

United States
Department of
Agriculture



Risk
Management
Agency



Product
Development
Division

FCIC 24020
(11-00)

2001 WRITTEN AGREEMENT HANDBOOK

Standards and Instructions for the Processing of Actuarial
Requests and Written Agreements

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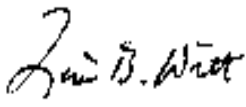
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| FEDERAL CROP INSURANCE CORPORATION DIRECTIVE | | NUMBER: 24020 |
| SUBJECT: 2001 WRITTEN AGREEMENT HANDBOOK | DATE: NOVEMBER 9, 2000 | |
| | OPI: Product Development Division | |
| | APPROVED:  Deputy Administrator, Research and Development | |

1 PURPOSE

To provide standards and instructions to the Risk Management Agency (RMA) Regional Offices (RO`s) for the processing of actuarial requests and written agreements. The procedures contained in this handbook are consistent with applicable regulations affecting the issuance of written agreements.

NOTE: IF A CONFLICT EXISTS BETWEEN THE LANGUAGE OF THIS HANDBOOK AND THE CROP INSURANCE HANDBOOK (CIH), THE LANGUAGE OF THE CIH WILL CONTROL.

2 CANCELLATION

- A Effective Date. The FCIC 24020 Written Agreement Handbook became effective upon approval and applies to all subsequent determinations.
- B Issuance. This issuance is for the 2001 and succeeding crop years.
- C Issuances Rescinded. This handbook replaces Transmittal No. 24020 dated November 19, 1999.

FILING INSTRUCTIONS:

Remove

Insert

Entire Handbook

New Handbook

DISTRIBUTION

Directors, Washington, D.C., Kansas City, Regional and Compliance Offices; National Appeals Division; Reinsured Companies, and National Crop Insurance Services.

RESERVED

3 WRITTEN AGREEMENT

The written agreement is a document designed to provide crop insurance for insurable crops when coverage or rates are unavailable and to modify multiple peril crop insurance offers. This document allows the flexibility to provide insurance coverage for land or persons involved in the production of insurable crops and to amend the terms and condition of insurance provided in the insurance policy **when specifically permitted** by the regulation, policy, actuarial documents, or special provisions.

A General Rules

- (1) The written agreement is valid only for the crop year indicated on the agreement, unless otherwise specified.
- (2) Requests for written agreements must include all information required to establish insurance coverage in accordance with the policy and actuarial documents (**written agreement requests will not be accepted for crops for which there is no crop policy, endorsement, crop provision or alter policy provisions, price elections, etc. unless specifically permitted as stated above**).
- (3) Initial requests that establish insurability and are submitted after the **sales closing date require a crop inspection if the crop has been planted**. A written agreement will not be approved if the crop's potential does not equal or exceed 90 percent of the yield per acre used to determine the production guarantee or amount of insurance at the time the offer is to be made. (See the applicable Crop Loss Adjustment Standards for appraisal procedures.)
- (4) Any existing policy and actuarial requirements will remain in effect if the request is denied, the written agreement offer is not accepted by the insured, the written agreement is not accepted by the insured by the expiration date, the minimum crop yield per acre specified in (3) above is not met, or is not approved by the Risk Management Agency (RMA) Regional Offices (hereafter referred to as Regional Offices or RO) or the Insurance Provider (e.g. Reinsured Company), as applicable.
- (5) Any written agreement which provides identical coverage (within 5 percent tolerance) to that requested may not be rejected by the insured or the Insurance Provider [See Section 3B(1)(a)].
- (6) Written agreements are not authorized for any policies insured under the Catastrophic Risk Protection Endorsement (CAT), and Income Protection (IP) programs. Written agreements may be authorized for:

- (a) Revenue Assurance (RA) for rate only (either a rate or factor of a rate). If the crop is not insurable in the county for MPCCI coverage it is not available for RA coverage.
 - (b) Crop Revenue Coverage (CRC) to insure acreage in counties without CRC premium rates that are adjacent to counties with CRC rates, for unit division, or to receive a premium rate reduction on land classified as high risk.
 - (c) Group Risk Protection (GRP) may have written agreements to insure hybrid grain sorghum, hybrid corn seed, popcorn, sweet corn, and other speciality corn as basic grain sorghum or basic corn, respectively, for group risk protection coverage.
 - (d) Written agreements may also be authorized for pilot crops where designated in the crop provisions, but only in the county where the pilot is approved. (If the pilot crop is approved for the state, all counties within that state are approved.)
- (7) **The Insurance Provider will follow all processing and approval procedures applicable for written agreements which may be authorized and approved by the insurance provider (See Exhibit 9.), except procedures for mediation and appeals provided under Federal Regulations which do not apply.**

B Required Information for Written Agreements

- (1) ALL REQUESTS for the purpose of establishing a rate or coverage different from that available from the county actuarial documents or initially establishing a rate which are submitted to the authorized representative of the insurance provider less than 60 calendar days prior to the sales closing date must be signed by the authorized representative of the insurance provider and contain the following statement in its entirety:

"I have read and understand the following:

- (a) If this request is for the purpose of establishing a rate or coverage different from that available from the Actuarial Documents, or initially establishing rates and coverage not available on the Actuarial Documents, 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.
- (b) 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 Documents, if available.

- (c) 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 Documents, if available. If this request is to initially establish a rate and coverage not otherwise available from the Actuarial Documents, 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.
- (d) I agree that any option to cancel or change my crop insurance policy for the current crop year based on RMA determinations described in (b) and (c) may be exercised in accordance with the policy by the cancellation date.
- (e) I agree that the preceding statements will apply to any determinations made by RMA as the result of a request for reconsideration, mediation, or an appeal related to this request for a written agreement.”

NOTE: If the request is computer generated, the statements should precede the signature/date line (See Exhibit 6D). If the request is a printed form and space is not adequate to enter the statement on the form, an attachment containing the statements with the insured signature and date may be used.

See Section 3D for additional instructions on submission requirements.

- (2) For counties without actuarial documents, the request must include the following:
 - (a) A completed Actual Production History (APH) form based on verifiable records of actual yields for the crop or a similar crop determined by RMA if records for the same crop are unavailable for at least the most recent three consecutive crop years during the base period. If the producer expands the farming operation across a county or state line into a local producing area, RMA may consider existing production reports from the current crop production to be sufficient;

NOTE: A “local producing area” is defined as an area in a county without actuarial documents that has similar production capabilities, cropping practices and conditions, and which borders a county with actuarial documents for the subject crop.

NOTE: A “similar crop” is defined as another crop produced by the grower and classified under a broad grouping of crops, for example: row crops, tree crops, vine crops, bush crops, etc. The actual records provided for a “similar crop” are intended to demonstrate the farming experience of the producer and may not be used to establish the producer’s coverage. Standard procedures contained in the FCIC 18010 Crop Insurance Handbook (CIH) will be used to determine a transitional yield for the crop (by practice, type or variety).

- (b) Evidence of adaptability; Documentation from the local county agricultural offices such as Extension Service, Farm Service Agency (FSA), and Natural Resource Conservation Service (NRCS) that the crop can be grown in the county. If possible, obtain a letter from the closest Research and Extension station office indicating crop adaptability. University data, seed company data, producer data from the same climatic area, soils, and practice demonstrating adaptability are also acceptable evidence;
 - (c) The dates the applicant and other growers in the area normally plant and harvest the crop;
 - (d) The name, location of, and approximate distance to the location at which the crop will be sold or used by the applicant;
 - (e) The legal description of the land (in areas where legal descriptions are available), FSA Farm Serial Number (FSN) including tract number, and a FSA aerial photograph or legible maps delineating field boundaries where the applicant intends to plant the crop for which insurance is requested;
 - (f) If applicable, the irrigated water source, method of irrigation, and the amount of water for irrigated coverage must be identified; and
 - (g) Specific requirements contained in Section 4A(1) of this handbook, CIH, or other directives issued by RMA.
- (3) For all other written agreements, the requirements, as applicable, are:
- (a) A copy of the verified APH form(s) for the current crop year;
 - (b) The legal description of the land (in areas where the legal descriptions are available), FSA FSN including tract numbers, and a FSA aerial photograph, or legible maps delineating field boundaries where the acreage is planted or intended to be planted to the crop for which insurance is requested or requested to be amended;

- (c) Evidence of adaptability (See (2)(b)above), if the request is to provide insurance for practices, types, or varieties that are not designated as insurable or specifically excluded from insurability by the Special Provisions; and
- (d) Specific requirements as contained in Section 4 of this handbook, the CIH, or other directives issued by RMA.

C Conditions for Authorizing Written Agreements

A written agreement may be authorized if:

- (1) RMA determines that adequate information is available for the individual and/or county to establish an actuarially sound premium rate and insurance coverage for the insurable crop;
- (2) The crops, types, practices, or varieties are adapted to prevalent production conditions of the county;
- (3) All required information was received by the specified deadlines;
- (4) Individual requests are submitted for each insured;
- (5) The crop is commercially grown in the county and viable markets for the crop are available (applicable for counties without actuarial documents);
- (6) The requested change to the terms of insurance is determined by RMA to conform to sound insurance principles;
- (7) The requested change is a significant variation (as determined by RMA) from the terms and conditions established by the policy, and/or actuarial documents or special provisions, and is authorized by such documents, or other RMA issuances;
- (8) The requested changes to the terms and conditions of insurance are not prohibited by the Federal Crop Insurance Act, as amended, or by the insurance policy;
- (9) It is the result of an appeal or mediation decision RMA is required to implement.

The RO will deny requests that do not meet any of these conditions and will provide an explanation to the Insurance Provider for each request denied. If a request for a written agreement is denied, the original terms and conditions of the contract (if applicable) will remain in force.

D Submission Deadlines for Written Agreement Requests

Submission deadlines for written agreement requests are listed below (See Section 4A and B, and Exhibit 9.). The insured must sign, date, and submit a request for a written agreement in writing to the agent no later than the applicable deadline (See Exhibit 6 A-D for examples of the Request for Actuarial Change Form). The request and supporting documentation must be postmarked no later than 20 calendar days after the applicable deadline (See note below). Any written agreement request that is submitted later than the applicable deadline will be denied. A notification letter stating the reason for denial and information regarding rights will be provided by certified mail to the insured with a copy to the Insurance Provider (See Section 3K).

Note: RO's should monitor instances of requests being received more than 30 calendar days after the applicable submission date and determine any pattern of late submissions and report these to the Reinsurance Services Division.

(1) Sales Closing Date Deadline

The following written agreement requests must be signed by the sales closing date:

- (a) Requests to provide insurance coverage for crop classes (types) of dry beans that are not designated as insurable classes (types) by the actuarial documents or Special Provisions;
- (b) Requests to provide insurance coverage in counties without published rates for the crop, on the actuarial documents;

NOTE: The sales closing date is the applicable crop cancellation date for similar crops with similar planting periods, (i.e., fall planted, spring planted) in the area where the county is located.

- (c) Requests to provide insurance coverage for special purpose corn if coverage is not provided by the Special Provisions;
- (d) Requests to provide insurance coverage for non-irrigated corn grain where only irrigated corn is listed on the actuarial documents;
- (e) Requests to amend the terms of insurance provided in the insurance policy when specifically permitted by the policy;
- (f) Requests to provide coverage for Not Intertilled Between Row (NIBR) sunflowers if coverage is not provided on the actuarial documents;

- (g) Requests to provide coverage for Strip Mined Land if coverage is not provided on the actuarial documents; and
- (h) Requests to insure seed potato acreage in excess of 125 percent of past average seed potato acreage.

(2) Acreage Reporting Date Deadline

The following written agreement requests must be signed by the acreage reporting date as specified in the special provisions for the crop:

- (a) Requests to assign actuarial classifications when the crop is insurable but, such classifications are not provided;
- (b) Requests to amend actuarial classifications contained in the actuarial documents, if additional information is provided in the request which would substantially change the classification (e.g., acreage designated as unrated, unclassified or uninsurable, peanuts and tobacco, and high risk land);
- (c) Requests to provide insurance coverage for crop practices, types, or varieties (P/T/V) which are not designated by the actuarial documents or Special Provisions (Exceptions: dry beans, special purpose corn, non-irrigated corn for grain, and NIBR sunflowers);
- (d) Requests to provide alternative methods of unit division (Written Unit Agreement) on an individual basis when physical features and good farming practices make it impossible for the insured to conform to optional unit division guidelines; and
- (e) Requests to provide coverage on land which has not produced a crop in the last three years.

(3) Other Submission Date Deadlines for Written Agreement Requests (See Exhibit 9.)

Small grains. Requests to insure a crop interplanted or planted with another crop. (Refer to the applicable crop provision for a definition of interplanting.)

(4) Written Agreement Requests With No Submission Date Deadlines

Requests to provide insurance coverage or amend other actuarial classifications as a result of mediation or appeal.

(5) Reissued Written Agreements

See Par. M and Exhibit 9. for submission deadlines for written agreements reissued for subsequent crop years.

E Individual/Multiple Request(s) for Written Agreements

- (1) A separate "Request for Actuarial Change," FCI-5, FCI-5A, FCI-5B, or RMA approved company form must be submitted for each request for actuarial change by county and must provide all the information required by RMA regulations and approved procedures.
- (2) "Lists" of growers submitted for consideration (batch requests) are not acceptable.

NOTE: If multiple growers are included on a request, the RO will return the form as unacceptable.

- (3) A request may include more than one request type (See Section 3D). If a request includes more than one request type, crop or more than one practice, class (type), or legal description/FSN etc.,:
 - (a) One written agreement, may be used for multiple crops, practices, types, etc., if the terms of the written agreement apply equally (e.g., providing standard rates for multiple practices on unrated acreage).
 - (b) Multiple agreements, may be more appropriate if the terms of the written agreement apply separately by crop, practice, type, etc. **If multiple agreements (e.g. different practices) are used for the same crop, the insured may not reject the coverage on one and accept on another.** (This does not limit the insured from excluding coverage through the high risk land exclusion option.)

F Processing Actuarial Requests

The RO will record the date the request is received. Within 15 calendar days of receiving all required information, the RO should issue the written agreement offer, deny the request, or return the request if no action is required. If the RO experiences a delay, notify the Insurance Provider of the reason for the delay and when the approved offer may be expected. In no instances will the date the RO issues the written agreement exceed 30 calendar days after the receipt of all required information (except action taken as a result of a reconsideration, mediation, or an appeal).

- (1) Requests with Missing Information

The RO will:

- (a) When required information is missing from a request, attempt to obtain the missing information by telephone or mail. Communicate the deadline (See Section 3D and Exhibit 9.) for receiving the missing information.
 - (b) Follow up any telephone request with a written notification (provided there is sufficient time for such written notice) specifying the deadline to receive additional information and stipulating what is missing.
 - (c) Reject any request if the deadline is not met.
- (2) When the RO refers requests to the Insurance Provider for more information, record the referral date and the referral code. The date of the call or the date the request for additional information was mailed will be the referral date. (Refer to the RO user's manual for referral codes.)
 - (3) Denying a Request. When denying a request for a written agreement, use certified mail to send a denial letter to the insured with a copy to the Insurance Provider and include a notice of reconsideration, mediation, and appeal rights and procedures, if applicable (See Section 3K).
 - (4) When a request is denied, record the type of written agreement requested (See Section 3H(2) for codes). Record the date the denial letter is mailed to the Insured as the date of denial, and the code which shows the reason for denial.

Reasons for denial:

- (a) Late requests. Use code (LAT) to record requests received in the RO office after the applicable deadline.
- (b) Denied requests. Use code (DEN) to record cases in which the RO declines to make the requested change (e.g., requests for insurance on buckwheat).
- (c) Incomplete requests. Use code (INC) to record requests that contain little or none of the required information. Also use when you have asked for more information and it was not provided by the deadline (See (1) above).
- (d) Inappropriate requests. Use code (INA) to record requests that do not require a written agreement (e.g., a written agreement was issued the preceding year and changes are now included in the actuarial documents).

G Written Agreement Provisions

- (1) Required Written Agreement Provisions. Use the standard written agreements (Exhibits 1 to 4) when issuing a written agreement.
- (a) For written agreements providing coverage in counties without actuarial documents, the written agreement will include:
- 1 “T” Yields or classifications and/or any other basis of insurance coverage as appropriate for the crop or as contained on the actuarial documents of the reference state and county (with any exceptions noted). Refer to the CIH for further instructions.
 - 2 The premium rates, which may be the rates:
 - a Shown on the county actuarial documents for the reference county. (The rate tables for the reference state and county may be attached for this purpose. Any exceptions must be noted.);
 - b Determined by applying a factor to rates from the reference county actuarial documents; or
 - c Determined by quoting individualized rates at the 75 percentage coverage. Differential factors for the crop will be used to determine the premium rate for other coverage percentages.
 - d Determined by using an add-on rate to the preliminary base rate.

NOTE: Determine rates with the goal of achieving and maintaining a cumulative national loss ratio of 1.075. This applies to ALL written agreements that establish a rate.

The “20 percent rate cap” rule does apply to written agreements which are reissued for a subsequent crop year.

- 3 The reference state and county for determining the Special Provisions (attach a copy of the Special Provisions of the reference county and price elections to the written agreement);

Note: Price elections may not vary from those published except as authorized in this procedure (See Section 4) or other RMA issuances.

- 4 Terms and conditions including exceptions to the Special Provisions of the reference state and county (See Note under (b) below);
 - 5 The expiration date (See Note 2 under (b) below); and
 - 6 Other necessary administrative statements as provided in this handbook or other statements as approved by Insurance Services (IS)/Research and Development (R&D).
- (b) For all other written agreements, all variations to the contract will be specified in the written agreement including:
- 1 The actuarial documents (including applicable Special Provisions), forms, terms or conditions amended by the agreement; (See note under (a)(3) above);
 - 2 The insurance coverage [See Par. G(1)(a)1];
 - 3 The premium rate [See Par. G(1)(a)2];
 - 4 The terms and conditions of the agreement including exceptions to the Special Provisions of the reference state and county (See Note 1 below);
 - 5 The expiration date (See Note 2 below); and
 - 6 Other necessary administrative statements as provided in this handbook or other statements as approved by IS/R&D.

NOTE 1: As provided in G(1)(a)4 and (b)4, you may alter the dates on the written agreement from the dates applying to the reference state/county; the dates that are used on the written agreement may be the dates for crops with similar planting periods in the location county.

NOTE 2: The expiration date referenced in G(1)(a)5 and G(1)(b)5 is not required if part (a) of the statement contained in Section 3B(1) applies and the request is approved in accordance with Section 3I(3).

- (2) The late planting option or late planting provision may apply to acreage of a crop covered by the written agreement. When a late planting option/provision is in effect for the crop, the assigned rates and/or coverage will be based on a timely planted crop without regard to the option/provision. Coverage adjustments will be made in accordance with the late planting option/provision.
- (3) Determining the Expiration Date of the Written Agreement (if applicable). A written agreement issued 30 calendar days or more before sales closing

remains a valid offer until 11:59 pm on the day of sales closing. Written agreements issued less than 30 calendar days before or after the sales closing are valid offers for 30 calendar days.

H Recording/Logging of Written Agreements

- (1) When a written agreement is issued by the RO, the RO will:
 - (a) For RO issued/approved written agreements [See Section 3I(3) below];

Record the type of written agreement and the date the written agreement is mailed as the date issued.
 - (b) For written agreements issued to an insurance provider;

Record the type of written agreement, the expiration date of the written agreement, and the date the written agreement is mailed as the date issued.
- (2) Logging Codes by Type of Written Agreement:
 - (a) High-Risk Land. Use code (HR) to change the rate on high-risk land.
 - (b) Acreage designated unrated, unclassified, and uninsurable. Use code (UC) to classify the land as either high risk or standard APH.
 - (c) Reclassified Land. Use code (RL) to change the area classification of land or to reclassify high-risk land to standard APH rates.
 - (d) Undesignated practice, class, (type) and variety. Use code (TP).
 - (e) Dry Beans, undesignated insurance classes. Use code (TD).
 - (f) County with no actuarial documents. Use code (XC) when there is a crop program available, but no rates are published in the county.
 - (g) Peanut and Tobacco. Use code (PT).
 - (h) Policy Amendments. Use code (PE) whenever a written agreement amends the terms of insurance provided in the insurance policy if specifically permitted by the crop policy, endorsement, or crop provision.
 - (i) Non-Irrigated Corn. Use code (TC).

- (j) Special Purpose Corn. Use code (SC).
- (k) New Breaking. Use code (NB) for land that has not been previously farmed.
- (l) Unit Agreement. Use code (UA).
- (m) Unclassified Entities Listing Changes. Use code (LS) when any listing is amended.
- (n) Small Grain Policy. Use code (SG).
- (o) Strip Mined Land. Use code (SM)
- (q) Other. Use code (OT) when requests do not fall into any of the above categories.
- (r) Seed Potato. Use code (SP) seed potato acreage is greater than 125% of past average acres.
- (s) Rotation Exceptions. Use code (RE) where provided for by the Special Provisions.
- (t) Practice (NIBR) of Sunflowers. Use code (TS) not on actuarial documents.
- (u) Nursery Plant List. Use code (NL) – unrated plant materials.

I Issuing Written Agreements

- (1) Instructions will be provided to the Insurance Provider which indicate:
 - (a) If applicable, the written agreement will not be presented to the insured unless the minimum appraisal in Section 3A(3) is met.
 - (b) The requirements for processing the written agreement (See Section 3J(1)(a) and (b)).

(2) Issuing Written Agreements to the Insurance Provider

The RO will mail the written agreement directly to the Insurance Provider. It is the Insurance Provider's responsibility to process the written agreement in accordance with this procedure.

(3) RO Issued/Approved Written Agreements

On some written agreements, the signatures of the insured and authorized representative of the Insurance Provider are not required. Written

agreements issued by the RO under Section 3B(1)(a) are considered accepted by the insured as of the date of the request and are approved by the RO (subject to Section 3A(3)) upon issuance to the Insurance Provider. The Insurance Provider may not void or alter the agreement terms. See the exhibit's title page for additional instructions on written agreements approved by the RO. Provide copies of the request to the Insurance Provider for distribution with the written agreement.

NOTE: RO issued/approved written agreements also include those cases involving reconsiderations, mediations, and appeals where the coverage requested is provided to the insured.

J Processing the Written Agreement

For written agreements not covered under Section 3I(3).

- (1) When the insured accepts/signs the written agreement as offered by the expiration date:
 - (a) For written agreements requested after the sales closing date which establish insurability.
 - 1 The Insurance Provider will perform a crop inspection, if required (See Section 3A(3)), and obtain the insured's signature if the crop inspection requirements are met.
 - 2 Return the completed written agreement to the RO within 10 calendar days of the expiration date. If the written agreement is received at the RO later than 10 calendar days after the expiration date, the RO may reject the agreement [excludes written agreements approved under Section 3J(1)(b)].
 - a If the agreement is not accepted, an offer was not made to the insured due to a failed crop inspection, or the Insurance Provider chooses not to make the offer, return the agreement to the RO with the applicable notation (offer rejected by the insured, offer not made due to a failed crop inspection, or the Insurance Provider declined to make an offer).
 - b A copy of the agreement (with notation, if applicable) will be retained as a permanent part of the insured's file folder.

- 3 The RO will record the date of receipt of the written agreement.
- 4 The RO Director, or a designated authorized representative will approve all accepted written agreements that are returned timely provided the condition of the crop as determined by the crop inspection is acceptable. [See Section 3A(3)].
- 5 After approval, the RO will retain a copy of the written agreement for their records. The RO will send the original written agreement to the Insurance Provider for distribution. The original will be placed in the insured's file folder and a copy forwarded to the insured and, if applicable, the agent.

NOTE: The RO Director may delegate authority to an Insurance Provider to approve written agreements under 3J(1)(a) including distributing the agreement. Written agreements will be processed as described in 3J(1)(b) below.

- (b) For written agreements requested by the sales closing date or requested after the sales closing date and **which do not establish insurability**.

- 1 The Insurance Provider will obtain the insured's signature.
- 2 The authorized representative for the Insurance Provider may approve all written agreements that are returned timely.
- 3 After approval, the Insurance Provider will retain the original copy of the written agreement in the insured's file. A copy will be forwarded to the insured, agent, and RO.
- 4 The RO will record the date the written agreement was issued.
- 5 The RO will record the date of receipt of the accepted written agreement.
- 6 The RO will record the date the company approved the written agreement as the date signed by the applicable approving official.
- 7 When the insured rejects the written agreement, or when the Insurance Provider does not offer the written agreement, a copy of the agreement will be returned to the

RO with the applicable notation (offer rejected by the insured or Insurance Provider declined to make an offer).

(2) When the insured accepts the written agreement after the expiration date:

(a) For written agreements under Section 3J(1)(a)

Record the written agreement as **denied** (signed by the insured) after the expiration date. Record acceptance by the insured and deny the written agreement. Record the denial date and the reason for the denial, as "LATE." See Section 3K for reconsideration, mediation, and appeal instructions.

(b) For written agreements under Section 3J(1)(b)

Record the written agreement as **denied** (signed by the insured) after the expiration date. Notify the Insurance Provider that the changes authorized by the RO and contained on the written agreement are not valid for RMA purposes because they were accepted by the insured after the expiration date. Record the date the RO notified the company. Provide a list of all written agreements accepted after the expiration date to the Insurance Provider, Reinsurance Services Branch and the applicable Field Compliance Office. Reconsideration, mediation, and appeals are not applicable.

(3) When the written agreement is NOT returned:

(a) For written agreements under Section 3J(1)(a).

Record any written agreement not returned within 10 calendar days of the expiration date specified in the written agreement. Provide a list of written agreements which are not returned to the Insurance Provider, Reinsurance Services Branch, and applicable Field Compliance Office.

(b) For written agreements under Section 3J(1)(b).

When a **copy** of the written agreement is not returned to the RO, make an entry on the request log. Provide a list of written agreements which are not returned to the Insurance Provider, the Reinsurance Services Branch, and the applicable Field Compliance Office.

K Reconsideration, Mediation, and Appeals

(1) If a written agreement is issued and the written agreement offer is not acceptable to the insured, the insured may first request a reconsideration

(in accordance with the Crop Insurance Handbook) through the RO which made the original determination. The reconsideration request must contain additional evidence or information to be considered. If the request for reconsideration is denied, provide notification to the insured by certified mail with a copy to the Insurance Provider of the denial of the reconsideration request and the insured's mediation and appeal rights. Determinations based on these procedures or applicable regulations are not appealable.

- (2) If a request for a written agreement is denied, provide notification of such denial by certified mail to the insured with a copy to the Insurance Provider and include a notice of reconsideration, mediation or appeal rights. These rights do not apply if the requirements of Section 3A(2), B, C, D, and E are not met.
- (3) If the written agreement [under Section 3I(3) and 3J(1)(a)] is denied due to a failed crop inspection or [under Section 3J(1)(a)] because it was not accepted by the insured by the expiration date, provide notification by certified mail to the insured with a copy to the Insurance Provider of the determination and the decision is not subject to reconsideration, mediation, or appeal. Determinations based on these procedures or applicable regulations are not appealable.
- (4) The Insurance Provider's determination not to accept/approve a written agreement is not subject to mediation or appeal under federal regulations.
- (5) Refer to the CIH, Section 11 (Appeals) for further information and instructions.

NOTE: The insured should be advised the determination that the decision is not appealable may be appealed.

L Filing the Terms of Expiring Written Agreements

The RO may incorporate the terms of expiring written agreements that establish or modify coverage or rate classifications of an insured in the county Actuarial Document Book (ADB). The RO may correct errors, update insurance experience, and rework county rates and coverages before publishing the terms of expiring written agreements for the next crop year. Written agreements which are not incorporated into the ADB may be reissued in subsequent crop years at the request of the insured. The request must be submitted and processed in accordance with this procedure and the CIH.

Written agreements that alter the:

- (1) FCI-32: (Rules page, Listing, or Statements)

- (a) To the maximum extent possible, incorporate the written agreement including rate or coverage classifications into the FCI-32 listing for the following crop year.
 - (b) Classifications established by written agreement from the previous crop year for new producers with less than three years of records in the county, or less than three years of records for the practice/type should be reviewed for possible incorporation into the FCI-32 Listing. If less than three years of records are available for the producer/practice/type, the written agreement may have to be updated and reissued another crop year.
 - (c) The Regional Office should maintain a working log of all requests for written agreements and use the information to update the classification listing so that repeated requests are minimized.
- (2) FCI-33: (Rules page, map, or statements)
- Incorporate the written agreement, including any appropriate changes, into the FCI-33, if the FCI-33 is being updated for other reasons.
- (3) FCI-33 Supplement: (Rules page and listing)
- To the maximum extent possible, incorporate the written agreement including any appropriate changes into the FCI-33 Supplement for the following year.

M Reissuance of Written Agreements

The Insurance Provider must determine if a request for reissuance of a written agreement is necessary in subsequent crop years. When reissuance is required, attach a photocopy of the previous written agreement (and if applicable the previous APH form) to the request and obtain the insured's signature and date. The deadline for requesting reissuance of a written agreement is the applicable crop's sales closing date (including transfers) for most written agreements (See Exhibit 9.). The request (including any required documentation) must be signed and dated by the insured and postmarked no later than 20 calendar days after the sales closing date (See Section 3D). If the request is submitted after the applicable deadline, the request will be denied. If the previous agreement needs updating because of a new FSN, legal description, etc., note this information on the photocopy. The RO will evaluate the request and reissue the agreement if it remains appropriate on the previous terms. If deemed necessary, the agreement may be modified and the Insurance Provider notified of the change. If more information is needed, the RO will contact the Insurance Provider.

Reissuance is not necessary if:

- (1) The land or individual classification provided by the written agreement was incorporated into the actuarial documents book.
- (2) The rates for a previously unrated crop or P/T/V provided by the written agreement are subsequently published in the actuarial documents book.

4 GUIDELINES FOR WRITTEN AGREEMENT DETERMINATIONS**A Agreements Required to be Submitted by the Sales Closing Date (See Section 3D and Exhibit 9.)**

- (1) Written Agreements for Counties with no actuarial documents
 - (a) See Section 3B(2) for additional details regarding request requirements.
 - (b) Consider requests for coverage extension for any insured crop, based on the following criteria:
 - 1 The policy offered by RMA must be suitable to the crop in the county. For instance:
 - a The policy must permit coverage for the specific practice, type, variety, or option of the crop for which insurance is requested. The request must identify the practice, type, variety, or option, if applicable;
 - b The cause of loss provided for in the policy must be consistent with those conditions that may reasonably be expected to occur in the county;
 - c The end of the insurance period, cancellation, termination or other dates must be consistent with the growing season for the crop in the county; (except as limited by the Note in 3G(1)(b).)
 - d Quality adjustment/moisture adjustment or other special loss adjustment provisions can be applied consistently; and
 - e Intended use of the crop is defined as acceptable in the policy.
 - 2 The crop is commercially grown in the county and a viable marketing outlet is available;
 - 3 There is evidence the crop is adapted to the area;
 - 4 If the crop has been planted previously, the previous acreage planted is representative of the expected acreage to be planted;

- 5 If the production history of a “similar crop” is used to qualify the requested crop, planting expectations for the farm operation, including the requested crop, must be considered reasonable for the producer;
 - 6 Actuarial statements needed to insure the producer are available (See (c) below); and
- (c) Use the following criteria to determine proper dates, statements, rates, and other appropriate provisions:
- 1 See Section 3G for rates, Special Provisions, dates, prices and limitations.
 - 2 If less than four years of records are available, determine a T-Yield to be used in computing the APH yield based on the number of years of records provided for the crop (not the “similar crop”). Refer to the CIH for further instructions. “New Producer” procedure may be applicable.
 - a For crops using county T-Yields:
 - i Use the T-Yield of the reference county, or
 - ii Determine a T-Yield using NASS yield data.
 - b For crops or areas with T-Yield maps (not county T-Yields), determine appropriate T-Yield based on the same criteria used to establish the T-Yield areas of the reference county.
 - c Enter the T-Yield on the written agreement.
 - 3 The RO may adjust the rate for any additional risk based on rating guidelines for those situations (e.g., high risk land).

NOTE: Do not overlook the impact of variable T-Yields in making rate determinations.

- (d) Written agreements issued for previous crop years may be reissued for the current crop year if requested timely. Rates, coverages, and other provisions may be updated, or the request may be denied based on the experience of policy, changes made to the farming operation, administrative rules, the reference county provisions, the actuarial documents for the crop, or the crop insurance policy.

- (e) Maintain a log of requests for coverage by written agreement in counties without an actuarial documents on a crop year basis. Provide this list to the Director, Risk Management Services Division (RMSD), Washington, D.C. when requested for consideration of program expansion.
- (2) Non-Irrigated Corn Grain where only irrigated corn (grain and silage) is listed on the actuarial documents.
- (a) Non-irrigated corn grain insurance coverage is available to those producers who qualify according to the Special Provisions. The request will include:
 - 1 A minimum of three years of actual corn grain acreage and production history on an APH form verified by the Insurance Provider. The production history cannot be based on conversion from corn silage records to corn grain records. Supporting records may be requested for questionable cases.
 - 2 In at least one of the years, 50% or more of the producer's acreage in the county must have been harvested as grain.
 - (b) RO Approved T-Yield. Refer to your approved guides for this information.
 - (c) Written Agreement Preparation:
 - 1 The written agreement will provide a classification for all acreage which meets the productivity standards.
 - 2 Specify map area(s) when necessary. Acreage not meeting productivity criteria and not insurable should be so noted on the cover letter.
 - 3 Another request is required for added land not included in the land location limits of the original written agreement.
 - 4 Specify a reference county to provide a non-irrigated corn grain date table for the written agreement.
 - (d) Cover Letter (Add Statement):

"This written agreement was prepared on the basis that corn grain records were certified to and verified in accordance with RMA

approved procedures. If it is determined that grain records were obtained by factoring silage production, this agreement is null and void."

(e) Written Agreement (Add Statement):

"If grain production records are used as a basis for authorizing this agreement were obtained by factoring silage production, this agreement is null and void."

NOTE: The yield limitation used to "cup" (10%) APH yields does not apply to this producer's non-irrigated corn grain.

The insured's data base should be updated (if applicable) by replacing any previously applied T-Yield with the yield authorized in the written agreement.

(3) UNDESIGNATED Class (Type) for Dry Beans Not Listed on the actuarial documents.

Insurance may be written on dry bean classes, not shown on a specific county actuarial documents, provided the county has an approved dry bean program. Major classes grown in an area will be rated and "T" yields quoted in the actuarial documents. Classes not listed on the actuarial documents may have an offer established by written agreement.

(a) Required information for the class (type).

- 1 Two years of production reports and prices received, or
- 2 University or seed company test plot results and evidence of market potential including the price buyers are willing to pay for the class.

(b) To insure a class (type) of dry beans not listed on the actuarial documents, the request must include acceptable evidence that the class is adapted to the area for which insurance is requested. If the answer to either the following questions is yes, the class (or specific varieties of the class) is considered adapted and insurable:

- 1 Does the insured have two years of production reports and prices received for the class requested in his or her own production area?

If yes, review the production data and any supporting recommendations from universities, extension agents, and other applicable sources, to determine adaptability. Two years of personal production are not conclusive evidence

that a variety of a class is adapted to the area. Review any supplemental information for related classes grown by the insured.

- 2 Do the class test-plot data, other evidence, and recommendations from universities or seed companies demonstrate the class to be adapted to the area? Is there evidence of market potential, including the price buyers are willing to pay for the class?
- (c) The written agreement terms provided by the RO will contain these basic items:
 - 1 Practice, class (type), and variety.
 - 2 T-Yield. Must be identified as standard T-Yields, or T-Yields for high risk or unrated areas. (See (e) below.)
 - 3 The Rate. In determining the rate:
 - a Utilize the master yield concept to arrive at one average yield for each requested type/practice. In other words, combine records by type/practice and utilize standard modified APH rules to obtain an average yield.

EXAMPLE: E61 Type, 003 Practice - Producer has two years of E61 records.

| T-Yield = 700 | Year | Acres | Yield |
|---------------|------|-------|-------|
| | 1996 | - | N 630 |
| | 1997 | - | N 630 |
| | 1998 | - | A1200 |
| | 1999 | - | A 400 |

APH YLD FOR E61 - 2000 Crop Year--- $2860/4 = 715$

- b If the requested type was insurable in the same type group as a type still insurable, use the standard rate for that type.

EXAMPLE: Requested type is E61, which was in the same type group as K61 Navys in 1999. Use the average yield for the requested type determined in 3a and K61 standard rates for the current year to arrive at the applicable rate.

NOTE: For carryover insured, apply a yield limitation (10% cup) to the APH yield used to determine the rate in a previous crop year.

- c If the requested type was not insurable in a type group still insurable, determine the percent rate increases for major type in the county Level 3 for the previous three crop years.

| | | | |
|----------|------------------------------|---|-------------|
| EXAMPLE: | 1996 R05 Pintos | = | 20.0 |
| | 1999 R05 Pintos | = | 25.0 |
| | <u>Percent rate increase</u> | = | <u>1.25</u> |

- d Determine applicable previous year's rate for requested type based on the average yield determined in step 3a.

EXAMPLE: (New Insured) 715 average yield with a 21.3 base rate.

NOTE: For carryover insureds, apply a yield limitation (10% cup) to the APH yield used to determine the rate in a previous crop year.

- e Multiply the applicable previous year's rate from item d by the factor obtained in item c.

EXAMPLE: $21.3 \times 1.25 = 26.6\%$

- f The rate determined in e should be for the 75% coverage level. Coverage differential factors will be used to determine rates for other coverage levels.

4 Price election set (See (f) below).

5 Final planting date.

- (d) See Section 3G for additional instructions related to (c) above.

- (e) Determine the T-Yield using the following criteria. The T-Yield for the requested type will be the lesser of:

- 1 Step 1: Calculate T-Yield
 Current T-Yield of major type in county = C
 Established price of major type in county = P1
 Established price of requested type = P2

$$\text{T-Yield} = \frac{C \times P1}{P2}$$

- 2 Step 2: A prior T-Yield established for requested type subject to any revisions for current crop year. If no prior T-Yield, use Step 1 or 3.
- 3 Step 3: The current T-Yield of the major type in the county.

NOTE: If step (1 or 3) results in a T-Yield that is significantly below any T-Yield established and accepted for the current crop year, the RO may use a prior T-Yield, if applicable, in lieu of step (1 or 3) for an established yield history.

- 4 Step 4: Average of actual history on the type if 4 or more years of records are provided.

NOTE: If the resulting T-Yield, under steps 1, 2, or 3 is determined to be too low because actual yields for the same type are much higher, use the 4 or more year actual average (master yield basis) rounded down to the nearest 25 pounds/acre for the T- Yield.

RMA reserves the right to alter the formula for unusual situations not contemplated in its development. RO's should contact the Risk Management Services Division (RMSD) in Washington, D.C. for instructions.

- (f) When the Dry Bean Class or (Type) is not listed on the actuarial documents for the county, establish the price election set by using the lower of set for the comparable class/type from the **master price list (MPL)** or the contract price, if the beans are under contract.

Any dry bean class/type not on the MPL must be coded (999) for class/type, and the reference state/county must be the same as location state/county.

(4) Not Intertilled Between Row (NIBR) Sunflowers

The Sunflower Seed Crop Provisions will allow insurance for sunflowers planted in rows which are not far enough apart to permit cultivation, if the practice is allowed in the Special Provisions of Insurance (Special Provisions), or if there is an approved written agreement.

NOTE: No written agreements will be authorized for land classified as high risk.

The RO will also closely monitor the insurance experience of this practice to determine the required adjustments to rate or whether to provide a practice on the actuarial documents.

(5) Written Agreements for Nursery Crops.

(a) A completed FCI-5A Request for Actuarial Change Form must contain the following information:

- 1 Exact names of genus, species, subspecies, cultivar, (e.g., scientific name), common name, and plant or container sizes, as appropriate;
- 2 Practice (e.g., container or field grown);
- 3 County in which the nursery and plants are located;
- 4 One or more wholesale catalogs/price lists, that the RO determines is a *bona fide* and representative commercial wholesale price catalogs/price list containing price information for the requested plants. Additional catalogs/price list(s) may be requested

Note: Crop year, servicing company, and policy number, if available, must be shown on the catalogs/price lists. A crop Inventory Valuation Estimate cannot be used as a substitute for a catalog/price list.

(b) The deadline for submitting requests to the agent is the application date for new insureds and cancellation date for carryover insureds. See Exhibit 9.

(c) A written agreement is available only for plants not insurable under the Eligible Plant Listing and Plant Price Schedule (EPLPPS). A written agreement may not be used to alter insurance of plants listed (i.e., Pricing methods, differing sizes, etc.) except when authorized by this procedure or other RMA issuances.

- (d) When plants are not listed on the EPLPPS for the area, the underwriter will determine if the plants are listed in another RO's EPLPPS.
- 1 If the plants are found in another listing, the underwriter will determine if:
 - a The plants are in the proper hardiness zone; and
 - b The storage keys are applicable and that cold protection by the applicant meets requirements of the Plant Price Schedule;
 - 2 If the plants are not on another listing or (d) 1 a and or b above are not applicable then The RO will:
 - a Use the "Index of Garden Plants" by Mark Griffiths to verify the minimum hardiness zone for field grown plants.
 - b Determine whether the catalogs/price lists provide adequate information to price the plants and, if not, request additional catalogs/price list(s) or information.
 - c Submit reference catalogs/price lists identifying the plant specie and size with the request to the designated consultant. Request assistance regarding:
 - (1) Nomenclature;
 - (2) Plant type;
 - (3) Storage keys;
 - (4) Hardiness Zone; and
 - (5) Price.
- (e) In addition to the requirements listed in the Section 3G(a) and (b), the written agreement must contain all of the information:
- 1 Plant's botanical or commercial botanical name and common name;
 - 2 Price, by practice, type and size;

3 Hardiness zones for each plant/practice; and

4 Storage key or minimum hardiness zone

- (f) For any written agreement that is authorized, the RO must provide a copy of the necessary data (See paragraph (e) above) to the designated consultant.

(6) Strip-Mined Land

An insured may qualify for a written agreement on uninsurable strip-mined land if an agricultural commodity other than a cover, hay, or forage crop (except corn silage), has been harvested from the acreage for at least five crop years after the strip-mined land was reclaimed; if the productivity potential of the reclaimed strip-mined land is equivalent to similar non-strip mined land in the county. Evidence to consider in making this determination includes:

- (a) FSA aerial photographs;
- (b) Description of Reclamation Process Report;
- (c) Date reclamation completed;
- (d) Actual Production History; and
- (e) Soil Conservation Service (SCS) or Natural Resource and Conservation Service (NRCS) soil mapping (if available).

B Agreements Required to be Submitted by the Acreage Reporting Date (See Section 3D and Exhibit 9.)

NOTE: Written agreements (1) - (3) are grouped under the High Risk Areas and Unrated Land (P/T/V) written agreement types in Exhibit 9.

(1) Individual Rating of Flood-Prone Land

- (a) Land that is not class rated on the FCI-33, crop insurance actuarial map, may be individually rated in response to a request for actuarial change. The rate is offered by a written agreement.
- (b) Land that is class rated may be individually rated in response to a request for actuarial change. A rate lower than the class-rate on the FCI-35, coverage and rate, may be issued by a written agreement.
- (c) To determine a rate for land described on the request, the underwriter should consider the following:

- 1 The class-rate listed on the FCI-35, or the probable class-rate if flood-history data is available and the land is unrated.
 - 2 The location of the insured's cropland as outlined on aerial photos.
 - 3 The severity of the flood-risk on the insured's cropland as determined from the SCS county soil surveys or from the county NRCS personnel.
 - 4 The presence of any flood-abatement measure between the cropland and the river, or practices that prevent or reduce overflows of the land from heavy rain(s).
 - 5 The individual's approved APH yield and yearly yields for the cropland.
 - 6 The individual's insurance experience.
- (d) To rate the insured's cropland, refer to the Classification Standards Handbook (CSH) for rating instructions.
- (e) Establish a rate for the 75% coverage level. Coverage differential factors will be used to determine rates for other coverage levels.
- (2) Undesignated Practice, Class (Type), or Variety

Evaluate the request against acceptable farming practices, classes (types), and varieties for the area (See Section 3B(3) for requirements). If the request is approved, prepare a written agreement and establish a rate for the 75% coverage level. Coverage differential factors will be used to determine rates for other coverage levels. When authority is issued for a specific practice, class (type), and variety, all individual agreements relating to that specific use may be approved for requests meeting all applicable requirements contained in this handbook.

(3) Unrated Land

(a) Unrated Land

When producers request coverage for unrated land, establish a rate based on the risk involved. Review any available information pertaining to the crop production history. Estimate the frequency and severity of probable loss from all insured perils including the frequency and severity of a loss due to any hazardous perils. Make this estimate using NRCS soil surveys, Army Corp of Engineers data, topographical maps, river-level readings, or other sources of

available information. Evaluate the adequacy of control or management practices as part of the rating process.

(b) Unrated Land Located in Wildlife Protection or Management Area

- 1 Written agreements may be used to insure individual producers who contract with Federal or State agencies to grow crops in wildlife management areas. A copy of the current contract between the wildlife management agency and the insured, must be provided.
- 2 Review the contract between the wildlife management agency and the producer. Identify the acreage or percent of acreage intended for harvest on the written agreement.
- 3 If the contract between the wildlife management agency and the producer stipulates that the producer is not eligible for USDA farm program benefits, deny the written agreement.
- 4 Consider the risk associated with the terms of the grower/wildlife agency contract and any physical hazard present.

(c) To assign a rate to unrated land, use one of the following:

- 1 When classifying unrated land as standard-risk land, use the following statement within the body of the written agreement to apply FCI-35 standard rates:
"Land which is presently unrated and identified as **(LEGAL/FSN)** is insurable and classified based on the APH approved yields."
- 2 When classifying unrated land to a map area, use the following statement to apply FCI-35 area rates.
"Land which is presently unrated and identified as **(LEGAL/FSN)** is insurable and is assigned a (rate classification) for rating land reporting purposes."
- 3 When classifying unrated land as high-risk, use the following statement:
"Land which is presently unrated and identified as **(LEGAL/FSN)** is insurable at a guarantee based on an approved APH yield (or "T"Yield) of _____ bu/acre and is assigned a base premium rate of _____."

NOTE: Enter the base rate for the 75% coverage level. Refer to the Coverage Level Rate Differential Table on the FCI-35 for applicable factors to compute the premium rate for other available coverage levels.

(4) Written Unit Agreements

An insured may qualify for a written unit agreement if ALL of the following criteria are met:

(a) Creating optional units formed across section lines.

- 1 The insured must clearly indicate the physical features and good farming practices which make it impossible to follow optional unit division resulting in inequity.
- 2 At least the most recent years' APH records separated by proposed units must be provided with the request.
- 3 Physical features must be the basis for unit boundaries such as canyons, lakes, rivers, mountains, or irrigation systems which clearly distinguish different farming operations. These features must present a significant obstacle to farming operations and are not under the insured's control.
- 4 Acreage planted to an insured crop where the planting pattern continues across section lines may be a separate unit provided all other specific criteria exist. However, an insured may not receive more units than would be allowed had the special circumstances not existed. Units established by written unit agreement cannot be smaller than would be allowed under optional/guideline and policy units. In addition, an NRCS conservation plan is not a valid basis for a written unit agreement.

(b) Creating optional units from oversized sections or Farm Serial Numbers (FSN's).

- 1 Each oversized section or FSN must be divisible into two or more blocks each containing at least 640 acres.
- 2 All optional unit guidelines contained in the policy, special provisions or actuarial documents must be met.
- 3 Physical features must be the basis for unit boundaries, such as canyons, lakes, rivers, mountains, irrigation systems, or other permanent boundaries (e.g. roads, drainage ditches, etc) which clearly distinguish different farming operations.

(c) Processing Written Unit Agreements under (a) and (b).

The Insurance Provider must prepare the written unit agreement, together with supporting materials, and submit the proposed agreement to the applicable RO for approval.

The RO's will:

- 1 Require evidence to be provided to justify the request.
- 2 Require a clear, legible map or diagram to accurately identify units. The map or diagram must be of a reproducible size and quality for attachment to each copy of the agreement.
- 3 Any applicable map or diagram must be specifically referenced in the written agreement for the agreement to be legally valid.
- 4 Include the following statement in the language of all written unit agreements:

This written agreement shall be in effect for the _____, and succeeding crop years provided no significant changes occur to the farming operation which invalidate the approved unit structure. If significant changes occur, this written agreement is null and void.

NOTE: Transferring a policy from one company to another does not require reissuance of the written unit agreement (regardless of the company name shown on the agreement), unless significant changes in the farming operation have occurred.

- 5 The RO will approve or disapprove the written agreement. If the agreement is not approved, notify the Insurance Provider stating the reason why the written agreement is not approved. Refer to Section 3K for reconsideration, mediation, and appeal instructions.

(d) Optional units in the states of Maine, New York and Pennsylvania

- 1 **Section Equivalent Basis.** The following guidelines may be used to establish optional units on a section equivalent basis. These guidelines are restricted to annual crops whose basic and crop provisions allow for OPTIONAL units located in separate sections, section equivalents (in the absence of sections), or FSN's (in the absence of

sections or section equivalents or where boundaries are not readily discernable), and are applicable ONLY in areas 1) that **HAVE NOT** been surveyed using sections or section equivalents such as Spanish grants, or 2) in areas surveyed using sections or section equivalents and the boundaries are not readily discernable (e.g., Alabama). The guidelines are as follows:

- a Insureds may request an Optional Unit Agreement (Agreement) that identifies parcels of land that simulate sections for unit determination purposes. Each section equivalent must:
 - i Contain a block of land **at least one mile square** (block). Blocks are not limited by ownership (may have multiple owners within a block). A block is determined by drawing a one-mile square grid to scale and then overlaying the same scale map with the grid, to determine the minimum amount of land that must be included within the section equivalent. Maps should not depict an area larger than the county and must accurately indicate the scale of the map. The grid must be oriented (north/south) in the same direction as the map. The grid may cross permanent boundaries; however, it may not extend into another county.
 - ii Be clearly indicated on a map using identifiable boundaries.
 - aa The map may be a county road map, tax map, aerial photo or other map, and must be signed and dated by the insured.
 - bb The boundaries used may be either man-made (excludes field roads, fence or tree lines, creeks, etc.) or natural; however, they must be permanent and easily identified (both on the map and in the field). Boundaries may touch the one-mile square block; however, they may not overlap the block.

- (e) **Section Equivalent Designation for Maine, New York and Pennsylvania In Subsequent Years.** Companies have the authority to continue the section equivalent designation in subsequent years provided no significant changes occur. Land added to or removed from the farming operation within any identified section equivalent will not change the section equivalent or require an amended Agreement.
- 1 An amended Agreement may be requested no later than the applicable acreage reporting date for the affected crop if acreage is added to the farming operation that was not included in any identified section equivalent. The amended Agreement must retain any section equivalents established under a prior agreement.
 - 2 In the absence of an amended Agreement, the added land will be considered part of the nearest optional unit of the same basic unit. If the added land is a new basic unit, no further unit division is permitted for the current crop year. An amended Agreement is required for the following crop year.
 - 3 The agent must advise the insured that once the Agreement is approved it applies to all eligible crops insured. The insured **does not** have the option of establishing units on any eligible crop by FSN after the Agreement is approved.

RESERVED

GENERAL INSTRUCTIONS

The following exhibits are for the RO's use in establishing basic formats for written agreements. It may be necessary to modify the formats for unusual situations. Written agreements are not authorized for any policies insured under the Catastrophic Risk Protection Endorsement or Income Protection (IP) . See 3A(6) regarding the availability of written agreements under the Group Risk Protection, Crop Revenue Coverage (CRC) and Revenue Assurance (RA) programs and for pilot crops.

This handbook specifies that if an insured makes a request for a written agreement and RMA grants the requested change (within the 5 percent tolerance rule), the insured must accept the change at that point without the right to reject the agreement. The expiration date, acceptance statement, approval and signature lines for the company and the insured, and reference to "undersigned parties expressly agree that" have been removed from the exhibit examples. The only required signature is the RO director or their designee. The RO should outline in the cover letter accompanying the agreement that the terms are as requested by the insured on the FCI-5, FCI-5A, or FCI-5B, that terms of the agreement will apply to the contract for the crop year specified. The Insurance Provider and insured must accept the insurance coverage provided under the written agreement unless the crop is damaged as stated in Section 3A(3), in which case coverage will not be provided. Attach a copy of the request to each agreement. See Section 3I(3) for additional instructions.

In lieu of issuing another written agreement to correct minor errors in the original agreement, pen and ink changes are authorized.

WRITTEN AGREEMENT (Standard) EXAMPLEPreparation and Distribution:

- 1-2 Enter state and county where crop to be insured is located.
- 3 Request Number - the first 3 characters identifies the Regional Office, (e.g. 001 - 010), or the insurance provider, (use Reporting Org. Code). The remaining 5 characters are a unique numeric number.
- 4 List crop requested and code.
- 5,7,8,9 Enter name, address, social security number and/or employer identification number of applicant/insured as shown on the application for insurance and the crop year.
- 6 Enter policy number if known.
- 10 Enter policy form(s) affected (if applicable, attach appropriate forms).
- 11 Complete an insuring statement with terms of the written agreement which describe the basis for the rate and coverage. Identify practices, types, options (as applicable), and codes. See Sections 3G and 4 for additional instructions regarding coverage and rate determinations.
- 12 Enter the expiration date. A written agreement issued 30 calendar days or more before sales closing remains a valid offer until 11:59 p.m. on the day of sales closing. Written agreements issued less than 30 calendar days before sales closing are valid offers for 30 calendar days. (NOT applicable for certain written agreements. See General Instructions for the Exhibits section.)
- 13 This statement is required for all agreements.
- 14 This statement is required if the agreement is classifying any acreage at anything other than standard rates for crops that are eligible for the High Risk Land Exclusion Option.
- 15-16 Signature and date of insured accepting terms of written agreements.
- 17-20 Company name and address, signature of authorized company representative, date, and company code.
- 21 Enter name of RO providing authorization for the written agreement.
- 22-23 Date and signature of RO Director or their designee authorizing the written agreement.
- 24-25 Date and signature of RO Director or their designee approving the written (**applicable only for written agreements requiring RO approval under Section 3J(1)**).
- * **Enter the following statement:** RMA authorizes the use of this written agreement. Any modifications to the written agreement voids RMA authorization.
- 26 Distribution: Original the Insurance Provider. Copy to agent, insured, and RO file [See Section 3J(1) and (2)].

WRITTEN AGREEMENT (Standard) EXAMPLE

STATE: (1) _____ [] COUNTY: (2) _____ []

REQUEST NO (3): _____ CROP: (4) _____ []

INSURED: (5) _____ POLICY NO: (6) _____

ADDRESS: (7) _____

SSN/EMPLOYER ID NO. (8) _____ CROP YEAR: (9) _____

Under the above insurance policy for the respective insured crop, the undersigned parties expressly agree that the following is an endorsement to ____ (10) _____. The policy covering the stated crop is revised as follows:

(11) As applicable, state coverage and rate by practice, type, and option (with codes).

This offer expires at 11:59 p.m. (12) ____/____/____
(DATE)

(13) This agreement does not apply to any acreage insured under the Catastrophic Risk Protection Plan Endorsement.

(14) If you have signed a High Risk Land Exclusion Option, any acreage classified with a non-standard rate on this agreement is not insurable.

ACCEPTANCE: I certify that I have carefully reviewed this endorsement and agree to its terms and conditions. I further agree and understand that nothing contained herein will otherwise change any of the other terms or conditions of the policy.

(15) _____ (16) ____/____/____
(INSURED'S SIGNATURE) (DATE)

(17) _____ (18) _____
(COMPANY NAME) (SIGNATURE OF COMPANY REP.)

_____ (19) ____/____/____
(COMPANY ADDRESS) (DATE)

_____ (20) _____
(COMPANY ADDRESS) (COMPANY CODE)

Authorized by: Risk Management Agency _____ (21) _____ RO

(22) _____ (23) ____/____/____
(Regional Office Representative) (DATE)

Approved by:

(24) _____ (25) ____/____/____
(Regional Office Representative) (DATE)

* **Enter the statement from the instruction page here.**

(26) **DISTRIBUTION:** Original to the Insurance Provider. Copy to the insured, agent, and RO file.

WRITTEN AGREEMENT EXAMPLE
(For Counties with No Actuarial Documents)
Preparation and Distribution:

- 1-2 Enter state and county where crop to be insured is located.
- 3 Request Number -the first 3 characters identifies the Regional Office, (e.g. 001 - 010), or the insurance provider, (use Reporting Org. Code). The remaining 5 characters are a unique numeric number.
- 4 List crop requested and code.
- 5,7,8,9 Enter name, address, social security number and/or employer identification number of applicant/insured as shown on the application for insurance and the crop year.
- 6 Enter policy number if known.
- 10-11 Enter reference state and county for applicable actuarial documents.
- 12 Enter an insuring statement including all of the variables as appropriate for the crop. This statement should be adjusted to fit the individual circumstances. In general, you must give a basis for coverage as appropriate for the crop (either based on APH or assigned policy or actuarial provisions) and a premium rate. Identify practices, types and options (as applicable), and codes. See Sections 3G and 4 for additional instructions regarding coverage and rate determinations. Attach a copy of the applicable actuarial documents (e.g., which apply to the written agreement). Specify that these documents apply to the written agreement or will apply with exceptions. List the exceptions.
- 13 Enter the expiration date. A written agreement issued 30 calendar days or more before sales closing remains a valid offer until 11:59 p.m. on the day of sales closing. Written agreements issued less than 30 calendar days before sales closing are valid offers for 30 calendar days. (NOT applicable for certain written agreements. See General Instructions for the Exhibits section.)
- 14 This agreement does not apply to any acreage insured under the Catastrophic Risk Protection Plan Endorsement.
- 15 This statement is required if the agreement is classifying any acreage at anything other than standard rates for crops that are eligible for the High Risk Land Exclusion Option.
- 16-17 Signature and date of insured accepting terms of written agreements.
- 18 Company name and mailing address.
- 19-20 Signature of authorized company representative and date the form was signed.
- 21 Enter company identification code.
- 22 Enter name of RO providing authorization for the written agreement.
- 23-24 Date and signature of RO Director or their designee authorizing the written agreement.
- 25-26 Date and signature of RO Director or their designee approving the written **(applicable only for written agreements requiring RO approval under Section 3J(1)).**
- * **Enter the following statement:** RMA authorizes the use of this written agreement. Any modifications to the written agreement voids RMA authorization.
- 27 Distribution: Original the Insurance Provider. Copy to agent, insured, and RO file [See Section 3J(1) and (2)].

**WRITTEN AGREEMENT EXAMPLE
(For Counties with No Actuarial Documents)**

STATE: (1) _____ [] COUNTY: (2) _____ []
REQUEST NO: (3) _____ CROP: (4) _____ []
INSURED: (5) _____ POLICY NO: (6) _____
ADDRESS: (7) _____
SSN/EMPLOYER ID NO. (8) _____ CROP YEAR: (9) _____

REFERENCE COUNTY: (10) _____ [] REFERENCE STATE: (11) _____ []

The undersigned parties agree that insurance will be provided for the policy, county, and crop specified above, under the same terms and conditions as the reference county and state, except as specified in this agreement (12). Include practices, types, and options (as applicable) and codes. State the basis for coverage or rate determinations.

This offer expires at 11:59 p.m. (13) ____/ ____/____
(DATE)

- (14) This agreement does not apply to any acreage insured under the Catastrophic Risk Protection Plan Endorsement.
- (15) If you have signed a High Risk Land Exclusion Option, any acreage classified with a non-standard rate on this agreement is not insurable.

ACCEPTANCE: I certify that I have carefully reviewed this endorsement and agree to its terms and conditions. I further agree and understand that nothing contained herein will otherwise change any of the other terms or conditions of the policy.

(16) _____ (17) ____/ ____/____
(INSURED'S SIGNATURE) (DATE)

(18) _____ (19) _____
(COMPANY NAME) (SIGNATURE OF COMPANY REP.)

(21) _____ (20) ____/ ____/____
(COMPANY CODE) (DATE)

Authorized by: Risk Management Agency _____ (22) _____ RO

(23) _____ (24) ____/ ____/____
(Regional Office Representative) (DATE)

Approved by:

(25) _____ (26) ____/ ____/____
(Regional Office Representative) (DATE)

* **Enter the statement from the instruction page here.**

(27) **DISTRIBUTION:** Original to the Insurance Provider. Copy to the insured, agent, and RO file.

WRITTEN AGREEMENT EXAMPLE
(No Signature Required)
Applicable to Written Agreements under Section 3I(3)
Preparation and Distribution:

- 1-2 Enter state and county where crop to be insured is located.
- 3 Request Number -the first 3 characters identifies the Regional Office, (e.g. 001 - 010), or the insurance provider, (use Reporting Org. Code). The remaining 5 characters are a unique numeric number.
- 4 List crop requested and code.
- 5,7,8,9 Enter name, address, social security number and/or employer identification number of applicant/insured as shown on the application for insurance and the crop year.
- 6 Enter policy number if known.
- 10 Enter policy form(s) affected.
- 11 Complete an insuring statement with terms of the agreement which describes the basis for the coverage and rate. Identify practices, types, options (as applicable), and codes. See Sections 3G and 4 for additional instructions regarding coverage and rate determinations.
- 12 This statement is required for all agreements.
- 13 This statement is required if the agreement is classifying any acreage at anything other than standard rates for crops that are eligible for the High Risk Land Exclusion Option.
- 14 This statement is required if the agreement establishes insurability and the request was submitted after the sales closing date.
- 15 Enter name of RO providing approval for the written agreement.
- 16-17 Signature and date of RO Director or their designee approving the written agreement.
- * **Enter the following statement: RMA approves the use of this written agreement. Any modification to the written agreement voids RMA approval.**
- 18 Distribution: Original to the Insurance Provider. Copy to the agent, insured, and RO [See Section 3I(3)].

When issuing the written agreement to under Section 3I(3), the RO Director or their designee will approve the written agreement prior to sending it to the Insurance Provider. Attach a copy of the actuarial request to each copy of the written agreement.

**WRITTEN AGREEMENT EXAMPLE
(No Signature Required)**

STATE: (1) _____ [] COUNTY: (2) _____ []

REQUEST NO: (3) _____ CROP: (4) _____ []

INSURED: (5) _____ POLICY NO: (6) _____

ADDRESS: (7) _____

SSN/EMPLOYER ID NO. (8) _____ CROP YEAR: (9) _____

Under the above insurance policy for the respective insured crop, the insured signed an actuarial request agreeing that the following is an endorsement to _____(10)_____.

- (11) As applicable, state the basis for coverage and rate by practice, type, and option (with codes).
- (12) This agreement does not apply to any acreage insured under the Catastrophic Risk Protection Plan Endorsement.
- (13) If you have signed a High Risk Land Exclusion Option, any acreage classified with a non Standard rate on this agreement is not insurable.
- (14) This written agreement will be invalid if any planted acreage of the insured crop covered under this agreement will not produce a yield equal to or greater than 90 percent of the yield used to determine the production guarantee or amount of insurance at the time this offer is to be made.

Approved by: Risk Management Agency _____ (15) _____ RO

(16) _____ (17) ____/____/_____
(Regional Office Representative) (DATE)

* **RMA approves the use of this written agreement. Any modification to the written agreement voids RMA approval.**

(18) **DISTRIBUTION:** Original to the Insurance Provider. Copy to the insured, agent, and RO. Attach copies of the actuarial request to the Insurance Provider, agent, and insured's copies of the written agreement.

WRITTEN AGREEMENT EXAMPLE
(For Counties with No Actuarial Documents)
(No Signature Required)
Applicable to Written Agreements under Section 3I(3)
Preparation and Distribution:

- 1-2 Enter state and county where crop to be insured is located.
- 3 Request Number - the first 3 characters identifies the Regional Office, (e.g. 001 - 010), or the insurance provider, (use Reporting Org. Code). The remaining 5 characters are a unique numeric number.
- 4 List crop requested and code.
- 5,7,8,9 Enter name, address, social security number and/or employer identification number of applicant/insured as shown on the application for insurance and the crop year.
- 6 Enter policy number if known.
- 10-11 Enter reference state and county for applicable actuarial documents.
- 12 Enter an insuring statement including all of the variables as appropriate for the crop. This statement should be adjusted to fit the individual circumstances. In general, you must give a basis for coverage as appropriate for the crop (either from APH or assigned based on the policy or actuarial provisions) and a premium rate. Identify by practice, type and option (as applicable) and codes. See Sections 3G and 4 for additional instructions regarding coverage and rate determinations. Attach a copy of the applicable actuarial documents (e.g., which apply to the written agreement). Specify that these documents apply to the written agreement or will apply with exceptions. List the exceptions.
- 13 This statement is required for all agreements.
- 14 This statement is required if the agreement is classifying any acreage at anything other than **Standard** rates for crops that are eligible for the High Risk Land Exclusion Option.
- 15 Enter name of RO providing approval for written agreement.
- 16-17 Date and signature of RO Director or their designee approving the written agreement.
- * Enter the following statement: RMA approves the use of this written agreement. Any modification to the written agreement voids RMA approval.
- 18 Distribution: Original to the Insurance Provider. Copy to the agent, insured, and RO [See Section 3I(3)].

When issuing the written agreement under Section 3I(3), the RO Director or their designee will approve the written agreement prior to sending it to the Insurance Provider. Attach a copy of the actuarial request to each copy of the written agreement.

| INSURANCE PROVIDER AGREEMENT (OPTIONAL UNIT AGREEMENT FOR ANNUAL CROPS IN DESIGNATED STATES) | |
|--|---|
| STATE: (1) _____ [] | COUNTY: (2) _____ [] |
| CROP(S): (3) _____ [] | INSURED: (4) _____ |
| POLICY NO: (5) _____ - _____ | ADDRESS: (6) _____ |
| SSN/EMPLOYER ID NO.: (7) _____ | CROP YEAR: (8) _____ |
| <p>Under the above insurance policy for the respective insured crop(s), the undersigned parties expressly agree that the following is an endorsement to (9) _____. The policy covering the stated crop(s) is revised as follows:</p> | |
| (10) | <p>You are allowed one agreement per county that covers all of your insured annual crops that are allowed optional units by section equivalents. If it is determined you have two or more agreements for the same county, the agreement with the earliest date will be applicable to all crops and the other agreement(s) will be void.</p> |
| (11) | <p>You must delineate blocks of land that are at least one mile square to establish section equivalents and must be contained within permanent boundaries of the section equivalent. Section equivalents for optional unit purposes are established on the attached sketch map(s).</p> |
| (12) | <p>For each optional unit you MUST have available written verifiable records of acreage and production for the previous APH crop year and maintain records for the current crop year. In addition, acceptable production reports must be filed annually for each optional unit.</p> |
| (13) | <p>Upon our request, if you fail to provide to us such records, optional units created under section equivalents will revert to a basic unit(s).</p> |
| (14) | <p>Documentation of the section equivalents and this written agreement must be completed by the earliest sales closing date that is applicable to any eligible insured crop that is covered by this Agreement. We must approve the agreement before it is effective.</p> |
| (15) | <p>This agreement will remain in effect unless the policies for all eligible crops are canceled or terminated or the agreement is canceled by either you or us for any succeeding crop year by giving written notice on or before the cancellation date for the crop year. Land added to or removed from the farming operation within any identified section equivalent will not change the section equivalent or require an amended agreement.</p> |
| (16) | <p>An amended agreement may be requested by the applicable acreage reporting date for any subsequent crop year if acreage is added to the farming operation after the applicable sales closing date that was not included in any identified section equivalent. If such acreage is added and an amended request is not requested, the added land will be considered part of the nearest optional unit of the same basic unit.</p> |

INSURANCE PROVIDER AGREEMENT
(OPTIONAL UNIT AGREEMENT FOR ANNUAL CROPS IN DESIGNATED STATES)
 (CONTINUED)

- (17) All other provisions of the policy not in conflict with this agreement are applicable.
- (18) This agreement does not apply to any acreage insured under the Catastrophic Risk Protection Endorsement.
- (19) Once the agreement is approved it applies to all eligible insured crops. The insured does not have the option of establishing units by Farm Serial Number (FSN) on any insured crop after the agreement is approved.

ACCEPTANCE: I certify that I have carefully reviewed this endorsement and agree to its terms and conditions. I further agree and understand that nothing contained herein will otherwise change any of the other terms or conditions of the policy.

(20) _____ (21) _____
 (INSURED'S SIGNATURE AND DATE) (AGENT'S SIGNATURE AND DATE)

Authorized and Approved by:

(22) _____
 (INSURANCE COMPANY VERIFIER SIGNATURE AND DATE)

(23) DISTRIBUTION: Original to Insurance Provider. Copy to the insured, agent, and RMA RO. Attach a copy of the actuarial request to each copy of the written agreement.

| FCI-5, REQUEST FOR ACTUARIAL CHANGE IN RECTANGULAR SURVEY | |
|--|--|
| ITEM: AGENT | ENTER: Name of Office where the policyholder's file folder is located. Address of Office location including street, city, state, and zip code of mailing address. Representative's code number. Representative's phone number. |
| COMPANY | <p>Name of Insurance Provider represented by the office stated above.</p> <p>Address of Insurance Provider location including street, city, state, and zip code of mailing address.</p> <p>Five-digit code (e.g., XX123) assigned to the Insurance Provider.</p> <p>Insurance Provider phone number.</p> <p>(1) Name and address of the insured including city, state, and zip code exactly as shown on the application.</p> <p>(2) Applicable state and county.</p> <p>(3) Insured's contract number from policy confirmation.</p> <p>(4) Insured's social security or employer identification number (EIN).</p> <p>(5) Indicate whether producer is Landlord, Operator, or Owner/Operator.</p> <p>(6) Legal description and Farm number (including tract number) of the land, crop name, number of acres, practice, area classification, insured share, and name of other person, if any, sharing in the crop for which the request is submitted. The land should also be identified on the map on the reverse side of the FCI-5. Aerial photo maps or copies can be attached to more clearly identify the acreage.</p> <p>Requested change, be as specific as possible, for example:</p> <p>(a) Request that a rate and coverage be established. The actuarial documents for the county in which this land is located do not provide a coverage and rate for [NAMED] crop(s).</p> <p>(b) Request that land located in [NAMED] county be added to [NAMED] county for [NAMED] crop(s).</p> <p>(c) Request that a coverage and rate be established for the successor-in-interest applicant. The original insured was [INSURED'S NAME].</p> <p>(d) Request that the area/risk classification be changed from [PREVIOUS] to [PRESENT] for [NAMED] crop(s).</p> |

**FCI-5, REQUEST FOR ACTUARIAL CHANGE
IN RECTANGULAR SURVEY(cont.)**

| ITEM: | ENTER: |
|--------------|--|
| (7) | <p>Requested change, as specific as possible, for example:</p> <ul style="list-style-type: none"> (e) Request that the original classification be restored. This insured has favorable insurance experience and was adversely affected by an actuarial change. (f) Request that a coverage and rate be established for this producer. Current actuarial documents do not provide a coverage and rate. (g) Request that a coverage and rate be established. This land is currently shown as uninsurable on the actuarial documents for the county. (h) Request that a coverage and rate be established for crop(s) on this acreage. The number of acres in this unit does not meet the minimum requirement of the policy. (i) Request that a coverage and rate be established for crop(s) on this acreage. The trees/vines have not reached the minimum number of growing seasons established in the policy. (j) Declare unit as uninsurable. Insured has chosen to decline insurance on this unit because the RO approved a yield lower than the preliminary yield. Insured wants other units insured. (k) Request to provide insurance on this unit based on irrigated yields as shown on the attached FCI-19-A(APH). The actuarial documents do not provide an irrigated practice. The producer will continue to irrigate this acreage. |
| (8) | <p>The crop production, present operator, and unit information requested.</p> |
| (9) | <p>Information that supports the request.</p> |
| (10) | <ul style="list-style-type: none"> (a) This information will be used by the RO to make a decision. (b) Reference any optional coverages which are applicable. (c) Include past production history, farming practices carries out, and other information, if available. (d) Include a justification. (e) Attach a copy of the FCI-19-A(APH) when appropriate. (f) Attach an FCI-6 or similar statement. |
| | <p>Plot location of all land in the county farmed by the producer.</p> |

**FCI-5, REQUEST FOR ACTUARIAL CHANGE
IN RECTANGULAR SURVEY(cont.)**

ENTER:

SIGNATURES: The completed form should be signed and dated as follows:

- A Producer's signature and date in first box.
- B Agent's signature and date in middle box. (Reinsured Companies Only.)
- C Insurance Provider Representative's signature and date in last box.

INSURANCE PROVIDER REPRESENTATIVE RESPONSIBILITIES:

- A Reviews and determines if request is justified, information is adequate.
- B Corrects deficiencies if necessary and recommends approval.

REQUIRED STATEMENT (with FCI-5 or FCI-5A):

The statement shown in Section 3B(1) must be included as a part of each request submitted less than 60 calendar days prior to the sales closing date. It may be added as an attachment to the FCI-5 or FCI-5A or as an add-on to the FCI-5 or FCI-5A (if the form is electronically produced) or the FCI-5 may be used. See note in SECTION 3B(1) for additional instructions.

DISTRIBUTION:

- A Original to the appropriate RO.
- B Copy to the producer.
- C Copy to policyholder's file.

FCI-5 (Reverse Side)(Rev. 1-96)

Use the grid map below 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 can not be drawn on grid map with reasonable accuracy.

Range _____ Range _____

| | | | | | | | | | | | | | | |
|------|----|----|----|----|----|----|--|----|----|----|----|----|----|------|
| | 6 | 5 | 4 | 3 | 2 | 1 | | 6 | 5 | 4 | 3 | 2 | 1 | |
| Twp. | 7 | 8 | 9 | 10 | 11 | 12 | | 7 | 8 | 9 | 10 | 11 | 12 | Twp. |
| | 18 | 17 | 16 | 15 | 14 | 13 | | 18 | 17 | 16 | 15 | 14 | 13 | |
| | 19 | 20 | 21 | 22 | 23 | 24 | | 19 | 20 | 21 | 22 | 23 | 24 | |
| | 30 | 29 | 28 | 27 | 26 | 25 | | 30 | 29 | 28 | 27 | 26 | 25 | |
| | 31 | 32 | 33 | 34 | 35 | 36 | | 31 | 32 | 33 | 34 | 35 | 36 | |
| | 6 | 5 | 4 | 3 | 2 | 1 | | 6 | 5 | 4 | 3 | 2 | 1 | |
| | 7 | 8 | 9 | 10 | 11 | 12 | | 7 | 8 | 9 | 10 | 11 | 12 | |
| Twp. | 18 | 17 | 16 | 15 | 14 | 13 | | 18 | 17 | 16 | 15 | 14 | 13 | Twp. |
| | 19 | 20 | 21 | 22 | 23 | 24 | | 19 | 20 | 21 | 22 | 23 | 24 | |
| | 30 | 29 | 28 | 27 | 26 | 25 | | 30 | 29 | 28 | 27 | 26 | 25 | |
| | 31 | 32 | 33 | 34 | 35 | 36 | | 31 | 32 | 33 | 34 | 35 | 36 | |

Range _____ Range _____

| | | | | | |
|---|------|--|------|--|------|
| 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. | | I have reviewed the above information and to the best of my knowledge and belief it represents accurate information. | | I recommend that the requested actuarial change be approved. | |
| Signature of Producer | Date | Signature of Agent | Date | Signature of Company Representative | Date |

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

To the extent that the information requested herein relates to the information supplier's individual capacity as opposed to the supplier's entrepreneurial (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, as amended, (7 U.S.C. 1501 *et seq.*) and the Federal Crop Insurance Regulations contained in 7 CFR 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 your operation of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN/EIN is voluntary; however, failure to furnish that number will result in you being denied 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 (or fees), 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 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. Furnishing the information required by this form is voluntary; however, failure to report the correct, 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.

PAPERWORK REDUCTION ACT

In accordance with the Paperwork Reduction Act, public reporting burden for the collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection information, including suggestions for reducing this burden to the Department of Agriculture, Clearance Officer, OIRM, AG Box 7630, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0563-0042), Washington, D.C. 20503.

| FCI-5A, REQUEST FOR ACTUARIAL CHANGE WITHOUT A RECTANGULAR SURVEY | |
|---|---|
| <p>ITEM:</p> <p>AGENT</p> | <p>ENTER:</p> <p>Name of office where the policyholder's file folder is located.</p> <p>Address of office location including street, city, state, and zip code of mailing address.</p> <p>Representative's code number.</p> <p>Representative's phone number.</p> |
| <p>COMPANY</p> <p>(1)</p> <p>(2)</p> <p>(3)</p> <p>(4)</p> <p>(5)</p> <p>(6)</p> <p>(7)</p> | <p>Name of Insurance Provider represented by the office stated above.</p> <p>Address of Insurance Provider location including street, city, state, and zip code of mailing address.</p> <p>Five-digit code (e.g., XX123) assigned to the Insurance Provider.</p> <p>Insurance Provider phone number.</p> <p>Name and address of the insured including city, state, and zip code exactly as shown on the application.</p> <p>Applicable state and county.</p> <p>Insured's contract number from policy confirmation.</p> <p>Insured's social security or employer identification number (EIN).</p> <p>Indicate whether producer is Landlord, Operator, or Owner/Operator.</p> <p>Legal description and Consolidated Farm number (including tract number) of the land, crop name, number of acres, practice, area classification, insured share, and name of other person, if any, sharing in the crop for which the request is submitted. The land should also be identified on the map on the reverse side of the FCI-5. Aerial photo maps or copies can be attached to more clearly identify the acreage.</p> <p>Requested change, be as specific as possible, for example:</p> <p>(a) Request that a rate and coverage be established. The actuarial documents for the county in which this land is located do not provide a coverage and rate for [NAMED] crop(s).</p> <p>(b) Request that land located in [NAMED] county be added to [NAMED] county for [NAMED] crop(s).</p> <p>(c) Request that a coverage and rate be established for the successor-in-interest applicant. The original insured was [INSURED's NAME].</p> |

**FCI-5A, REQUEST FOR ACTUARIAL CHANGE
WITHOUT A RECTANGULAR SURVEY(cont.)**

| ITEM: | ENTER: |
|-------|---|
| (7) | <p>(d) Request that the area/risk classification be changed from [PREVIOUS] to [PRESENT] for [NAMED] crop(s).</p> <p>(e) Request that the original classification be restored. This insured has favorable insurance experience and was adversely affected by an actuarial change.</p> <p>(f) Request that a coverage and rate be established for this producer. Current actuarial documents do not provide a coverage and rate.</p> <p>(g) Request that a coverage and rate be established. This land is currently shown as uninsurable on the actuarial documents for the county.</p> <p>(h) Request that a coverage and rate be established for crop(s) on this acreage. The number of acres in this unit does not meet the minimum requirement of the policy.</p> <p>(i) Request that a coverage and rate be established for crop(s) on this acreage. The trees/vines have not reached the minimum number of growing seasons established in the policy.</p> <p>(j) Request to declare a unit as uninsurable. Insured has chosen to decline insurance on this unit because the RO approved a yield lower than the preliminary yield. Insured wants other units insured.</p> <p>(k) Request to provide insurance on this unit based on irrigated yields as shown on the attached FCI-19-A(APH). The actuarial documents do not provide an irrigated practice. The producer will continue to irrigate this acreage.</p> |
| (8) | <p>The crop production, present operator, and unit information requested.</p> |
| (9) | <p>Information that supports the request.</p> |
| | <p>(a) This information will be used by the RO to make a decision.</p> <p>(b) Reference any optional coverages which are applicable.</p> <p>(c) Include past production history, farming practices carries out, and other information, if available.</p> <p>(d) Include a justification.</p> <p>(e) Attach a copy of the FCI-19-A(APH) when appropriate.</p> <p>(f) Attach an FCI-6 or similar statement.</p> |

**FCI-5A, REQUEST FOR ACTUARIAL CHANGE
WITHOUT A RECTANGULAR SURVEY(cont.)**

| ITEM: | ENTER: |
|--------------|--|
| COMPANY | |
| (10) | Plot the location of all land in the county farmed by the producer using information in item 11. |
| (11) | Enter additional location information. |
| | <p>SIGNATURES: The completed form should be signed and dated as follows:</p> <p>A <u>Producer's signature and date</u> in first box.</p> <p>B <u>Agent's signature and date</u> in middle box. (Reinsured Companies only.)</p> <p>C <u>Insurance Provider Representatives signature and date</u> in last box.</p> <p>INSURANCE PROVIDER REPRESENTATIVE RESPONSIBILITIES:</p> <p>A Reviews and determines if request is justified, information is adequate.</p> <p>B Corrects deficiencies if necessary and recommends approval.</p> <p>REQUIRED STATEMENT (with FCI-5 or FCI-5A):</p> <p>The statement shown in Section 3B(1) must be included as a part of each request submitted less than 60 calendar days prior to the sales closing date. It may be added as an attachment to the FCI-5 or FCI-5A or as an add-on to the FCI-5 or FCI-5A (if the form is electronically produced) or the FCI-5B may be used. See note in SECTION 3B(1) for additional instructions.</p> <p>DISTRIBUTION:</p> <p>A <u>Original</u> to the appropriate RO.</p> <p>B <u>Copy to the producer.</u></p> <p>C <u>Copy to policyholder's file.</u></p> |

FCI-5A
(Rev. 5-92)

U. S. DEPARTMENT OF AGRICULTURE
Federal Crop Insurance Corporation
REQUEST FOR ACTUARIAL CHANGE
(Please Type or Print Legibly)

| | |
|---|--|
| Agency or Service Office Name and Address | Company Name and Address (if applicable) |
| | |
| Agent Code: | Company Code: |
| Phone: | Phone: |

| | |
|--|---|
| 1. Producer name and address as shown on the application (where two or more entities insure the same land a request must be completed for each contract) | 2. State _____ County _____ |
| | 3. Contract number: _____ |
| | 4. Social Security No./Tax Id. No.: _____ |
| | 5. Producer is: _____ |
| (Town) _____ (State) _____ (Zip Code) _____ | Landlord <input type="checkbox"/> Operator <input type="checkbox"/> Owner/Operator <input type="checkbox"/> |

6. Provide the following information for the land on which the actuarial change is requested

| DESCRIPTION OF FARM | | | | NAME OF CROP | WHOLE ACRES | PRAC-TICE | TYPE, CLASS VARI-ETY | CUR-RENT AREA NO. | INSURED SHARE | NAME OF OTHER PERSON(S) SHARING IN CROP (Print) |
|--------------------------------------|-----|-------|-----------------|--------------|-------------|-----------|----------------------|-------------------|---------------|---|
| SECTION (To the nearest 1/4 Section) | TWP | RANGE | FSA FARM NUMBER | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

7. Actuarial change which is requested (Be specific - identify classification area and provide reasons which support this actuarial change)

8. Land identified in item 6:

a) Has been in crop production for _____ years

b) Has been operated _____ years by the present operator

c) Comprises an entire unit? yes no

If no, what other land is included in the unit (section, township, range and/or farm location).

9. Any other pertinent information

CONTINUED ON REVERSE SIDE

FCI-5-A (Reverse Side)
(Rev. 5-92)

10. Use the space below to plot the location of **all land in the county** farmed by the producer. The sketch map should be detailed enough that we can locate the units on a detailed soil survey map or county road map. (FSA or comparable aerial photos should be submitted if field boundaries can not be drawn with reasonable accuracy. Each photo should be numbered and the location indicated in the space below.)

11. Additional information needed to assist in locating the land.

| | |
|--|--|
| | |
| | |

| | | | | | |
|--|------|--|------|--|------|
| 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 | | I have reviewed the above information and to the best of my knowledge and belief it represents accurate information. | | I recommend that the requested actuarial change be approved. | |
| Signature of Producer | Date | Signature of Agent | Date | Signature of Company Representative | Date |

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

To the extent that the information requested herein relates to the information supplier's individual capacity as opposed to the supplier's entrepreneurial (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, as amended, (7 U.S.C. 1501 et seq.) and the Federal Crop Insurance Regulations contained in 7 CFR 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 your operation of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN/EIN is voluntary; however, failure to furnish that number will result in you being denied 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 (or fees), 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 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. Furnishing the information required by this form is voluntary; however, failure to report the correct, 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.

PAPERWORK REDUCTION ACT

In accordance with the Paperwork Reduction Act, public reporting burden for the collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection information, including suggestions for reducing this burden to the Department of Agriculture, Clearance Officer, OIRM, AG Box 7630, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0563-0042), Washington, D.C. 20503.

' FCI-5-B
(4-97)

U. S. DEPARTMENT OF AGRICULTURE
Federal Crop Insurance Corporation
REQUEST FOR ACTUARIAL CHANGE
LESS THAN 60 CALENDAR DAYS PRIOR TO SALES CLOSING DATE
(Please Type or Print Legibly)

| | |
|---|--|
| Agency or Service Office Name and Address | Company Name and Address (if applicable) |
| | |
| | |
| Agent Code: | Company Code: |
| Phone: | Phone: |

| | |
|--|---|
| 1. Producer name and address as shown on the application (where two or more entities insure the same land a request must be completed for each contract) | 2. State _____ County _____ |
| | 3. Contract number: _____ |
| | 4. Social Security No./Tax Id. No.: _____ |
| | 5. Producer is: _____ |
| (Town) _____ (State) _____ (Zip Code) _____ | Landlord <input type="checkbox"/> Operator <input type="checkbox"/> Owner/Operator <input type="checkbox"/> |

6. Provide the following information for the land on which the actuarial change is requested

| DESCRIPTION OF FARM | | | | NAME OF CROP | WHOLE ACRES | PRAC-TICE | TYPE, CLASS VARI-ETY | CUR-RENT AREA NO. | INSURED SHARE | NAME OF OTHER PERSON(S) SHARING IN CROP (Print) |
|--------------------------------------|-----|-------|-----------------|--------------|-------------|-----------|----------------------|-------------------|---------------|---|
| SECTION (To the nearest 1/4 Section) | TWP | RANGE | FSA FARM NUMBER | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

7. Actuarial change which is requested (Be specific - identify classification area and provide reasons which support this actuarial change).

I have read and understand the following:

- a) If this request is for the purpose of establishing a rate or coverage different from that available from the actuarial documents, or initially establishing rates and coverage not available from the actuarial documents, 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.
- b) 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 documents, if available.
- c) If this request is denied, the written agreement is not approved, or I do not accept the written agreement under (b above) by the expiration date specified in the written agreement, I agree that I must accept the rate and coverage from the actuarial documents, 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.
- d) I agree that any option to cancel or change my crop insurance policy for the current crop year based on RMA determinations described in (b) or c) above) may be exercised in accordance with the policy by the cancellation date.
- e) I agree that the preceding statements will apply to any determinations made by RMA as the result of a request for reconsideration, mediation or an appeal relate to this request for a written agreement.

8. Land identified in item 6:

- a) Has been in crop production for _____ years
- b) Has been operated _____ years by the present operator
- c) Comprises an entire unit? yes no
If no, what other land is included in the unit (section, township, range and/or farm location)?

d) Has the crop been planted? yes no

9. Any other pertinent information?

Note: Initial Written Agreements to establish insurability requested after the sales closing date require a Crop Inspection at the time the offer is made to the insured if the crop is planted.

CONTINUED ON REVERSE SIDE

FCI-5B (Reverse Side)(Rev. 1-96)

10. Use the grid map below 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 can not be drawn on grid map with reasonable accuracy.

Range ----- Range -----

| | | | | | | | | | | | | | |
|------|----|----|----|----|----|----|----|----|----|----|----|----|------|
| | 6 | 5 | 4 | 3 | 2 | 1 | 6 | 5 | 4 | 3 | 2 | 1 | |
| Twp. | 7 | 8 | 9 | 10 | 11 | 12 | 7 | 8 | 9 | 10 | 11 | 12 | Twp. |
| | 18 | 17 | 16 | 15 | 14 | 13 | 18 | 17 | 16 | 15 | 14 | 13 | |
| | 19 | 20 | 21 | 22 | 23 | 24 | 19 | 20 | 21 | 22 | 23 | 24 | |
| | 30 | 29 | 28 | 27 | 26 | 25 | 30 | 29 | 28 | 27 | 26 | 25 | |
| | 31 | 32 | 33 | 34 | 35 | 36 | 31 | 32 | 33 | 34 | 35 | 36 | |
| | 6 | 5 | 4 | 3 | 2 | 1 | 6 | 5 | 4 | 3 | 2 | 1 | |
| Twp. | 7 | 8 | 9 | 10 | 11 | 12 | 7 | 8 | 9 | 10 | 11 | 12 | Twp. |
| | 18 | 17 | 16 | 15 | 14 | 13 | 18 | 17 | 16 | 15 | 14 | 13 | |
| | 19 | 20 | 21 | 22 | 23 | 24 | 19 | 20 | 21 | 22 | 23 | 24 | |
| | 30 | 29 | 28 | 27 | 26 | 25 | 30 | 29 | 28 | 27 | 26 | 25 | |
| | 31 | 32 | 33 | 34 | 35 | 36 | 31 | 32 | 33 | 34 | 35 | 36 | |
| | 6 | 5 | 4 | 3 | 2 | 1 | 6 | 5 | 4 | 3 | 2 | 1 | |
| Twp. | 7 | 8 | 9 | 10 | 11 | 12 | 7 | 8 | 9 | 10 | 11 | 12 | Twp. |
| | 18 | 17 | 16 | 15 | 14 | 13 | 18 | 17 | 16 | 15 | 14 | 13 | |
| | 19 | 20 | 21 | 22 | 23 | 24 | 19 | 20 | 21 | 22 | 23 | 24 | |
| | 30 | 29 | 28 | 27 | 26 | 25 | 30 | 29 | 28 | 27 | 26 | 25 | |
| | 31 | 32 | 33 | 34 | 35 | 36 | 31 | 32 | 33 | 34 | 35 | 36 | |
| | 6 | 5 | 4 | 3 | 2 | 1 | 6 | 5 | 4 | 3 | 2 | 1 | |
| Twp. | 7 | 8 | 9 | 10 | 11 | 12 | 7 | 8 | 9 | 10 | 11 | 12 | Twp. |
| | 18 | 17 | 16 | 15 | 14 | 13 | 18 | 17 | 16 | 15 | 14 | 13 | |
| | 19 | 20 | 21 | 22 | 23 | 24 | 19 | 20 | 21 | 22 | 23 | 24 | |
| | 30 | 29 | 28 | 27 | 26 | 25 | 30 | 29 | 28 | 27 | 26 | 25 | |
| | 31 | 32 | 33 | 34 | 35 | 36 | 31 | 32 | 33 | 34 | 35 | 36 | |
| | 6 | 5 | 4 | 3 | 2 | 1 | 6 | 5 | 4 | 3 | 2 | 1 | |
| Twp. | 7 | 8 | 9 | 10 | 11 | 12 | 7 | 8 | 9 | 10 | 11 | 12 | Twp. |
| | 18 | 17 | 16 | 15 | 14 | 13 | 18 | 17 | 16 | 15 | 14 | 13 | |
| | 19 | 20 | 21 | 22 | 23 | 24 | 19 | 20 | 21 | 22 | 23 | 24 | |
| | 30 | 29 | 28 | 27 | 26 | 25 | 30 | 29 | 28 | 27 | 26 | 25 | |
| | 31 | 32 | 33 | 34 | 35 | 36 | 31 | 32 | 33 | 34 | 35 | 36 | |
| | 6 | 5 | 4 | 3 | 2 | 1 | 6 | 5 | 4 | 3 | 2 | 1 | |
| Twp. | 7 | 8 | 9 | 10 | 11 | 12 | 7 | 8 | 9 | 10 | 11 | 12 | Twp. |
| | 18 | 17 | 16 | 15 | 14 | 13 | 18 | 17 | 16 | 15 | 14 | 13 | |
| | 19 | 20 | 21 | 22 | 23 | 24 | 19 | 20 | 21 | 22 | 23 | 24 | |
| | 30 | 29 | 28 | 27 | 26 | 25 | 30 | 29 | 28 | 27 | 26 | 25 | |
| | 31 | 32 | 33 | 34 | 35 | 36 | 31 | 32 | 33 | 34 | 35 | 36 | |
| | 6 | 5 | 4 | 3 | 2 | 1 | 6 | 5 | 4 | 3 | 2 | 1 | |
| Twp. | 7 | 8 | 9 | 10 | 11 | 12 | 7 | 8 | 9 | 10 | 11 | 12 | Twp. |
| | 18 | 17 | 16 | 15 | 14 | 13 | 18 | 17 | 16 | 15 | 14 | 13 | |
| | 19 | 20 | 21 | 22 | 23 | 24 | 19 | 20 | 21 | 22 | 23 | 24 | |
| | 30 | 29 | 28 | 27 | 26 | 25 | 30 | 29 | 28 | 27 | 26 | 25 | |
| | 31 | 32 | 33 | 34 | 35 | 36 | 31 | 32 | 33 | 34 | 35 | 36 | |
| | 6 | 5 | 4 | 3 | 2 | 1 | 6 | 5 | 4 | 3 | 2 | 1 | |
| Twp. | 7 | 8 | 9 | 10 | 11 | 12 | 7 | 8 | 9 | 10 | 11 | 12 | Twp. |
| | 18 | 17 | 16 | 15 | 14 | 13 | 18 | 17 | 16 | 15 | 14 | 13 | |
| | 19 | 20 | 21 | 22 | 23 | 24 | 19 | 20 | 21 | 22 | 23 | 24 | |
| | 30 | 29 | 28 | 27 | 26 | 25 | 30 | 29 | 28 | 27 | 26 | 25 | |
| | 31 | 32 | 33 | 34 | 35 | 36 | 31 | 32 | 33 | 34 | 35 | 36 | |
| | 6 | 5 | 4 | 3 | 2 | 1 | 6 | 5 | 4 | 3 | 2 | 1 | |
| Twp. | 7 | 8 | 9 | 10 | 11 | 12 | 7 | 8 | 9 | 10 | 11 | 12 | Twp. |
| | 18 | 17 | 16 | 15 | 14 | 13 | 18 | 17 | 16 | 15 | 14 | 13 | |
| | 19 | 20 | 21 | 22 | 23 | 24 | 19 | 20 | 21 | 22 | 23 | 24 | |
| | 30 | 29 | 28 | 27 | 26 | 25 | 30 | 29 | 28 | 27 | 26 | 25 | |
| | 31 | 32 | 33 | 34 | 35 | 36 | 31 | 32 | 33 | 34 | 35 | 36 | |

Range ----- Range -----

| | | | | | |
|--|------|--|------|--|--|
| 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 | | I have reviewed the above information and to the best of my knowledge and belief it represents accurate information. | | I recommend that the requested actuarial change be approved. | |
| Signature of Producer | Date | Signature of Agent | Date | Signature of Company Representative | |

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

To the extent that the information requested herein relates to the information supplier's individual capacity as opposed to the supplier's entrepreneurial (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, as amended, (7 U.S.C. 1501 et seq.) and the Federal Crop Insurance Regulations contained in 7 CFR 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 your operation of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN/EIN is voluntary; however, failure to furnish that number will result in you being denied 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 (or fees), 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 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. Furnishing the information required by this form is voluntary; however, failure to report the correct, 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.

PAPERWORK REDUCTION ACT

In accordance with the Paperwork Reduction Act, public reporting burden for the collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection information, including suggestions for reducing this burden to the Department of Agriculture, Clearance Officer, OIRM, AG Box 7630, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0563-0042), Washington, D.C. 20503.

WRITTEN AGREEMENT REQUEST
(Computer Generated)

INSURED: (1) _____
 ADDRESS: (2) _____
 STATE: (3) _____ [] COUNTY: (4) _____ []
 POLICY NO: (5) _____ CROP YEAR: (6) _____
 CROP: (7) _____
 SSN/EMPLOYER ID NO: (8) _____

REQUEST DETAILS: The agent/Insurance Provider will complete and process the request according to instructions contained in Exhibits 6A - C as applicable.

The following information must appear on ALL REQUESTS submitted less than 60 calendar days prior to the sales closing date.

"I have read and understand the following statements:

- C If this request is for the purpose of establishing a rate or coverage different from that available from the actuarial documents, or initially establishing rates and coverage not available on the actuarial documents, 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.
- C 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 documents, if available.
- C If this request is denied, the written agreement is not approved, or I do not accept the written agreement under 2 above by the expiration date specified in the written agreement, I agree that I must accept the rate and coverage from the actuarial documents, if available. If this request is to initially establish a rate and coverage not otherwise available from the actuarial documents, 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.
- C I agree that any option to cancel or change my crop insurance policy for the current crop year based on RMA determinations described in 2 and 3 above may be exercised in accordance with the policy by the cancellation date.
- C I agree that the preceding statements will apply to any determinations made by RMA as the result of a request for reconsideration or an appeal related to this request for a written agreement."

Certification Statement: I certify that the information I have furnished on this request is complete and accurate. I understand that failure to furnish complete and accurate information may result in voidance of my crop insurance contract and may result in criminal or civil false claims actions.

| | |
|-----------------------------------|-----------------|
| _____ | _____/____/____ |
| (SIGNATURE OF INSURED) | (DATE) |
| _____ | _____/____/____ |
| (SIGNATURE OF AGENT AND CODE) | (DATE) |
| _____ | _____/____/____ |
| (SIGNATURE OF INSURANCE PROVIDER) | (DATE) |

WRITTEN UNIT AGREEMENT REQUEST

Insured's Name:

Policy Number:

Address:

County land location:

Telephone Number:

Crop:

Crop Year:

Percent Share:

Practice:

Type:

Variety:

State:

Legal Description:

FSA FSN:

RMA Yield:

FSA Aerial Photocopy (field(s) identified):

APH Form(s) (if applicable for all units):

Other Person(s) Sharing In The Crop:

Insurance Experience by Year (when applicable).

Premium:

Indemnity:

Liability:

Cause of loss:

Reason for Request:

Certification Statement: I certify that the information I have furnished on this request is complete and accurate. I understand that failure to furnish complete and accurate information may result in voidance of my crop insurance contract and may result in criminal or civil false claims actions.

Insured's Signature:

Date:

Agent's Name and Code:

Company Name and Address:

Date:

NOTE: The following statement is required on the Written Unit Agreement. This written agreement shall be in effect for the ___ and succeeding crop years provided no significant changes occur to the farming operation which invalidate the approved unit structure. If significant changes occur, this written agreement is null and void.

INSTRUCTIONAL PAGE FOR GUIDE LETTERS

Below you will find three guide letters which contain sample language for notifying producers of their rights to: (1) request reconsideration by the RO; (2) request mediation; and (3) request an appeal from National Appeals Division (NAD). The reconsideration, mediation, and appeal language contained in these letters is to be used in each decision letter; however, the reasons for denial will vary depending on the issue being considered.

The following procedures are to be followed:

1. USE OF GUIDE LETTER 1

Guide letter 1 will be used to notify producers of adverse decisions where the decision is appealable and the producer is located in a State with a USDA Certified Mediation Program.

2. USE OF GUIDE LETTER 2

Guide letter 2 will be used to notify producers of adverse decisions where the decision is appealable and the producer is located in a State without a USDA Certified Mediation Program.

3. USE OF GUIDE LETTER 3

Guide letter 3 will be used to notify producers of adverse decisions when part or all of the decision is not appealable. It does not matter if the producer is located in a State with or without a USDA Certified Mediation Program.

All decisions letters **MUST** be addressed to the producer (via certified mail) with a carbon copy to the Insurance Provider, if applicable. This is an RO responsibility. All of the time frames contained in the appeal regulations control. The producer has 30 calendar days to request reconsideration.

If you have any questions regarding reconsideration, informal hearing, mediation, or appeals, please contact the Risk Management Services Division in the Washington D. C. Office.

GUIDE LETTER - APPEAL 1

LETTER NOTIFYING PRODUCERS OF ADVERSE DECISIONS
WHERE THE DECISION IS APPEALABLE IN A STATE
WITH A CERTIFIED MEDIATION PROGRAM

(DATE)

CERTIFIED MAIL Z 123 456 789
RETURNED RECEIPT REQUESTED

Mr. John Q Smith
123 Main Street
Newkirk, Oklahoma 74647

Dear Mr. Smith:

(EXPLANATION OF ADVERSE DECISION)

If you do not agree with our decision, you may choose one of the following three options:

- (1) Seek reconsideration by filing a written request with this office within 30 calendar days from the date of this letter. (Please include any additional supporting evidence with your request).
- (2) Request an appeal within 30 calendar days from receipt of this letter directly to the National Appeals Division (NAD) at the following address:

Regional Assistant Director
National Appeals Division
Western Area Office
755 Parfet Street, Suite 494
Lakewood, Colorado 80215

- (3) Mediate those issues that are available for mediation under the Oklahoma Agriculture Mediation Program.

Your choosing mediation may enable us to narrow and resolve these issues by agreement. However, it does not replace or limit your right to further review or appeal to NAD. If you need additional information or wish to request mediation (**all requests must be in writing**), please contact the following mediation office:

Dr. Jim Rogers
Oklahoma State University Well Center
1514 W. Hall of Fame
Stilwater, Oklahoma 74078
Telephone: (405) 744-9355
Fax: (405) 744-670

Sincerely,

Regional Office Representative,
(RO Director or their designee)
Regional Office

GUIDE LETTER - APPEAL 2

**LETTER NOTIFYING PRODUCERS OF ADVERSE DECISIONS
WHERE THE DECISION IS APPEALABLE IN A STATE
WITHOUT A CERTIFIED MEDIATION PROGRAM**

(DATE)

CERTIFIED MAIL Z 123 456 789
RETURNED RECEIPT REQUESTED

Mr. John Q Smith
123 Main Street
Brookeland, Texas 75931

Dear Mr. Smith:

(EXPLANATION OF ADVERSE DECISION)

If you do not agree with our decision, you may choose one of the following three options:

- (1) Seek reconsideration by filing a written request with this office within 30 calendar days from the date of this letter. (Please include any additional supporting evidence with your request).
- (2) Request an appeal within 30 calendar days from receipt of this letter directly to the National Appeals Division (NAD) at the following address:

Regional Assistant Director
National Appeals Division
Western Area Office
755 Parfet Street, Suite 494
Lakewood, Colorado 80215

- (3) Consider mediation or other forms of alternative dispute resolution (ADR) of the issues raised by this decision.

Mediation or other forms of ADR may enable us to narrow and resolve these issues by agreement. However, it does not replace or limit your right to further review or appeal to NAD. To request mediation or ADR, notify this office by writing or faxing your request to the following address:

Director
Oklahoma City Regional Offices
Risk Management Agency
205 NW 63rd Street, Suite 170
Oklahoma City, Oklahoma 73116
Telephone: (405) 879-2700
Fax: (405) 879-2741

We will advise you of the extent to which resources are available for mediation or ADR, and the procedures and other information concerning your request.

Sincerely,

Regional Office Representative,
(RO Director or their designee)
Regional Office

GUIDE LETTER - APPEAL 3

**LETTER NOTIFYING PRODUCERS OF ADVERSE DECISIONS
WHERE THE DECISION (IN WHOLE OR PART) IS NOT APPEALABLE**

(DATE)

CERTIFIED MAIL Z 123 456 789
RETURNED RECEIPT REQUESTED

Mr. John Q Smith
123 Main Street
Stamford, Texas 79533

Dear Mr. Smith:

We have considered your request for crop insurance coverage on 20 acres of cabbage located in Brown County, but were unable to make a favorable determination. Our decision is based on the Federal Crop Insurance Corporation (FCIC), Common Crop Insurance Regulations, 7 C.F.R. §457. These regulations are applicable only to crops that have crop provisions that are published as a part of 7 C.F.R. §457, and also for the crops and crop years designated by the applicable section. Since there are no cabbage crop provisions, crop insurance coverage is not available for your cabbage crop. Moreover, we have determined that because of the reason cited, the decision is not appealable.

Generally, producers have a right to request reconsideration or appeal adverse decisions. However, when the adverse decision applies to all similarly situated participants, the decision is not appealable under the National Appeals Division (NAD) regulations nor is reconsideration under Risk Management Agency an option.

If you do not agree with our decision, you may request an appealability determination by writing directly to the National Appeals Division within 30 calendar days from receipt of this letter. Mail your letter to the following address:

Regional Assistant Director
National Appeals Division
Western Area Office
755 Parfet Street, Suite 494
Lakewood, Colorado 80215

Sincerely,

Regional Office Representative,
(RO Director or their designee)
Regional Office

Deadlines, Approval Authorities, and Documentation. The following chart indicates the types of written agreements and for each type the deadline for the request, approval authorities and required documentation.

*Insured must sign and date the written agreement request by the deadline indicated. The request must be postmarked by the Insurance Provider within 20 calendar days after the deadline and received by the RMA RO within 10 calendar days thereafter.

WRITTEN AGREEMENT DEADLINES AND DOCUMENTATION

| TYPE OF AGREEMENT | DEADLINE* | AUTHORIZED BY | MINIMUM SUPPORTING DOCUMENTATION ³ |
|---|--|---|--|
| Counties with no actuarial documents for the crop | Cancellation date (for the crop in the area) specified in the crop endorsement for which coverage is requested. ¹ | RMA RO | Completed Request for Actuarial Change Form/Written Agreement, aerial photos. Evidence of adaptability and/or producer's production history. ⁴ |
| Unrated Nursery Plant Materials | New Insureds: With Application Carryovers/subsequent years: Cancellation date | RMA RO | Completed FCI-5 Request for Actuarial Change and nursery growers published wholesale price catalog or price list that includes the name of the nursery, planting date. |
| Class (type) of Dry Beans not on actuarial documents (including all Chickpeas/Garbanzo Beans in all counties) | Sales Closing | RMA RO | Report prices received for the specific class (type) and either (1) two years of university test plot data and its recommendations, or (2) two years of seed company data supplemented by university data. If items (1) or (2) are not available, then two years of production data for the requested class and prices received. The variety of the specific class (type) that will be planted. Current year's APH form certifying all dry bean records (including Chickpea/Garbanzo Bean records for those classes/types). Completed request for Actuarial Change Form/Written Agreement. |
| Special Purpose Corn if coverage not provided by the Special Provisions | Sales Closing | RMA RO | Completed Request for Actuarial Change Form/Written Agreement. Evidence of adaptability and/or producer's production history. |
| Seed Potato acreage greater than 125% of past average acres | Sales Closing | RMA RO | Completed Request for Actuarial Change Form/Written Agreement. Reason for increase and certification that all requested acreage will be managed in accordance with state standards. |
| Non-Irrigated Corn Grain where Irrigated Corn (Grain and Silage) listed on actuarial documents only | Sales Closing | Initial: RMA RO (Insurance Provider, if specific underwriting guidelines have been issued by RMA RO) Subsequent crop years: Insurance Provider provided no changes occur | Completed Request for Actuarial Change/Written Agreement and current Year's APH Form. Insurance Provider/RO may require additional documentation. Refer to the Special Provisions for minimum requirements. |

| TYPE OF AGREEMENT | DEADLINE* | AUTHORIZED BY | MINIMUM SUPPORTING DOCUMENTATION ³ |
|---|---|---|--|
| Rotation Exceptions where provided for by the Special Provisions | Sales Closing | RMA RO | Evidence of adaptability of rotation practice deviation, detailed information regarding steps taken to mitigate disease concerns, producer's APH and completed request for actuarial change form. |
| Strip-Mined Land (food or fiber crop produced less than five consecutive crop years) | Sales Closing | Initial: RMA RO Subsequent crop years; Insurance Provider if no changes occur | Completed request for Actuarial Change Form/Written Agreement, aerial photos, description of reclamation process report, date reclamation completed and APH. |
| Practice (NIBR) of Sunflowers not on actuarial documents | Sales Closing | Initial: RMA RO Subsequent crop years; Insurance Provider if no changes occur | Refer to Special Provisions for evidence of adaptability and/or producer's production history requirements. |
| Written Unit Agreements (Oversized Sections or FSN's and Section Equivalent - Designated States) | Initial: Sales Closing Subsequent Years: Acreage Reporting date for amended WA if acreage is added to the farming operation not included in any identified oversized section or FSN or section equivalent. | Insurance Provider | Completed Request for Actuarial Change Form/Written Agreement, aerial photos or legible maps delineating permanent boundaries of oversized section, FSN or section equivalent. See Exhibit 5 of the CIH for section equivalent required documentation. |
| Written Unit Agreement (Geographic features) | Initial: Acreage Reporting Written Unit Agreements are continuous in subsequent years provided no significant changes occur. If changes occur, handle as an initial request. | RMA RO (Initial Request) | See [Sec. 4, Par G(4) and (5)] for the required documentation. RMA RO may have additional guidelines. |
| Small Grains or Crops where provided for in the Crop Provisions: (i) interplanted with another crop; (ii) planted into an established grass or legume; or (iii) planted as a nurse crop. | Initial: 15 calendar days after the Acreage Reporting date ² Subsequent Years: Acreage Reporting | RMA RO | Completed request for Actuarial Change Form/Written Agreement. Completed crop inspection report. ² |
| Listing Reconsiderations for Peanuts and Tobacco | Initial: Acreage Reporting Subsequent Years: Sales Closing | RMA RO | Insured's classification for other practices or types in other counties. Production information for the insured and other entities in which the insured has participated. Legal description of land or FSN, aerial photos or legible maps delineating field boundaries of planted or intended planted acreage of the crop. |

| TYPE OF AGREEMENT | DEADLINE* | AUTHORIZED BY | MINIMUM SUPPORTING DOCUMENTATION ³ |
|--|--|-----------------------------|--|
| <p>Unrated Practice/Type/Variety or Rate Class Option</p> <p>Acreage (If greater than five percent of the planted acres in the unit) not planted and harvested in one of the three previous crop years</p> | <p>Initial: Acreage Reporting (for Spring small grain types ONLY- Sales closing date [for a similar Spring planted crop in the area]).</p> <p>Subsequent Years: Sales Closing (for Spring small grain types ONLY- Sales closing date [for a similar spring planted crop in the area]).</p> <p>Initial: Acreage Reporting</p> <p>Reissuance of this agreement is not required, unless the acreage is not planted to any crop and harvested the previous year. In that case, handle as an initial request.</p> | <p>RMA RO</p> <p>RMA RO</p> | <p>Completed Request for Actuarial Change Form/Written Agreement, Aerial Photos and Completed Crop Inspection Report². Evidence of adaptability of the practice or type for the area, & APH for P/T/V.</p> <p>Completed Request for Actuarial Change Form/Written Agreement and aerial photos. Evidence of adaptability, producer's production history for the crop, and intended planted acreage of the crop. ²</p> |
| <p>High Rate Areas</p> | <p>Initial: Acreage Reporting</p> <p>Subsequent Years: Sales Closing</p> | <p>RMA RO</p> | <p>Completed Request for Actuarial Change form/Written Agreement. Aerial Photos, and APH</p> |
| <p>Unrated Land</p> | <p>Initial: Acreage Reporting</p> <p>Subsequent Years: Sales Closing</p> | <p>RMA RO</p> | <p>Completed Request for Actuarial Change Form/Written Agreement and aerial photos. Completed crop inspection report ² Evidence and adaptability of the practice or type for the area. APH for the P/T/V.</p> |

¹ Exception: If there is no cancellation date for the county for the crop, the request deadline for a fall planted crop will be the fall cancellation date for similar fall planted crops. The request deadline for a spring planted crop will be the spring cancellation date for a similar spring planted crop.

² Initial written agreements requested to establish insurability after the Sales Closing Date require an inspection at the time the written agreement terms are presented to the insured, if the crop has been planted.

³ Additional documentation may be required on individual requests. Additional time may be granted if additional documentation is not listed under "MINIMUM SUPPORTING DOCUMENTATION."

⁴ a Completed APH form and acceptable records (inspection as required by Category B or C crop procedures) of actual yields for the crop or a similar crop determined by RMA, if records for the crop are not available, for at least the most recent three consecutive crop years during the base period (If the producer expands the farming operation across a county or state line into a local producing area, RMA may consider existing production reports from the current crop production sufficient);

b The dates the applicant and other growers in the area normally plant and harvest the crop;

c The name and location of, and approximate distance to, the location at which the crop will be sold or used by the applicant;

d The legal description of the land and FSA aerial photographs or, legible maps delineating field boundaries where the applicant intends to plant the crop for which insurance is requested.

⁵ The acreage reporting date, referenced herein, is the date as specified in the special provisions for the crop.

Written agreements may be available for other situations not listed here, as authorized in the policy provisions. However, written agreement requests will not be accepted for crops which there is no crop policy, endorsement, crop provision or alter policy provisions, price elections, etc., unless specifically permitted. (Contact the RMA RO for details.)