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United States
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Federal Crop
Insurance
Corporation



Risk Management
Agency



Product
Administration
and Standards
Division

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(05-2011)

FCIC 24040-01
(06-2012)

Document and Supplemental Standards Handbook (DSSH)

2013 and Succeeding Crop Years

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

FEDERAL CROP INSURANCE CORPORATION DIRECTIVE		NUMBER: 24040-01 (06-2011) 24040 (05-2011)
SUBJECT: AMENDMENTS TO DOCUMENT AND SUPPLEMENTAL STANDARDS HANDBOOK (DSSH)	DATE:	
	OPI: 6/28/2012 Product Administration and Standards Division (PASD)	
	APPROVED: /s/ Tim B. Witt Deputy Administrator, Product Management	

1 PURPOSE

This directive provides the form standards and procedures for use in the sales and service of any eligible crop insurance policy; required statements and disclosures; and the standards for submission and review of non-reinsured supplemental policies in accordance with the Standard Reinsurance Agreement (SRA).

2 SUMMARY OF CHANGES

The following are the significant changes to this directive, and may not represent all applicable changes.

Section	Change
Section 7 Definitions	Added the definition of Relative to be consistent with the definition in the Standard Reinsurance Agreement (SRA).
Section 13D Anti-Rebating Certification Statement	Made substantive for the 2013 CY.
Section 13G Conflict of Interest Disclosure Statements	Updated the year for compliance with COI changes.
Exhibit 5 Anti-Rebating Certification	Modified statements for clarity and consistency.
Exhibit 8 Individual Non-Disclosure	Removed reference to Exhibit 2 Certification Statement, and replaced with a modified certification statement for clarity and consistency.

Exhibit 9 Conflict of Interest and Attachment	Removed parenthetical to question D(2) and related items within accompanying table to be consistent with SRA definition. The AIP has the option of adding the definitions to this statement.
Exhibit 10 Individual Controlled Business Certification	Removed reference to Exhibit 2 Certification Statement, and replaced with a modified certification statement for clarity and consistency.
Exhibit 26 Production Report	Modified to allow for single crop year reporting.

- F Document – A form developed according to RMA standards for policies, endorsements, procedures, and other material used for the purpose of administering the programs in accordance with the Standard Reinsurance Agreement.
- G Electronic Signature – As defined by the Electronic Signatures in Global and National Commerce Act, P.L. 106-229, includes an electronic sound, symbol, or process, attached to or logically associated with a contract or other record and executed or adopted by a person with the intent to sign the record.
- H Immediate Family – An individual’s father, mother, stepfather, stepmother, brother, sister, stepbrother, stepsister, son, daughter, stepson, stepdaughter, grandparent, grandson, granddaughter, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, the spouse of the foregoing, and the individual’s spouse.
- I Insured – The named person as shown on the application accepted by the AIP. This term does not extend to any other person having a share or interest in the crop (for example; a partnership, landlord, or any other person) unless specifically indicated on the accepted application.
- J Non-Substantive - A term used by RMA informing the AIP that the item(s) may be included on a form at the AIP’s discretion.
- K Person – An individual, partnership, association, corporation, estate, trust, or other legal entity, and wherever applicable, a State, political subdivision, or an agency of a State. “Person” does not include the United States Government or any agency thereof.
- L Personally Identifiable Information - Any information about an individual maintained by an Agency, including but not limited to, education, financial transactions, medical history, and criminal or employment history and information which can be used to distinguish or trace an individual’s identity, such as name, social security number, date and place of birth, mother’s maiden name, biometric records, etc., including any other personal information which is linked or linkable to an individual.
- M Protected Information - Any personally identifiable information about a policyholder, or information about the policyholder’s farming operation or insurance policy, acquired from the policyholder, USDA, the Comprehensive Information Management System, or the insured’s previous or current approved insurance provider or agent that is protected from disclosure by the Privacy Act, section 502(c) of the Federal Crop Insurance Act (Act), or any other applicable statute. This includes all hard copy or electronic information.
- N Rebate – To pay, allow, or give, or offer to pay, allow or give, directly or indirectly, either as an inducement to procure insurance or after insurance has been procured, any benefit (including money, goods or services for which payment is usually made [except any service provided to fulfill an obligation of the Company under this Agreement]), discount, abatement, credit, or reduction of

the premium named in the insurance policy and any other valuable consideration or inducement not specified in the policy.

- O Relative – An individual who: (1) is immediate family; (2) resides in the household of; or (3) engages in business with respect to, a farming operation with the person in question, regardless of whether or not the individual is immediate family.
- P RAN (RMA Assigned Number) - A term used by RMA to refer to a number issued by RMA to an individual who is considered a qualified alien as determined by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. §1611; or, to a trust administered by the Bureau of Indian Affairs and Indian Tribal Ventures who do not have an Employee Identification Number (EIN).
- Q RMA - The Risk Management Agency, which operates the Federal crop insurance program on behalf of the Federal Crop Insurance Corporation.
- R Substantive - A term used by RMA informing the AIP that the item(s) must be included on a form.
- S USDA - Includes the Risk Management Agency, Farm Service Agency, and any other agency within the United States Department of Agriculture.

8 RESPONSIBILITIES

A RMA PRODUCT ADMINISTRATION AND STANDARDS DIVISION (PASD) RESPONSIBILITIES

The RMA PASD will:

- (1) Establish and issue minimum form standards for documents to affected parties.
- (2) Provide guidance and clarification as needed regarding form standards for documents.
- (3) Maintain DSSH (update existing standards, develop new standards, incorporate recommended changes, etc.).

B AIP RESPONSIBILITIES

AIPs will:

- (1) Develop documents in accordance with RMA standards and other RMA form standards issuances.
- (2) Assure that the applicable document contains all substantive statements.
- (3) Submit documents, document completion instructions, and applicable computation results of documents, upon request to the RMA PASD or other USDA oversight agency for review of compliance with these and other RMA form standards issuances.

13 REQUIRED STATEMENTS AND DISCLOSURES

These statements pertain to all insurance policies administered under the SRA, not only to those which standards appear in this directive.

A COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

The Collection of Information and Data (Privacy Act) Statement is required for agents, loss adjusters and policyholders. [See Exh. 3]. This statement must be included on any form the person signs and a copy maintained by the AIP.

- (1) If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature of applicant/insured/agent/loss adjuster and the date at the time of collection. This process must be completed for each document that requires the Privacy Act statement.
- (2) This is required so the AIP may be able to substantiate the statement was provided in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a; however, if the AIP can substantiate with legal sufficiency the insured received and acknowledged these required statements by using another method, then such method is acceptable.

B CERTIFICATION STATEMENT

The Certification Statement must be included on any form that the person signs which collects information from the person, such as the application, acreage report, etc. Not applicable to appraisal worksheets. [See Exh. 2]. If a form standards contain a modified certification statement, such as the Individual Conflict of Interest Disclosure, this certification statement is not required.

C NON-DISCRIMINATION STATEMENT

The Non-discrimination Statement must be included on any form the person signs or provided to the person on a separate form in which the person signs and a copy maintained by the AIP. [See Exh, 4].

D ANTI-REBATING CERTIFICATION STATEMENT

In accordance with section 508(a)(9) of the Federal Crop Insurance Act and the SRA, a company and its affiliates are prohibited from providing a rebate, except as authorized in section 508(a)(9)(B). For more information regarding rebates, contact RMA Reinsurance Services Division.

The Anti-Rebating Certification is an individual certification of the applicant/insured and the agent required at the time liability is established. This certification is required for each crop year for the crop or crops contained on the application associated with the policy number. [See Exh. 5]. Furthermore, the agent is the agent who accepts and signs the applicable form in which liability is

established. The time liability is established is the time specified by the applicable policy, e.g., at acreage reporting time.

E COVENANT NOT TO SUE STATEMENT

As defined in Section 1 of the SRA, before an agent is allowed to act on behalf of an AIP with respect to the sales or service of eligible crop insurance contracts for the 2011 and any subsequent RY, the AIP must obtain from such agent the written acknowledgement referred to in Section III(a) of the SRA.

- (1) To the extent that an AIP has contracts with individual agents, the Covenant Not to Sue Statement (Covenant) must be incorporated into or appended to such contracts.
 - (a) If written acknowledgement was incorporated or appended to an agency contract covering multiple agents, it does not meet the requirement of Section III(a)(2)(K) of the SRA, unless such acknowledgement is signed individually by each agent within the agency.
 - (b) The AIP is not required to certify to RMA that it has obtained written acknowledgement from each agent. However, AIPs will be required to provide RMA a copy of such acknowledgement for any agent upon request.
- (2) If existing Covenant acknowledgements were executed in previous RYs did not have specific references, or any other terminology that would limit its effect to the previous RY only, such acknowledgement may be considered effective for future RYs.
 - (a) However, if existing acknowledgements of the Covenant have a RY limitation, then a new acknowledgement without the RY limitation must be executed by the agent.
 - (b) If an agent executes, or has previously executed an acknowledgement of the Covenant with no date limitation, then no other acknowledgement is needed as long as the executed acknowledgement is provided to each AIP for which the agent acts.
- (3) If the agent fails to sign written acknowledgement to the Covenant by the deadline, any policies sold or serviced by such agent will be denied reinsurance by RMA.
- (4) Exhibit 6 provides an example of the Covenant for use by the AIP any other Covenant utilized by the AIP which meets the standards required by Section III(a) of the SRA is acceptable.

- (b) The AIP is not required to modify previously existing COIs to incorporate the 2013 DSSH changes; however, any new disclosures must include these revisions by December 31, 2012.
- (3) Use the charts in Exh. 9 to evaluate the responses provided by the discloser. The chart provides a general reference guide to determine which conflict of interest associated claims must be reviewed by the AIP.
- (4) When a claim is filed the eligible crop insurance contracts associated with the discloser must be identified and the AIP must ensure that the mandatory reviews are conducted. Elective reviews may be conducted by the AIP on other business, financial, legal, or familial relationships.

H ANNUAL CONTROLLED BUSINESS CERTIFICATION

- (1) General Information
 - (a) Section 508(a)(10) of the Act prohibits an individual from receiving compensation for the sale and service of a policy or plan of insurance, if the total compensation to be paid to the individual for policies in which the individual or an immediate family member has a substantial beneficial interest exceeds 30 percent of the total compensation for the sale and service of all policies or plans of insurance under the Act, or a lesser percentage, if the respective State has a lower limit for controlled business.
 - 1 If the amount of compensation to which the individual is entitled under its contract with the AIP or affiliate would result in the agent receiving more than 30 percent from immediate family policies, the individual is in violation of section 508(a)(10). An individual in violation cannot:
 - i Pay back an amount necessary to be in compliance;
 - ii Defer payments to determine whether they will violate the provision; or
 - iii Take any other action to adjust the individual's compensation owed under the contract with the AIP or affiliate.
 - 2 An individual in violation of section 508(a)(10) will be subject to disqualification and civil fines under the procedures implementing section 515(h) of the Act, and any other procedures approved by RMA implementing section 515(h). The gravity of the violation by the individual will determine whether a sanction is imposed and if so, the type and amount.

- (b) An individual subject to the certification requirement of the Act must submit an annual certification to each AIP with which he or she has an affiliation or from which he or she has received compensation; however, certification concerns the aggregate of all direct and indirect compensation from all AIPs with which the individual may have an affiliation.

For example, an agent may write FCIC policies for three AIPs, but have family members with substantial beneficial interests in policies written with one of the AIPs. Such an agent would be required to answer affirmatively to receiving compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit) for the sale or service of policies or plans of insurance reinsured by FCIC for which the agent's immediate family member has a substantially beneficial interest.

- (c) Immediate Family Member is defined in Section 7.
- (d) Salary compensation must not be treated differently than commission or the percentage of compensation received from policies. Salary compensation shall be determined by:
- 1 Dividing the individual's salary by the total amount of premium written by the individual;
 - 2 Multiplying the result of 1 by the amount of total premium from the policies in which the individual and any immediate family member(s) have a substantially beneficial interest; and
 - 3 Dividing the results of 2 by the total premium written by the individual.
- (e) AIPs must ensure that all individuals, including subagents, receiving compensation (including any salary commission, profit sharing, bonus, or any other direct or indirect benefit) for the sales and service of FCIC policies or plans of insurance through the AIP or any AIP affiliated entity have timely access to the certification form and have had a reasonable opportunity to complete and return the form to the AIP prior to 90 days following the annual settlement date for the reinsurance year. All certifications are to be retained by the AIP or its affiliate and not sent to RMA.

(2) Individual Controlled Business Certification

- (a) See Exhibit 10 for form development standards.
- (b) If the AIP is collecting all of the Individual Controlled Business Certification, the AIP must certify to RMA that it has collected all forms from those individuals required to submit an Individual Controlled Business Certification.

5 ANTI-REBATING CERTIFICATION

See Sec. 13 for more information regarding this certification. The AIP has the discretion of developing either a combined certification for the applicant/insured and the agent or one form for the applicant/insured and one for the agent. The standards below reflect a combined form.

1 GENERAL INFORMATION

- A "Applicant/Insured Name" (Substantive)
- B "Policy Number" (Substantive)
- C "Agent's Name" (Substantive)
- D "Agent Code Number" (Substantive)
- E "Crop Year" (Substantive)

2 ANTI-REBATING STATEMENT(S)

The following statements are substantive.

- A Applicant/Insured Statement

"I certify, for the crop year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, or given any benefit, including money, goods, or services for which payment is usually made, rebate, discount, abatement, credit, or reduction of premium, or any other valuable consideration, as an inducement to procure insurance or in exchange for purchasing this insurance policy after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any information on this form may subject me, and any person with a substantial beneficial interest in me, to sanctions, including but not limited to, criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 U.S.C. §1515(h)) and all other applicable federal statutes."

B Agent Statement

"I certify, for the crop year indicated, that I have neither offered nor promised, directly or indirectly, any benefit, including money, goods, or services for which payment is usually made, rebate, discount, credit, reduction of premium, or any other valuable consideration to this person either as an inducement to procure insurance or in exchange for obtaining insurance after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any violation may subject me, and all agencies/companies I represent, to sanctions, including but not limited, to criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 USC §1515(h)) and all other applicable federal statutes."

3 SIGNATURE

A "Applicant/Insured's Printed Name, Signature and Date" (Substantive)

B "Agent's Printed Name, Signature, Code Number and Date" (Substantive)

4 REQUIRED STATEMENTS

A Privacy Act Statement [(Substantive) See Exhibit 3]

B Nondiscrimination Statement [(Substantive) See Exhibit 4]

INDIVIDUAL NON-DISCLOSURE STATEMENT

- F Include the following definitions. “For the purposes of this document: (Substantive)”
- 1 “Protected Information means...” [Insert the definition in section 7 of this directive] (Substantive)
 - 2 “Personally Identifiable Information means...” [Insert the definition in Section 7 of this directive] (Substantive)
 - 3 “RMA means...” [Insert the definition in Section 7 of this directive] (Substantive)
 - 4 “USDA means...” [Insert the definition in Section 7 of this directive] (Substantive)

2 REQUIRED STATEMENTS

- A Privacy Act Statement [(Substantive) See Exhibit 3]

3 REQUIRED SIGNATURES

- A “Individual’s Printed Name and Signature and Date” (Substantive)
- B “Individual’s Title or Position” (Substantive)
- C “Name of affiliate or contractor, if applicable” (Substantive)

9 CONFLICT OF INTEREST**1 GENERAL INFORMATION**

- A "Name and address of the discloser" (Substantive)
- B "Identification Number of the discloser" (Substantive)
- C "Name and address of the approved insurance provider to which you are providing the disclosure statement, all Federal crop insurance servicing activities conducted on behalf of the Approved Insurance Provider, or any other approved insurance provider.

For example:

- Policy Sales
 - Loss Adjustment
 - Other (specify activity)" (Substantive)
- D Create a dialogue block for the following questions, include a Yes No option (Substantive) at the end of each question with instructions to check one.
- (1) Do you have a share in a crop insured under any eligible crop insurance contract insured by the AIP? (Substantive)
 - (2) Do any of your relatives have a substantial beneficial interest in any eligible crop insurance contract insured by the AIP? (Substantive)
 - (3) Do you have a power of attorney authorizing you to act as attorney-in-fact or are you an authorized representative of a policyholder with respect to any eligible crop insurance contract insured by the AIP? (Substantive)
 - (4) Do you have an ownership interest in a business (excluding stock in public corporations or entities in which you own less than a ten percent interest) with any policyholder insured by the AIP? (Substantive)
 - (5) Do you have a rental or leasing arrangement for land, buildings, or equipment with any policyholder insured by the AIP? (Substantive)
 - (6) Are you an owner/operator of a business or a commissioned based employee that provides goods or services related to farming operations (custom farming, tractor sales, etc., but excluding insurance services) for which you receive revenue as the owner/operator or a direct commission as an employee with respect to any policyholder insured by the AIP? (Substantive)

- (7) Are you an owner/operator of a business or a commissioned based employee that provides goods or services not related to farming operations (excluding insurance services) for which you receive revenue as the owner/operator or a direct commission as an employee with respect to any policyholder insured by the AIP? (Substantive)
- (8) Are you a financial institution employee and part of the approval decision-making process of financial arrangements for any policyholder insured by the AIP? (Substantive)
- (9) Do you have an agent compensation, barter, or financial arrangement (excluding those reported under question 8. above) with any policyholder insured by the AIP? (Substantive)
- (10) Do you have a business, familial, financial, or legal relationship that has not been identified above with any policyholder insured by the AIP? (Substantive)
- (11) Do you have a relative who works with the Federal crop insurance program, for the AIP, or any of its affiliates? (Substantive)

Note: At the AIPs discretion, this form may include additional information.

2 OTHER REQUIRED STATEMENTS AND SIGNATURES

- A “I, [INSERT NAME OF DISCLOSER] have been advised and agree to abide by the applicable conflict of interest rules of the Standard Reinsurance Agreement and its Appendices, and all applicable policies, and procedures.” (Substantive)
- B If a renewal COI the AIP may create a check box with the following statement: “No previously disclosed information has changed from the information contained in the 20XX disclosure” (Substantive).
- C Privacy Act Statement [(Substantive) See Exhibit 3]
- D “I certify that to the best of my knowledge all information provided is true and accurate, and that any false or inaccurate information may result in administrative, civil, and criminal sanctions under 18 U.S.C. §§ 1006 and 1014, 7 U.S.C. § 1506, 31 U.S.C. §§ 3729 and 3730 and any other applicable federal statutes or regulations.” (Substantive)
- E Nondiscrimination Statement [(Substantive) See Exhibit 4]
- F Discloser’s Printed Name (Substantive)
- G Discloser’s Signature and Date (Substantive)

3 ATTACHMENT

DISCLOSER IS AN AGENT		
Positive Responses to Questions in Disclosure	Prohibited Activity	Review Requirements
Discloser performs both agent and loss adjustment activities, possibly for different AIPs.	AIP must ensure the Agent does NOT perform loss adjustment activities in same or adjoining counties as those in which the agent performs sales activities, <u>regardless</u> of whether contracted with the AIP or another AIP.	
Discloser has a share in a crop insured under any eligible crop insurance policy insured by the AIP.	Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.	Mandatory Review
Discloser has a relative with a substantial beneficial interest in any insurance policy insured by the AIP.	Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.	Mandatory Review
Discloser has power of attorney to act on behalf of an insured or is an authorized representative of an insured on any eligible crop insurance policy insured by the AIP.	The agent shall NOT perform those tasks in the loss adjustment process on behalf of an insured that are prohibited as specified by the CIH and SRA.	Elective Review
Discloser has an ownership interest in a business (excluding stock in public corporations or entities in which the discloser owns less than a ten percent interest) with any insured by the AIP.	Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.	Elective Review

Positive Responses to Questions in Disclosure	Prohibited Activity	Review Requirements
<p>Discloser has a rental or leasing arrangement for land, buildings, or equipment with any insured.</p>	<p>Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.</p>	<p>Elective Review</p>
<p>Discloser is an owner/operator of a business or a commission based employee of a business, that provides goods or services related to farming operations (custom farming, tractor sales, etc., but excluding insurance services) for which the discloser receives revenue as the owner/operator or a direct commission as an employee with respect to any insured whose policy the discloser services for the AIP.</p>	<p>Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.</p>	<p>Elective Review</p>
<p>Discloser is an owner/operator of a business or a commission based employee of a business, that provides goods or services not related to farming operations, excluding insurance services, for which the discloser receives revenue as the owner/operator or direct commission as an employee with respect to any insured whose policy the discloser services for the AIP.</p>	<p>Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.</p>	<p>Elective Review</p>
<p>Discloser is a financial institution employee and part of the approval decision-making process of financial arrangements for any insured by the AIP.</p>	<p>Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.</p>	<p>Elective Review</p>
<p>Discloser has an agent compensation, barter, or financial arrangement (excluding those reported under question 8. above) with any insured by the Company.</p>	<p>Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.</p>	<p>Elective Review</p>

Positive Responses to Questions in Disclosure	Prohibited Activity	Review Requirements
Discloser has a business, familial, financial, or legal relationship that has not been identified above with any insured by the Company	Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.	Elective Review

DISCLOSER IS AN ADJUSTER		
Positive Responses to Questions in Disclosure	Prohibited Activity	Review Requirements
Discloser performs both agent and loss adjustment activities, possibly for different AIPs.	AIP must ensure the Adjuster does NOT perform loss adjustment activities in same or adjoining counties as those in which the adjuster performs sales activities, <u>regardless</u> of whether contracted with the AIP or another AIP.	
Discloser has a share in a crop insured under any eligible crop insurance policy insured by the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.	Mandatory Review
Discloser has a relative with a substantial beneficial interest in any insurance policy insured by the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.	Mandatory Review
Discloser has power of attorney to act on behalf of an insured or is an authorized representative of an insured on any eligible crop insurance policy insured by the AIP	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.	Elective Review
Discloser has an ownership interest in a business (excluding stock in public corporations or entities in which the discloser owns less than a ten percent interest) with any insured by the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.	Elective Review

Positive Responses to Questions in Disclosure	Prohibited Activity	Review Requirements
Discloser has a rental or leasing arrangement for land, buildings, or equipment with any insured.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.	Elective Review
Discloser is an owner/operator of a business or a commission based employee of a business, that provides goods or services related to farming operations (custom farming, tractor sales, etc., but excluding insurance services) for which the discloser receives revenue as the owner/operator or a direct commission as an employee with respect to any insured whose policy the discloser services for the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.	Elective Review
Discloser is an owner/operator of a business or a commission based employee of a business, that provides goods or services not related to farming operations, excluding insurance services, for which the discloser receives revenue as the owner/operator or direct commission as an employee with respect to any insured whose policy the discloser services for the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.	Elective Review
Discloser is a financial institution employee and part of the approval decision-making process of financial arrangements for any insured by the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.	Elective Review
Discloser has an agent compensation, barter, or financial arrangement (excluding those reported above) with any insured by the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.	Elective Review
Discloser has a business, familial, financial, or legal relationship that has not been identified above with any insured by the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.	Elective Review
Discloser has a relative who works with the Federal crop insurance program for the AIP or any of its affiliates.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.	Elective Review

DISCLOSER IS AN EMPLOYEE WHO PERFORMS UNDERWRITING OR LOSS ADJUSTMENT ACTIVITIES FOR THE AIP		
Positive Responses to Questions in Disclosure	Prohibited Activity	Review Requirements
Discloser performs both agent and loss adjustment activities, possibly for different AIPs.	AIP must ensure the Employee does NOT perform both sales and loss adjustment activities in same or adjoining counties, regardless of whether contracted with the AIP or another AIP.	
Discloser has a share in a crop insured under any eligible crop insurance policy insured by the AIP.	Prohibited from involvement in the acceptance and verification of underwriting data or processing and verification of claim data on the associated crop insurance policy.	Mandatory Review
Discloser has a relative with a SBI in any insurance policy insured by the AIP	Prohibited from involvement in the acceptance and verification of underwriting data or processing and verification of claim data on the associated crop insurance policy.	Mandatory Review
Discloser has power of attorney to act on behalf of an insured or is an authorized representative of an insured on any eligible crop insurance policy insured by the AIP.	Prohibited from involvement in the acceptance and verification of underwriting data or processing and verification of claim data on the associated crop insurance policy.	Elective Review
Discloser has an ownership interest in a business (excluding stock in public corporations or entities in which the discloser owns less than a ten percent interest) with any insured	Prohibited from involvement in the acceptance and verification of underwriting data or processing and verification of claim data on the associated crop insurance policy.	Elective Review
Discloser has a rental or leasing arrangement for land, buildings, or equipment with any insured by the AIP.	Prohibited from involvement in the acceptance and verification of underwriting data or processing and verification of claim data on the associated crop insurance policy.	Elective Review

INDIVIDUAL CONTROLLED BUSINESS CERTIFICATION

- E “If you did receive compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit), for the sale or service of policies or plans of insurance reinsured by FCIC for which you or your immediate family member have a substantially beneficial interest, please certify to the following as it applies to you:
- The total amount of compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit), for the sale or service of policies or plans of insurance reinsured by FCIC for which I or an immediate family member (as defined) have a substantial beneficial interest, **does not** exceed 30 percent of the total compensation I have received for the sale or service of all FCIC policies or plans of insurance nor exceeds any applicable State specific limitation.
 - The total amount of compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit), for the sale or service of policies or plans of insurance reinsured by FCIC for which I or an immediate family member (as defined) have a substantial beneficial interest, **does** exceed 30 percent of the total compensation I have received for the sale or service of all FCIC policies or plans of insurance or exceeds any applicable State specific limitation.”

3 REQUIRED SIGNATURES AND STATEMENTS

- A “Individual’s Printed Name, Signature, and Date” (Substantive)
- B “I acknowledge that failure to timely provide the required certification, certification I am not in compliance with the requirements of this paragraph, or certification I am in compliance when I am not may result in disqualification and civil fines under section 515(h) of the Federal Crop Insurance Act.” (Substantive)
- C “Privacy Act Statement” [(Substantive) See Exhibit 3]
- D “Nondiscrimination Statement” [(Substantive) See Exhibit 4]

11 AFFILIATE CONTROLLED BUSINESS CERTIFICATION

The AIP utilizing this form must at a minimum include the following:

1 GENERAL INFORMATION

A "Affiliate's Name" (Substantive)

B "Officer or Owner's Title or Position" (Substantive-AIP may modify this heading)

2 CERTIFICATION STATEMENT

All of the following are Substantive.

A "For the [Insert the applicable reinsurance year] reinsurance year, beginning July 1, 20XX and ended June 30, 20XX."

B "The officer or owner of the affiliate who affixes their signature to this certification has the authority to sign on behalf of the affiliate, and has been designated by the [Insert the name of the AIP] to receive all certifications required under section 508(a)(10)(C) of the Federal Crop Insurance Act (Act)."

C "I hereby certify that one of the following is true and accurate:

All individuals (including subagents), who received, directly, or indirectly, any compensation through the affiliate for the service or sale of any eligible crop insurance policy/contract in the above reference reinsurance year, have submitted certifications and all individuals certified that the total amount of compensation they received did not exceed the amount allowed under section 508(a)(10)(B) of the Act; or

One or more individuals are not in compliance with the requirements of section 508(a)(10)(B) of the Act because:

The individual did not submit an "Individual Controlled Business Certification";

The individual certified the total amount of compensation exceeded the amount allowed under section 508(a)(10)(B) of the Act; or

The affiliate has discovered the individual incorrectly certified to being in compliance with the compensation limitation under section 508(a)(10)(B) of the Act."

D "If the affiliate has certified that one or more individuals are not in compliance with the requirement of section 508(a)(10)(B) of the Act, a list of all individuals not in compliance, separated in to each of the 3 categories specified above must be provided to [insert the name of the AIP] no later than [insert deadline to be established by the AIP]." (Substantive)

HIGH-RISK LAND EXCLUSION OPTION

- D This option may be canceled by either you or us for any succeeding crop year by giving written notice on or before the applicable cancellation date provided by the policy, preceding such crop year.
- E You must report, on the acreage report for each crop year, the acreage of the crop planted on high-risk land.
- F In the event of a loss on any insured unit, you must provide separate production records showing planted acreage and harvested production for any acreage which is excluded from crop insurance coverage under this option.
- G All other provisions of the policy not in conflict with this option are applicable.

4 REQUIRED SIGNATURES

- A "Insured's Printed Name, Signature and Date" (Substantive)
- B "Agent's Printed Name, Signature, Date, and Code Number" (Substantive)

5 REQUIRED STATEMENTS

- A Certification Statement [(Substantive) See Exhibit 2]
- B Privacy Act Statement [(Substantive) See Exhibit 3]
- C Nondiscrimination Statement [(Substantive) See Exhibit 4]

26 PRODUCTION REPORT

The purpose of a production report is to collect the prior crop year(s)' production from the insured and the information contained within the production report is used to establish the approved APH yield for the current year. An annual production report is required for all crops with a yield-based plan of insurance that is required to establish the approved APH yield. [For form completion instructions, see also Sec. 13 of CIH].

1 INSURED INFORMATION

- A "Insured's Name" (Substantive)
- B "Insured's Street or Mailing Address" (Substantive)
- C "Telephone Number" (Substantive)
- D "Policy Number" (Substantive)
- E "Crop Year" (Substantive)
- F "Identification Number" (Substantive)
- G "Identification Number Type" (Substantive)

2 CROP INFORMATION

- A "Name of Crop" (Substantive)
- B "Practice/Type/T-Yield Map Area/Other Characteristics" (Substantive)
- C "Unit Number" (Substantive)
- D "Legal Description:" (Substantive)
 - ___ "Section:"
 - ___ "Township:"
 - ___ "Range:"
 - ___ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- E "Other Person(s)" (Substantive)
- F "Other" (Substantive)

PRODUCTION REPORT

- G “Record Type” (Substantive)
- H “Processor Number/Name” (Substantive)
- I “Number Trees or Vines” (Substantive)
- J “Insurability” (Substantive)
- K “FSA Farm/Tract/Field Number” (Substantive)
- L “Cropland Acres” (Non-substantive)
- M “Crop Year of History” (Substantive)
- N “Total Production” (Substantive)
- O “Acres” (Substantive)
- P “Yields (Substantive)

Items G-P are required for the applicable crop year’s production report. These items are not required for all crop years within the base period unless the insured reports production for multiple crop years. The AIP developed form may have single crop year reporting or the AIP may adapt these standards to allow for multiple crop year reporting, when applicable.

- R “Multi Crop Year Reporting Reason” (Substantive)

Provide instruction for the insured to indicate the applicable reason he/she is reporting a crop year other than the most recent APH crop year.

- S “New Producer ” (Substantive)

Add following certification statement under R.

“I certify I have not produced the insured crop in the county for more than two years.”
(Substantive)

- T “Added Land/New Crop/Practice/Type/TMA ” (Substantive)
- U “State and County Name” (Substantive)
- V “Area Classification” (Substantive)

PRODUCTION REPORT

4 OTHER INFORMATION AND SIGNATURES

A "Insured's Printed Name, Signature and Date" (Substantive)

B Comments Section (Non-Substantive)

5 REQUIRED STATEMENTS

A Certification Statement [(Substantive) See Exhibit 2]

B Privacy Act Statement [(Substantive) See Exhibit 3]

C Nondiscrimination Statement [(Substantive) See Exhibit 4]