4) The Lender's interest will be recognized upon insurance provider's approval of this assignment and the Lender will have the right to submit the loss notices and other forms as required by the Policy. (5) The insurance provider will determine the person(s) entitled to any indemnity payment(s) and the payment(s) will be by joint check. (6) Cancellation of this assignment prior to the crop year stated above will be accepted by the insurance provider only upon notification in writing by the above identified Lender. It is understood and agreed that this assignment will be subject to the terms and conditions of the insurance policy.  
 (Followed by signatures of the Insured, Lender and Witnesses)

- B "The insurance provider hereby approves the foregoing assignment"  
(Followed by Authorized Representative's Signature for the insurance  
provider and Date) (Substantive)
- C "This assignment was filed with the insurance provider on \_\_, (YEAR) at \_\_  
a.m./p.m." (Substantive)

### 3 OTHER INFORMATION AND SIGNATURES

- A "Insured's Signature and Date" (Substantive)
- B "Witness Signature and Date" (Substantive)
- C "Lender's Signature and Date" (Substantive)
- D "Witness Signature and Date" (Substantive)
- E "Insurance provider's Authorized Representative Signature and Date"  
(Substantive)
- F "Insurance provider's Name and Address" (Substantive)
- G "Form Identification Number (alpha and/or numeric)" (Substantive)
- H "Form Title" (Substantive)

### 4 REQUIRED STATEMENT

- A Privacy Act Statement. See Exhibit 6. (Substantive)
- (1) Include the Privacy Act statement on the form or make available as  
a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of the applicant/policyholder on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

- (2) If the Privacy Act statement is on the back of the form, add the  
following statement to the front of the form: "See reverse side of  
form for statement required by Privacy Act of 1974."  
(Non-substantive)
- B Nondiscrimination Statement. See Exhibit 7. (Substantive)

### REQUEST FOR ACTUARIAL CHANGE

**1 GENERAL INFORMATION**

Where two or more entities insure the same land, a request must be completed for each contract. (Substantive)

**2 INSURED INFORMATION**

A "Producer's Name" (Substantive)

B "Street or Mailing Address" (Substantive)

C "State and City" (Substantive)

D "Zip Code" (Substantive)

E "County and State Name" (Substantive)

**NOTE: The entry for "State and County" must be the state name and county name where insurance attaches. Form-completion procedures must provide this information.**

F "Contract/Policy Number" (Substantive)

G "Social Security Number/Employer Identification Number" (Substantive)

H "Producer is:  
     Landlord  
     Operator  
     Owner/Operator" (Substantive)

**3 CROP INFORMATION**

A "Provide the following information for the land on which the actuarial change is requested." (Substantive)

(1) "Section (to the nearest 1/4 Section), Township, and Range" (Substantive)

(2) "FSA Farm Number" (Substantive)

(3) "Name of Crop" (Substantive)

(4) "Whole Acres" (Substantive)

(5) "Practice" (Substantive)

(6) "Type, Class and Variety" (Substantive)

- (7) "Current area Number" (Substantive)
- (8) "Insured Share" (Substantive)
- (9) "Name of Other Person(s) Sharing in Crop" (Substantive)
- B "Actuarial change which is requested (Be specific - identify classification area and provide reasons which support this actuarial change)" (Substantive) Provide space for explanation.
- C "Land Identified in item 3A above:
  - (1) Has been in crop production for \_\_\_ years
  - (2) Has been operated \_\_\_ years by the present operator
  - (3) Comprises an entire unit? Yes \_\_ No \_\_  
  
If no, what other land is included in the unit (section, township, range and/or farm location)." (Substantive) Provide space for explanation.
- D "Any other pertinent information" (Substantive) Provide space for explanation.
- E "Use the grid map to plot the location of **all land in the county** farmed by the producer (specify to the nearest quarter section). FSA or comparable aerial photos should be submitted if field boundaries cannot be drawn on grid maps with reasonable accuracy." (Substantive) Provide grid map showing sections, townships, and ranges.

#### 4 OTHER INFORMATION

- A "Form Identification Number (alpha and/or numeric)" (Substantive)
- B "Form Title" (Substantive)
- C "Insurance provider's Name and Address" (Substantive)
- D "Insurance provider's Code" (Substantive)
- E "Insurance provider's Telephone Number" (Substantive)
- F "Agency Name" (Substantive)
- G "Agency's Complete Address" (Substantive)
- H "Agent's Code" (Substantive)

- I "Agent's Telephone Number" (Substantive)
- J "Producer's Signature and Date" (Substantive)
- K (Place this statement directly above the producer's signature and date.) (Substantive) "I hereby certify that to the best of my knowledge and belief the information contained herein for the designated crop(s) on the above identified farm(s) is accurate and correct."
- L "Agent's Signature and Date" (Substantive)
- M (Place this statement directly above the agent's signature and date.) (Substantive) "I have reviewed the above information and to the best of my knowledge and belief it represents accurate information."
- N "Insurance provider Representative's Signature and Date" (Substantive)
- O (Place this statement directly above the Insurance Provider Representative's signature and date.) (Substantive) "I recommend that the requested actuarial change be approved."

## 5 REQUIRED STATEMENT

- A Privacy Act Statement. See Exhibit 6. (Substantive)
  - (1) Include the Privacy Act statement on the form or make available as a separate document.
 

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of the applicant/policyholder on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**
  - (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974."  
(Non-substantive)
- B All Request For Actuarial Change for the purpose of establishing a rate or coverage different from that available from the county actuarial table, or initially establishing a rate submitted less than 60 days prior to the sales closing date must contain the following statement in its entirety:

"I have read and understand the following:

- (1) If this request is for the purpose of establishing a rate or coverage different from that available from the Actuarial Table, or initially establishing rates and coverage not available on the Actuarial Table, I agree to accept the rates and coverage assigned on the written agreement as of the date of this request, if they are within 5 percent of the rates and coverage I requested and as contained on this form.
  - (2) If the rate and coverage provided on the written agreement are different from those contained in this request (by more than 5 percent), or if I did not specify the terms to which I would agree, I will have the option of accepting the rate and coverage provided by the written agreement or those provided by the Actuarial Table, if available.
  - (3) If this request is denied, the written agreement is not approved, or I do not accept the written agreement under (b) by the expiration date specified in the written agreement, I agree that I must accept the rate and coverage from the Actuarial Table, if available. If this request is to initially establish a rate and coverage not otherwise available from the Actuarial Table, I agree that such insurance coverage will not be provided should this request be denied or the written agreement is not approved or accepted by the expiration date.
  - (4) I agree that any option to cancel or change my crop insurance policy for the current crop year based on FCIC determinations described in (b) and (c) may be exercised in accordance with the policy by the cancellation date.
  - (5) I agree that the preceding statements will apply to any determinations made by FCIC as the result of a request for reconsideration, mediation, or an appeal related to this request for a written agreement." (Substantive)
- C Nondiscrimination Statement. See Exhibit 7. (Substantive)



**CONTINUOUS HAIL AND FIRE EXCLUSION OPTION FORM****1 INSURED INFORMATION**

- A “Insured’s Name” (Substantive)
- B “Street or Mailing Address” (Substantive)

**2 CROP INFORMATION**

- A “The Hail and Fire Exclusion applies to the following crop(s):  
\_\_\_\_\_” (Substantive)
- B “First Effective Crop Year” (Substantive)
- C “MPCI Policy Number” (Substantive)

**3 TERMS AND CONDITIONS**

The following statements are required except for the calculation example.

- A “Hail and Fire will be excluded on a crop basis as insured causes of loss from your Multiple Peril Crop Insurance Policy for a reduced premium for each crop year the following terms and conditions are met.” (Substantive)
- “The terms of this option apply to the first crop year requested and are continuous for each succeeding crop year as provided below. This option can be canceled or crops can be deleted if a request is submitted in writing on or before the applicable multiple peril crop insurance cancellation date for the crop(s), or crops can be added if a written request is submitted on or before the applicable sales closing date for the crop(s).” (Substantive)
- B “For the first crop year of this option:
- (1) The Hail and Fire Exclusion Option must be signed: (a) within 72 hours of the date a private Hail and Fire policy is first in effect or (b) on or before the date Multiple Peril Crop Insurance coverage attaches for a crop year after the first crop year a multi-season hail and fire policy is in effect.
  - (2) This option is effective only if the crop has not been damaged to the extent that a Multiple Peril Crop Insurance indemnity may be claimed on any unit of the insured crop.” (Substantive)
- C “For each crop year, Hail and Fire insurance coverage must be in effect (and premiums earned) on all planted insurable acreage of the crop

insured under the Multiple Peril Crop Insurance Policy and the total dollar amount of hail and fire insurance liability must equal or exceed the total Multiple Peril Crop Insurance liability for that crop acreage.” (Substantive)

- D “For each crop year, you must provide a copy of the annual hail and fire declaration sheet showing the required amount of hail and fire coverage for the crop year or other proof that the required amount of hail and fire coverage has attached for the crop year.” (Substantive)
- E “An appraisal for uninsured causes will be made when the crop is damaged by hail and/or fire, and the average percent damage to the crop insurance unit exceeds the coverage level percentage determined by subtracting the coverage level percentage from 100. This excess percentage amount will be multiplied by the guarantee per acre divided by your coverage level percentage and the result will be the appraisal for uninsured causes.” (Substantive)

For example:           The average percent hail damage to the crop insurance unit = 45%.   MPCI coverage level = 65%.  
                                   Per-acre guarantee = 100 bu.  
                                   Step 1:  $1.00 - .65 = .35$   
                                   Step 2:  $.45 - .35 = .10$  (excess percentage)  
                                   Step 3:  $.10 \times 100$  bu. (Per-acre guarantee)  
                                   Step 4:  $10 \div .65 = 15.4$  bu. per-acre appraisal for uninsured causes.” (Non-substantive)

“EXCEPT THAT:

If hail and/or fire occurs and the original hail and fire liability under a private Hail and Fire policy has been reduced below the Multiple Peril Crop Insurance coverage, due to another cause of loss insured under the Multiple Peril Crop Insurance Policy, the hail and/or fire indemnity will be divided by the original hail and fire liability. This result will be multiplied by the Multiple Peril Crop Insurance guarantee per acre divided by your coverage level percentage and the result will be the appraisal for uninsured causes.” (Substantive)

#### 4 OTHER INFORMATION AND SIGNATURE

- A “Information for the first-year hail/fire exclusion request.” (Substantive)
- (1) “Hail and Fire Coverage Effective Date” (Substantive)
- (2) “Name of Hail and Fire Insurance Company(ies) and Policy Number(s)” (Substantive)
- B “Name and Address of Insurance Agency” (Non-substantive)

- C The following statement is required above the insured's signature. (Substantive)
- "I, the insured, will provide any information the insurance provider may require or authorize representative(s) of the insurance provider access to any information that the insurance provider may require regarding any hail and fire policy(ies) I have in effect for any crop year that this option is in effect." (Substantive)
- D "Insured's Signature and Date" (Substantive)
- E "Agent's Signature, Code Number and Date" (Substantive)
- F "Form Identification Number" (alpha and/or numeric) (Substantive)
- G "Form Title, as follows: Continuous Hail and Fire Exclusion Option" (Substantive)
- H "Insurance provider's Name and Address" (Substantive)

## 5 REQUIRED STATEMENT

- A Privacy Act Statement. See Exhibit 6. (Substantive)
- (1) Include the Privacy Act statement on the form or make available as a separate document.
- NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by the securing the signature and date of the applicant/policyholder on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**
- (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974." (Non-substantive)
- B Nondiscrimination Statement. See Exhibit 7. (Substantive)

## REQUEST TO EXCLUDE HAIL AND FIRE

### 1 INSURED INFORMATION

- A "Insured's Name" (Substantive)
- B "Street or Mailing Address" (Substantive)

C “City, State and Zip Code” (Substantive)

## 2 CROP INFORMATION

A “The Request to Exclude Hail and Fire applies to the following crop(s):

\_\_\_\_\_” (Substantive)

B “Effective Crop Year” (Substantive)

C “MPCI Policy Number” (Substantive)

## 3 TERMS AND CONDITIONS

The following statements are required except for the calculation example.

A “Hail and Fire will be excluded on a crop basis as insured causes of loss from your Multiple Peril Crop Insurance Policy for a reduced premium for the effective crop year provided the following terms and conditions are met.” (Substantive)

B “For the effective crop year of this request:

(1) The Request to Exclude Hail and Fire must be signed: (a) within 72 hours of the date a private Hail and Fire policy is in effect or (b) on or before the date Multiple Peril Crop Insurance coverage attaches for a crop year after the first crop year a multi-season hail and fire policy is in effect on a crop.

(2) This request is effective only if the crop has not been damaged to the extent that a Multiple Peril Crop Insurance indemnity may be claimed on any unit of the insured crop.” (Substantive)

C “Hail and Fire insurance coverage must be in effect (and premiums earned) on all planted insurable acreage of the crop insured under the Multiple Peril Crop Insurance Policy and the total dollar amount of hail and fire insurance liability must equal or exceed the total Multiple Peril Crop Insurance liability for that crop acreage.” (Substantive)

D “The Insured must provide a copy of the hail and fire declaration sheet showing the required amount of hail and fire coverage for the effective crop year or other proof that the required amount of hail and fire coverage has attached for the effective crop year.” (Substantive)

E “An appraisal for uninsured causes will be made when the crop is damaged by hail and/or fire, and the average percent damage to the crop insurance unit exceeds the coverage level percentage determined by subtracting the coverage level percentage from 100. This excess

percentage amount will be multiplied by the guarantee per acre divided by your coverage level percentage and the result will be the appraisal for uninsured causes.” (Substantive)

For example:           The average percent hail damage to the crop insurance unit = 45%.   MPCI coverage level = 65%.  
                                   Per-acre guarantee = 100 bu.  
                                   Step 1:  $1.00 - .65 = .35$   
                                   Step 2:  $.45 - .35 = .10$  (excess percentage)  
                                   Step 3:  $.10 \times 100$  bu. (Per-acre guarantee)  
                                   Step 4:  $10 \div .65 = 15.4$  bu. per-acre appraisal for uninsured causes.” (Non-substantive)

“EXCEPT THAT:

If hail and/or fire occurs and the original hail and fire liability under a private Hail and Fire policy has been reduced below the Multiple Peril Crop Insurance coverage, due to another cause of loss insured under the Multiple Peril Crop Insurance Policy, the hail and/or fire indemnity will be divided by the original hail and fire liability. This result will be multiplied by the Multiple Peril Crop Insurance guarantee per acre divided by your coverage level percentage and the result will be the appraisal for uninsured causes.” (Substantive)

#### 4 OTHER INFORMATION AND SIGNATURE

- A    “Hail and Fire Coverage Effective Date” (Substantive)
- B    “Name of Hail and Fire Insurance Company(ies) and Policy Number(s)” (Substantive)
- C    “Name and Address of Insurance Agency” (Non-substantive)
- D    The following statement is required above the insured’s signature. (Substantive)

“I, the insured, will provide any information the insurance provider may require or authorize representative(s) of the insurance provider access to any information that the insurance provider may require regarding any hail and fire policy(ies) I have in effect for the crop year of this request. I certify that the information reported above is true and correct” (Substantive)

- E    “Insured’s Signature and Date” (Substantive)
- F    “Agent’s Signature, Code Number and Date” (Substantive)
- G    “Form Identification Number” (alpha and/or numeric) (Substantive)

- H "Form Title, as follows: Request to Exclude Hail and Fire" (Substantive)
- I "Insurance provider's Name and Address" (Substantive)
- J "Page \_\_\_\_ of \_\_\_\_ " (Substantive)

## 5 REQUIRED STATEMENT

- A Privacy Act Statement. See Exhibit 6. (Substantive)
  - (1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by the securing the signature and date of the applicant/policyholder on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**
  - (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974." (Non-substantive)
- B Nondiscrimination Statement. See Exhibit 7. (Substantive)

**TRANSFER OF RIGHT TO AN INDEMNITY****1 GENERAL INFORMATION**

- A "Transferor's Name"(Substantive)
- B "Street and Mailing Address" (Substantive)
- C "Contract Number" (Substantive)
- D "Farm Location" (Substantive)

**2 CROP INFORMATION**

- A "Crop" (Substantive)
- B "Crop Year" (Substantive)
- C "Unit No" (Substantive)
- D The following information must be on the form. (Substantive)
  - (1) Is all of the insured acreage and all of the insured share on this unit being transferred? Yes G No G
  - (2) Check one
    - G a Make check payable jointly to insured and transferee(s). Check will be mailed to the insured's address (unless an assignment of indemnity is on file); or
    - G b Make checks payable to transferee(s) only. Check will be mailed to address shown in 3B.

**3 OTHER INFORMATION**

- A "Transferee(s) Names" (Substantive)
- B "Transferee(s) Address, City, State, and Zip Code" (Substantive)
- C "Acreage Transferred" (Substantive)
- D "Share Transferred" (Substantive)
- E "Effective Date of Transfer" (Substantive)
- F "Nature of Transfer" (Substantive)

- G "Form Identification Number" (alpha and/or numeric) (Substantive)
- H "Form Title" (Substantive)
- I "Insurance provider's Name and Address" (Substantive)

**4 TERMS AND CONDITIONS**

- A The following information must be on the form. (Substantive)

Acceptance by the insurance provider of the above-described transfer shall transfer the insured's right to an indemnity to the above-named transferee subject to:

- (1) Receipt by the insurance provider of satisfactory evidence that said transfer occurred before the end of the insurance period; i.e., (a) the date harvest was completed on the unit, (b) the calendar date for the end of the insurance period, or (c) the date the entire crop on the unit was destroyed, as determined by the Insurance Provider.
- (2) The terms of the above-identified insurance contract, including any outstanding assignment of indemnity made by the transferor prior to the date of transfer.
- (3) All other terms and provisions set forth herein.

- B The insurance provider shall not be liable for any more indemnity than existed before the transfer occurred.

- C The insurance contract of the transferor covers the share hereby transferred only to the end of the insurance period for the current crop year.

- D The transferee and the transferor shall be jointly and severally liable for any unpaid premium earned for the current crop year on the acreage and share transferred. The premium for the unit has been paid: Yes G No G

E Total premium on this unit \$ \_\_\_\_\_

F Premium on acreage transferred \$ \_\_\_\_\_

G Premium on retained acreage \$ \_\_\_\_\_

H Premium paid with transfer \$ \_\_\_\_\_



**5 REQUIRED SIGNATURES**

- A "Transferor's Signature and Date" (Substantive)
- B "Transferee(s) Signature and Date" (Substantive)
- C "Representative's Signature and Date" (Substantive)

**6 REQUIRED STATEMENT**

- A Privacy Act Statement See Exhibit 6. (Substantive)
  - (1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of the applicant/policyholder on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

- (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974." (Non-substantive)
- B Nondiscrimination Statement. See Exhibit 7. (Substantive)

**HIGH-RISK LAND EXCLUSION OPTION****1 INSURED INFORMATION**

- A "Insured's Name" (Substantive)
- B "Contract Number" (Substantive)
- C "Street or Mailing Address" (Substantive)
- D "City, State and Zip Code" (Substantive)
- E "County" (Substantive)
- F "Identification No. SSN TAX" (Substantive)

**2 CROP INFORMATION**

- A "Crop(s)" (Substantive)
- B "Crop Year" (Substantive)

**3 TERMS AND CONDITIONS**

The following information must be on the form. (Substantive)

Upon our approval of this Option, we agree to amend your Federal Crop Insurance Policy to exclude from crop insurance coverage all high-risk land for the identified crop(s) and county in which you have a share, subject to the following terms and conditions:

- A The Option must be submitted to us on or before the final date for accepting applications for the initial crop year in which you wish to exclude high-risk land.
- B In the event of a loss on any insured unit, you must provide separate production records showing planted acreage and harvested production for any acreage which is excluded from crop insurance coverage under this Option.
- C By signing this Option, you are declining crop insurance coverage under the general crop insurance policy and the crop endorsement on your high-risk land.
- D As used in this Option, "high-risk" land is any land which is not classified in an "R" classification shown on the actuarial table.

- E This Option may be canceled by either you or us for any succeeding crop year by giving written notice on or before the cancellation date provided by the policy, preceding such crop year.
- F You must report, on the acreage report for each crop year, the acreage of the crop planted on high-risk land.
- G All other provisions of the policy not in conflict with this Option are applicable.

#### 4 REQUIRED SIGNATURES

- A "Insured's Signature and Date" (Substantive)
- B "Corporation Representative's Signature, Code Number, and Date" (Substantive)

#### 5 OTHER INFORMATION

- A "Form Identification Number" (alpha and/or numeric) (Substantive)
- B "Form Title" (Substantive)
- C "Insurance provider's Name and Address" (Substantive)

#### 6 REQUIRED STATEMENTS

- A "False Claim Statement" See Exhibit 4. (Substantive)
- B "Privacy Act Statements" See Exhibit 6. (Substantive)
  - (1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of applicant/policyholder on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

- (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974." (Substantive)
- C Nondiscrimination Statement. See Exhibit 7. (Substantive)



**PRODUCTION CERTIFICATION WORKSHEET****1 INSURED INFORMATION**

- A "Insured's Name" (Substantive)
- B "Street or Mailing Address" (Substantive)
- C "City and State" (Substantive)
- D "Zip Code" (Substantive)
- E "Insured's Telephone Number" (Substantive)
- F "Tax Identification Number" (Substantive)
- G "Policy Number" (Substantive)
- H "State and County" (Substantive)

**Note: The entry for the "State and County" must be the state name and county name where insurance attaches. Form-completion procedures must provide this information.**

- I "Crop Year" (Substantive)

**2 CROP INFORMATION**

- A "Name of Crop" (Substantive)
- B "Practice and Type" (Substantive)
- C "Unit Number" (Substantive)
- D "Section, Township and Range" (Substantive)
- E "Land Other County Yes\_\_ No\_\_" (Substantive)
- F "Other Entity (ies)" (Substantive)
- G "Record Type" (Substantive)

- 1.\_ Production Sold/Commercial Storage
- 2.\_ On Farm Storage, Recorded Bin Measurement
- 3.\_ Livestock Feeding Records
- 4.\_ FSA Load Record
- 5.\_ Appraisals
- 6.\_ Other

- H "Processor Number/Name and/or Number Trees Or Vines" (Substantive)
- I "FSA Farm Serial Number" (Substantive)
- J "T Yield" (Substantive)
- K "Crop Year of History" (Substantive)
- L "Total Production" (Substantive)
- M "Acres" (Substantive)
- N "Yield" (Substantive)

**NOTE:** For items K, L, M and N above allow space to provide ten years of history.

- O "Preliminary Yield" (Substantive)
- P "Required: Field Review \_ Inspection \_" (Substantive)
- Q "New Producer G" (Substantive)
- R "Added Land P/T/V" (Substantive)

### **3 AGENT INFORMATION**

- A "Agent's Signature" (Substantive)
- B "Date" (Of Agent's Signature) (Substantive)
- C "Agent's Code Number" (Substantive)
- D "Agent's Complete Address" (Non-substantive)
- E "Agent's Telephone Number" (Non-substantive)

### **4 OTHER INFORMATION AND SIGNATURE**

- A "Insurance provider's Name and Address" (Substantive)
- B "Form Title" (Substantive)
- C "Form Identification Number (alpha and/or numeric)" (Substantive)
- D "Insured's Signature" (Substantive)
- E "Date" (Of Insured's Signature) (Substantive)

F "Page\_\_ of\_\_" (Substantive)

## 5 REQUIRED STATEMENTS

A Certification statement above Insured's Signature Line

"I certify that the information I have furnished as reflected on this form is complete and accurate for the commodity(ies), unit(s) and year(s) shown. I understand this form may be reviewed or audited and that information inaccurately reported or failure to retain records to support information on this form, may result in a recomputation of the approved APH yield. I also understand that failure to report completely and accurately may result in voidance of my crop insurance contract and may result in criminal or civil false claims penalties (18 U.S.C. 1006 and 1014; 7 U.S.C. 1506; 31 U.S.C. 3729, and 3730)." (Substantive)

B Privacy Act Statement See Exhibit 6. (Substantive)

- (1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of applicant/policyholder on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

- (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974. "(Non-substantive)

C Nondiscrimination Statement. See Exhibit 7. (Substantive)

Reserved

Pages 71 - 81 Reserved