

## ADDED LAND REQUEST CHECKLIST

NAME: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_ CROP YR: \_\_\_\_\_

STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ POLICY #: \_\_\_\_\_

### Documentation Attached:

- 9 Acceptable APH form for the current crop year.
- 9 Program payment yields for the insured/reference crops for the added land and existing units.
- 9 Cropland acres (i.e. FSA 578 or 156EZ for the current or previous crop year) or other documentation that indicate ownership, share, cash rent, lease agreements, insurance records, etc..., indicating cropland acres.
- 9 Aerial Photos or GPS Maps (with legal descriptions, FSNs and tract numbers).
- 9 APH form from previous operator/tenant only if the insured wishes APH yields to be considered for productivity comparisons.
- 9 Producer's written signed request for RMA RO review.
- 9 Additional information such as improvements to added land, drainage ditches, etc. (describe in comments).

### COMMENTS:

Company Name & Address:

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Reporting Organization Code: \_\_\_\_\_

Company Representative: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Complete Table on Other Side)

<b>FSN*</b> <sup>1</sup> Existing Land <sup>2</sup> Added Land	<b>LAND DESCRIPTION*</b> (Legal Description where Units are based on Sections) (Tract / Field Nbr where Units are based on FSNs)	<b>ADDED          LAND          CROPLAND          ACRES</b>	<b>EXISTING          UNIT          CROPLAND          ACRES</b>	<b>A/L          REQUEST          TYPE **          (E or S)</b>	<b>CROP(s)</b>	<b>UNIT /          TYPE /          PRACTICE</b>
1 ----- 2	-----					
1 ----- 2	-----					
1 ----- 2	-----					
1 ----- 2	-----					
1 ----- 2	-----					
1 ----- 2	-----					
1 ----- 2	-----					
1 ----- 2	-----					
1 ----- 2	-----					

\* An entry for the existing land and for the added land is needed for these two columns.

\*\* Added to **Existing Unit**, Please Enter “E”; Added as a **Separate Optional Unit**, Please Enter “S”