

Nutrient Best Management Practice (N-BMP) Handbook

**2003 and Succeeding Crop
Years**

Handbook Number: 20040

(Reverse)

Non-Discrimination Statement

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

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

Collection of Information and Data (Privacy Act)

The following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a and section 502(c) of the Federal Crop Insurance Act (7 U.S.C. 1502(c)). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act, (7 U.S.C. 1501 et seq.) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

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

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

Insured Acres Information

27 Manage- ment Unit	28 Unit No.	29 Sec. No.	TWP	Range	30 State	31 Cty.	32 FSA Farm Serial #	33 BMP Option Code*	34 Date Planted	35 Price Election	36 Share	37 Insured Acres		38 Name of Other Person(s) Sharing in Crop
												Whole	10ths	

*Nutrient BMP Option Codes: P = Phosphorus; N = Nitrogen; NP = Nitrogen and Phosphorus

39. Uninsured Acres Information

Unit No.	Sec. No.	TWP	Range	State	Cty.	Uninsured Acres		Reason
						Whole	10ths	

40. Check Strip Information – Insured must complete the check strip information section of the acreage report for each management unit insured.

NOTE: The check strip must be between 40 and 60 feet in width and run the length of the planting row, excluding end rows.

What amount of nitrogen will be applied to the check strip from all sources (pounds N/acre)? _____

What amount of phosphorus will be applied to the check strip from all sources (pounds P₂O₅/acre)? _____

Check strip width: _____

Check strip length (length of field excluding endrows): _____

41. Check strip Location and Identification:

GPS Coordinates

Corner 1: _____ Corner 2: _____

Corner 3: _____ Corner 4: _____

Distance and direction from landmark

Corner 1: _____ Landmark: _____

Corner 2: _____ Landmark: _____

Corner 3: _____ Landmark: _____

Corner 4: _____ Landmark: _____

Support with (a copy of) an aerial photo showing check strip location drawn in. **This documentation must be included for this acreage report to be complete.**

42. Crop Consultant Certification: The establishment of check strips was completed by (crop consultant name) _____ and was established following the protocols outlined in the Nutrient BMP Endorsement Underwriting Guide.

Signed by _____, _____ (month, day) 20_____(year)
(Crop Consultant)

Acreage Report Form Instructions

1. **Insured's Name and Address:** Enter the applicant's name and street or mailing address.
2. **Page # _ of _:** Enter the number of the page and the number of pages of the complete application. For example, if four pages were used to complete the application and this is the first page, fill in Page # 1 of 4.
3. **Insured's Address:** Enter the street or mailing address.
4. **States, counties and code numbers:** Enter the states, counties and codes for the location of the insured's acres.
5. **City, State, Zip Code:** Enter the insured's city, state and zip code.
6. **Crop Year:** Enter the year in which the insured will have coverage.
7. **Policy Number:** Enter the policy number from the confirmation screen.
8. **Crop Insured:** Enter name of crop, e.g., corn.
9. **Type of crop:** Enter type of crop, e.g., grain.
10. **Price Election:** Enter the MPCl price election for the crop year.
11. **Basis of Coverage:** Enter differential yield.
12. **Select Nutrient BMP Endorsement service option:** [] Full Service [] Custom Option
13. **List:** For each person or entity with 10 percent or more interest in the insurance entity, fill in the person or entity's name, complete address including mailing address, city, state, and zip code. Enter the social security number or employer identification number. Enter the person or entity's telephone number and type of entity.
14. **Agent Name:** Enter the insurance agent's name.
15. **Agency Name:** Enter the insurance agency's name.
16. **Agency/Agent Street or Mailing Address:** Enter the street or mailing address of the insurance agency.
17. **Agency Code:** Enter the agency code.
18. **City, State, ZIP:** Enter the city, state and zip code of the insurance agency.
19. **Phone:** Enter the phone number of the agency.
20. **Licensed Agent Signature:** Agent signs here.
21. **Agent Code:** Enter agent code.
22. **Date:** Date of agent's signature.
23. **Insured's Signature:** Insured signs here.
24. **Date:** Date of insured's signature.
25. **Insurer Name and Address:** Enter the insurer company name and street or mailing address including city, state and zip code.
26. **Crop Consultant Information (for check strip establishment):** Enter information about the consultant establishing the check strip(s), including company, name, street or mailing address, city, state, zip code, phone and mobile phone, if any. Enter the consultant's professional certification number and the certifying organization. See the endorsement provisions for

approved certifications. The crop consultant must be approved by the insurer; enter authorized insurer representative name and date approved.

Directories of certified crop consultants are available from the certifying organizations web sites or by contacting the organization:

American Society of Agronomy
677 South Segoe Road
Madison, WI 53711
CCA Voice (608) 273-8085
ARCPACS Voice (608) 273-8080
Fax (608) 273-2081
www.agronomy.org/certification/

National Alliance of Independent Crop Consultants
349 East Nolley Drive
Collierville, TN 38017
(901) 861-0511
Fax (901) 861-0512
www.naicc.com

27. **Management Unit:** Enter the symbol (letters, numbers) selected by the insured to identify the endorsement management unit to be insured.
28. **Unit Number:** Enter the unit number for the underlying MPCl or CRC policy in which the management unit is located.
29. **Legal Description:** Enter the legal description of the location of the unit including section number, township and range.
30. **State:** Enter the state where the management unit is located.
31. **County:** Enter the county where the management is located.
32. **FSA Farm Serial Number:** Enter the Farm Service Agency farm serial number.
33. **Nutrient BMP Option Code:** Enter the Nutrient BMP Option Codes; P = Phosphorus, N = Nitrogen, NP = Nitrogen and Phosphorus
34. **Date Planted:** Enter the date the crop was planted in the management unit.
35. **Price Election:** Enter the MPCl price election.
36. **Share:** Enter the applicant's share of the crop.
37. **Insured Acres:** Enter the number of acres to be insured to tenths of an acre.
38. **Name of Other Persons Sharing in Crop:** Enter name(s) of others with shares in the crop in the management unit.
39. **Uninsured Acres Information:** Enter unit numbers, legal descriptions, state, county and acreage amounts for uninsured acreage.
40. **Check Strip Information:** Must be completed for each management unit insured. Enter the amount of nitrogen and phosphorus to be applied to the check strip. Enter the check strip width and length.
41. **Check Strip Location:** Check if check strips were identified with GPS coordinates or distance and direction from a landmark. Enter the appropriate information for identification of check strips.
42. **Crop Consultant Certification:** Consultant's signature certifying the establishment of the check strip.

Application/Cancellation & Transfer Form for Nutrient BMP Endorsement

1. Applicant's Name and Address:		10. Page # _____ of _____	Document # _____														
		11. Policy Number: _____															
2. City: _____	State: _____	ZIP: _____															
3. SSN, EIN or other (Circle One): _____		4. Phone: _____															
5. Spouse SSN: _____	6. Type of Entity: _____																
7. Plan of Insurance: _____	8. Is the applicant at least 18 years old? Yes [] No []		14. Effective Crop Year: _____														
9. Applicant's Authorized Representative: _____		15. Select Nutrient BMP Endorsement Service Option: [] Full Service [] Custom Option															
16. Name of Crop: _____		17. Type of Crop: _____	18. Price Election: _____														
<p>"Subject to the provisions of the Federal Crop Insurance Act, and the regulations issued under that Act, I hereby apply for insurance on my share of the crops as specified below for the crop year. I understand that my share of all the crop grown on insurable acreage land in the counties in the state (or states) as of the acreage reporting date must be insured. I also understand that the location of land which is not insurable, premium rates, applicable deadlines, and production guarantees or amounts of insurance are on file and available for my inspection in my agent's office. I further understand that no insurance will be available on a crop unless this application is completed and filed prior to the sales closing date for the crop. I also further understand that, although insurance under this application is continuous from year to year, policy terms, premium rates, production guarantees or amounts of insurance, and price elections may change from year to year. All changes will be available in my agent's office prior to the contract change date."</p>			19. <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> New Applicant</td> <td><input type="checkbox"/> Transfer</td> </tr> <tr> <td><input type="checkbox"/> Name Change</td> <td><input type="checkbox"/> Additional Insurance Period</td> </tr> <tr> <td><input type="checkbox"/> Address Change</td> <td><input type="checkbox"/> Policy Change</td> </tr> <tr> <td><input type="checkbox"/> Policy Cancellation</td> <td><input type="checkbox"/> Correct Tax ID</td> </tr> <tr> <td><input type="checkbox"/> Reason for Cancellation</td> <td><input type="checkbox"/> Cancellation</td> </tr> <tr> <td><input type="checkbox"/> Correct Spelling of Insured Name</td> <td><input type="checkbox"/> In House Transfer</td> </tr> <tr> <td><input type="checkbox"/> Successor-In-Interest & Effective Ins. Period _____</td> <td><input type="checkbox"/> Add/Change Insured's Auth. Rep.</td> </tr> </table>	<input type="checkbox"/> New Applicant	<input type="checkbox"/> Transfer	<input type="checkbox"/> Name Change	<input type="checkbox"/> Additional Insurance Period	<input type="checkbox"/> Address Change	<input type="checkbox"/> Policy Change	<input type="checkbox"/> Policy Cancellation	<input type="checkbox"/> Correct Tax ID	<input type="checkbox"/> Reason for Cancellation	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Correct Spelling of Insured Name	<input type="checkbox"/> In House Transfer	<input type="checkbox"/> Successor-In-Interest & Effective Ins. Period _____	<input type="checkbox"/> Add/Change Insured's Auth. Rep.
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<input type="checkbox"/> Policy Cancellation	<input type="checkbox"/> Correct Tax ID																
<input type="checkbox"/> Reason for Cancellation	<input type="checkbox"/> Cancellation																
<input type="checkbox"/> Correct Spelling of Insured Name	<input type="checkbox"/> In House Transfer																
<input type="checkbox"/> Successor-In-Interest & Effective Ins. Period _____	<input type="checkbox"/> Add/Change Insured's Auth. Rep.																

20. Conditions of Acceptance: This application is accepted and insurance attaches in accordance with the policy unless: (1) The Risk Management Agency determines that insurance capacity limitations in accordance with the Federal Crop Insurance Act have been reached and this policy will exceed the limitations; (2) any material fact is omitted, concealed or misrepresented in this application and endorsement or in the submission of this application; (3) you have failed to provide complete and accurate information required by this application; (4) the answer to any of the following questions is "yes."

Yes	No	Question
		(a) Are you now indebted, and is the debt is delinquent, for crop or commodity insurance coverage under the Federal Crop Insurance Act? (Do not answer yes if your debt was discharged in bankruptcy.)
		(b) Have you in the last five years been convicted under Federal or State law of planting, cultivating, growing, producing, harvesting or storing a controlled substance?
		(c) Are you disqualified or debarred under the Federal Crop Insurance Act, the regulations of the Federal Crop Insurance Corporation, the United States Department of Agriculture or any other Federal agency?
		(d) Have you entered into an agreement with the Federal Crop Insurance Corporation or with the Department of Justice that you would refrain from participating in the crop or commodity insurance program and that agreement is still effective?
		(e) Are you disqualified or debarred under the Federal Crop Insurance Act, or the regulations of the Federal Crop Insurance Corporation or the United States Department of Agriculture?

21. Name of Previous Carrier (if any) _____	22. Policy Number under Previous Carrier (if any) _____
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False Claim Statement: I certify that the information that I have furnished on this form is complete and accurate. I understand that any false or inaccurate information on this form may result in the imposition of sanctions outlined in my policy and administrative, civil, and criminal sanctions under 18 U.S.C. 1001, 1006 and 1014, 7 U.S.C. 1515, 31 U.S.C. 3729 and 3730 and any other applicable federal statutes. I certify that the information on this application is complete and accurate; that none of the reasons for rejection in items 1 through 4 of the "Conditions of Acceptance" apply; and that I am aware of and understand the requirements of the Collection of Information and Data (Privacy Act), as well as all other provisions contained on this application.

23. Cancellation/Transfer of Experience Information: "I hereby request cancellation of my Nutrient BMP Endorsement (Policy Number) _____ with (Insurer) _____ for the crop(s) and crop year shown on this application Yes. I understand that if this form is not executed on or before the cancellation date for any crop listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year. I hereby authorize and direct the ceding insurer shown to furnish any information relative to my insurance policy to (Assuming Insurer Name) _____. I understand that if coverage for any crop(s) is now terminated or would have subsequently terminated for indebtedness had this transfer not occurred, no coverage can be provided by the assuming insurance provider."

24. Agent Name: _____		25. Agency Name: _____	
26. Street Address _____		27. Agency Code: _____	
28. City: _____	State: _____	ZIP: _____	
29. Phone: _____			
30. Licensed Agent Signature: _____		31. Agent Code: _____	32. Date: _____
33. Applicant Signature: _____	34. Date: _____	35. Insurer Name and Address: _____	

"See reverse side of form for Reinsurance Statement, Nondiscrimination Statement and statement required by Privacy Act of 1974."

(Reverse)

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Reinsurance Statement

This insurance policy is reinsured by the Federal Crop Insurance Corporation (FCIC) under the provisions of the Federal Crop Insurance Act, (7 U.S.C. 1501 et seq.) (Act). All provisions of the policy and rights and responsibilities of the parties are specifically subject to the Act and may not be waived or varied in any way by any agent or employee of FCIC or the insurance provider. In the event we cannot pay your loss, your claim will be settled in accordance with the provisions of this policy and paid by FCIC. No state guarantee fund will be liable for your loss. Throughout this policy, "you" and "your" refer to the named insured shown on the application and "we," "us," and "our" refer to the insurance company providing insurance. Unless the context indicates otherwise, use of the plural form of a word includes the singular and use of the singular form of the word includes the plural.

36. Crop Consultant (for nutrient BMP plan) Company:	37. Crop Consultant (for check strip establishment, if different) Company:
Name:	Name:
Address:	Address:
City: State: ZIP:	City: State: ZIP:
Office Phone:	Office Phone:
Professional Certification:	Professional Certification:
Professional Certification Number:	Professional Certification Number:
Approved by Insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No Date approved:	Approved by Insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No Date approved:
Insurer representative name:	Insurer representative name:

Nutrient BMP Endorsement Coverage Information

38 Management Unit	39 Unit No.	40 Sec. No.	41 TWP	42 Range	43 State	44 Cty.	45 APH (bu.)	46 Nutrient BMP Option Code*	47 Price Election	48 Rate Per Acre	49 Share	50 Intended Acres		51 Premium
												Whole	10ths	
Total														

*Nutrient BMP Option Codes: P = Phosphorus; N = Nitrogen; NP = Nitrogen and Phosphorus

52. Nutrient BMP Plan Summary

NOTE: COMPLETE THIS SECTION FOR EACH MANAGEMENT UNIT TO BE INSURED.

Management Unit: _____

APH or CRC Unit #: _____

Variety: _____

Last year's crop: _____

Planter model and size: _____

Row width of planter: _____ ft.

Nitrogen (N) BMP Info (complete for Options B and C only)			Phosphorus (P) BMP Info (complete for Options A and C only)		
N BMP requirement	lb/acre		P BMP requirement	lb/acre	
Manure N contribution	lb/acre		Manure P contribution	lb/acre	
Legume N contribution	lb/acre		Starter P ₂ O ₅ contribution	lb/acre	
Starter N contribution	lb/acre		Commercial P ₂ O ₅	lb/acre	
Commercial N	lb/acre		Other P	lb/acre	
Other N	lb/acre				
Total N (to be) applied	lb/acre		Total P (to be) applied	lb/acre	

Phosphorus BMP Information

Complete for Options A and C only. See Endorsement Schedule 1 for approved phosphorus BMP standards.

A soil test for phosphorus meeting the approved phosphorus BMP standards is required for Options A and C:

Has a test for available soil phosphorus been performed? Yes No Date of test: _____

Name of the individual(s) who collected samples: _____

Name of the lab(s) that performed the soil analysis: _____

Soil phosphorus test type: Bray – 1 Mehlich – 3 Olsen

The soil test result must be classified as high or very high for Options A and C:

Phosphorus soil test results: High Very High

What is the recommended amount of phosphorus from all sources (pounds P₂O₅/acre)? _____

Will phosphorus credits from manure meet the phosphorus BMP recommendation? Yes No

If no, how much commercial phosphorus will be applied (pounds P₂O₅/acre)? _____

Nitrogen BMP Information

Complete for Options B and C only. See Endorsement Schedule 2 for approved nitrogen BMP standards

What is the recommended amount of nitrogen from all sources (pounds N/acre)? _____

Will N credits from manure and previous legume crops meet the nitrogen BMP recommendation? Yes No

If no, how much commercial nitrogen will be applied (pounds N/acre)? _____

53. Crop Consultant Certification: The nutrient BMP plan has been developed following the nutrient BMP standards outlined in Schedules 1 and 2 of the Nutrient BMP Endorsement.

Signed by _____, _____ (month, day) 20____ (year)
(Crop Consultant)

Application/Cancellation & Transfer Form Instructions

Note: There are separate endorsements for MPCl and CRC policies. The Nutrient BMP Endorsement for MPCl Policies attaches to MPCl policies only. The Nutrient BMP Endorsement for CRC Policies attaches to CRC policies. Complete a separate application for endorsement units attaching to MPCl and CRC policies.

1. **Applicant's Name and Address:** Enter the applicant's name and street or mailing address.
2. **City, State, ZIP:** Enter the applicant's city, state and zip code.
3. **Circle One; SSN, EIN, Other:** Circle the type of Tax ID number used. Enter the Tax ID #. This information is used to report any loss payments to the IRS.
4. **Phone:** Enter the applicant's phone number.
5. **Spouse SSN: Enter the applicant's spouse's tax identification number.** This may be the same as the applicant's spouse's social security number. This information is used to report any loss payments to the IRS.
6. **Type of Entity:** State the type for applicant's business, e.g., individual, corporation, partnership.
7. **Plan of Insurance:** Enter the plan of insurance you are applying for, e.g., Nutrient BMP Endorsement.
8. **Is the applicant at least 18 years old?** Check yes or no.
9. **Applicant's Authorized Representative:** If applicable, enter the applicant's authorized representative. A completed Power of Attorney form must be submitted with the underlying MPCl or CRC policy.
10. **Page # _ of _:** Enter the number of the page and the number of pages of the complete application. For example, if four pages were used to complete the application and this is the first page, fill in Page #1 of 4. Item no. 56, Nutrient BMP Plan Summary, must be completed for each endorsement unit; the total number of pages will vary according to the number of units insured.
11. **Policy Number:** Enter the policy number from the confirmation screen.
12. **Does producer have APH (MPCl) or CRC coverage?:** Check yes or no.
13. **States, Counties and Code Numbers:** Enter the states, counties and codes for the location of the applicant's acres for which coverage is being sought.
14. **Effective crop year:** Enter the year in which the applicant will have coverage.
15. **Select Nutrient BMP endorsement Service Option:** Check Full Service or Custom Option.
16. **Name of Crop:** Enter name of crop, e.g., corn.

17. **Type of crop:** Enter type of crop, e.g., grain.
18. **Price Election:** Enter the MPCl price election for the crop year.
19. **Check all that apply:** If cancelling the policy, list the code of the reason for cancellation.
Cancellation Reason Codes
 - i. I Insured's Request
 - ii. D Death, Incompetency or Dissolution
 - iii. M Mutual Consent
 - Other (Please Explain)
20. **Conditions of Acceptance:** Answer yes or no for each question.
21. **Name of Previous Carrier:** Enter the insurer that previously provided coverage, if any.
22. **Policy Number under Previous Carrier:** Enter policy number under previous carrier.
23. **Cancellation Statement:** Enter the policy number to be cancelled or transferred, the ceding insurer and the assuming insurer.
24. **Agent Name:** Enter the insurance agent name.
25. **Agency Name:** Enter the insurance agency name.
26. **Street Address:** Enter the agency street or mailing address.
27. **Agency Code:** Enter the agency code.
28. **City, State, ZIP:** Enter the agency city, state and zip code.
29. **Phone:** Enter the agency phone number.
30. **Licensed Agent Signature:** Agent signs here.
31. **Agent Code:** Enter code assigned to agent.
32. **Date:** Enter date signed by agent.
33. **Applicant Signature:** Applicant signs here.
34. **Date:** Enter date signed by applicant.
35. **Insurer Name and Address:** Enter the insurance provider's name and street or mailing address including city, state and zip code.

- 36. Crop Consultant (Nutrient BMP Plan):** Enter information about the consultant preparing the nutrient BMP plan, including company, name, street or mailing address, city, state, zip code and phone. Enter the consultant's professional certification number and the certifying organization. See the endorsement provisions for approved certifications. The crop consultant must be approved by the insurer; enter authorized insurer representative name and date approved.

Directories of certified crop consultants are available from the certifying organizations web sites or by contacting the organization:

American Society of Agronomy 677 South Segoe Road Madison, WI 53711 CCA Voice (608) 273-8085 ARCPACS Voice (608) 273-8080 Fax (608) 273-2081 www.agronomy.org/certification/	National Alliance of Independent Crop Consultants 349 East Nolley Drive Collierville, TN 38017 (901) 861-0511 Fax (901) 861-0512 www.naicc.com
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- 37. Crop Consultant (Check Strip Establishment):** Enter information about the crop consultant establishing the check strip. Include company, name, street or mailing address, city, state, zip code and phone number. Fill in the consultant's professional certification number and the certifying agency or organization. The crop consultant must be approved by the insurer; enter authorized insurer representative name and date approval granted. SEE PAGE 15 FOR EXCERPT FROM UNDERWRITING GUIDE DESCRIBING CHECK STRIP ESTABLISHMENT.
- 38. Management Unit:** Enter the symbol (letters, numbers) selected by the applicant to identify the endorsement management unit to be insured.
- 39. Unit Number:** Enter the unit number for the underlying MPCI or CRC policy in which the management unit is located.
- 40. Section Number:** Enter the section legal description for the location where the unit is located.
- 41. TWP:** Enter the township legal description for the location where the unit is located.
- 42. Range:** The Enter the township legal description for the location where the unit is located.
- 43. State:** Enter the state where the unit is located.
- 44. County:** Enter the county where the unit is located.
- 45. APH:** Enter the actual production history for the unit number the management unit is located in.
- 46. Nutrient BMP Option Code:** Enter the Nutrient BMP Option Code; P = Phosphorus, N = Nitrogen, NP = Nitrogen and Phosphorus.
- 47. Price Election:** Enter the MPCI price election.

- 48. Rate per Acre:** Enter the rate per acre from the Nutrient BMP Endorsement actuarial documents.
- 49. Share:** Enter the applicant's share of the crop.
- 50. Intended Acres:** Enter the number of acres to be insured to tenths of an acre.
- 51. Premium:** Enter the estimated premium.
- 52. Nutrient BMP Plan Summary:** The applicant must have a separate Nutrient BMP Plan summary for each management unit. Information required includes endorsement management unit, APH (MPCI) or CRC unit, crop variety or hybrid, previous crop, planter model, and size and width of planter. For options A or C, the applicant must complete the phosphorus BMP table and information section. For options B or C, the applicant must complete the nitrogen BMP table and information section. Approved standards for completing the nutrient BMP plan are included in the Schedules 1 and 2 of the Endorsement.
- 53. Crop consultant certification:** Crop consultant signs here certifying the nutrient BMP plan for the management unit has been prepared according to the endorsement standards. The complete plan must be available for insurer inspection on request.

Underwriting Requirement for Establishment of the Check Strip by a Crop Consultant (Excerpted from the Nutrient BMP Endorsement Underwriting Guide)

- (1) There must be one check strip (and two adjacent BMP strips) established in each insured management unit. In addition to the restrictions on size of the management unit included in the endorsement provisions, the unit's size will be limited practically by the requirement that each field or field portion have the same management practices (e.g., hybrids, tillage system), cropping history (e.g., previous crop in the prior season) and nutrient management practices (e.g., manure applications). Any variance in the characteristics will require that the field or field portion be placed in a separate management unit.
- (2) The check strip must be between 40 and 60 feet wide and run the length of the management unit excluding any endrows. The BMP strips must be immediately adjacent to and on either side of the check strip, and be equal in length and width to the check strip.
- (3) The strips must be established by a crop consultant approved by the insurer using the following procedures:
 - (a) The crop consultant will confirm with the farmer what fields will be insured.
 - (b) The crop consultant will use appropriate tools (aerial maps, soil survey maps, personal observation, soil tests, drainage maps, etc.) to assess the physical characteristics of the management unit to determine the productive capabilities of the insured acres.
 - (c) After assessing the management unit, the crop consultant will determine the approximate location of the check strip and adjacent BMP strips on a map. The site of the check strip and adjacent strips shall be located in a uniform portion of the management unit. If possible, the consultant shall avoid areas that have variable soil types, slopes, irregular boundaries, variable fertility and/or tile lines running parallel to the row. If it is not possible to avoid non-uniform areas, the following steps shall be taken to mitigate the effects of non-uniformity:
 - (i) If there is a slope in the field or a rocky area or any other feature that breaks up the uniformity of the management unit, locate the strips so they run across the non-uniformity such that the check strip and adjacent BMP strips are affected equally by it.
 - (ii) If the management unit has a small outcropping or a depression, avoid putting these in the check strip altogether. Locate the check strip on one side or the other of these features.
 - (iii) If the management unit has two or more soil types, arrange the strips at right angles to the different soil types where possible. Also, make sure that the various soil types affect each of the strips equally.
 - (d) The crop consultant will then travel to the location of the insured acres and identify the actual physical location of the check strip with Global Positioning System (GPS) coordinates and/or a measurement from an identifiable landmark (field corner, boundary marker, etc.). If there are conditions existing that would affect the placement of the check strip, adjustments shall be made at this time.
 - (e) The consultant will mark the location of the check strip for the insured with flags or other applicable markers.
 - (f) Information concerning the location of the check strip will be submitted to insurer as part of the Nutrient BMP Endorsement Acreage Report.
- (4) The location of check strip must be submitted before the Nutrient BMP coverage can begin.
- (5) If the insured acres are in contour strips that are not wide enough to contain both a check strip and two adjacent BMP strips, the crop consultant may select one strip that best represents the productive capabilities of the insured acres and is appropriate for use as a check strip. That contour strip will then be split in half and the approved nutrient BMP rate of fertilizer will be applied on one half of the contour strip to serve as the BMP strip, and the other half will serve as the check strip and be fertilized at a rate greater than the approved nutrient BMP rate. Alternatively, the crop consultant may place the check strip in one contour strip, and the BMP strips in immediately adjacent contour strips, provided the three contour strips are reasonably uniform and representative of the balance of the insured acres.

Nutrient BMP Endorsement Appraisal Worksheet

Company			1. Insured's Name			2. Policy Number			3. Unit Number			7. Type of Appraisal Weigh wagon – ww Portable scales – ps Stationary scales – ss			
3a. Claim Number			4. Crop CORN GRAIN			5. Crop Year			6. FSA Farm Number						
8	9	10	11	12	13	14	15	16	17	18	19a	20	21		
											19b				
Management Unit	Acres	Type of Appraisal	Strip Appraised	Harvested Strip					Grain Gross Weight	Bushel WT Factor	Moisture % Factor	Adjusted Grain Production (bushels)	Per Acre Yield (bushels)		
				Width	Length	Total Area	Acre Factor	Total Acres							
			Check Strip				43,560			56					
			BMP Strip				43,560			56					
Management Unit	Acres	Type of Appraisal	Strip Appraised	Harvested Strip					Grain Gross Weight	Bushel WT Factor	Moisture % Factor	Adjusted Grain Production (bushels)	Per Acre Yield (bushels)		
				Width	Length	Total Area	Acre Factor	Total Acres							
			Check Strip				43,560			56					
			BMP Strip				43,560			56					
22. Remarks:															
23. Review of Appraisal (Check One): <input type="checkbox"/> The remaining production in the check strip and the adjacent BMP area shall not be harvested or destroyed until the earlier of our adjustment review or 15 days after the initial adjustment. <input type="checkbox"/> The remaining production has been released for harvest.															
24. Insured's Signature:							Date:		25. Code Number and Adjuster's Signature					Date:	

Indemnity Calculation

26. Management Unit	27. Check Strip Yield	28. BMP Strip Per Acre Yield	29. Insured Acres	30. Price Election	31. Share	32. Total Indemnity

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(Reverse)

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

NUTRIENT BMP ENDORSEMENT APPRAISAL WORKSHEET INSTRUCTIONS

Complete HEADING items 1 through 7, PART I items 8 through 21, and Part II items 22 and 23.

Verify or make the following entries:

Standard Items	Information Required
1. Insured's Name	Name of the insured that identifies EXACTLY the person (legal entity) to whom the policy is issued.
2. Policy Number	Insured's policy number assigned by the insurer.
3. Unit Number	Five-digit (e.g., 00100) unit number from the acreage report.
3a. Claim Number	Enter claim number assigned by the insurer.
4. Crop Name	"CORN GRAIN" has been entered.
5. Crop Year	Crop year, as defined in the policy, for which the claim has been filed.
6. FSA Farm Number	Farm Service Agency Farm Serial Number.
7. Type of Appraisal	Appraisal method to be entered in item 10. See Nutrient BMP Endorsement Loss Adjustment Handbook for other adjustment options.

PART I - WEIGH METHOD

Use this method for corn for grain **only after grain is physiologically mature**.

Verify or make the following entries:

Standard Items	Information Required
8. Management Unit	Producer management unit identification symbol used on the initial application for coverage under the endorsement.
9. Acres	Number of acres in the management unit (item 8), to tenths.
10. Type of Appraisal	Enter the appraisal method code (ww, ps, ss).
11. Strip	Check strip and BMP strip have been entered.
12. Width	Enter width of harvested check strip and BMP strip in feet.
13. Length	Enter length of harvested check strip and BMP strip in feet.

- | | |
|--------------------------------------|--|
| 14. Total Area | Result of multiplying strip width (item 12) by strip length (item 13), in square feet rounded to tenths. |
| 15. Acre Factor | Area (43,560 square feet) of one acre has been entered. |
| 16. Total Acres | Result of dividing harvest strip total area (item 14) by the acre factor (item 15), rounded to tenths. |
| 17. Grain Gross Weight | Weight of harvested grain from each harvested strip. |
| 18. Bushel WT Factor | Pounds in one bushel of corn (56) have been entered. |
| 19a. Moisture | Moisture percentage if in excess of 15 (through 40 percent), rounded to tenths. |
| 19b. Moisture Factor | If grain moisture is more than 15 percent enter the four-decimal-place factor from the Corn Moisture Adjustment Table in the Loss Adjustment Handbook corresponding to the moisture percentage (item 19a). |
| 20. Adjusted Grain Production | Result of dividing grain gross weight (item 17) by the bushel weight factor (item 18) and multiplying the result by the moisture factor (item 19b). |
| 21. Per Acre Yield | Result of dividing the adjusted grain production (item 20) by the harvested strip total acres (item 16), rounded to tenths. |
| 22. Remarks: | Enter pertinent information about the appraisal. Include any appropriate calculations. Attach a Special Report when more space is needed. |

PART II - Signatures

BEFORE obtaining insured's signature, REVIEW ALL ENTRIES on the appraisal worksheet WITH THE INSURED, particularly explaining codes, etc., which may not be readily understood.

- | | |
|--|--|
| 23. Review of Appraisal | If appraisal is selected by the insurer for review, the insured must refrain from harvesting or destroying the remainder of the checkstrip and BMP strips until the earlier of the adjustment review or 15 days after the initial adjustment. |
| 24. Insured's Signature | Insured's (or insured's authorized representative's) signature and date signed. |
| 25. Adjuster's Code Number, Signature, and Date | Signature of adjuster, adjuster's code number and date signed after the insured (or insured's authorized representative) has signed. If the appraisal is performed prior to signature date, document the date of appraisal in the Remarks/Narrative section of the Appraisal Worksheet (if available). |

Part III – Indemnity Calculation

- | | |
|----------------------------|--|
| 26. Management Unit | Producer management unit identification symbol used on the initial application for coverage under the endorsement. |
|----------------------------|--|

Nutrient Best Management Practice Handbook

- 27. Check Strip Yield** Enter the check strip per acre yield.
- 28. BMP Strip Per Acre Yield** Enter the BMP strip per acre yield.
- 29. Insured Acres** Number of insured acres in the management unit (item 9).
- 30. Price Election** Enter the MPCI price election for the crop year.
- 31. Share** Enter the insured's share of the crop in the management unit.
- 32. Total Indemnity** The total indemnity is equal to the difference between the check strip yield multiplied by 0.95 and the BMP strip yield multiplied by insured acres multiplied by the price election multiplied by the insured's share.

Notice of Damage or Loss for Nutrient BMP Endorsement

1. Policy Number:			2. Claim Number: (Company Use)		
3. Insured's Name:		4. Agent Name:		5. Insurer Name:	
6. Street Address:		7. Street Address		8. Street Address:	
9. City:	State:	ZIP:	10. City:	State:	ZIP:
12. Phone:		13. Phone:		14. Phone:	
15. Best time to contact insured:		16. Agency Name:		17. Crop:	
18. Insured's Intention: Check One <input type="checkbox"/> To harvest <input type="checkbox"/> To chop/silage <input type="checkbox"/> Leave for cover <input type="checkbox"/> Replant <input type="checkbox"/> Destroy <input type="checkbox"/> Pasture <input type="checkbox"/> Hay <input type="checkbox"/> Crop will be direct marketed <input type="checkbox"/> Other (explain)					
19. Check One: <input type="checkbox"/> This is notice of damage only (appears that production will exceed the guarantee at this time) <input type="checkbox"/> This is a notice of a probable loss <input type="checkbox"/> Immediate inspection is requested. If checked, explain why.					
20. Is insured an agent, employee or contractor affiliated with multi-peril crop insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
21. Insured's Signature:				22. Date:	
Note: Refer to the Basic Provisions, Coarse Grains Crop Provisions and the Endorsement Provisions for more details on notice of damage or loss requirements.					
23. If you have less than 100% share, is the other share insured under a multi-peril crop insurance program? If so, list the person's name, name of insurance company for which they carry multi-peril crop insurance and policy number if known. (See reverse for additional space.)					
Name		Insurance Company		Policy Number	

Insured Acres Information (see next page for additional space)

24 Management Unit	25 Unit No.	26 Sec. No.	TWP	Range	27 State	28 Cty.	29 Estimated Production	30 Cause of Damage	31 Date of Damage	32 Insured Acres		33 Expected Harvest Date
										Whole	10ths	

“See reverse side of form for Nondiscrimination Statement and statement required by Privacy Act of 1974.”

(Reverse)

(Cont.) Additional person with a share insured under an MPCCI program.		
Name	Insurance Company	Policy Number

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Insured Acres Information (cont.)

Management Unit	Unit No.	Sec. No.	TWP	Range	State	City.	Estimated Production	Cause of Damage	Date of Damage	Insured Acres		Expected Harvest Date
										Whole	10ths	

Notice of Damage or Loss Form Instructions

1. **Policy Number:** Enter the insured's policy number.
2. **Claim Number:** Insurance provider will enter the number assigned to the claim.
3. **Insured's Name:** Enter the insured's name.
4. **Agent Name:** Enter the insurance agent's name.
5. **Insurer Name:** Enter the insurer's name.
6. **Street Address:** Enter the insured's street or mailing address.
7. **Street Address:** Enter the agent's street or mailing address.
8. **Street Address:** Enter the insurer's street or mailing address.
9. **City, State, ZIP:** Enter the insured's city, state and zip code.
10. **City, State, ZIP:** Enter the agent's city, state and zip code.
11. **City, State, ZIP:** Enter the insurer's city, state and zip code.
12. **Phone:** Enter the phone number of the insured.
13. **Phone:** Enter the phone number of the agent.
14. **Phone:** Enter the phone number of the insurer.
15. **Best time to contact insured:** Enter the time to best reach the insured.
16. **Agency Name:** Enter the insurance agency's name.
17. **Crop Insured:** Enter name of crop, e.g., corn.
18. **Insured's Intention:** Check the box that best describes what the insured plans to do with the crop. If other is checked, please explain what the insured plans to do with the crop.
19. **Check One:** Check the box that appropriately describes the damage or loss to the crop. If immediate inspection is requested please explain why.
20. Check "Yes" if insured is an agent, employee or a contractor affiliated with multi-peril crop insurance. If not, check "No."
21. **Insured's Signature:** Insured signs here.
22. **Date:** Date of insured's signature.
23. If another person has a share in the crop, list the person's name, name of insurance company for which they carry multi-peril crop insurance and policy number if known.
24. **Management Unit:** Enter the insured management unit.
25. **Unit Number:** Enter the unit number in which the management unit is located.
26. **Legal Description:** Section number (Sec. No.), township (TWP), range for the location of the unit.
27. **State:** Enter the state where the management unit is located.
28. **Cty:** Enter the county where the management unit is located.
29. **Estimated Production:** Enter the estimated production of the endorsement management unit.
30. **Cause of Damage:** Enter the cause of damage.
31. **Date of Damage:** Enter the date of damage.
32. **Insured Acres** Enter the acres insured to tenths of an acre.
33. **Expected Harvest Date:** Enter the date the insured expects to harvest the crop.

Substantial Beneficial Interest Form for Nutrient BMP Endorsement

1. Name of Applicant Insured:		2. Policy Number:			
3. SSN, EIN or other (Circle One and enter number in #4 below)		5. Agent Name:			
4. Social Security or Employer Identification Number:					
6. Address of Agent:		7. Company Name:			
8. Agent Code Number:					
9. List all persons or entities with 10 percent or more interest in the applicant's farming operation.					
NAME (Print or Type)	COMPLETE ADDRESS (St., R.R., P.O. Box, Zip, etc.)	TELEPHONE NUMBER	SSN/EIN (Check One and Enter No.)	ENTITY TYPE	SHARE
			<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other		
			<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other		
			<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other		
			<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other		
			<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other		
			<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other		
			<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other		
			<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other		
			<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other		
10. Signature of Applicant/Insured:			11. Date:		

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(Reverse)

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Substantial Beneficial Interest Form Instructions

1. **Applicant's Name:** Enter the applicant's name.
2. **Policy Number:** Enter the policy number from the confirmation screen.
3. **Circle One; SSN, EIN, Other:** Circle the type of Tax ID number used.
4. **Tax Identification Number:** Enter the Tax ID #.
5. **Agent Name:** Enter the name of the applicant's.
6. **Address of Agent:** Enter the mailing address for the agent.
7. **Company Name:** Enter the name of the insurer.
8. **Agent's Code Number:** Enter code assigned to agent.
9. **List:** For each person or entity with 10 percent or more interest in the insurance entity, fill in the person or entity's name, complete address including mailing address, city, state and zip code. Enter the social security number, employer identification number or other tax identification number. Enter the person or entity's telephone number, type of entity and share of the crop.
10. **Applicant Signature:** Applicant signs here.
11. **Date:** Enter date signed by applicant.

Nutrient BMP Endorsement Premium Calculation Worksheet

- A) Approved Yield _____
- B) Crop Share _____
- C) MPCl Price Election
(100% of MPCl set price) _____
- D) BMP Insured Acres _____
- E) BMP Premium Rate per acre _____
- F) Producer Subsidy Percentage (0.38) _____
- G) Deductible (0.05) _____
- H) Coverage Level (0.95) _____

Part 1 – Amount of Insurance $(1.35 \times A \times H \times B \times C \times D)$ _____

Part 2 – Total Premium $(B \times C \times D \times E)$ _____

Part 3 – Subsidy $(F \times \text{Part 2})$ _____

Part 4 – Producer Premium $(\text{Part 2} - \text{Part 3})$ _____

Part 5 – Total Additional Charges – see Options next page
(Option 1 = J; or, Option 2 = Q) _____

Part 6 – Total Cost to Producer $(\text{Part 4} + \text{Part 5})$ _____

THIS WORKSHEET IS INCLUDED TO ASSIST IN ESTIMATING APPLICANT PREMIUM ONLY.

Additional Charges Worksheet

Option 1: Full Service Option: Minimum 100 acres

I. Additional Charge (\$3.25 per acre) _____

J. Total Additional Charges for Option 1 (I x D) _____

- OR -

Option 2: Custom Option: No minimum acreage

Check Strip Establishment Charge

If producer chooses to have insurer establish check strips please calculate items K and L. If not, please enter -0- for item L and proceed to the Adjustment Charge section (items N – P).

K. Per acre charge (\$1.25 x D) _____

- OR -

L. Set Fee _____
(\$125 for first check strip, \$50 each additional)

M. Enter the larger amount of item K and item L or enter -0- if producer chooses not to have insurer establish check strips _____

Adjustment Charge

N. Per acre charge (\$2.00 x D) _____

- OR -

O. Set Fee _____
(\$115 for one adjustment, \$50 each additional)

P. Enter the larger amount of item N and item O _____

Total Additional Charges for Option 2

Q. Total for Option 2 (M + P) _____

THIS WORKSHEET IS INCLUDED TO ASSIST IN ESTIMATING APPLICANT PREMIUM ONLY.

Instructions for Premium Worksheet

- A. Enter the approved yield (APH) for the management unit to be insured.
- B. Enter your crop share for the management unit to be insured.
- C. Enter 100% of the MPCl price election for corn.
- D. Enter the total number of BMP acres to be insured.
- E. Enter the BMP Premium Rate from the Nutrient BMP Endorsement actuarial documents.
- F. The producer's premium subsidy for this endorsement is 38%. Enter 0.38
- G. The deductible for this endorsement is 5%. Enter 0.05.
- H. The coverage level for this endorsement is 95%. Enter 0.95.

Part 1 – Amount of Insurance: Enter the result of multiplying 1.35 by approved yield, multiplied by the coverage level, multiplied by crop share, multiplied by price election, multiplied by BMP insured acres.

Part 2 – Total Premium: Enter the result of multiplying crop share by price election, multiplied by BMP insured acres, multiplied by BMP premium rate.

Part 3 – Subsidy: Enter the result of the premium subsidy multiplied by the result of Part 2.

Part 4 – Producer Premium: Enter the result of subtracting the result of Part 3 from the result of Part 2.

Part 5 – Total Additional Charges: Enter the result of item J if you select the full service option or enter the result of item Q if you select the custom option.

Part 6 – Total Cost to Producer: Add the result of Part 4 and the result of Part 5 and enter.

Instructions for Additional Charges Worksheet

The producer must select either Option 1 (Full Service Option) or Option 2 (Custom Option).

Option 1 – Full Service Option (minimum of 100 acres)

- I. **Additional Charge:** Enter \$3.25
- J. **Total Additional Charges for Option 1:** Enter the result of multiplying I by D (BMP insured acres).

Option 2 – Custom Option

Check Strip Establishment Charge

- K. **Per Acre Charge:** Enter the result of multiplying \$1.25 by D (BMP insured acres).
- L. **Set Fee:** Enter the total number of check strips needed (1 per management unit). The first check strip will be \$125 and each additional check will be \$50. Determine the sum of all check strip charges and enter.
- M. Enter the larger amount of item K and item L or enter -0- if producer chooses not to have insurer establish check strips and selects a consultant of his or her own.

Adjustment Charge

- N. **Per Acre Charge:** Enter \$2.00 multiplied by D (BMP insured acres).
- O. **Set Fee:** Estimate the total number of check strips. The first check strip adjustment will be \$115 and each additional will be \$50. Determine the sum of all charges and enter.
- P. Enter the larger amount of item N and item O.

Total Additional Charges for Option 2

Q. Total for Option 2: Enter the result of the sum of item M and item P.