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Department of
Agriculture



Federal Crop
Insurance
Corporation



Risk Management
Agency



Product
Administration
& Standards
Division

FCIC 24040
(05-2011)

FCIC 24040-01
(06-2012)

FCIC 24040-02
(02-2013)

Document and Supplemental Standards Handbook (DSSH)

2013 and Succeeding Crop Years

GENERAL

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

FEDERAL CROP INSURANCE CORPORATION DIRECTIVE	NUMBER: 24040-02 (02-2013) 24040-01 (06-2012) 24040 (05-2011)
SUBJECT: AMENDMENTS TO DOCUMENT AND SUPPLEMENTAL STANDARDS HANDBOOK (DSSH)	DATE: February 11, 2013
	OPI: 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.

- A Removed Exhibit 41 Texas Citrus Grove Inspection Report.
- B Incorporated the 2014 Florida Citrus Fruit Crop Provisions, effective for 2014 and subsequent crop years.
 - 1 Added Exhibit 41 Florida Citrus Fruit Producer's Pre-Acceptance Worksheet.
 - 2 Replaced Exhibit 42 Florida Citrus Grove Inspection Report and Plat Map with Florida Citrus Fruit Perennial Crop Pre-Acceptance Inspection Report.

RESERVED

3 SPECIAL INSTRUCTIONS

- A This directive is effective on the date issued and will remain in effect until superseded or slip-sheeted.
- B RMA will amend this directive to administer programs reinsured by FCIC under authority of The Federal Crop Insurance Act (7 U.S.C. 1502 et. seq.).
- C The Documents Supplemental Standards Handbook (FCIC 24040) issued June 2010 is superseded by this directive.
- D All affected forms and statements must be updated by December 31, 2011.

4 OPERATING POLICY

- A Form standards contained in this directive are required to contain all items identified as "Substantive". [See the exhibits to this handbook for specific form requirements.] All substantive form standards are required unless not authorized by a specific policy, (e.g., Landlord/Tenant questions not required for Group Risk Plan (GRP)).
- B AIPs are to control and develop all forms in accordance with RMA established policies and procedures. The agent, contractor, or AIP representative is not permitted to develop any form for use within policies administered by the AIP under the authority of FCIC, unless authorized by the AIP.
- C Any form standards containing an interest rate for unpaid payment amounts cannot be higher than the rates stated in the Code of Federal Regulations.
- D Form standard item entries may be formatted as line entries, column headings, boxes, tables, or blocks, as appropriate. Headings for form entries may be abbreviated, provided an explanation is included in the form completion instructions. It is at the AIP's discretion whether the required headings are column headings or row headings.
- E The text for all documents should be developed with an 8-point font size when possible; however, font size shall not be less than 6-point. This will assist the applicants/insureds in reading documents presented to them.
- F The Form Title and a Form Identification Number (alpha and/or numeric) must be on all forms. The Form Identification Number is to be developed according to the internal procedures of the AIP.
- G If multiple pages are required for a particular form each page must be numbered as follows: "Page ___ of ___".

- H If two or more forms issued are combined into one form, the combined form must meet the applicable standards in place for each individual form.
- If multiple forms have been combined into one form, but the information reported by the insured is collected at different times, a signature must be obtained at the time of collection from the insured consistent with the signature guidelines required for each form.
- I Rubber or similar signature stamps are not acceptable. If a form requires a signature to be obtained, that signature must be a pen and ink signature and in the hand of the person whose signature is required or an acceptable electronic (digital) signature in accordance with the AIPs established EBIP.
- J The AIP has the discretion of using "printed name", "name", or some other variation on a form where a signature and a printed name is substantive.
- K Questions regarding form standards and procedures should be directed to the RMA Product Administration and Standards Division, Underwriting Standards Branch.
- L Standards contained in this handbook are not applicable to AIP administrative forms that do not affect the policy provisions, such as a form for the direct deposit of an insured's indemnity.
- M AIPs may develop additional forms based upon their internal needs, such as electronic transfer of funds.

5 ACRONYMS

ACT	The Federal Crop Insurance Act (7 U.S.C 1502 et seq.)
AIP	Approved Insurance Provider
APH	Actual Production History
BP	Common Crop Insurance Policy Basic Provisions
BIA	Bureau of Indian Affairs
CFR	Code of Federal Regulations
CIH	FCIC-18010 Crop Insurance Handbook
COI	Conflict of Interest
CY	Crop Year
DSSH	FCIC-24040 Document and Supplemental Standards Handbook
EBIP	E-Business Implementation Plan

EIN	Employer Identification Number
FCIC	Federal Crop Insurance Corporation
FN	Farm Number
FSA	Farm Service Agency
GRP	Group Risk Protection
LAM	FCIC-25010 Loss Adjustment Manual
NDS	Non-Disclosure Statement
NRS	Non-Reinsured Supplemental
PASD	Product Administration and Standards Division
PASS	Policy Acceptance Storage System
RAN	RMA Assigned Number
RMA	Risk Management Agency
RO	RMA Regional Office
RY	Reinsurance Year
SBI	Substantial Beneficial Interest
SCP	Simplified Claims Process
SRA	Standard Reinsurance Agreement
SSN	Social Security Number
USC	United States Code
USDA	United States Department of Agriculture

6 DOCUMENTS

A Required Statements and Disclosures:

See Sec. 13 for information regarding applicable AIP required statements and disclosures. Additionally, the Privacy Act, Non-Discrimination and Certification Statements can also be found on the RMA Website at: <http://www.rma.usda.gov/regs/required.html>, or successor website.

B If a statement is on the back of the form, add "See Reverse Side for Required Statements", or other similar reference, on the front of the form.

C If a person refuses to acknowledge required statements, then the AIP representative should annotate such refusal; affix the AIP Representative's printed name and signature, the time, and date to the form where such statement(s) have been refused.

D Form standards not contained in the DSSH are found in other RMA handbooks such as: the Crop Loss Adjustment Standards Handbooks, Written Agreement Handbook, Adjusted Gross Revenue Standards Handbook and other applicable issuances approved by RMA. Section 508(h) private product submissions, or pilot programs subsequently approved by the FCIC Board of Directors may also specify form standards. Form standards provided in other applicable issuances are considered "Substantive" unless otherwise noted.

E Policies, Options and Endorsements as issued by RMA are the standards that AIP's must meet.

7 DEFINITIONS

A The Act - The Federal Crop Insurance Act (7 U.S.C. §1501 et seq.), as amended.

B Agent - An individual who is licensed by the State in which an eligible crop insurance contract is sold and serviced for the reinsurance year; and who is authorized by the Company, or the Company's designee, to sell and service such eligible crop insurance contract.

C AIP (Approved Insurance Provider)- A legal entity, including the company, which has entered into a Standard Reinsurance Agreement with FCIC for the applicable reinsurance year.

D Applicant – A person who has submitted an application for crop insurance under the authority of the Act.

E Authorized Representative - Any person authorized by the insured to conduct crop insurance business on the insured's behalf (i.e., Power of attorney, authorized representative of a corporation, etc.). Authorization must be a legally executed document which indicates the representative's name and details the authority given.

- 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.

9 FORM STANDARDS, ELEMENT DEFINITIONS AND EXPLANATIONS

This section provides explanations for items contained within the Form Standards Exhibits.

A IDENTIFICATION NUMBER

- (1) **Includes** Social Security Number (SSN), Employer Identification Number (EIN) or RMA Assigned Number (RAN);
- (2) Form completion procedures must:
 - (a) Provide instructions to enter the appropriate identification number;
 - (b) Provide instructions to enter the correct identification number type;
 - (c) Provide the applicant/insured the opportunity to verify that their reported identification number is correct;
- (3) AIPs must mask the identification number on system generated forms containing an identification number. This includes, but is not limited to, forms generated for such purposes as loss adjustment and underwriting reviews.

If the identification number is unmasked in order to provide the applicant/insured an opportunity to verify whether the identification number is true and accurate, the AIP must employ a method of protecting said number; and
- (4) Identification number must not be masked when reported by the person providing the identification number.

B IDENTIFICATION NUMBER TYPE

Must contain the following, check one:

- SSN
- EIN
- RMA Assigned Number

AIPs may use an alternate format for allowing the identification number type provided all types of identification numbers are present (SSN/EIN/RAN). [Refer to Section 4D].

C PERSON TYPES

- (1) Form Completion.
 - (a) Form completion procedures must provide instructions to enter the specific person type (e.g., partnership, trust, individual, corporation, etc.), not the SRA Appendix III entity type code;
 - (b) This entry is verified for accuracy during applicable RMA, USDA oversight agencies, or AIP reviews, and at loss adjustment time;
 - (c) Person Type descriptions are provided in the CIH; and
 - (d) Applicable entity type codes are provided in SRA Appendix III.

D SUBSTANTIAL BENEFICIAL INTEREST HOLDER

For persons with a substantial beneficial interest in the insured as identified on the application: the person type, identification number and identification number type is not required on each individual form if it is collected on the Social Security Number and Employee Identification Number Reporting. [See Exhibit 10].

E ADDED COUNTY ELECTION

- (1) Guidelines to administer this election are found in the CIH.
- (2) If AIPs elect to include this option on the application, one or both of the following statements must appear on the application as “Substantive”:

Yes No I request insurance coverage for my share of the Category B crops (except forage production) specified below with a designated county in all added counties where the crops are insurable.

Yes No I request insurance coverage for my share of the Category B crops (except forage production) specified below with a designated county in all added counties within the state where the crops are insurable.
- (3) In addition to the statements above in (2) add: “If your designated plan of insurance, level of coverage or price is not available in the added county, coverage will be provided through the Catastrophic Risk Protection Endorsement, if the crop is insurable in the actuarial documents for an added county.” This addition is non-substantive for the 2012 CY.
- (4) Added County Election does not apply to forage production policies. [See Sec. 3 of the CIH].

F AGENT/LOSS ADJUSTER CODE

- (1) If an AIP assigns a code, it is “Substantive” and is required on the applicable form, as follows:

I.B. Agent 06/01/2011
(Agent's Signature) (Date)

12RMA34
(Code Number)

- (2) The code number cannot be the individual's SSN.

G STATE AND COUNTY NAME

- (1) The entry for "State and County Name" must be the state and county name where insurance attaches.
- (2) Form completion procedures must provide this information.

H AIP NAME AND ADDRESS

AIP's full name and address as specified in the SRA. The AIP may select item (1) or (2) to fulfill this “substantive” requirement:

- (1) Provide the AIP's name and address with the policy or policy jacket at time of issue; or
- (2) Provide the AIP's full name and address on all forms.

I LANDLORD/TENANT INSURING OTHER'S SHARE

- (1) Guidelines are found in the CIH.
- (2) The form must clearly state the tenant will insure the landlord's share or landlord will insure the tenant's share.
- (3) Form completion instructions must provide an explanation of the landlord/tenant insuring the other's share and must require evidence of the non-insuring party's approval.
- (4) Insuring a landlord/tenant is on a crop/county/policy basis.
- (5) Suggested formats (Substantive):
 - (a) "Is applicant insuring the tenant's share?" "Yes ___ No ___"
 "Is applicant insuring the landlord's share?" "Yes ___ No ___;" or,
 - (b) "In addition to my share on this policy, I am insuring:
 - My landlord's share. I am providing a Power of Attorney or Lease Agreement as evidence of my authority to insure their share"
 - My tenant's share under my crop policy. I am providing a Power of Attorney or Lease Agreement as evidence of my authority to insure their share". (Substantive); or,
 - (c) Enter statement in the Remarks section that landlord/tenant is insuring the other's share under the crop policy.
- (6) AIPs may use the alternate language with the form's completion instructions providing explanations.

J PRICE ELECTION

When Price Election appears on the application, it must be clearly indicated if Additional Price or Established Price is elected. Also, Price Election may be shown as Price **times** Price Election Percentage, or in aggregate. If shown in aggregate, form completion standards must explain Price **times** Price Election Percentage. (Substantive)

K NEW ACTUARIAL FIELDS.

(1) The actuarial documents and RMA processing systems include the following subfields under Type and Practice:

- (a) Type (Substantive)
 - 1 Commodity Type (Non-Substantive)
 - 2 Class (Non-Substantive)
 - 3 Subclass (Non-Substantive)
 - 4 Intended Use (Non-Substantive)

- (b) Practice (Substantive)
 - 1 Irrigation Practice (Non-Substantive)
 - 2 Cropping Practice (Non-Substantive)
 - 3 Organic Practice (Non-Substantive)
 - 4 Interval (Non-Substantive)

(2) AIPs may add the additional fields to the applicable forms requiring the Type/Practice information; however, this is a non-substantive requirement. If AIPs choose to include these on the applicable form, the Type/Practice information must be developed to reflect the following:

TYPE				PRACTICE			
COMMODITY TYPE	CLASS	SUBCLASS	INTENDED USE	IRRIGATION PRACTICE	CROPPING PRACTICE	ORGANIC PRACTICE	INTERVAL

10 ELECTRONIC FORMS

The Freedom to E-File Act, P.L. 106-222, requires the USDA to establish an electronic filing and retrieval system to enable producers to file paperwork electronically with USDA.

A GENERAL INFORMATION

- (1) Section 5 of the Freedom to E-File Act required FCIC to develop a plan which would allow agriculture producers:
 - (a) To obtain, over the internet, from AIPs, all forms and other information concerning the program under the jurisdiction of FCIC in which the producer is a participant;
 - (b) To file electronically all paperwork required for participation in the program; and
 - (c) To have the option to file electronically, or in paper form in accordance to the Freedom to E-File Act; Section 3(b).
- (2) AIP's are required to comply with the Freedom to E-File Act and provide electronic accessibility to producers.
 - (a) AIPs are required to establish an EBIP.
 - (b) The EBIP requires an established back-up system to the primary system or the facility where information is housed to ensure computer failure does not deny access to records.
 - (c) AIP's must meet these requirements prior to approval for an SRA.

B GENERATED ELECTRONIC FORMS

Electronic forms must be generated in accordance with the standards contained in this handbook and other applicable RMA standards in accordance with the AIP EBIP.

11 SUBMISSION REQUIREMENTS FOR NON-REINSURED SUPPLEMENTAL (NRS) CROP INSURANCE POLICIES

This section provides submission requirements for NRS crop policies that offer additional coverage, other than coverage for losses related to hail, to a policy or plan of insurance that is reinsured by FCIC.

A WHAT TO SUBMIT

- (1) Three complete **hard** copies, **or an electronic copy in a format approved by RMA**, of the new or revised policy and related material.
- (2) Any policies previously approved by RMA that are changed in any manner.
- (3) All supplemental policies as required under the SRA.

B WHEN TO SUBMIT

NRS policies not requesting RMA reinsurance must be submitted no later than 120 days prior to the first sales closing date.

C WHERE TO SUBMIT

If by mail submit to:

Deputy Administrator, Product Management
Risk Management Agency
Attention: USDA RMA Product Administration and Standards Division Stop 0812
USDA/RMA/ Stop0801
P.O. Box 419205
Kansas City, MO 64141-6205

If by electronic submission, send to:

DirectorPDD@rma.usda.gov

D QUALITY OF DOCUMENTS SUBMITTED

All documents must be edited, checked for spelling, and be in final form. RMA will not specifically review documents for spelling, grammar, punctuation, formatting, etc.

12 REVIEW OF NRS CROP INSURANCE POLICIES

The AIP shall not sell a contract of insurance or similar instrument, which is written in conjunction with an eligible insurance contract and not reinsured by FCIC, unless it has complied with the requirements of 7 C.F.R. 400.713. FCIC will not provide reinsurance for an eligible insurance contract if the AIP sold a contract or similar instrument that FCIC determines to have shifted risk to, or increases the risk, reduces or limits the rights of the insured with respect to the underlying policy or causes disruption in the market place of, such eligible insurance contract reinsured under the SRA. RMA shall review supplemental policies determine that it is not likely to increase or shift risk to the underlying policy or plan of insurance, reduce or limit the rights of insureds, or cause market disruption.

- A RMA's PASD will have 60 days to review the policies, provided all information required by RMA is included in the initial submission of the policy package.
- B The AIP must maintain and make available at the request of FCIC, the underwriting information pertaining to a non-reinsured contract or similar instrument of insurance, including the policy number and all SSNs, EINs, or RMA assigned number(s) related to the eligible crop insurance contract.

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.

F NON-DISCLOSURE STATEMENTS (NDS)**(1) AIP Annual Certification for Affiliates/Contractors**

- (a) AIPs must notify contractors and affiliates regarding the requirement that all persons employed by or having a contract with the contractor or affiliate must sign NDS prior to obtaining access to Protected Information.
- (b) By April 1 prior to the start of the reinsurance year, an AIP must obtain an Annual Certification from each of its contractors and affiliates certifying the respective contractor or affiliate has obtained an NDS from each person who has access to any Protected Information and who is employed by or has a contract with the contractor or the affiliate.
- (c) The certification must be signed and witnessed by an officer of the affiliate or contractor. The following statement must accompany the AIP Annual Certification to RMA:

"I hereby certify that [INSERT THE NAME OF THE AFFILIATE OR CONTRACTOR] has reviewed its files and, as of [INSERT DATE REVIEW WAS COMPLETED], all employees or other persons having access to Protected Information have signed a non-disclosure statement."

(2) AIP Annual Certification to RMA [See Exh. 7].

- (a) Annual Certification is required to ensure any new employee or other person having access to Protected Information has signed and executed an NDS.
- (b) The AIP must provide an Annual Certification to RMA:
 - 1 An NDS exists from all persons who have access to any Protected Information and who are employed by or have a contract with the AIP; and
 - 2 In the case of persons employed by a contractor or affiliate, has obtained a certification from the contractor or affiliate that they have obtained an NDS from their employees with access to Protected Information.

The following certification must be signed by an officer of the AIP:

"I hereby certify that [INSERT THE NAME OF THE AIP] has reviewed its files and as of [INSERT DATE REVIEW WAS COMPLETED], all employees or other persons having access to Protected Information have signed a non-disclosure statement and all affiliates and contractors have certified that their employees and other persons having access to Protected Information have signed non-disclosure statements."

- (c) The AIP must provide this certification with the annual Plan of Operations, which is due no later than April 1 prior to the start of the reinsurance year and sent to the address below.

Director, Reinsurance Services Division
USDA/Risk Management Agency
1400 Independence Avenue SW
Stop 0804
Washington, DC 20250-0804

- (d) AIPs and their contractors and affiliates may use electronic versions of the NDS form which incorporates either a digital signature or an authentication system to properly identify the submitter. Electronic records of signed or authenticated NDS's must be retained by the respective AIP, contractor, or affiliate and be available for inspection. Additionally Sec. 13B applies. [See also Exh. 6].

(3) Individual Certification [See Exh. 8].

- (a) All persons who have executed an acceptable NDS will be provided access to Protected Information.
- (b) If a person employed by or having a contract with the AIP has previously executed an NDS with another AIP, that person must:

- 1 Either submit a copy of the original NDS to the AIP; or
- 2 Sign and submit a new NDS to the current AIP.

If a new NDS is properly executed the original NDS with the previous AIP is nullified. The AIP must maintain copies of all such NDSs and make the documents available for inspection.

G CONFLICT OF INTEREST DISCLOSURE STATEMENTS

- (1) All agents, loss adjusters, employees, and affiliates must submit an executed Conflict of Interest Disclosure Statement by the earliest applicable acreage reporting date. Any changes to a disclosure statement previously submitted in accordance with these procedures must be submitted within 15 days of entering a relationship requiring disclosure. [See Exh. 9].
- (2) For each reinsurance year after the first disclosure, the form may contain a statement that allows the discloser to certify that no previously disclosed information has changed from the information contained in the previous year's disclosure.
- (a) At the AIPs discretion, the COI may include additional information. However, if a revised COI has been released or issued by RMA, all agents, loss adjusters, employees, and affiliates must submit a new COI in accordance with the terms and conditions of the newly issued statement.

- (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.

- (3) **Affiliate Controlled Business Certification**
- (a) See Exhibit 11 for form development standards.
 - (b) An Affiliate Controlled Business Certification is required if an affiliate is responsible for collecting the individual certifications on behalf for the AIP.
 - (c) The AIP is not required to obtain a copy of the individual certifications if they have received the affiliate certification form for those individuals. The affiliate must retain the individual certifications for which they are certifying receipt.
- (4) **Submission**
- (a) Within 120 days following the annual settlement date for the reinsurance year, AIPs must notify RMA, from among all individuals who have received compensation (including any commission, profit sharing, bonus, or any other direct or indirect benefit) for the sales and service of an FCIC policy or plan of insurance, any specific individuals who either:
 - 1 Have not certified to the AIP by properly completing and returning a signed form to the AIP for the reinsurance year; or
 - 2 Have answered 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 individual or the individual's immediate family member have a substantial beneficial interest.
 - (b) This notification must be directed to following address:

Director, RMA/Reinsurance Services Division
1400 Independence Ave SW
Room 6741-S, Stop 0804
Washington D.C. 20250-0804
 - (c) AIPs may use electronic versions of the certification forms that incorporate either a digital signature or an authentication system to properly identify the submitter. Electronic records of signed or authenticated certification forms must be retained by the respective AIP and be available for inspection.
 - (d) If an AIP began collecting certification using procedures that differ from those above, the AIP must notify Reinsurance Services Division.

FORM STANDARDS EXHIBITS

1 CONDITIONS OF ACCEPTANCE STATEMENTS

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

Yes No

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

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

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

2 CERTIFICATION STATEMENT

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to voidance of the policy, and in criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).

3 COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT Agents, Loss Adjusters and Policyholders

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIP's contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

4 NONDISCRIMINATION STATEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (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 to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

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]

6 COVENANT NOT TO SUE

“Section III(a)(2)(K) of the Standard Reinsurance Agreement (“SRA”) obligates us, [Insert Company Name], to covenant not to sue the Federal Crop Insurance Corporation, Risk Management Agency, United States Department of Agriculture, or any officer, agent, or director thereof (collectively, “FCIC”) in any judicial or administrative proceeding, or not to assist any third party that has instituted or filed any such proceeding, challenging the legality of the terms and conditions of the SRA Section III(a). Section III(a)(2)(K) also obligates us [Insert name of the Company] to obtain the following acknowledgement from you.

I agree to be an am bound by the above-stated covenant not to sue given to FCIC by you [Insert name of the Company] regarding the terms and conditions of Section III(a).”

7 APPROVED INSURANCE PROVIDER NON-DISCLOSURE STATEMENT**1 GENERAL INFORMATION**

- A “[INSERT NAME OF APPROVED INSURANCE PROVIDER] hereby agrees that it shall keep private and not publish, use or disclose to any individual or entity, either directly or indirectly, any Protected Information, except that it may:
- 1 Use such information as necessary to perform its duties under the Standard Reinsurance Agreement, and in accordance with applicable procedures issued by the Risk Management Agency or the Federal Crop Insurance Corporation;
 - 2 Disclose, or provide authorization to receive, such Protected Information only to its affiliates, employees or contractors who need such information in the performance of their duties and who have signed an Individual Non-Disclosure Statement or who are employed by an entity that has certified that its employees have signed Individual Non-Disclosure Statements; and
 - 3 Disclose Protected Information pursuant to a subpoena, court order, statute, law, rule, regulation or other similar requirement (a “Legal Requirement”). Prompt notice of such Legal Requirement shall be provided to the affected policyholders prior to its disclosure so they may seek an appropriate protective order or other appropriate remedy or waive compliance with the provisions of this Agreement. (Substantive)
- B [INSERT NAME OF APPROVED INSURANCE PROVIDER] further agrees that it shall keep secure all electronic and hard copy Protected Information. (Substantive)
- C [INSERT NAME OF APPROVED INSURANCE PROVIDER] agrees that the obligation to secure and not disclose any Protected Information shall continue in perpetuity. However, when the period during which records are required to be retained under the Standard Reinsurance Agreement has ended, Protected Information may be properly disposed of and destroyed. (Substantive)
- D [INSERT NAME OF APPROVED INSURANCE PROVIDER] certifies that it shall adhere to all security policies and rules provided by RMA in handling USDA information and systems. (Substantive)
- E [INSERT NAME OF APPROVED INSURANCE PROVIDER] certifies that it shall obtain from its affiliates, employees and contractors who are to receive any Protected Information from any source, including from policyholders, a properly executed Individual Non-Disclosure Statement or a certification from its contractors or affiliates that such contractors and affiliates have obtained an Individual Non-Disclosure Statement from all persons who will have access to any protected information and who are employed by or have a contract with the contractor or the affiliate. (Substantive)

APPROVED INSURANCE PROVIDER NON-DISCLOSURE STATEMENT

- F [INSERT NAME OF APPROVED INSURANCE PROVIDER] understands that violation of this agreement may result in civil and criminal penalties under the Privacy Act or section 1770c of the Food Security Act of 1985 (7 U.S.C. § 2276c)." (Substantive)
- G Include the following definitions. "For the purposes of this document:"
- 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 "By having its authorized representative sign below, [INSERT NAME OF APPROVED INSURANCE PROVIDER] acknowledges that it will adhere to all requirements for non-disclosure contained herein." (Substantive)

3 SIGNATURES

- A "AIP Officer Printed Name, Signature and Date" (Substantive)
- B "AIP Officer's Title" (Substantive)

8 INDIVIDUAL NON-DISCLOSURE STATEMENT**1 GENERAL INFORMATION**

- A "I hereby agree that I shall keep private and not publish, use or disclose to any other individual or entity, either directly or indirectly, Protected Information, except that I may:
- 1 Make use of such information to the extent necessary in the performance of my duties, as required under the Standard Reinsurance Agreement, and in accordance with applicable procedures issued by the Risk Management Agency;
 - 2 Disclose Protected Information only to employees or contractors of the approved insurance provider or its affiliates authorized to receive such information, and who have signed an Individual Non-Disclosure Statement; and
 - 3 Disclose Protected Information pursuant to a subpoena, court order, statute, law, rule, regulation or other similar requirement (a "Legal Requirement"). Prompt notice of such Legal Requirement shall be provided to the affected policyholders prior to its disclosure so they may seek an appropriate protective order or other appropriate remedy or waive compliance with the provisions of this Agreement.
- B I hereby agree that I shall keep secure all electronic and hard copy Protected Information and not provide access to any person not expressly authorized by the approved insurance provider or its affiliate to receive such information.
- C I agree that my obligation to secure and not disclose any Protected Information shall continue in perpetuity, which includes the time I am employed or under contract with an approved insurance provider and after I leave such employment or are no longer under contract. I understand that I may fulfill this obligation by properly destroying Protected Information for which retention requirements have ended.
- D I certify that I will adhere to all security policies and rules provided by RMA in handling USDA information and systems.
- E I understand that violation of this agreement may result in civil and criminal penalties under the Privacy Act or section 1770(c) of the Food Security Act of 1985 (7 U.S.C. § 2276c)." (Substantive)

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

Positive Responses to Questions in Disclosure	Prohibited Activity	Review Requirements
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 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 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 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 is a financial institution employee and part of the approval decision-making process of financial arrangements for 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
Discloser has an agent compensation, barter, or financial arrangement (excluding those reported under question 8. above) 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
Discloser has a business, familial, financial, or legal relationship that has not been identified above 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
Discloser has a relative who works with the Federal crop insurance program for the AIP or any of its affiliates.	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

10 INDIVIDUAL CONTROLLED BUSINESS CERTIFICATION

This form utilized by the AIP must at a minimum include the following:

1 GENERAL INFORMATION

- A "Individual's Name" (Substantive)
- B "Individual's Title or Position" (Substantive)
- C "Identification Number" (Substantive)

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 "This certification is required for all individuals (including subagents) who receive compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit) for the sale of policies or plans of insurance reinsured by FCIC."
- C "Immediate Family means... [Insert the definition of Immediate Family from section 7 of this directive.]"
- D "Please certify to the following as it applies to you:
 - I **did not** 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 I or an immediate family member (as defined) have a substantial beneficial interest.
 - I **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 I or an immediate family member (as defined) have a substantial beneficial interest."

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)

3 **SIGNATURES**

- A "Affiliate's Officer Printed Name and Signature" (Substantive)
- B "Affiliate's Officer's Title" (Substantive)
- C "Date" (Substantive)

12 APPLICATION

Applications are required to request insurance on eligible crops, to add a crop(s) to an existing policy, and to insure crops in additional counties. Coverage applies to the crop(s) in the state for the county(ies) listed in the accepted application. A new Application or Policy Change is required to change coverage level, prices etc. [See Sec. 3 of the CIH for further information].

1 APPLICANT INFORMATION

- A "Applicant's Name" (Substantive)
- B "Applicant's Authorized Representative" (Substantive)
- C "Street or Mailing Address" (Substantive)
- D "City and State" (Substantive)
- E "Zip Code" (Substantive)
- F "Applicant's Telephone Number" (Substantive)
- G "Policy Number" (Substantive)
- H "Identification Number" (Substantive)
- I "Identification Number Type" (Substantive)
- J "Person Type" (Substantive)
- K "Spouse's Name" (Substantive)
- L "Spouse's Identification Number" (Substantive)
- M "Is applicant at least 18 years old? Yes ___ No ___" (Substantive)
- N "Landlord/Tenant insuring other's share" (Substantive – refer to Section 9I)

2 CROP INFORMATION

- A "Effective Crop Year" (Substantive)
- B "Name of Crop" (Substantive)
- C "State and County Name" (Substantive)
- D "Options, Elections, or Endorsements" (Substantive)
- E "Percentage of Price Election, Projected Price or Amount of Insurance" (Substantive)

APPLICATION

- F "Coverage Level" (Substantive)
- G "Plan of Insurance" (Substantive)
- H "Added County Election" [See Section 9E for "Substantive" and "Non-Substantive" information that pertains to this item.]
- I "Designated County" [for added county election only] (Substantive)

3 OTHER INFORMATION

- A "Name of Previous AIP (if any)" (Substantive)
- B "Policy Number under Previous AIP (if any)" (Substantive)
- C "List all person(s) with a substantial beneficial interest in you as defined in the applicable policy provisions (include landlords or tenants insured under the applicant). If none, state NONE." (See reverse side for additional space) (Substantive)

Required Information: (Title and Items 1-6 are Substantive)

1. Name
2. Address
3. Telephone number
4. Identification Number
5. Identification Number Type
6. Person Type

4 SIGNATURES

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

APPLICATION

5 REQUIRED STATEMENTS

- A Conditions of Acceptance Statements [(Substantive) See Exhibit 1, refer to item 3C above]
- B Certification Statement [(Substantive) See Exhibit 2]
- C Privacy Act Statement [(Substantive) See Exhibit 3]
- D Nondiscrimination Statement [(Substantive) See Exhibit 4]

13 POLICY CANCELLATION

The Policy Cancellation is to be used if and when the insured decides to cancel insurance coverage and is not transferring coverage to another AIP.

1 GENERAL INFORMATION

- A "Insured's Name" (Substantive)
- B "Insured's Authorized Representative's Name" (Substantive)
- C "Street **or** Mailing Address" (Substantive)
- D "City and State" (Substantive)
- E "Zip Code" (Substantive)
- F "Insured's Telephone Number" (Substantive)
- G "Policy Number" (Substantive)
- H "Identification Number" (Substantive)
- I "Identification Number Type" (Substantive)
- J "Person Type" (Substantive)
- K "Spouse's Name" (Substantive)
- L "Spouse's Identification Number" (Substantive)

2 CROP INFORMATION

- A "Effective Crop Year" (Substantive)
- B "Name of Crop" (Substantive)
- C "State and County Name" (Substantive)
- D "Options, **Elections, or Endorsements**" (Substantive)
- E "Plan of Insurance" (Substantive)

POLICY CANCELLATION**3 CANCELLATION INFORMATION**

This statement must be placed within a box above the insured's signature line and date.

"I hereby request cancellation of my crop insurance policy for the crop(s) and crop year shown on this cancellation. I understand that if this form is not executed on or before the cancellation date for any crop year listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year." (Substantive)

4 SIGNATURES

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

B "AIP Authorized Representative's Printed Name, Signature, and Date"
(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]

14 POLICY TRANSFER/APPLICATION

This Policy Transfer and Application must be designed and/or have explicit form completion instructions that provide the applicant's original signature is on the application portion that is retained by the assuming AIP. The form should be designed to allow the application information to appear in duplicate form with the duplicate copy provided to the ceding AIP.

1 GENERAL INFORMATION

- A "Applicant's Name" (Substantive)
- B "Applicant's Authorized Representative" (Substantive)
- C "Street or Mailing Address" (Substantive)
- D "City and State" (Substantive)
- E "Zip Code" (Substantive)
- F "Applicant's Telephone Number" (Substantive)
- G "Policy Number" (Substantive)
- H "Identification Number" (Substantive)
- I "Identification Number Type" (Substantive)
- J "Person Type" (Substantive)
- K "Spouse's Name" (Substantive)
- L "Spouse's Identification Number" (Substantive)
- M "Is applicant at least 18 years old? Yes ___ No ___" (Substantive)
- N "Landlord/Tenant insuring other's share" (Substantive – refer to Section 9I)

POLICY TRANSFER/APPLICATION

2 CROP INFORMATION

- A "Effective Crop Year" (Substantive)
- B "Name of Crop" (Substantive)
- C "State and County Name" (Substantive)
- D "Options" (Substantive)
- E "Percentage of Price Election, Projected Price or Amount of Insurance" (Substantive)
- F "Coverage Level" (Substantive)
- G "Plan of Insurance" (Substantive)
- H "Added County Election" [See Section 9E for "Substantive" and "Non-Substantive" information that pertains to this item.]
- I "Designated County" [for added county election only] (Substantive)

3 REQUIRED LANGUAGE FOR REQUEST (SUBSTANTIVE)

- A "Part I

I hereby request cancellation of my insurance policy with (Ceding Approved Insurance Provider Name) for the crop(s) and crop year(s) shown below because I have applied for insurance with another Approved Insurance Provider. I understand that if this form is not executed on or before the established cancellation date for any crop listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year."

- B "Crop(s)" to be canceled and transferred (Substantive)
- C "Crop Year" of crops being canceled and transferred (Substantive)

4 REQUIRED LANGUAGE TO AUTHORIZE (SUBSTANTIVE)

- A "I hereby authorize and direct the (Ceding Approved Insurance Provider) shown above to furnish any information relative to my insurance policy to the Assuming Approved Insurance Provider listed below. I understand that if coverage for any crop(s) is now terminated or would have subsequently terminated for **delinquent debt** had this transfer not occurred, no coverage can be provided by the (Assuming Approved Insurance Provider)."
- B "Insured's Printed Name, Signature and Date" (Substantive)
- C "Policy Number" (Substantive)

POLICY TRANSFER/APPLICATION**5 REQUIRED LANGUAGE TO PROVIDE INSURANCE (SUBSTANTIVE)**

A "Part II

By submission of this form, we agree to provide crop insurance to this applicant for the crop(s) and crop year specified above unless this form is not executed on or before the established cancellation date for any of the crop(s) shown, in which case insurance will be provided for such crop(s) for the following crop year."

B "Name of Assuming Agent" (Substantive)

C "Assuming Agent's Address, City, State and Zip Code" (Substantive)

D "Signature of Approved Insurance Provider Representative Authorized to Accept Applications" (Substantive)

E "Date of Acceptance by Assuming Approved Insurance Provider" (Substantive)

F "Assuming Approved Insurance Provider and Policy Issuing Company Code" (Substantive)

6 REQUIRED STATEMENTS

A Certification Statement [(Substantive) See Exhibit 2] (Substantive)

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

C Nondiscrimination Statement [(Substantive) See Exhibit 4]

15 ACREAGE REPORT

The Acreage Report is required annually and determines the number of reported acres, liability, or amount of insurance provided, premium, and establishes the insurable share at the time insurance attaches. [See Sec. 6 of the CIH for further completion and application instructions].

1 INSURED INFORMATION

- A "Insured's Name" (Substantive)
- B "Insured's Authorized Representative" (Substantive)
- C "Street or Mailing Address" (Substantive)
- D "City and State" (Substantive)
- E "Zip Code" (Substantive)
- F "Insured's Telephone Number" (Substantive)
- G "Policy Number" (Substantive)
- H "Identification Number" (Substantive)
- I "Identification Number Type" (Substantive)
- J "Person Type" (Substantive)
- K Landlord/Tenant insuring other's share (Substantive [refer to Section 9I])

2 CROP INFORMATION

- A "Crop Year" (Substantive)
- B "Crop" (Substantive)
- C "State and County Name" (Substantive)
- D "Plan of Insurance" (Substantive)
- E "Options, Elections, or Endorsements" (Substantive)
- F "Type" (Substantive)
- G "Practice" (Substantive)

ACREAGE REPORT

- H "Unit Number" (Substantive)
- I "Coverage Level" (Substantive)
- J "Acreage Type" (Substantive)
- K "Legal Description:" (Substantive)
- ___ "Section:"
- ___ "Township:"
- ___ "Range:"
- ___ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- L "FSA Farm/Tract/Field Number" (Substantive) Provide the following instruction:
 "This item is optional except for the following situations:
- Acreage insured under written agreement, if required by written agreement as determined by the RMA Regional Office;
 - Acreage emerging from CRP the initial year of planting, and all subsequent crop years thereafter;
 - Acreage being planted the initial year of new breaking and all subsequent crop years thereafter; and
 - Units are based on FSA Farm Number (with tract/field number optional)" (Substantive)
- M "Approved APH Yield" (Substantive)
- N "Acres" (Substantive)
- Divide column and label "Whole" and "10ths or 100ths" underneath "Acres of insured crop." (Non-Substantive)
- O "Insured's Share" (Substantive)
- P "Name of Other Person(s) Sharing in the Crop" (Substantive)
- Q "Date Planting Completed" (Substantive)
- R "**Area Classification**" (Substantive)
- S "Percentage Price Election, Projected Price or Amount of Insurance" (Substantive)
- T "Remarks" (Substantive)

ACREAGE REPORT**3 SIGNATURES**

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

4 REQUIRED STATEMENTS

- A Provide the following question above the Certification Statement.

"I have verified my identification number affixed to this Acreage Report is true and accurate. Yes No. If the affixed identification number is not correct or you have not had an opportunity to verify your identification number please contact [Insert AIP Contact Point] and submit a Policy Change." (Non-Substantive)
- B Provide the following Certification Statement above the Agent's signature.

"I certify that I am responsible for establishing the approved APH yields that are used to calculate the production guarantees contained in this acreage report and that such approved APH yields are correct to the best of my knowledge."
(Substantive for those policies that use an approved APH yield to establish the guarantee)
- C Certification Statement [(Substantive) See Exhibit 2]
- D Privacy Act Statement [(Substantive) See Exhibit 3]
- E Nondiscrimination Statement [(Substantive) See Exhibit 4]

16 POLICY CHANGE

This form is to be used to make changes to the insurance policy without creating a new application. Some changes can be made after the sales closing date, such as changing an insured's physical address. [Refer to Sec. 3 of the CIH].

1 INSURED INFORMATION

- A "Insured's Name" (Substantive)
- B "Insured's Authorized Representative" (Substantive)
- C "State and County Name" (Substantive)
- D "Policy Number" (Substantive)
- E "Identification Number" (Substantive)
- F "Identification Number Type" (Substantive)
- G "Person Type" (Substantive)
- H "List all persons with a substantial beneficial interest in you as defined in the applicable policy provisions" (include landlords or tenants insured under the applicant). If none, state NONE. (See reverse side for additional space.) (Substantive)

Required Information: (Title and Items 1-5 are Substantive)

- 1. Name
 - 2. Address
 - 3. Telephone number
 - 4. Identification Number and Identification Number Type
 - 5. Person Type
- I "Added County Election" [See Section 9E for "Substantive" and "Non-Substantive information that pertains to this item.]
 - J "Designated County" [for added county election only] (Substantive)

POLICY CHANGE**2 CHANGES TO INSURANCE COVERAGE**

A "Change Insurance (Substantive)

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

B "Effective Crop Year" (Substantive)

C "Name of Crop" (For identification purposes only; a crop cannot be added using a Policy Change.) (Substantive)

D "Type" (Substantive)

E "Percentage of Price Election, Projected Price or Amount of Insurance" (Substantive)

F "Coverage Level" (Substantive)

G "Plan of Insurance" (For identification purposes only; a plan of insurance cannot be changed using a Policy Change) (Substantive)

H "Options, Elections, or Endorsements" (Substantive)

3 CANCELLATIONS

A "Cancel Insurance (Substantive)

Form completion procedures must provide instructions to check this box when appropriate.

B "Effective Crop Year" (Substantive)

C "Name of Crop" (Substantive)

D "Options, Elections, or Endorsements" (Substantive) [See note pertaining to options, elections, and endorsements in Para. 6]

E "Type" (Substantive)

POLICY CHANGE

F “Reasons for Cancellation” Create item entries for Reason of Cancellation, similar to the example below. (Substantive)

(Check One)	(Explain in Remarks)
<input type="checkbox"/> Insured's Request	<input type="checkbox"/> Mutual Consent
<input type="checkbox"/> Death, Incompetence, or Dissolution	<input type="checkbox"/> Other

Provide form and completion procedures which instruct that the reason for cancellation must be explained in the remarks section of the form. The form must explain the effective crop year.

4 OTHER CHANGES

- A Add or remove SBI” (Substantive)
- B Add/change/correct insured's authorized representative” (Substantive)
- C Change/correct insured's address” (Substantive)
- D Correct insured's identification number” (Substantive) Provide instruction for the insured to enter previous identification number if this item is checked.
- E Correct spelling of insured's name” (Substantive)
- F Correct SBI’s identification number” (Substantive) Provide instruction for insured to enter previous identification number if this item is checked.
- G Correct the spelling of SBI’s name (Substantive)

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

5 REMARKS SECTION

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

POLICY CHANGE

6 SPECIAL FORM-DEVELOPMENT INFORMATION

“Options, Elections, or Endorsements”

A Purchasing Options, Elections, or Endorsements

If an option, election, or endorsement is purchased or coverage is excluded (when permitted by the policy), the Policy Change may be used to add or exclude an option, election, or endorsement. The application can also be used to add an option, election, or endorsement; however, it is recommended that the Policy Change be used to do this for an existing policy.

Form and completion procedures must include instructions for adding an option, election, or endorsement if this form is used to add an option, election or endorsement after the basic crop coverage has already been purchased.

B Cancellation of an Option, Election, or Endorsement

The Policy Change will be used to cancel an option, election or endorsement that the insured purchased or cancel coverage exclusion. This applies to all types of options, elections, or endorsements (e.g., potato options, High-Risk Land Exclusion Option, etc.). Form and completion procedures must include instructions to cancel an option on this form.

7 OTHER INFORMATION AND SIGNATURES

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

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

8 REQUIRED STATEMENTS

A Certification Statement [(Substantive) See Exhibit 2]

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

C Nondiscrimination Statement [(Substantive) See Exhibit 4]

17 SOCIAL SECURITY NUMBER AND EMPLOYER IDENTIFICATION NUMBER REPORTING.

[See Sec. 5 of the CIH for further information regarding SSN and EIN reporting.]

1 APPLICANT'S/INSURED'S INFORMATION

- A "Name of Applicant/Insured" (Substantive)
- B "Applicant/Insured's Telephone Number" (Substantive)
- C "Applicant/Insured's Address" (Substantive)
- D "City, State, and Zip code" (Substantive)
- E "(YEAR) and Succeeding Crop Years" (Substantive)
- F "Policy Number" (Substantive)
- G "Identification Number" (Substantive)
- H "Identification Number Type" (Substantive)
- I "Person Type" (Substantive)
- J "Spouse's Name" (Substantive)
- K "Spouse's Identification Number" (Substantive)

2 AGENT INFORMATION

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

SOCIAL SECURITY NUMBER AND EMPLOYER IDENTIFICATION NUMBER REPORTING

3 OTHER PERSON(S) INFORMATION

"List all persons with a substantial beneficial interest in the insured/applicant as defined in the applicable policy provisions [(include landlords or tenants insured under the applicant). If none, state none. (See reverse side for additional space)]" (Substantive)

Required Information: (Title and items 1-5 are substantive)

1. Name
2. Address
3. Telephone number
4. Identification Number and Identification Number Type
5. Person Type

4 SIGNATURE

A "Applicant/Insured Printed Name, Signature, and "Date" (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]

18 SUMMARY OF COVERAGE (SCHEDULE OF INSURANCE)

This form is issued to the insured after the crop(s) is planted, reports his/her acreage, and the AIP has calculated the associated premium and liability. The AIP has the election of titling this form either the Summary of Coverage or the Schedule of Insurance.

1 INSURED INFORMATION

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

2 CROP INFORMATION

- A "Crop(s) Insured" (Substantive)
- B "Crop/Practice/Type" (Substantive)
- C "Percentage of Price Election, Projected Price or Amount of Insurance" (Substantive)
- D "Coverage Level" (Substantive)
- E "Options, Elections, or Endorsements" (Substantive)
- F "Effective Crop Year" (Substantive)
- G "Plan of Insurance" (Substantive)
- H "State and County Name" (Substantive)
- I "Guarantee or Amount of Coverage" (Substantive)
- J "Liability" (Substantive)
- K "Insured's Premium" (Substantive)

SUMMARY OF COVERAGE (SCHEDULE OF INSURANCE)**3 AGENT INFORMATION**

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

4 OTHER INFORMATION

- A The AIP shall display the A&O subsidy amount based on the full 2.3 percent reduction, but shall include a footnote stating the following:

“*Note: This amount may increase by 1.15 percent of net book premium (except for group plans of insurance) if the loss ratio in the State exceeds 1.20. However, the amount of premium the producer must pay will not change.”

Alternatively, the actual dollar amount that is the difference between the 2.3 percent reduction and the 1.15 percent reduction may be substituted for the phrase “...1.15 percent of net book premium...” in the above footnote.
(Substantive)

- B "Date Issued" (Substantive)
- C "Amount of Administrative Fee Due the Approved Insurance Provider" (Substantive)
- D "Amount of Subsidy Paid by RMA" (Substantive)

19 POLICY CONFIRMATION (POLICY DECLARATION)

This form is issued to the insured after the AIP accepts the completed application. The AIP has the election of titling this form the Policy Confirmation or the Policy Declaration. This form is optional for the 2012 crop year.

1 INSURED INFORMATION

- A "Insured's Name" (Substantive)
- B "Street or Mailing Address" (Substantive)
- C "City and State" (Substantive)
- D "Zip Code" (Substantive)
- E "Insured's Identification Number" (Substantive)
- F "Identification Number Type" (Substantive)
- G "Person Type" (Substantive)
- H "Spouse's Name" (Substantive)
- I "Spouse's Identification Number" (Substantive)
- J "Policy Number" (Substantive)

2 CROP INFORMATION

- A "Crop(s) Insured" (Substantive)
- B "Type" (Substantive)
- C "Percentage of Price Election, Projected Price, or Amount of Insurance" (Substantive)
- D "Coverage Level" (Substantive)
- E "Options, Elections, or Endorsements" (Substantive)
- F "Effective Crop Year" (Substantive)
- G "Plan of Insurance" (Substantive)
- H "State and County Name" (Substantive)

POLICY CONFIRMATION (POLICY DECLARATION)**3 AGENT INFORMATION**

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

4 OTHER INFORMATION

If this form is to be combined with the Summary of Coverage (Schedule of Insurance), include the following items:

- A The AIP shall display the A&O subsidy amount based on the full 2.3 percent reduction, but shall include a footnote stating the following:

“*Note: This amount may increase by 1.15 percent of net book premium (except for group plans of insurance) if the loss ratio in the State exceeds 1.20. However, the amount of premium the producer must pay will not change.” (Substantive)

Alternatively, the actual dollar amount that is the difference between the 2.3 percent reduction and the 1.15 percent reduction may be substituted for the phrase “...1.15 percent of net book premium...” in the above footnote. (Substantive)

- B "Date Issued" (Substantive)
- C "Amount of Administrative Fee Due the Approved Insurance Provider" (Substantive)
- D "Amount of Subsidy Paid by RMA" (Substantive)

20 POWER OF ATTORNEY

1 GENERAL INFORMATION

A personal Power of Attorney created by an attorney for an insured does not have to adhere to form standards issued by RMA. However, if an AIP chooses to develop a Power of Attorney form for use by their insureds, such forms should comply with the "Substantive" standards listed below and also the applicable state laws that govern power of attorney documents. **Agent and loss adjuster use of a power of attorney form may be limited by conflict of interest requirements contained in the Standard Reinsurance Agreement.** [Refer to Section 13, see also Sec. 6 of the CIH.]

2 STATEMENTS

A The following statements are "Substantive":

"The undersigned does hereby make, constitute and appoint __ of __ in the County of __ and State of __, the true and lawful attorney, for and in the name, place and stead of the undersigned in connection with Insurance Policy and/or Policy Number _____.

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

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

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

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

Print Witness Name

Witness Signature

Print Insured Name

Insured's Signature

I hereby accept the foregoing appointment:

Print Appointee Name

Appointee's Signature

POWER OF ATTORNEY

ACKNOWLEDGMENT

(For use by Notary Public)

State of
County of

(Use acknowledgment if required by the State where acknowledgment is taken) Signatures of the insured and the appointee must be notarized when required by law.
Witness signatures are not required if notarized.

3 OTHER INFORMATION AND SIGNATURES

- A "Notary Seal and Signature of Notary" (Substantive, if required by State Law)
- B Privacy Act Statement [(Substantive) See Exhibit 3]
- C Nondiscrimination Statement [(Substantive) See Exhibit 4]

21 ASSIGNMENT OF INDEMNITY

An insured may assign the right to an indemnity payment for a crop(s) under a policy to a creditor(s) or other persons to whom the insured has a financial debt or other pecuniary obligation by using an Assignment of Indemnity. The assignment(s) applies for all acreage of the crop covered by the policy. [See Sec. 6 of the CIH for further information].

1 INSURED INFORMATION

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

2 TERMS AND CONDITIONS

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

"The Insured assigns to (Name of Creditor) of (Mailing Address) (City, State and Zip) the right and interest of any indemnity payment(s) which may be payable to the insured under the insurance policy for the county/commodity (ies) shown:" e.g., (1st Crop Name and County Name) (2nd Crop Name and County Name) (Substantive)

The Name and Address of Creditor must be contained in above statement unless listed on the form.

"CONDITIONS

- (1) This assignment will be binding upon the person(s) who succeed the insured's interest in the insurance policy.
- (2) Indemnity payments made under the insurance policy will be subject to a deduction for any indebtedness due this Approved Insurance Provider by the insured.
- (3) This assignment will not grant the Creditor any greater rights than originally held by the insured.

ASSIGNMENT OF INDEMNITY

- (4) The Creditor's interest will be recognized upon Approved Insurance Provider's approval of this assignment and the Creditor will have the right to submit the loss notices and other forms as required by the insurance policy.
- (5) The Approved Insurance Provider will determine the person(s) entitled to any indemnity payment(s) and the payment(s) will be by joint check.
- (6) Cancellation of this assignment prior to and during the crop year stated above will be accepted by the Approved Insurance Provider only upon notification in writing by the above identified Creditor(s). It is understood and agreed that this assignment will be subject to the terms and conditions of the insurance policy." (Followed by signatures of the Insured, Creditor and Witnesses)
- (7) "If the assignment is not canceled according to item (6), the assignment will cease at the end of the effective crop year." (Substantive)

B "The Approved Insurance Provider hereby approves the foregoing assignment" (Followed by the Authorized Representative's signature for the Approved Insurance Provider and date) (Substantive)

C "This assignment was filed with the Approved Insurance Provider on __, (YEAR) at __a.m. /p.m." (Substantive)

3 OTHER INFORMATION AND SIGNATURES

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

B "Creditor's **Printed Name**, Signature and Date" (Substantive)

C "Witness **Printed Name**, Signature and Date" (Substantive) – Both the Insured's and Creditor's signature and date as provided in item A & B must contain a Witness signature and date.

D "AIP's Authorized Representative **Printed Name**, Signature and Date" (Substantive)

4 REQUIRED STATEMENTS

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

B Nondiscrimination Statement [(Substantive) See Exhibit 4]

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

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

2 CROP INFORMATION

- A "The Hail and Fire Exclusion Option applies to the following crop(s):
_____“(Substantive)
- B "State and County Name Where Insurance Attaches" (Substantive)
- C "First Effective Crop Year" (Substantive)
- D "Policy Number" (Substantive)

3 TERMS AND CONDITIONS

The following statements are “Substantive” except for the calculation example which is “Non-substantive.”

- A "Hail and Fire will be excluded on a crop basis as insured causes of loss from your [ENTER NAME OF CROP INSURANCE POLICY] for a reduced premium for each crop year the following terms and conditions are met."

"The terms of this option apply to the first crop year it is requested and to each succeeding crop year as provided below. Crops can be added to this option if a written request is submitted on or before the date crop insurance coverage attaches for the crop(s). To cancel this option or delete a crop(s), you must submit a request in writing on or before the applicable cancellation date for the crop(s)."
- B "To exclude hail and fire insurance, for the first crop year of this option:
 - (1) The Hail and Fire Exclusion Option must be signed within 72 hours of the date a private Hail and Fire policy is first in effect. If a multi-season hail and fire policy is in effect, after the first crop year the multi-season hail and fire policy is in effect, you may sign the Hail and Fire Exclusion Option on or before the date coverage attaches for a crop year.
 - (2) This option is effective only if the crop has not been damaged to the extent that a crop insurance indemnity may be claimed on any unit of the insured crop."

CONTINUOUS HAIL AND FIRE EXCLUSION OPTION

- C "For each crop year, Hail and Fire insurance coverage must be in effect (and premiums earned) on all planted insurable acreage of the crop insured under the crop insurance policy and the total dollar amount of hail and fire insurance liability must equal or exceed the total crop insurance policy liability for that crop acreage. To determine if sufficient hail and fire liability is in place for a revenue protection plan of insurance policy or a revenue protection with the harvest price exclusion plan of insurance policy, the amount of liability (for this purpose only) will be computed based upon the projected price"
- D "For each crop year, you must provide a copy of the annual hail and fire declaration sheet showing you have purchased the minimum amount of hail and fire coverage for the crop year to cover your liability or provide other acceptable proof that the minimum amount of hail and fire coverage has attached for the crop year."
- E "An appraisal for uninsured causes will be made if the crop is damaged by hail and/or fire, and the average percent of damage to the crop insurance unit exceeds the deductible percentage for the crop insurance policy."

"The appraised amount of production is determined by:

- (1) Subtracting the crop insurance policy coverage level from 1.00
- (2) Subtracting the result of (1) from the percentage of hail and/or fire damage;
- (3) Multiplying the result of (2) by the production guarantee per acre for the applicable crop insurance policy; and
- (4) Dividing the result of (3) by the crop insurance policy coverage level percentage."

"For example:

The average percentage hail damage to the crop insurance unit = 45%. The crop insurance policy coverage level = 65%. Per-acre guarantee = 100.0 bu.

- Step 1** 1.00 - 0.65 (coverage level percentage) = 0.35 (deductible)
- Step 2** 0.45 (average percentage hail damage) - 0.35 (deductible) =
0.10 (excess percentage)
- Step 3** 0.10 (excess percentage) x 100.0 bu. (per-acre guarantee) =
10.0 bushels.
- Step 4** 10.0 bu. ÷ 0.65 (crop insurance coverage level) =
15.4 bu. per-acre appraisal for uninsured causes. "

CONTINUOUS HAIL AND FIRE EXCLUSION OPTION

"EXCEPT THAT:

If hail and/or fire occurs and the original hail and fire liability under a private hail and fire policy has been reduced below the crop insurance coverage, due to another cause of loss insured under the crop insurance policy, the hail and/or fire indemnity will be divided by the original hail and fire liability. This result will be multiplied by the crop insurance guarantee per acre and divided by your coverage level percentage. The result will be the appraisal for uninsured causes."

4 OTHER INFORMATION AND SIGNATURE

- A "Information for the first-year hail and/or fire exclusion request." (Substantive)
- (1) "Hail and Fire Coverage Effective Date" (Substantive)
- (2) "Name of Hail and Fire Insurance Company (ies) and Policy Number(s)" (Substantive)
- B "Name and Address of Approved Insurance Provider" (Substantive)
- C The following statement is required above the insured's signature: (Substantive)
- "I, the insured, certify that the information reported above is true and accurate. I will provide any information the Approved Insurance Provider (or Authorized Representative(s) of the Approved Insurance Provider) may require. I will provide access to any information that the Approved Insurance Provider may require regarding any hail and fire policy(ies) I have in effect for any crop year that this option is in force." (Substantive)
- D "Insured's **Printed Name**, Signature and Date" (Substantive)
- E "Agent's Printed Name, Signature, Date and Agent 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]

23 ANNUAL REQUEST TO EXCLUDE HAIL AND FIRE**1 INSURED INFORMATION**

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

2 CROP INFORMATION

- A "The Annual Request to Exclude Hail and Fire applies to the following crop(s):
_____“(Substantive)
- B “State and County Name Where Insurance Attaches” (Substantive)
- C "Effective Crop Year" (Substantive)
- D "Policy Number" (Substantive)

3 TERMS AND CONDITIONS

The following statements are “Substantive” except for the calculation example which is “Non-substantive”. Although the calculation example is non-substantive, the calculation must be explained in the form instructions.

- A "Hail and Fire will be excluded on a crop basis as insured causes of loss from your [INSERT NAME OF CROP INSURANCE POLICY] for a reduced premium for the effective crop year provided the following terms and conditions are met."
- B "For the effective crop year of this request:

The Request to Exclude Hail and Fire must be signed within 72 hours of the date a private hail and fire policy is in effect. If a multi-season hail and fire policy is in effect, after the first crop year the multi-season hail and fire policy is in effect, you may sign the Annual Request to Exclude Hail and Fire on or before the date your crop insurance coverage attaches for a crop year."
- C "Hail and Fire insurance coverage must be in effect (and premiums earned) on all planted insurable acreage of the crop insured under the crop insurance policy and the total dollar amount of hail and fire insurance liability must equal or exceed the total crop insurance liability for that crop acreage.

To determine if the minimum required hail and fire liability is in place for a revenue protection plan of insurance policy, or revenue protection with the harvest price exclusion plan of insurance policy, the amount of liability (for this purpose only) will be computed based upon the projected price."

ANNUAL REQUEST TO EXCLUDE HAIL AND FIRE

- D "You must provide a copy of the private hail and fire declaration sheet showing you have purchased at least the required minimum amount of hail and fire coverage for the effective crop year to cover your liability or other acceptable proof coverage has attached."
- E "An appraisal for uninsured causes will be made when the crop is damaged by hail and/or fire, and the average percent damage to the crop insurance unit exceeds the deductible percentage for the crop insurance policy.

"The appraised amount of production is determined by:

- (1) Subtracting the crop insurance policy coverage level from 1.00
- (2) Subtracting the result of (1) from the percentage of hail and/or fire damage;
- (3) Multiplying the result of (2) by the production guarantee per acre for the crop insurance policy; and
- (4) Dividing the result of (3) by the crop insurance policy coverage level percentage.

"For example:

The average percentage hail damage to the crop insurance unit = 45%.
The crop insurance policy coverage level = 65%. Per-acre guarantee = 100.0 bu.

- Step 1** $1.00 - .65$ (coverage level percentage) = 0.35 (deductible)
- Step 2** 0.45 (average percentage hail damage) - 0.35 (deductible) =
0.10 (excess percentage)
- Step 3** 0.10 (excess percentage) x 100.0 bu. (per-acre guarantee) =
10.0.
- Step 4** 10.0 bu. \div 0.65 (crop insurance coverage level)=
15.4 bu. per-acre appraisal for uninsured causes. "

"EXCEPT THAT:

If hail and/or fire occurs and the original hail and fire liability under a private hail and fire policy has been reduced below the crop insurance coverage, due to another cause of loss insured under the crop insurance policy, the hail and/or fire indemnity will be divided by the original hail and fire liability. This result will be multiplied by the crop insurance guarantee per acre and divided by your coverage level percentage. The result will be the appraisal for uninsured causes."

ANNUAL REQUEST TO EXCLUDE HAIL AND FIRE**4 OTHER INFORMATION AND SIGNATURE**

- A "Hail and Fire Coverage Effective Date" (Substantive)
- B "Name of Hail and Fire Insurance Company (ies) and Policy Number(s)" (Substantive)
- C The following statement is required above the Insured's Signature. (Substantive)
- "I, the insured, certify that the information reported above is true and accurate. I will provide any information the Approved Insurance Provider (or Authorized Representative(s) of the Approved Insurance Provider) may require. I will provide access to any information that the Approved Insurance Provider may require regarding any hail and fire policy(ies) I have in effect for any crop year that this option is in force." (Substantive)
- D "Insured's **Printed Name**, Signature and Date" (Substantive)
- E "Agent's Printed Name, Signature, Date and Agent Code Number" (Substantive)

5 REQUIRED STATEMENTS

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

24 TRANSFER OF COVERAGE AND RIGHT TO AN INDEMNITY

Use a Transfer of Coverage and Right to an Indemnity to transfer insurance coverage and the right to any subsequent indemnity from one insured person to another person. The transfer is used when a transfer of part or all of the ownership/share of the insured crop occurs during the insurance period. [See Sec. 6 of the CIH for further instruction regarding this form].

1 GENERAL INFORMATION

- A "Transferor's Name" (Substantive)
- B "Transferor's Street **or** Mailing Address" (Substantive)
- C "Policy Number" (Substantive)
- D "Legal Description:" (Substantive)
 - ___ "Section:"
 - ___ "Township:"
 - ___ "Range:"
 - ___ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"

2 CROP INFORMATION

- A "Crop" (Substantive)
- B "Crop Year" (Substantive)
- C "Unit Number" (Substantive)
- D The following is "Substantive":
 - (1) Is the entire insured acreage and the entire insured share on this unit being transferred? Yes No ()
 - (2) Statement "a" below may be used alone. If both statements are used the form should indicate: "Check one of the boxes"
 - a Make check payable jointly to insured and transferee(s). Check will be mailed to the insured's address (unless an assignment of indemnity is on file); or
 - b Make checks payable to transferee(s) only. Check will be mailed to address shown in 3B.

TRANSFER OF COVERAGE AND RIGHT TO AN INDEMNITY**3 OTHER INFORMATION**

- A "Transferee(s) Name(s)" (Substantive)
- B "Transferee(s) Address, City, State, and Zip Code" (Substantive)
- C "Transferee's Identification Number" (Substantive)
- D "Identification Number Type" (Substantive)
- E "Person Type" (Substantive)
- F "Acreage Transferred" (Substantive)
- G "Share Transferred" (Substantive)
- H "Effective Date of Transfer" (Substantive)
- I "Nature of Transfer" (Substantive)

4 TERMS AND CONDITIONS

The following information is "Substantive".

- A Acceptance by the Approved Insurance Provider of the above-described transfer shall transfer the insured's right to an indemnity to the above-named transferee subject to:
 - (1) Receipt by the Approved Insurance Provider of satisfactory evidence that said transfer occurred before the end of the insurance period; i.e., (a) the date harvest was completed on the unit, (b) the calendar date for the end of the insurance period, or (c) the date the entire crop on the unit was destroyed, as determined by the Approved Insurance Provider.
 - (2) The terms of the above-identified insurance contract, including any outstanding assignment of indemnity made by the transferor prior to the date of transfer.
 - (3) All other terms and provisions set forth herein.
- B The Approved Insurance Provider shall not be liable for any more indemnity than existed before the transfer occurred.
- C The insurance policy of the transferor covers the share hereby transferred only to the end of the insurance period for the current crop year.
- D The "Transferee" and the "Transferor" shall be jointly and severally liable for any unpaid premium earned for the current crop year on the acreage and share transferred. The premium for the unit has been paid: Yes () No ()

TRANSFER OF COVERAGE AND RIGHT TO AN INDEMNITY

E	Total premium on this unit	\$_____
F	Premium on acreage transferred	\$_____
G	Premium on retained acreage	\$_____
H	Premium paid with transfer	\$_____

5 REQUIRED SIGNATURES

- A "Transferor's **Printed Name**, Signature and Date" (Substantive)
- B "Transferee(s) **Printed Name**, Signature and Date" (Substantive)
- C "Agent's Printed Name, Signature, Date, and Code Number" (Substantive)

6 REQUIRED STATEMENTS

- A Include the following statements above the signatures.

"I, [INSERT TRANSFEREE'S NAME], the Transferee, understand that all billing statements and due process letters will only be issued to [INSERT TRANSFEROR'S NAME], the Transferor. Any unpaid premium and/or administrative fees on the termination date of the policy will make both the transferee and the transferor ineligible for the crop insurance program."
(Substantive)

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

25 HIGH-RISK LAND EXCLUSION OPTION

The BP provides insurance coverage on all insurable acres planted to a crop in the county. When coverage and rates are provided in the actuarial documents for high-risk land, insureds are required to insure the high-risk land at an increased cost reflective of the increased risk. Insureds who do not wish to insure high-risk land on an additional coverage policy may amend the BP by signing and submitting the High-Risk Land Exclusion Option (by crop(s) and policy) to the AIP. [See Sec. 4 of the CIH for further instruction regarding this option].

1 INSURED INFORMATION

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

2 CROP INFORMATION

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

3 TERMS AND CONDITIONS

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

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

- A The option must be submitted to us on or before the final date for accepting applications for the initial crop year in which you wish to exclude high-risk land.
- B By signing this option, you are declining crop insurance coverage under the Common Crop Insurance Policy Basic Provisions and the applicable crop provisions on your high-risk land.
- C As used in this option, high-risk land is any land to which a high risk classification applies as contained in the actuarial document(s).

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]

27 ACTUAL PRODUCTION HISTORY DATABASE

The production reports provided by the insured are used by the verifier to establish the APH database. The APH database consists of all years of production (within the base period) reported by the insured and is used to calculate the approved APH yield.

1 INSURED INFORMATION

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

2 CROP INFORMATION

- A "Name of Crop" (Substantive)
- B "Practice/Type/T-Yield Map Area" (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) Sharing Crop" (Substantive)
- F "Other" (Substantive)
- G "T-Yield" (Substantive)

ACTUAL PRODUCTION HISTORY DATABASE

- H "FSA Farm/Tract/Field Number" (Substantive)
- I "Crop Year of History" (Substantive)
- J "Total Production" (Substantive)
- K "Acres" (Substantive)
- L "Yields" (Substantive)
- M "Yield Descriptors" (Substantive)

For items I, J, K,L and M above allow space to provide the appropriate years of the base period.

- N "Total" (Substantive)
- O Preliminary Yield (Substantive)
- P "Yield Indicator" (Substantive)
- Q "Prior Yield" (Substantive)
- R "Average Yield" (Substantive)
- S "Rate Yield" (Substantive)
- T "Approved Yield" (Substantive)
- U "Required: Field Review __ Inspection __" (Substantive)

3 OTHER INFORMATION

- A "Comments Section" (Non-Substantive)

4 REQUIRED STATEMENTS

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

28 WITHDRAWAL OF CLAIM FOR INDEMNITY**1 INSURED AND POLICY INFORMATION**

- A "Insured's Name" (Substantive)
- B "Claim Number" (Substantive)
- C "Policy Number" (Substantive)
- D "Name of Crop(s)" (Substantive)
- E "Unit Number(s)" (Substantive)

2 TERMS AND CONDITIONS

The following statement is required: (Substantive)

Withdrawal Statement: "For the unit number(s) listed above, I withdraw this claim for indemnity against the Approved Insurance Provider on this policy as of this date. I agree and understand that signing this withdrawal in no way changes the terms of the policy, or affects any other loss that may subsequently occur."

3 SIGNATURE

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

4 REQUIRED STATEMENTS

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

29 REQUEST FOR RMA ASSIGNED IDENTIFICATION NUMBER**1 GENERAL INFORMATION**

- A "YEAR and Succeeding Crop Years" (Substantive)
- B Applicable to insured individuals or individuals with an SBI in the insured that are not legally required to have a SSN or EIN number as defined in the applicable policy provisions and CIH procedures. Such individuals may be assigned an identification number that can be used for insurance purposes.
- C Individuals requesting an assigned number must be eligible to receive Federal benefits and must meet the requirements as provided in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), 8 U.S.C. § 1611, which provides, with certain exceptions, only United States citizens, United States non-citizen nationals and "qualified aliens" (and sometimes only particular categories of qualified aliens) are eligible for Federal, State, and local public benefits. [Refer to Sec. 5 of the CIH for documentation requirements for non-citizens and AIP instructions].

2 APPLICANT INFORMATION

- A "Name of Applicant Requesting an Assigned Number" (Substantive)
- B "Applicant's Telephone Number" (Substantive)
- C "Applicant's Address" (Substantive)
- D "State and County Name" (Substantive)
- E "Policy Number (if applicable)" (Substantive)
- F "Identification Number of Insured (if request is for SBI)" (Substantive)
- G "Identification Number Type for Insured (if request is for SBI)" (Substantive)
- H "Insured's Person Type (if request is for SBI)" (Substantive)
- I "Documentation Type (e.g., Admitted for Permanent Residence, Admitted as a Refugee, Asylee, etc.) (Include a brief list of all attached documentation, e.g., INS Form I-94)" (Substantive) [Refer to CIH Exh. 5]
- J "Is this request to renew a previously issued RMA Assigned Number?" Create a checklist for the applicant to answer Yes or No. (Substantive).
- K "If so, list the previously issued RMA Assigned Number, the issue date, and the expiration date." (Substantive)

REQUEST FOR RMA ASSIGNED IDENTIFICATION NUMBER**3 OTHER INFORMATION AND SIGNATURES**

- A "Applicant's **Printed Name** Signature and Date" (Substantive)
- B Statement above AIP representative's signature line: (Substantive)

"I certify that [INSERT NAME OF APPLICANT] has met all other program requirements under the authority of the Federal Crop Insurance Act (the Act) with the exception of providing a SSN/EIN."
- C "AIP's Authorized Representative **Printed** Name, Signature, and Date" (Substantive)
- D "AIP's Authorized Representative's Address" (Non-Substantive)
- E "AIP's Authorized Representative's Telephone Number" (Substantive)
- F "**Insured' Printed Name,** Signature (if Applicant is not the Insured) and Date" (Substantive)

4 REQUIRED STATEMENTS

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

30 REQUEST TO WAIVE ADMINISTRATIVE FEE FOR LIMITED RESOURCE FARMER

The administrative fee for the **Catastrophic Risk Protection Endorsement** and additional coverage may be waived for insureds who qualify as a limited resource farmer. [See Sec. 2 of the CIH for further information regarding the waiver of administrative fees].

1 INSURED INFORMATION

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

2 TERMS AND CONDITIONS

The following statements are required: (Substantive)

I, (Insured's name), request that the administrative fee be waived for the _____ crop year.

I certify that:

_____ I am a person with direct or indirect gross farm sales not more than

\$ [Insert applicable dollar amount as specified at:

<http://www.lrftool.sc.egov.usda.gov/>]

in each of the previous two years (to be increased starting in fiscal year 2004 to adjust for inflation using Prices Paid by Farmer Index as compiled by the National Agricultural Statistical Service (NASS)); and a total household income at or below the national poverty level for a family of four, or less than 50 percent of county median household income in each of the previous two years, to be determined annually using Commerce Department Data, [See <http://www.lrftool.sc.egov.usda.gov/> for the actual dollar amount adjusted for inflation. The Limited Resource Self Determination Tool may be used to determine if an insured qualifies as a limited resource farmer];

Or,

REQUEST TO WAIVE ADMINISTRATIVE FEE FOR LIMITED RESOURCE FARMER

_____ I was insured prior to the 2005 crop year, or was insured for the 2005 crop year or a crop with a contract change date prior to August 31, 2004, and administrative fees were waived for one or more of those crop years because I qualified as a limited resource farmer under the limited resource farmer definition in effect at the time, and that I remain qualified as a limited resource farmer under the definition that was in effect at the time the administrative fee was waived.

If requested, I agree to provide records of income and acreage needed to document my qualification as a limited resource farmer.

3 OTHER INFORMATION AND SIGNATURE

- A "Insured's **Printed Name**, Signature and Date" (Substantive)
- B "AIP Representative's **Printed Name**, Signature and Date" (Substantive)

4 REQUIRED STATEMENTS

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

31 UNIT DIVISION OPTION

Agents will prepare a Unit Division Option and transmit to the AIP for verification. [See also, CIH for form completion instructions].

1 INSURED INFORMATION

- A "Insured's Name" (Substantive)
- B "Insured's **Street or** Mailing Address" (Substantive)
- C "County" (Substantive)
- D "Insurance Plan" (Substantive)
- E "Policy Number" (Substantive)
- F "Crop Year" (Substantive)

2 TERMS AND CONDITIONS

The following statements are "Substantive"

"Upon our verification of this option, we agree to amend the definition of optional units when your Federal Crop Insurance Policy(ies) permit optional units by section subject to the following terms and conditions:"

- A You are allowed one Option per county that covers all applicable insured crops. The Option must be submitted to us on or before the applicable acreage reporting date for the crop before it is effective for that crop. If it is determined you have two or more Options, the Option with the earliest date will be applicable to all crops and the other Options(s) will be void.
- B You must aggregate legally identifiable parcels of land into parcels that contain a minimum of 640 acres. The aggregation of parcels for optional units will be established at the time you complete and sign this Option. Optional units are established on the attached sketch map(s).
- C For each optional unit you must have available written verifiable records of acreage and production for the previous crop year and maintain records for the current crop year, and succeeding crop year's in which this option remains in effect.
- D Upon our request, if you fail to provide to us such records, optional units created under this Option will revert to the basic unit(s).
- E Determination of your optional units will be made at the time you report your acreage of the insured crop.

UNIT DIVISION OPTION

- F For crop(s) requiring production reports, to retain such optional units, acceptable production reports must be filed by the Production Report Date, annually, for each optional unit.
- G This is a continuous option which may be canceled by either you or us for any succeeding crop year by giving written notice on or before the cancellation date. All other provisions of the policy not in conflict with this Option are applicable.

3 OTHER INFORMATION

- A Create a table with the following columns (Substantive):
- (1) "Optional Units"
 - (2) "Descriptions of Designated Parcels of Land"
 - (3) "Acres"
- B Include "Note: A map identifying the above must be attached and numbered as ___ of ___." (Substantive)

4 SIGNATURES

- A "Insured's **Printed Name**, Signature and Date" (Substantive)
- B "Agent's Printed Name and Signature, Date and Agent's Code Number" (Substantive)
- C "AIP Authorized Representative's **Printed Name and** Signature" (Substantive)

Create a check box with the following instruction and affix above AIP Authorized Representative's Signature:

- D Verified by

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]

32 RMA REGIONAL OFFICE (RO) DETERMINED YIELD REQUEST

[See Sec. Sec. 15 and 16 of the CIH for more information regarding this form.]

1 AGENCY INFORMATION

- A "Agent" (Substantive)
- B "Agent's **Street or** Mailing Address" (Substantive)
- C "City and State" (Substantive)
- D "Zip Code" (Substantive)
- E "Agent Code" (Substantive)
- F "Telephone Number" (Substantive)
- G "Email" (Non-Substantive)
- H "Insured's Name (as shown on the application)" (Substantive)
- I "Insured's Physical Street or Mailing Address" Include the following statement:
"Physical street address is required when mailing address is a post office box."
(Substantive)
- J "City and State" (Substantive)
- K "Zip Code" (Substantive)
- O "State" (Substantive)
- P "County" (Substantive)
- Q "Policy Number" (Substantive)
- R "Identification Number" (Substantive)
- S Create a checklist that states "Insured is:" (Substantive)
 - ___ "Landlord"
 - ___ "Operator"
 - ___ "Owner/Operator"

RMA REGIONAL OFFICE (RO) DETERMINED YIELD REQUEST

2 REQUEST INFORMATION

Create a table with the following columns, instruct as follows: "Provide the following information for the request." (Substantive)

- A "Legal Description:" (Substantive)
 - ___ "Section:"
 - ___ "Township:"
 - ___ "Range:"
 - ___ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- B "Crop Name" (Substantive)
- C "Unit Number"(Substantive)
- D "Whole Acres" (Substantive)
- E "Plant Date" (Substantive)
- H "FSA Farm/Tract/Field Number" (Substantive)
- I "Practice" (Substantive)
- J "Type/Class/Variety" (Substantive)
- K "Insured's Share" (Substantive)
- L "Name of other person(s) sharing in the crop (Print)" (Substantive)
- M "Request Type Category B Crop(s) Category C Crop(s) (Check One)" (Substantive)

3 REQUEST INFORMATION

Create a checklist that instructs selection of one of the following reasons for RO request.

- A "Master Yield" (Substantive)
- B "Underage Crop" (Substantive)
- C "Higher Yield Request" (Substantive)
- D "Change in Practice or Production Methods" (Substantive)

RMA REGIONAL OFFICE (RO) DETERMINED YIELD REQUEST

- E “Yield Variance” (Substantive)
- F “Downward Yield Trend” (Substantive)
- G “Minimum Production Requirement” (Substantive)
- H “New Producer and Variable T-Yield Exception” (Substantive)
- J “Change in Person Type/Land” (Substantive)
- K “Revised or Corrected APH” (Substantive)
- L “Other” (Substantive)
- M “Productivity is Reduced—Category C Crops Only” (Substantive)
- N “Irrigation Supply—Category C Crops Only” (Substantive)
- O Create a dialogue box with the following: “Explain reason(s) for RO determined yield request” (Substantive)

4 ADDITIONAL DOCUMENTATION

Create a submission checklist listing all applicable supplemental documentation. All necessary supplemental documentation is contained in procedure.

- A “Check all that apply” (Non-substantive)
- B "Application/Policy Confirmation" (Substantive)
- C "Current APH Database, including Production Reports for unit(s)" (Substantive)
- D "Copy of Production Records substantiating any Crop Provisions minimums that have been met (Category C Crops Only)" (Substantive)
- E "APH Block Production (Category C Crops Only)" (Substantive)
- F "Weighted Average Age/Density Worksheet(s) (Category C Crops Only)" (Substantive)
- G "Producer's Pre-Acceptance Worksheet(s) (Category C Crops Only)" (Substantive)
- H “Perennial Crop Pre-Acceptance Inspection Report and Crop Addendum Worksheets (Category C Crops Only)” (Substantive)
- I “Master Yield Summary APH Database” (Substantive)
- J “Other” (Substantive)

RMA REGIONAL OFFICE (RO) DETERMINED YIELD REQUEST

5 SIGNATURES

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

6 REQUIRED STATEMENTS

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

33 SUMMARY OF REVENUE HISTORY

This form is for Pecan Revenue Only. Production and gross sales must be reported on this form for applicable coverages. See also, the CIH for form completion instructions

1 GENERAL INFORMATION

- A "Crop Year(s)" (Substantive)
- B "Insured's Name" (Substantive)
- C "Insured's Address" (Substantive)
- D "Insured's Telephone Number" (Substantive)
- E "Agency Name:" (Substantive)
- F "Agency Telephone Number" (Substantive)
- G "Policy Number" (Substantive)
- H "Other Person(s) Sharing in the Crop" (Substantive)
- I "Unit Number" (Substantive)
- J "FSA Farm/Tract/Field Number" (Substantive)
- K "Legal Description:" (Substantive)
 - ___ "Section:"
 - ___ "Township:"
 - ___ "Range:"
 - ___ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- L "Practice" (Substantive)
- M "Insurable or Uninsurable" (Substantive) "(Circle one)" (Non-substantive)
- N "Number of Trees" (Substantive)
- O "County and State:" (Substantive)
- P "Pre-Acceptance Perennial Crop Inspection Report Date" (Substantive)

SUMMARY OF REVENUE HISTORY

2 SUMMARY INFORMATION

Allow space to provide the appropriate years of the base period. Create a table with the following:

- A "Crop Year" (Substantive)
- B "Net Acres" (Substantive)
- C "Pounds Production" (Substantive)
- D "Gross Sales" (Substantive)
- E "Average Gross Sales" (Substantive)
- F "Pre-harvest Appraisal" (Substantive)

Add the following below the table:

- G "Total Number of Years" (Substantive)
- H "Total Average Gross Sales per Acre" (Substantive)
- I "Approved Average Revenue per Acre" (Substantive)

3 SIGNATURES

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

4 REQUIRED STATEMENTS

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

34 AGREEMENT TO COMBINE OPTIONAL UNITS

Use this form to allow a producer to combine multiple optional units into one optional unit. See also the CIH.

1 GENERAL INFORMATION

- A "Insured's Name" (Substantive)
- B "Insured's Mailing Address" (Substantive)
- C "Agent's Name" (Substantive)
- D "Agent's Address" (Substantive)
- E "Policy Number" (Substantive)
- F "Initial Crop Year" (Substantive)
- G "County and State" (Substantive)

2 UNIT INFORMATION

Create a table with the following:

- A "Applicable Crops:" (Substantive)
- B "Units Numbers Combined:" "(Identify units by unit number)" (Substantive)
- C "Legal Description:" (Substantive)
 - ___ "Section:"
 - ___ "Township:"
 - ___ "Range:"
 - ___ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- D "FSA Farm/Tract/Field Number" (Substantive)

AGREEMENT TO COMBINE OPTIONAL UNITS**3 STATEMENTS**

The following statements are "Substantive":

- A "This is a continuous agreement."
- B "Upon our verification and approval of this Agreement, we agree to combine the acreage and production history from separate APH databases for the combined optional units for the insured crop(s) listed, into a single APH database by practice, type or transitional yield map area, as applicable."
- C "By signing this Agreement, you agree to farm two or more optional units as a combined unit. Once approved, this option is continuous and remains in effect unless the crop's basic unit structure changes and those changes cause the combined unit structure to be invalid or if the crop's insurance policy is cancelled and continuity of insurance coverage is broken."
- D "The Agreement must be submitted to us on or before the production reporting date for the applicable crop(s) and approved by us to be effective for the crop year. If not submitted on or before the crop's production reporting date, the option (if approved) will be effective the succeeding crop year."
- E "The optional units being combined must be located in the same county and in separate sections, section equivalents or Farm Service Agency Farm Numbers (FSA FNs), whichever is applicable."
- F "The sections, section equivalents, or FSA FNs containing the optional units being combined must adjoin (lie next to or be in contact with each other). A copy of an aerial photograph or other map that clearly identifies the sections, section equivalents or FSA FNs containing the optional units being combined that demonstrates they adjoin must be attached."

AGREEMENT TO COMBINE OPTIONAL UNITS

- G "If you transfer a crop's policy on which the Agreement is in force to a different insurance agency/AIP, the Agreement transfers with the crop's policy and remains in effect and you are not permitted to separate the combined units into additional optional units. You must provide a copy of this Agreement to your new insurance agency/AIP. If the Agreement is not transferred and you divide the combined unit into optional units and the new insurance agency/AIP discovers that you have divided a combined unit listed on this agreement into optional units:
- 1 The acreage and production history from the separate optional unit APH databases will be combined according to this Agreement, beginning with the crop year that the combined units were separated; and
 - 2 If any indemnities were paid on the optional units, the approved APH yield will be corrected for such crop years as indicated in a. above and the indemnity will be recalculated. If the recalculated indemnity is less than the indemnity that was paid when you violated the terms of this agreement, you must pay the AIP the difference."
- F "If the basic unit structure changes after this Agreement is approved, and the combined unit must be divided into more than one basic unit, you must notify us and recertify the acreage and production according to the land that is contained in each basic unit no later than the crop's production reporting date. If you fail to do so, we will assign yields for such crop years that have planted acreage for the applicable crops. The acreage and production and/or assigned yield applicable to the land contained in each basic unit will be used to establish separate APH databases for the new basic units."

4 SIGNATURES

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

5 REQUIRED STATEMENTS

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

35 APH BLOCK PRODUCTION

Perennial Category C producers who report separate production and acreage by block [See also, the CIH], use this worksheet. The blocks on the production worksheet must correspond to the blocks on the Producer's Pre-Acceptance Worksheet [See also, Exhibit 31]

1 GENERAL INFORMATION

- A "Applicant's/Insured's Name" (Substantive)
- B "Applicant's/Insured's Policy Number" (Substantive)
- C "Unit Number" (Substantive)
- D "Crop" (Substantive)
- E "State" (Substantive)
- F "Legal Description:" (Substantive)
 - ___ "Section:"
 - ___ "Township:"
 - ___ "Range:"
 - ___ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- G "Crop Year" (Substantive)
- H "County" (Substantive)
- I "FSA Farm/Tract/Field Number" (Substantive)
- K "Report all uninsurable blocks separately on this form" (To be included after form title) (Substantive)
- L "Include production that is less than minimums and zero production" (To be included after form title) (Substantive)

APH BLOCK PRODUCTION**2 CROP INFORMATION**

For each table created the following is to be included:

- A "Crop Practice/Type" (Substantive)
- C "Block Number" (Coordinating block number from the Producer's Pre-Acceptance Worksheet) (Substantive)
- D "Month/Year" (Month and year planted) (Substantive)
- E "Set Out Year_" (Substantive)
- F "Density" (Substantive)

Allow space to provide the appropriate years of the base period.

- G "Crop Year of History" (appropriate crop year(s) for the base period) (Substantive)
- H "Production" (Total production for the block as adjusted when actual yields are reported) (Substantive)
- I "Acres" (planted acreage for the block in acres) (Substantive)
- J "Yield" (appropriate yield and yield descriptor for each crop year) (Substantive)
- K "T-Yield Adjustment" (Substantive)

Add below the table the following:

- L "Average Yield" (Substantive)
- M "Approved Yield" (Substantive)
- N "Prior Yield" (Substantive)

3 SIGNATURES

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

APH BLOCK PRODUCTION

4 REQUIRED STATEMENTS

A Certification Statement [(Substantive) See Exhibit 2]

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

C Nondiscrimination Statement [(Substantive) See Exhibit 4]

36 PRODUCER'S PRE-ACCEPTANCE WORKSHEET

This worksheet applies to Category C Crops; refer to the CIH for form completion instructions. Some standards below are crop specific modify this worksheet in crop information to the specific Category C crop.

1 GENERAL INFORMATION

- A "Applicant's/Insured's Name" (Substantive)
- B "Applicant's/Insured's Policy Number" (Substantive)
- C "Unit Number" (Substantive)
- D "Crop" (Substantive)
- E "State" (Substantive)
- F "Legal Description:" (Substantive)
 - ___ "Section:"
 - ___ "Township:"
 - ___ "Range:"
 - ___ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- G "Crop Year" (Substantive)
- H "County" (Substantive)
- I "FSA Farm/Tract/Field Number" (Substantive)

2 CROP INFORMATION

Create a spread sheet with the following columns:

- A "Block Number" (Substantive)
- B "Month/Year Planted" (Substantive)
- C "Month/Year Grafted" (Substantive)
- E "Variety" (Substantive)
- F "Type" (Substantive)

PRODUCER'S PRE-ACCEPTANCE WORKSHEET

- G "Number of Plants" (or trees, vines, bushes, n/a cranberries or lowbush blueberries) (Substantive)
- H "Plant Spacing" (Substantive)
- I "Planting Pattern" (Substantive)
- J "Acres" (Substantive)
- K "Percent Stand" (Substantive)
- L "Density" (n/a cranberries or lowbush blueberries) (Substantive)
- M "Practice" (Substantive)
- N "Insurable or Uninsurable" (Substantive)
- O "Spur or Nonspur" (Apples Only) (Substantive)
- P "Totals: (for Acres, and Number of Plants)" (Substantive)

3 REQUIRED QUESTIONS

Create a list of the following questions, and instruct the insured to check/circle either "Yes" or "No".

- A "Has damage (e.g., disease, hail, freeze) occurred to Trees/Vines/Bushes/Bog that will reduce the insured crop's production from previous crop years?" (Substantive)
- B "Have practices or production methods (e.g., removal, dehorning, grafting, transitioning to organic) been performed that will reduce the insured crop's production from previous crop years?" (Substantive)
- C "Is the current water supply (surface allotment/well) adequate to produce a normal crop for the crop year being certified above?" (Substantive)
- D "For Florida Avocados Only: Do the trees have sufficient vigor to produce the average yield computed for this unit?" (Substantive)
- E "For Florida Avocados Only: Is the operator using organic or other unconventional farming practices? If yes, How long?" (Substantive)

PRODUCER'S PRE-ACCEPTANCE WORKSHEET

4 REQUIRED SIGNATURE

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

37 PERENNIAL CROP PRE-ACCEPTANCE INSPECTION REPORT

This report is to be completed by the AIP. See also, the CIH Sec. 16 for form completion instructions.

1 GENERAL INFORMATION

- A "Applicant's/Insured's Name" (Substantive)
- B "Applicant's/Insured's Telephone Number" (Substantive)
- C "Applicant's/Insured's Address" (Substantive)
- C "State" (Substantive)
- D "County" (Substantive)
- E "Name of Owner" (Substantive)
- F "Name of Operator" (Substantive)
- E "Crop" (Substantive)
- F "Crop Year" (Substantive)
- G "Unit Number" (Substantive)
- H "Legal Description:" (Substantive)
 - ___ "Section:"
 - ___ "Township:"
 - ___ "Range:"
 - ___ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- I "FSA Farm/Tract/Field Number" (Substantive)
- J "Location Description" (Substantive)

PERENNIAL CROP PRE-ACCEPTANCE INSPECTION REPORT**2 APPLICANT/INSURED INFORMATION**

Create a section large enough to include the following questions to be answered by the inspector.

- A "Number of Years Insured has operated this unit" (Substantive)
"If less than 3 years, include previous owner name and address, if known" (Substantive)
- B "Has this unit been insured in previous years?" (Substantive)
"If yes, include the number of years insured and prior policy number(s)" (Substantive)
- C "Describe weed control measures used for the unit. Include a description of the orchard/vineyard/plantation/bog floor management: (e.g., sterile/sod/cover crop)" (Substantive)
- D "Describe the fertilization program used for the unit. Include the insured's method of monitoring soil fertility (e.g., soil analysis, foliar analysis, or both)" (Substantive)
- E "Describe in detail insect control measures used (i.e., integrated pest management/calendar spray program):
Evidence of disease/insects (check one): ___rare ___moderate ___severe" (Substantive)
- F "Is a tree/vine/bush/bog replacement program being carried out?" (Substantive)
"If applicable, is fumigation used in the replacement program?" (Substantive)
- G "Crops Grown Primarily for: (Check one):
___Fresh Market ___Processor ___Juice Market" (Substantive)
- H "What date is/was harvest complete(d) for the unit under normal conditions?" (Substantive)
- I "Describe in detail the use and placement of bees for pollination. Include type, quality, and location:" (Substantive)

PERENNIAL CROP PRE-ACCEPTANCE INSPECTION REPORT

- J “Describe in detail the irrigation water source:
- Surface: ____percentage of total supply
 - Irrigation district name;
 - Allocation last year: ____percentage of normal
 - Expected allocation this year; ____percentage of normal
 - Irrigation Well(s): ____percentage of normal
 - How many wells? ____
 - Total gallons per minute? ____GPM
 - Water obtained through water transfer: ____acre feet per acre” (Substantive)
- K “Is the unit subject to above normal flood hazards? If so, explain:” (Substantive)
- L “Are there soil limitations (i.e., slope, depth, drainage, ph, saline/alkali, toxicity)?”
If so, explain:” (Substantive)
- M “Describe in detail the pruning practices used; date normally completed, and indicate whether pruning is annual or biennial:” (Substantive)
- N “Describe in detail the varieties being used as pollinator(s). Include variety/location, quantity, density and configuration: (Substantive)

3 ACREAGE/INSPECTION INFORMATION

- A “Measured or Determined Acres of Unit, Total Unit Acreage Insurable, and Uninsurable, and Method of Measurement” (Substantive)
- B “Measured or Determined Acres of Unit, and Total Unit Acreage Insurable” (Substantive)
- C “Determine whether current observed conditions reconcile to prior records” (Substantive)
- D “Percent Stand” (Substantive)

Create a table with the following columns:

- “Less than 50%
- 50-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%” (Substantive)

PERENNIAL CROP PRE-ACCEPTANCE INSPECTION REPORT

Add the following rows to the table:

- “Based on original planting pattern
 - Spaces occupied by live trees/vines/bogs/bushes
 - Bearing trees/vines/bogs/bushes (percent stand)
 - Insurable Stand“(Substantive)
- E “Determine the current Unit potential: ___Stable ___Declining ___Increasing (Check one)” (Substantive)
- F “Do trees/vines/bushes/plant have sufficient vigor to produce the Preliminary APH yield computed for this unit?” (Substantive)
- “ ___Yes ___No (Check one)
- Plant Vigor: ___Good ___Average ___Poor” (Substantive)
- G “If applicable, provide inside bin measurements:” (Substantive)
- H “Insurable acreage and tree/vine/bush/bog information: Complete and attach appropriate crop addendum worksheet(s). Verify and/or correct Producer’s Pre-Acceptance Worksheet(s)” (Substantive)
- I “Uninsurable acreage and tree/vine/bush/bog information:”(Substantive)
- “Complete and attach appropriate crop addendum worksheet(s); Verify and/or correct Producer’s Pre-Acceptance Worksheet(s).” (Substantive)
- I “Obtain and attach aerial photo(s)/map(s)” (Substantive)
- J “Additional information and comments (attach additional sheets if necessary):” (Substantive)
- K “Your evaluation of the management of the operation:” (Substantive)
- “ ___Above Average ___Average ___Below Average (check one)” (Substantive)
- L “You evaluation of the orchard/vineyard/bog/grove conditions:” (Substantive)
- “ ___Above Average ___Average ___Below Average (check one)” (Substantive)

PERENNIAL CROP PRE-ACCEPTANCE INSPECTION REPORT

M "Action Recommended:" (Substantive)

- " Acceptance
- RMA RO Determined Yield Request
- Rejection" (Substantive)

4 REQUIRED SIGNATURES

- A Adjuster Printed Named, Signature and Date (Substantive)
- B Adjuster Telephone Number and Contact Point (Substantive)
- C Supervisor Printed Name, Signature and Date (Substantive)
- D Supervisor Telephone Number (Substantive)

38 PERENNIAL CROP ADDENDUM WORKSHEET(S)

This worksheet is to accompany the Pre-Acceptance Category C Crop Inspection Report when necessary. Crop addendum worksheets are used to collect field inspection data specific to the crop being inspected. The general information provided in Para. 1 applies to all individual crops identified in Para. 2-10 below. Each separate Crop Information requirement constitutes a separate addendum by crop in Para. 2-10. No signatures are required, for this worksheet is an addendum and should accompany the applicable Inspection Report. For form completion instructions see also the CIH.

1 GENERAL INFORMATION

- A "Applicant/Insured's Name" (Substantive)
- B "Crop Year" (Substantive)
- C "Unit Number" (Substantive)
- D "Insurable Acres" (Substantive)
- E "Uninsurable Acres" (Substantive)

2 CROP INFORMATION (APPLE)

Create a table with the following columns:

- A "Block Number" (Substantive)
- B "Month/Year Planted or Grafted" (Substantive)
- C "Acres" (Substantive)
- D "Variety/Type" (Substantive)
- E "Number of Trees" (Substantive)
- F "Plant Spacing" (Substantive)
- G "Plant Pattern" (Substantive)
- H "Rootstock" (Substantive)
- I "Spur/Non-Spur" (Substantive)
- J "Trellis Type, specify" (Substantive)
- K "Frost Protection/System/Type/Number of Times" (Substantive)
- L "Air Drainage: Good/Fair/Poor" (Substantive)
- M "Percent Slope" (Substantive)

PERENNIAL CROP ADDENDUM WORKSHEET(S)

N "Irrigated/Non-irrigated Type" (Substantive)

Create a section for the following questions

O "Describe current budwood/bough vitality and condition. Note the differences in individual blocks, if applicable." (Substantive)

P "Has winter damage, or previous year damage occurred which may affect this year's potential production on any block? If yes, list block(s) and explain:" (Substantive)

Q "Remarks:" (Substantive)

3 CROP INFORMATION (PEACH)

Create a table with the following columns:

A "Block Number" (Substantive)

B "Variety" (Substantive)

C "Type" (Substantive)

D "Acres" (Substantive)

E "Month/Year Planted or Grafted" (Substantive)

F "Number of Trees" (Substantive)

G "Plant Spacing" (Substantive)

H "Plant Pattern" (Substantive)

I "Irrigated/ Non-irrigated Irrigation Type" (Substantive)

J "Percent Stand/ Number of Skips" (Substantive)

K "Fruiting Wood: <6", 6-12", >12"" (Substantive)

L "Percent of Damage Limbs: <16%, 16-50%, >50%" (Substantive)

M "Disease: Rare/Moderate/Severe" (Substantive)

N "Average Trunk Diameter" (Substantive)

O "Pruning: Annual/Biennial/Other" (Substantive)

P "Pruning by Block: Hand/Mechanical"(Substantive)

PERENNIAL CROP ADDENDUM WORKSHEET(S)

- Q "Air Drainage: Good/Fair/Poor" (Substantive)
- R "Percent Slope" (Substantive)
- S "Insect, Wildlife, Pests: Light/Moderate/Severe" (Substantive)
- T "Weed Control: Good/Fair/Poor" (Substantive)
- U "Interplanted with another crop" (specify crop) (Substantive)
- V "Nematode Prevalence: Light/Moderate/Severe" (Substantive)

Create a section for the following questions:

- W "List blocks interplanted for renovation purposes:" (Substantive)
- X "Frost Protection: System/Type/Number of Times" (Substantive)
- Y "Explain any tree damage which has occurred in the past five years:" (Substantive)
- Z "Was the soil pH above 6.0 on ALL blocks? ___Yes ___No (Check one)" (Substantive)
- AA "List blocks which are terraced:" (Substantive)
- BB "Remarks:" (Substantive)

4 CROP INFORMATION (PEAR)

Create a table with the following columns:

- A "Block Number" (Substantive)
- B "Month/Year Planted or Grafted" (Substantive)
- C "Acres" (Substantive)
- D "Variety/Type" (Substantive)
- E "Number of Trees" (Substantive)
- F "Plant Spacing
- G "Planting Pattern" (Substantive)
- H "Rootstock" (Substantive)
- I "Trellis Type, specify" (Substantive)

PERENNIAL CROP ADDENDUM WORKSHEET(S)

- J "Frost Protection System/Type/Number of Times" (Substantive)
- K "Air Drainage: Good/Fair/Poor" (Substantive)
- L "Percent Slope" (Substantive)
- M "Irrigated/Non-irrigated Type" (Substantive)
- N "Totals:" (develop a row for Acres and Number of Trees)

Create a section for the following questions:

- O "Has winter damage or previous year damage occurred which may affect this year's potential production on any block? If yes, list block(s) and explain:" (Substantive)
- P "Describe fireblight protection methods used for the unit:" (Substantive)
- Q "Remarks:" (Substantive)

5 CROP INFORMATION (GRAPE/TABLE GRAPE)

Create a table with the following columns:

- A "Block Number" (Substantive)
- B "Month/Year Planted or Grafted" (Substantive)
- C "Acres" (Substantive)
- D "Variety/Type" (Substantive)
- E "Number of Vines/Plant bearing" (Substantive)
- F "Plant Spacing" (Substantive)
- G "Plant Pattern" (Substantive)
- H "Rootstock" (Substantive)
- I "Trellis/Type/Condition" (Substantive)
- J "Frost Protection System/Type/Number of Times" (Substantive)
- K "Air Drainage: Good/Fair/Poor" (Substantive)
- L "Percent Slope" (Substantive)
- M "Irrigated/Non-irrigated Type" (Substantive)

PERENNIAL CROP ADDENDUM WORKSHEET(S)

- N "Winter Damage" (Substantive)
- O "Totals:" (Substantive) (develop a row for Number of Acres and Number of Vines)
- Create a section for the following questions:
- P "Describe the method of pruning (i.e., mechanical, mechanical + hand, mechanical + combing + hand, hand)" (Substantive)
- Q "If grafted, on double line entries:
- Month/year originally planted
 - Month/year grafted" (Substantive)
- R "Indicate type of phylloxera resistant rootstock (i.e., susceptible, AxR-1, etc):" (Substantive)
- S "If damaged by winter freeze, indicated month and year of freeze damage and crop year when production resumed:" (Substantive)
- T "Remarks" (Substantive)

6 CROP INFORMATION (CRANBERRY)

Create a table with the following columns:

- A "Block Number" (Substantive)
- B "Month/Year Established" (Substantive)
- C "Acres" (Substantive)
- D "Variety/Type" (Substantive)
- E "Percent Stand" (Substantive)
- F "Totals:" (develop a row for Number of Acres) (Substantive)

Create a section with the following columns, to answer the following:

"Previous loss history for the last four years" (Substantive)

- G "Year" (Substantive)
- H "Cause" (Substantive)
- I "Extent of Damage" (Substantive)

PERENNIAL CROP ADDENDUM WORKSHEET(S)

“Complete the following information for Cranberry bogs with less than 4 years of production records” (Substantive)

- J “Improvements implemented since purchasing the bog:” (Substantive)
- K “Specific Management practices utilized each year of operation on this bog:” (Substantive)

Create a table with the following columns:

- “Management Practice” (Substantive)
- “Year” (Substantive)
- “Year” (Substantive)
- “Year” (Substantive)
- “Year” (Substantive)

Add the following rows to the aforementioned table: (Substantive)

- “Fertilization Program”
- “Pruning Program”
- “Sanding Program”
- “Insect Program”
- “Weed Program”
- “Bog Oxygen Program”
- “Water Supply”
- “Method of Harvest”

- L “Bog manager’s prediction of expected yield of this bog for the next 4 years:” (Substantive)
- M “Explain previous bog manager’s experience:” (Substantive)
- N “Describe the use of frost warning system for the bog:” (Substantive)
- O “Describe the presence or absence of a backup power source for irrigation system and type of system” (Substantive)
- P “Describe the backup security systems utilized for irrigation equipment:” (Substantive)
- Q “Average number of times the frost protection system is used each year, If no frost protection system is in place, enter none:” (Substantive)
- R “List by Block: Time needed to flood bog, and time needed to remove the water from the bog.” (Substantive)
- S “Describe the insect detection methods used for the bog:” (Substantive)

PERENNIAL CROP ADDENDUM WORKSHEET(S)

- T “Describe the general condition of bog dikes and banks.” (Substantive)
- U “Describe the pruning/sanding practices used, include the percentage of the bog pruned and sanded last year, and the percentage of the bog pruned and sanded in the last five years.” (Substantive)
- V “Harvesting Method: Include the method of harvest percentage of wet and dry last year and the percentage of wet and dry for the next year.” (Substantive)
- W “Attach a bog map showing each bog as a separate block. If a bog contains uninsurable acreage or acreage undergoing a partial renovation, list such acreage as a separate block.” (Substantive)
- X “Remarks:” (Substantive)

7 CROP INFORMATION (ALMOND/CITRUS/FIG/FRESH PLUM/MACADAMIA NUT/PECAN/PRUNE/STONEFRUIT/WALNUT)

- A “Block Number” (Substantive)
- B “Month/Year Planted or Grafted” (Substantive)
- C “Acres” (Substantive)
- D “Variety/Type” (Substantive)
- E “Number of Vines/Plant bearing” (Substantive)
- F “Plant Spacing” (Substantive)
- G “Plant Pattern” (Substantive)
- H “Rootstock” (Substantive)
- I “Trellis Type/Condition” (Substantive)
- J “Frost Protection System/Type/Number of Times” (Substantive)
- K “Air Drainage: Good/Fair/Poor” (Substantive)
- L “Percent Slope” (Substantive)
- M “Irrigated/Non-irrigated Type” (Substantive)
- N “Totals:” (a developed row for Number of Acres and Number of Trees (Substantive)

PERENNIAL CROP ADDENDUM WORKSHEET(S)

Create a section for the following questions:

- O "Describe the varietal planting pattern (Almonds Only)" (Substantive)
- P "Has winter damage or previous year damage occurred which may affect this year's potential production on any block? If yes, list block(s) and explain:" (Substantive)
- Q "Is frost protection adequate for citrus (WPF) with frost protection rate?" (Substantive)
- R "Remarks:" (Substantive)

8 CROP INFORMATION (LOW BUSH BLUEBERRY)

- A "Field Identification" (Substantive)
- B "First year insured "Fruit bearing"" (Substantive)
- C "Acres" (Substantive)
- D "First Year Uninsured "Vegetative" (Substantive)
- E "Acres" (Substantive)
- F "pH Value" (Substantive)
- G "Irrigated/Non-irrigated" (Substantive)
- H "Type of irrigation system and average times used" (Substantive)
- I "Type of mulch used and percent of bare surface covered" (Substantive)
- J "Totals:" (Substantive) (develop a row for both columns)

Create a section for the following questions:

- K "Describe wildlife control measures:" (Substantive)
- L "Has winter damage or damage from the previous three years occurred which may affect potential production on any fields?" (Substantive)
- M "Percent Harvested by method: ___Percent Hand harvested ___Percent Mechanical harvested" (Substantive)
- N "Does the applicant own a blueberry harvester? Yes or No" (Substantive)
- O "Describe record keeping system (i.e., processing, fresh market, roadside, u-pick):" (Substantive)

PERENNIAL CROP ADDENDUM WORKSHEET(S)

P “Describe how the blueberries are marketed (i.e., cooperatives, associations, processors, fresh market, wholesale, roadside, u-pick).” (Substantive)

Q “Remarks:” (Substantive)

9 CROP INFORMATION (BLUEBERRY HIGH BUSH/RABBIT EYE)

A “Block Number” (Substantive)

B “Month/Year planted” (Substantive)

C “Variety” (Substantive)

D “Acres” (Substantive)

F “Plant Spacing” (Substantive)

G “Number of Bushes” (Substantive)

H “Percent Stand” (Substantive)

I “Frost Protection System Type/ average time used” (Substantive)

J “Irrigated/Non-irrigated Type” (Substantive)

K “pH Value” (Substantive)

L “Totals:” (Substantive) (develop a row for number of acres and number of bushes)

Create a section for the following questions: include “Complete the following information for blueberry plantation” (Substantive)

M “Frost protection backup system: Describe the type of backup system, if no backup system is in place, enter ‘none’.” (Substantive)

N “Describe wildlife control measures:” (Substantive)

O “Has winter damage or damage from the previous 3 years occurred which may affect potential production on any block.” (Substantive)

P “Percent Harvested by method: ___Percent Hand harvested ___Percent Mechanical harvested” (Substantive)

Q “Describe record keeping system (i.e., processing, fresh market, roadside, u-pick).” (Substantive)

R “Does the applicant own a blueberry harvester? Yes or No” (Substantive)

PERENNIAL CROP ADDENDUM WORKSHEET(S)

S “Describe how the blueberries are marketed (i.e., cooperatives, associations, processors, fresh market, wholesale, roadside, u-pick).” (Substantive)

T “Remarks.” (Substantive)

10 CROP INFORMATION (FLORIDA AVOCADO)

A “Block Number” (Substantive)

B “Month/Year Set Out, Grafted, or Stumped” (Substantive)

C “Acres” (Substantive)

D “Variety/Type” (Substantive)

E “Number of **Trees**” (Substantive)

F “Air Drainage: Good, Fair, or Poor” (Substantive)

G “Percent Slope” (Substantive)

H “Type of Irrigation” (Substantive)

Create a section for the following questions: Include “Complete the following information for Florida Avocados” (Substantive)

I “Has winter damage or previous year damage occurred which may affect this year’s potential production on any block? If yes, list block(s) and explain.” (Substantive)

J “Have Practices or Production Methods (e.g., removal, dehorning, grafting, transitioning to organic) been performed that will reduce the insured crop’s production from previous crop years?” (Substantive)

K “Remarks” (Substantive)

39 WEIGHTED AVERAGE AGE/DENSITY WORKSHEET

[See Sec. 16 of the CIH for form completion instructions.]

1 GENERAL INFORMATION

- A "Applicant's/Insured's Name" (Substantive)
- B "State" (Substantive)
- C "County" (Substantive)
- D "Crop" (Substantive)
- E "Practice" (Substantive)
- F "Type" (Substantive)
- G "Variety/Other" (Substantive)
- H "Crop Year" (Substantive)
- I "Unit Number" (Substantive)
- J "Policy Number" (Substantive)
- K "Legal Description:" (Substantive)
 - ___ "Section:"
 - ___ "Township:"
 - ___ "Range:"
 - ___ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- L "FSA Farm/Tract/Field Number" (Substantive)

WEIGHTED AVERAGE AGE/DENSITY WORKSHEET**2 CROP INFORMATION**

Create a table with the following columns:

- A "Block" (Substantive)
- B "Month/Year" (Substantive)
- C "Set Out Year" (Substantive)
- D "Acres" (Substantive)
- E "Set Out Year Extensions" (Substantive)
- F "Density" (Substantive)
- G "Acres" (Substantive)
- H "Density Extensions" (Substantive)
- I Develop a Row for the Totals for Density x Acres and Set Out Year x Acres "
(Substantive)
- J "Weighted Average Set Out Year" (Substantive)
- K "Weighted Average Density" (Substantive)
- L "Transitional Yield" (Substantive)

40 MACADAMIA ORCHARD INSPECTION REPORT**1 GENERAL INFORMATION**

- A "Applicant/Insured Name" (Substantive)
- B "Applicant/Insured Mailing Address" (Substantive)
- C "Applicant/Insured Telephone Number" (Substantive)
- D "County or Island" (Substantive)
- E "Policy Number" (Substantive)
- F "Agent Name and Mailing Address" (Substantive)

Include the following instruction:

- G "Check and verify all entries on the acreage report. If any entries are questionable, determine accuracy and correct, if necessary" (Substantive)

2 ORCHARD INFORMATION

Create a section for the following questions:

- A "Describe the condition of other macadamia orchards owned or managed by Applicant/Insured, if none, state none, if additional space is needed, enter additional information in the Remarks section" (Substantive)
- B "Is the orchard managed by owner, yes or no, if no, specify who manages the orchard, include manager's name, address, and telephone number?" (Substantive)
- C "Is the orchard located in an established macadamia area, yes or no, if no explain the general growing conditions and where the orchard is physically located. If additional space is needed, enter additional information in the Remarks section" (Substantive)

Create a table with the following columns:

- D "Unit Number" (Substantive)
- E "Variety" (Substantive)
- F "Acres in Plot" (Substantive)
- G "Tree Spacing" (Substantive)
- H "Tree Count" (Substantive)
- I "Month and Year Set" (Substantive)

MACADAMIA ORCHARD INSPECTION REPORT

- J "Tree Condition, enter acceptable or unacceptable, as applicable, explain any unacceptable tree condition in the Remarks section." (Substantive)
- K "Rate Area" (Substantive)
- L "Weed Control Measures: Enter one of the following, Chemical Weed Control (CWC), Weed Control Without Chemicals (W/O CWC), or No Weed Control (NONE)" (Substantive)
- M "Excluded Acreage, explain why acreage is excluded in the Remarks section" (Substantive)

3 OTHER INFORMATION

- A "The acreage covered by the above contract was inspected on the date shown below with the following results:
1. ___ Nothing found to require a change in data reported.
 2. ___ Data reported was found to be such that _____ was prepared.
(Substantive)
- B "Is the application/acreage report recommended for acceptance, check Yes, or NO" (Substantive)
- C "REMARKS:" (Substantive)

4 SIGNATURE

- A "Inspector's Printed Name and Signature" (Substantive)
- B "Inspector's Code Number" (Substantive)
- C "Date of Inspection" (Substantive)

41 FLORIDA CITRUS FRUIT PRODUCER'S PRE-ACCEPTANCE WORKSHEET

This worksheet applies to the Dollar Plan, Category D Crop, Florida Citrus Fruit; refer to the CIH for form completion instructions.

1 GENERAL INFORMATION

A "Applicant/Insured Name" (Substantive)

B "Applicant/Insured Mailing Address" (Substantive)

C "Applicant/Insured Telephone Number" (Substantive)

D "Policy Number" (Substantive)

E "Legal Description" (Substantive)

___ "Section:"

___ "Township:"

___ "Range:"

___ "FSA Farm/Tract/Field Number

___ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"

F "Crop Year" (Substantive)

G "County" (Substantive)

2 CROP INFORMATION

Create a spread sheet with the following columns:

A "Block Number" (Substantive)

B "Unit Number" (Substantive)

C "Month/Year Planted" (Substantive)

D "Month/Year Topworked or Buckhorned" (Substantive)

E "Citrus Fruit Group" (Substantive)

F "Number of Trees" (Substantive)

G "Planting Pattern" (Substantive)

H "Acres in Block" (Substantive)

FLORIDA CITRUS FRUIT PRODUCER'S PRE-ACCEPTANCE WORKSHEET

I "Tree Spacing" (Substantive)

J "Percent Stand" (Substantive)

K "Density" (Substantive)

L "Organic Practice" (Substantive)

M "Insurable or Uninsurable" (Substantive)

N "Totals: (for Acres in Block, and Number of Plants)" (Substantive)

O "Estimated Production Boxes" (Substantive)

3 REQUIRED QUESTIONS

The following questions are to be completed by the insured with the assistance of the AIP representative. Create a list of the following questions, and instruct the insured to check/circle either "Yes" or "No" and fill in the blank, where applicable.

A "Date of Last Inspection" (Substantive)

B "Has the dollar amount of insurance for the insured crop been previously adjusted due to a reduction of the crop's production potential?" (Substantive)

C "Has an adjustment been applied to the crop's insurable acres resulting in a comparable reduction in yield?" (Substantive)

D "Has damage (e.g., disease, hail, freeze) occurred to the trees that will reduce the insured crop's production?" (Substantive)

E "Have cultural practices or production methods (e.g., heavy pruning, transitioning to organic) been performed that will reduce the insured crop's production?" (Substantive)

F "Have trees been removed, buckhorned, topworked or replaced with uninsurable trees resulting in a change of the original plant stand for any reported insurable acreage?" (Substantive)

4 SIGNATURE AND STATEMENTS

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

B Certification Statement [(Substantive) See Exhibit 2]

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

D Nondiscrimination Statement [(Substantive) See Exhibit 4]

42 FLORIDA CITRUS FRUIT PERENNIAL CROP PRE-INSPECTION REPORT

This report is to be completed by the AIP. Refer to CIH Section 20 for form completion instructions.

1 GENERAL INFORMATION

A "Applicant's/Insured's Name" (Substantive)

B "Applicant's/Insured's Telephone Number" (Substantive)

C "Applicant's/Insured's Address" (Substantive)

D "County" (Substantive)

E "Policy Number" (Substantive)

F "Name of Owner" (Substantive)

G "Name of Operator" (Substantive)

H "Crop Year" (Substantive)

I "Month/Year Planted" (Substantive)

J "Month/Year Topworked or Buckhorned" (Substantive)

K "Planting Pattern" (Substantive)

L "Legal Description:" (Substantive)

___ "Section:"

___ "Township:"

___ "Range:"

___ "FSA Farm/Tract/Field Number"

___ "Other Land Identifier (e.g., Spanish land grants, metes and bounds,

FLORIDA CITRUS FRUIT PERENNIAL CROP PRE-ACCEPTANCE INSPECTION REPORT**2 INDIVIDUAL CITRUS GROVE DATA**

A "Citrus Fruit Group" (Substantive)

B "Unit Number" (Substantive)

C "Block Number" (Substantive)

D "Acres in Block" (Substantive)

E "Tree Spacing" (Substantive)

F "Number of Trees" (Substantive)

G "Month/Year of Set out" (Substantive)

H "Tree Age in Years" (Substantive)

I "Insurable Condition" (Substantive)

J "Estimated Production, Boxes" (Substantive)

K "Tree Condition" (Substantive)

L "Totals" (Substantive)

M "Excluded Acreage" Include the following instruction

"Enter an (1) for Production less than 100 boxes per acre; enter (2) if trees are not of insurable age." (Substantive)

N "Fresh Fruit Records Verification" (Substantive)

FLORIDA CITRUS FRUIT PERENNIAL CROP PRE-ACCEPTANCE INSPECTION REPORT

3 OTHER INFORMATION

Create a Block Map* (Substantive)

A At minimum, map should be 8 rows by 8 columns

For example,

4 REQUIRED QUESTIONS

Create a list of the following questions, and instruct the insured to check/circle either "Yes" or "No" and/or fill in the blank, where applicable.

A "Has the dollar amount of insurance for the insured crop been previously adjusted due to a reduction of the crop's production potential?" If yes, list block(s) and explain:" (Substantive)

B "Has an adjustment been applied to the crop's insurable acres resulting in a comparable reduction in yield?" If yes, list block(s) and explain:" (Substantive)

C "Has damage (e.g., disease, hail, freeze) occurred to the trees that will reduce the insured crop's production? If yes, list block(s) and explain:" (Substantive)

* The AIP can choose to develop the block map on a form separate from the report or use GPS in conjunction with aerial photos or satellite imagery and overlay with the information contained on the plat map. The standards in section 9 apply.

FLORIDA CITRUS FRUIT PERENNIAL CROP PRE-ACCEPTANCE INSPECTION REPORT

- D** “Have cultural practices or production methods (e.g. buckhorning, transitioning to organic) been performed that will reduce the insured crop’s production? If yes, list block(s) and explain.” (Substantive)
- E** “Have trees been removed, buckhorned, topworked or replaced with uninsurable trees resulting in a change of the original plant stand for any reported insurable acreage? If yes, list block(s) and explain.” (Substantive)
- F** “Describe weed control measures used for the unit. Include a description of the orchard/vineyard/plantation/bog floor management: (e.g., sterile/sod/cover crop)” (Substantive)
- G** “Describe the fertilization program used for the unit. Include the insured’s method of monitoring soil fertility (e.g., soil analysis, foliar analysis, or both)” (Substantive)
- H** “Describe in detail insect control measures used (i.e., integrated pest management/calendar spray program):

Evidence of disease/insects (check one): ___rare ___moderate ___severe” (Substantive)
- I** “Is a tree replacement program being carried out?” (Substantive)

“If applicable, is fumigation used in the replacement program?” (Substantive)
- J** “Crops Grown Primarily for: (Check one):

___Fresh Market ___Processor ___Juice Market” (Substantive)
- K** “Describe in detail the irrigation water source:
- Surface: ___percentage of total supply
 - Irrigation district name;
 - Allocation last year: ___percentage of normal
 - Expected allocation this year; ___percentage of normal
 - Irrigation Well(s): ___percentage of normal
 - How many wells? ___
 - Total gallons per minute? ___GPM
 - Water obtained through water transfer: ___acre feet per acre” (Substantive)

FLORIDA CITRUS FRUIT PERENNIAL CROP PRE-ACCEPTANCE INSPECTION REPORT

L "Is the unit subject to above normal flood hazards? If so, explain:" (Substantive)

M "Are there soil limitations (i.e., slope, depth, drainage, Ph, saline/alkali, toxicity)?"
If so, explain:" (Substantive)

5 ACREAGE/INSPECTION INFORMATION

A "Measured or Determined Acres of Unit, Total Unit Acreage Insurable, and Uninsurable, and Method of Measurement" (Substantive)

B "Measured or Determined Acres of Unit, and Total Unit Acreage Insurable" (Substantive)

C "Determine whether current observed conditions reconcile to prior records" (Substantive)

D "Percent Stand by Block" (Substantive)

Create a table with the following columns:

- "Less than 50%
- 50-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%" (Substantive)

Add the following rows to the table:

- "Based on original planting pattern
- Spaces occupied by live trees
- Bearing trees (percent stand)
- Insurable Stand"(Substantive)

E "Determine the current Unit potential: ___ Stable ___ Declining ___ Increasing (Check one)" (Substantive)

FLORIDA CITRUS FRUIT PERENNIAL CROP PRE-ACCEPTANCE INSPECTION REPORT

F "Do trees have sufficient vigor to produce the amount of insurance computed for this unit?" (Substantive)

" ___ Yes ___ No" (Check one)

Plant Vigor: ___ Good ___ Average ___ Poor" (Substantive)

G "Verify and/or correct Producer's PAW(s)." (Substantive)

H "Attach aerial photo(s)/map(s)" (Substantive)

I "Additional information and comments (attach additional sheets if necessary):" (Substantive)

J "Your evaluation of the management of the operation:" (Substantive)

" ___ Above Average ___ Average ___ Below Average (check one)" (Substantive)

K "You evaluation of the grove conditions:" (Substantive)

" ___ Above Average ___ Average ___ Below Average (check one)" (Substantive)

L "Action Recommended:" (Substantive)

___ Acceptance
 ___ RMA RO Determined Yield Request
 ___ Rejection

6 SIGNATURE

A "Inspector's Printed Name and Signature" (Substantive)

B "Inspector's Code Number" (Substantive)

C "Date of Inspection" (Substantive)

D Supervisor Printed Name, Signature and Date (Substantive)

E Supervisor Telephone Number (Substantive)

43 FORAGE PRODUCTION UNDERWRITING REPORT**1 GENERAL INFORMATION**

A "Applicant's/Insured's Name" (Substantive)

B "State" (Substantive)

C "County" (Substantive)

D "Crop Year" (Substantive)

E "Policy Number" (Substantive)

2 CROP INFORMATION

A "Line Number" (Substantive)

B "Unit Number" (Substantive)

C "FSA Farm/Tract/Field Number" (Substantive)

D "Legal Description:" (Substantive)

___ "Section:"

___ "Township:"

___ "Range:"

___ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"

E "Acres" (Substantive)

F "Share" (Substantive)

G "Shareholder/Farm Name" (Substantive)

H "Date Seeded" (Substantive)

I "Forage Plants per Sq. ft." (Substantive)

"Alfalfa"

"Clover"

"Other"

J "Percentage of Ground Cover" (Substantive)

"Alfalfa"

"Clover"

"Other"

K "Crop Practice" (Substantive)

FORAGE PRODUCTION UNDERWRITING REPORT

- L "Plants other than Alfalfa" (Substantive)
- M "Uninsurable Acres" (Substantive)
- N "Acres Seeded with Another Crop" (Substantive)
- O "Remarks" (Substantive)

3 REQUIRED STATEMENTS

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

4 SIGNATURES

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

44 HYBRID SEED YIELD REQUEST

This request is to be completed by the Agent/AIP representative and submitted to the applicable RO for approved yield requests. Refer to the CIH.

1 GENERAL INFORMATION

- A "Agent's Name" (Substantive)
- B "Agent's Mailing Address and Telephone Number" (Substantive)
- C "AIP's Name" (Substantive)
- D "AIP's Mailing Address and Telephone Number" (Substantive)
- E "Seed Company's Name" (Substantive)
- F "Seed Company's Mailing Address and Telephone Number" (Substantive)
- G "Facility/Plant Location" (Substantive)
- F "Seed Company Representative" (Substantive)

2 CROP INFORMATION

Create a table with the following information:

- A "Insured's Name" (Substantive)
- B "State and County of Insured Crop" (Substantive)
- C "Number of Acres" (Substantive)
- D "Hybrid Identification" (Substantive)

3 SIGNATURES

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

45 HYBRID SEED CORN YIELD HISTORY REPORT**1 GENERAL INFORMATION**

- A "Seed Company" (Substantive)
- B "Facility/Plant Address" (Substantive)
- C "Facility/Plant Location" (Substantive)
- D "Facility/Plant Representative" (Substantive)
- E "Facility/Plant Telephone Number" (Substantive)

2 HYBRID INFORMATION

- A "Hybrid Identification for _____" (Code may be utilized) (Substantive)
- B "Type of Cross (check one)
 - Single
 - Modified Single
 - Three Way
 - Four Way" (Substantive)
- C "Planting Method (check one)
 - Straight-Away
 - Split" (Substantive)
- D "Are the male (pollinator) rows inter-planted? Yes__No__" (Substantive)
- E "For the above _____, the expected or anticipated production yield is _____bushels per female acre." (Substantive)
- F "Yield must be on the basis as the yields provided below. "(Substantive)
- G "Growing Area/Counties:" (Substantive)

Create a table with the following header:

- H "ACTUAL YIELD DATA FOR ALL GROWERS ABOUT HYBRID IDENTIFICATION AT THIS SPECIFIC PLANT LOCATION" (Substantive)

Add to the table the following columns:

- I "Non-Irrigated Production and Acreage" (Substantive)
- J "Irrigated Production and Acreage" (Substantive)

HYBRID SEED CORN YIELD HISTORY REPORT

Add to each column the following sub-columns:

- K "Total Female Field Production (Bu.)" (Substantive)
- L "Total Female Acres Planted (Acres)" (Substantive)
- M "Yield=Female Production/Female Acres Planted" (Substantive)
- N "Crop Year" (Substantive)

Include the following notes; all are "Substantive":

- O "The field production data must be based on determinations obtained and calculated on harvested production delivered to the plant prior to any production entering the seed conditioning process. Hence, the field production data and the bushels per total female acre yield are accepted by FCIC as harvested production leaving the field and delivered to the seed company's plant prior to entering any of the seed conditioning process (i.e., drying, shelling, screening, etc) only. The reported amount of harvested production must be adjusted by you for moisture, shelling factor, and foreign material (i.e., husks, stalks, etc.) as necessary. When applicable, the production data reported must include the production figures determined for calculating any prior indemnified losses."
- P "You must check one of the following letters that describes the manner in which you have determined/calculated the requested information and yield data."
- Q "For the purpose of determining the quantity of mature field production:
 - A) _____ Shelled corn was adjusted .12 percent for each .1 percentage point of moisture to 15.0;
 - B) _____ Ear corn was measured at 70 pounds of ear corn equaling 56 pounds (one bushel) of shelled corn. The weight of ear corn required to equal one bushel of shelled corn was increased 1.5 pounds for each percentage point of moisture in excess of 14 percent; or
 - C) _____ All records of harvested field seed production provided by the seed company, were adjusted to a shelled corn basis of 15.0 percent moisture, and 56-pound test weight."

HYBRID SEED CORN YIELD HISTORY REPORT

3 REQUIRED STATEMENT AND SIGNATURE

A Certification statement above seed company representative signature:

“I certify that, to the best of my knowledge and belief, the information and data shown for the above-identified hybrid on the seed company’s individual facility/plant location is correct and the practices used to produce the stated results are continuing and consistent to produce the same results.” (Substantive)

B “Printed Name and Signature of Seed Company’s Facility/Plant Representative and Date” (Substantive)

46 HYBRID SORGHUM SEED YIELD HISTORY REPORT**1 GENERAL INFORMATION**

- A "Seed Company" (Substantive)
- B "Facility/Plant Address" (Substantive)
- C "Facility/Plant Location" (Substantive)
- D "Facility/Plant Representative" (Substantive)
- E "Facility/Plant Telephone Number" (Substantive)

2 HYBRID INFORMATION

- A "Hybrid Identification" (Code may be utilized) (Substantive)
- B "Type of Sorghum Seed (please check one): __Grain __Sudan __Forage"
(Substantive)
- C "Type of Cross (check one)
__Single
__Modified Single
__Three Way
__Four Way" (Substantive)
- D "Planting Method (check one)
__Straight-Away
__Split" (Substantive)
- E "Are the male (pollinator) rows inter-planted? Yes__No__" (Substantive)
- F "For the above specified hybrid seed identification, the expected or anticipated production yield is ____bushels per female acre." (Substantive)
- G "Yield must be on the basis as the yields provided below. "(Substantive)
- H "Growing Area/Counties:"

Create a table with the following header:

- I "ACTUAL YIELD DATA FOR ALL GROWERS ABOUT HYBRID IDENTIFICATION AT THIS SPECIFIC PLANT LOCATION" (Substantive)

HYBRID SORGHUM SEED YIELD HISTORY REPORT

Add to the table the following columns:

- J "Crop Year" (Substantive)
- K "Total Female Field Production (B.U.)" (Substantive)
- L "Total Female Acres Planted (Acres)" (Substantive)
- M "Yield=Female Production/ Female Acres Planted" (Substantive)

Include the following notes all are "Substantive":

- N "The field production data must be based on determinations obtained and calculated on harvested production delivered to the plant prior to any production entering the seed conditioning process. Hence, the field production data and the bushels per total female acre yield are accepted by FCIC as harvested production leaving the field and delivered to the seed company's plant prior to entering any of the seed conditioning process (i.e., drying, shelling, screening, etc) only. The reported amount of harvested production must be adjusted by you for moisture, shelling factor, and foreign material (i.e., husks, stalks, etc.) as necessary. When applicable, the production data reported must include the production figures determined for calculating any prior indemnified losses."

"You must check one of the following letters that describes the manner in which you have determined/calculated the requested information and yield data."

- O "For the purpose of determining the quantity of mature field production:
 - A) _____ Harvested seed production was adjusted .12 percent for each 0.1 percentage point of moisture to 13.0; or
 - B) _____ All records of harvested seed production provided by the seed company, were adjusted to a basis of 13.0 percent moisture, and 56-pound test weight."

3 REQUIRED STATEMENT AND SIGNATURE (SUBSTANTIVE)

- A Certification statement above seed company representative signature:

"I certify that, to the best of my knowledge and belief, the information and data shown for the above-identified hybrid on the seed company's individual facility/plant location is correct and the practices used to produce the stated results are continuing and consistent to produce the same results."

- B "Printed Name and Signature of Seed Company's Facility/Plant Representative and Date"

47 ADDED LAND/NEW CROP/PRACTICE/TYPE REQUEST

The Added Land/New Crop/Practice/Type Request must be submitted to the applicable RMA RO when cropland being added (or being planted to a new crop/P/T on land added during or after 2006) **is greater than or equal to 640 cropland acres but less than 2000 cropland acres and** the insured request use of the SA T-yield or the APH yield of an existing unit/database by the applicable deadline.

1 GENERAL INFORMATION

- A "Agent's Name and Agent Code" (Substantive)
- B "Agent's Mailing Address and Telephone Number" (Substantive)
- C "AIP's Name" (Substantive)
- D "Insured's Name (as shown on the application)" (Substantive)
- E "Insured's Mailing Address" (Substantive)
- F "State and County" (Substantive)
- G "Policy Number" (Substantive)
- H "Identification Number" (Substantive)
- I "Insured is: (check one) ___ Landlord ___ Operator ___ Owner/Operator" (Substantive)
- J "Email" (Substantive)

2 REQUEST INFORMATION

Create a table with the following columns:

- A "Unit Number" (Substantive)
- B "FSA Farm/Tract/Field Number" (Substantive)

Add the following footnote: "An entry for the existing land and for the added land is needed for these columns."

ADDED LAND/NEW CROP/PRACTICE/TYPE REQUEST

- C “Legal Description: (Legal if unit is based upon the options below)” (Substantive)
 ___ “Section:”
 ___ “Township:”
 ___ “Range:”
 ___ “Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):”
- D “Added Land Cropland Acres” (Substantive)
- E “Existing Units Cropland Acres” (Substantive)
- F “Request Type (E, S, or B**)” (Substantive)
- Add following footnote (*, **): “If added to existing unit, enter ‘E’, if a new separate optional unit, enter ‘S’; or if a new basic unit, enter ‘B’” (Substantive)
- G “Crop(s)” (Substantive)
- H “Practice” (Substantive)
- I “Type” (Substantive)
- Create a checklist with the following instructions: “Submission Checklist: Check all that apply”
- J “Documents” (Substantive)
- K “Acceptable APH Databases and Production Reports for the current crop year. (Substantive)
- L “Cropland acres, (i.e., FSA 578 or 156 EZ for the current or previous crop year), or other documentation that indicates: cropland acres, legal description, ownership, share, cash rent or lease agreement.” (Substantive)
- M “Aerial photos (farm boundaries clearly marked) with legal descriptions, FSN’s and tract number as appropriate for both the added land and the existing land. Include a highway map showing location of land for areas where section, township, and range are not available”. (Substantive)
- N “APH Database from previous operator/tenant (only if the insured wishes APH yields to be considered for productivity comparisons).” (Substantive)
- O “A copy of the page(s) of the county soil survey, with the exact location of the field(s) clearly marked.” (Substantive)
- P “Other: (list)” (Substantive)

ADDED LAND/NEW CROP/PRACTICE-TYPE REQUEST

Create a section for the following question:

- Q “If land is not being added for the current crop year document the year the land was actually added to the operation and number of cropland acres added.” (Substantive)

3 REQUIRED STATEMENTS

- A “I hereby request an RMA RO underwriting review to determine the appropriate APH calculation method(s) to calculate my insurance guarantee for land added to my operation or for a new crop/P/T being planted on land added in 2006 or later crop year. Insured crops for which this request is being made are listed in (list item number). I understand that crop(s) not included on the request will use variable T-Yields, if applicable.” (Substantive)
- B Certification Statement [(Substantive) See Exhibit 2]
- C Privacy Act Statement [(Substantive) See Exhibit 3]
- D Nondiscrimination Statement [(Substantive) See Exhibit4]

4 SIGNATURES

- A “Insured’s Printed Named, Signature and Date” (Substantive)
- B “Agent’s Printed Name, Signature, Date, and Code Number” (Substantive)
- C “AIP Representative’s Printed Name and Signature” (Substantive)

48 IRRIGATED PRACTICE GUIDELINES

The following guidelines are provided to enable insureds to properly report planted or perennial crop acreage to be insured under the irrigated practice in order to receive maximum protection under their crop insurance policy. It is very important that these guidelines be utilized to document whether, at the time insurances attaches; there is a reasonable expectation of receiving adequate water to carry out a good irrigation practice for acreage reported under the irrigated practice. The guidelines, in entirety, are substantive and are to be given to the insured in administration of their crop insurance policy.

1 DEFINITIONS

The following definitions are provided to facilitate a uniform understanding of the standards and guidelines for the irrigated practice for planted or perennial crop acreage.

- A Adequacy of Irrigation Facilities – Irrigation facilities are considered adequate if it is determined that, at the time insurance attaches, they will be available and usable at the times needed and have the capacity to timely deliver water in sufficient quantities to carry out a good irrigation practice for the acreage insured under the irrigated practice.
- B Irrigation Equipment and Facilities – The physical resources, other than water, used to regulate the flow of water from a water source to the acreage. This includes pumps, valves, sprinkler heads, and other control devices. It also includes pipes or pipelines which: (1) are under the control of the insured or (2) routinely deliver water only to acreage which is owned or operated by the insured. A center pivot system is considered irrigation equipment and facilities.
- C Irrigation Water Supply – The water source and means for supplying irrigation water, without regard to the equipment or facilities. This includes the water source and dams, canals, ditches, pipelines, etc., which contain the water for movement from the source to the acreage and (1) are not under the control of the insured or (2) routinely deliver water to acreage in addition to that which is owned or operated by the insured. It DOES NOT INCLUDE any irrigation equipment or facilities.
- D Water Source – The source from which water is made available. This includes wells, lakes, reservoirs, streams, aquifers, etc.

2 GUIDELINES FOR ANNUAL OR PERENNIAL CROP ACREAGE

To report planted or perennial crop acreage insured under the irrigated practice, the following requirements must be met.

A Insured must be able to demonstrate, to the approved insurance provider's satisfaction, that adequate facilities and water existed, at the time insurance attached, to carry out a good irrigation practice for the insured crop. Some factors that the insured should be able to document and/or demonstrate would include, but are not limited to the following;

- Water source history, trends, and forecasting reliability
- Water supply availability and usage.
- Pump efficiency and capacity
- Water requirements (amount and timing) of all crops to be irrigated;
- Water rights (primary, secondary, urban versus agricultural use, etc.)
- Contingency plans to handle shortages
- Acres to be irrigated
- Ownership of the water (state or federal versus landowner)
- Meters, measuring devices and methods used
- Soil types, soil moisture levels, and pre-plant irrigation needs
- Water conservation methods, devices used, and plans utilized (if applicable)
- Past crop planting history and tillage methods
- Quantity and quality of the water supply
- Supplemental water availability and usage (including return flow)
- Recommendations from local County Extension Service (CES) or National Resource Conservation Service (NRCS), and other source recognized by CES or NRCS to be an expert in this area) regarding irrigation and crop production
- Factors considered in reporting acreage to be insured under an irrigated practice.
- Information the insured knew (or should have known) and when the insured knew (or should have known) such information pertinent to supporting a good irrigation practice.

B Insured should have reasonable expectations, at the time coverage begins, of receiving adequate water to carry out a good irrigation practice. If the insured knew or had reason to know that the amount of his/her irrigation water may be reduced before coverage begins, no reasonable expectation existed.

Decreased water allocation resulting from the diversion of water for environmental or other reasons is not an insurable cause of loss unless the diversion is made necessary due to an insured cause of loss.

C Insured needs to be able to document and/or demonstrate good irrigation practices, showing the application of adequate water in an acceptable manner at the proper times to allow for normal crop production, measured as the Approved APH yield for the unit.

- D The determination of the adequacy of water will be based upon;
- (1) The water available (at the time insurance attaches) from the irrigation water supply, soil moisture levels, and, as applicable, snow pack storage levels;
 - (2) Supplementary precipitation which would normally be received, after insurance attaches, during the period that a good irrigation practice is normally carried out.
 - (3) Consideration will also be given to the factors identified in Item A above, including the legal entitlement or rights to water
- E Insured must demonstrate that they have the physical resources, other than water, used to regulate the flow of water from a water source to the acreage. This includes pumps, valves, sprinkler heads, and other control devices. It also includes pipes or pipelines which (1) are under the control of the insured or (2) routinely deliver water only to acreage which is owned or operated by the insured. A center pivot system is considered irrigation equipment and facilities.
- F Irrigation facilities are considered adequate if it is determined that, at the time insurance attaches to planted or perennial acreage, they will be available and usable at the times needed and have the capacity to timely deliver water in sufficient quantities to carry out a good irrigation practice for the acreage insured under the irrigated practice.
- G If the acreage fails to qualify for insurance under the irrigated practice, it will result in such acreage being insured under a practice other than irrigated. If no other appropriate practice is available for the acreage, insurance will not be considered to have attached on the acreage.
- H Failure to carry out a good irrigation practice on acreage properly insured under the irrigated practice will result in an appraisal for uninsured causes against such acreage, unless the failure was caused by unavoidable failure of the irrigation water supply after insurance attached or failure or breakdown of the irrigation equipment or facilities due to an insured cause of loss provided all reasonable efforts to restore the irrigation equipment facilities to proper working order within a reasonable amount of time were taken by the insured, unless the AIP determines it is not practical to do so. Cost will not be considered when determining whether it is practical to restore the equipment or facilities.
- If a loss is evident, acreage reported as an irrigated practice that qualified as an irrigated practice at the time insurance attached cannot be revised to a non-irrigated practice after the acreage reporting date even if liability stays the same or decreases, even if the insured never applied any water.
- I Insureds are required to keep separate production records for acreage insured under the irrigated practice from acreage insured under a practice other than irrigated (or with no practice applicable) and uninsured acreage.

3 GUIDELINES FOR PREVENTED PLANTING COVERAGE

Insureds may be able to receive a prevented planting payment for acreage historically grown under an irrigated practice if there is not a reasonable expectation of having adequate water (due to an insured cause of loss occurring in the prevented planting insurance period) on the final planting date (or within the late planting period if the insured elects to try to plant the crop) to carry out an irrigated practice, provided all other prevented planting provisions have been met.

- A Insureds are expected to be prepared to provide documentation of the factors which were considered in reporting that there was no reasonable expectation of receiving adequate irrigation water for the acreage reported as prevented planting under an irrigated practice.

- B Acreage historically grown under an irrigated practice for which the insured had no reasonable expectation of having adequate irrigation water by the final planting date (or within the late planting period, if applicable), may be eligible for an irrigated prevented planting payment even if the acreage could have been planted with a non-irrigated practice and the producer elects not to plant.

49 LOSS ADJUSTMENT CERTIFICATION FORM

This form must be titled "Certification Form" and should be completed and returned by the insured to the AIP within five days (or within the timeframe specified by the AIP) after all acreage in the unit has been put to another use, completion of replanting on the unit for replanting payments, or any action to which is certified as indicated by the form*. See the LAM for form completion instructions. The following statement must appear below the form title:

"Complete and mail this form within (5) days (or within the timeframe specified by your Approved Insurance Provider) after: (1) all acreage in the unit has been put to another use, (2) completion of replanting on the uniting for replanting payment, (3) For nursery, all Zero Market Value (ZMV) plants on the unit have been destroyed, or (4) any action to which you have certified as stated on this form." (Substantive)

1 GENERAL INFORMATION

- A "Insured Name" (Substantive)
- B "Policy Number" (Substantive)
- C "Date Originated" (Substantive)
- D Return To: (include Adjuster's Name, AIP Name, Mailing Address, City, State, Zip code) (Substantive)

2 CROP INFORMATION

- A "Crop" (Substantive)
- B "FSA FN" (Substantive)
- C "Unit Number" (Substantive)
- D "Unit Acres" (Substantive)
- E "Crop Year" (Substantive)

3 REPLANT/OTHER USES OF ACREAGE INFORMATION

Add the following statement above the table:

- A "Replant, destruction, or other use of acreage (plants for nursery) identified was completed on the date(s) shown." (Substantive)

Create a table with the following columns in the exact order listed below from left to right.

- B "Field Identification Symbol (Plant Location for Nursery)" (Substantive)

LOSS ADJUSTMENT CERTIFICATION FORM

- C "Intended Use" (Substantive)
- D "Acres (Number of Plants for Nursery)" (Substantive)
- E "Actual Use" (Substantive)
- F "Acres (Number of Plants for Nursery)" (Substantive)
- G "Date" (Substantive)
- H "Replant Cost per Acre" (Substantive)
- I "Practice, Type or Class" (Substantive)

Create one row for the following:

- J "Totals" (Substantive)

Allow additional space for or provide a separate form for:

- K "Remarks" (Substantive)

Insert the following footnote

- L "Refer to the crop policy qualifications for replanting payments." (Substantive)

Example:

- (A) "Replant, destruction, or other use of acreage (plants for nursery) identified was completed on the date(s) shown."

Field ID (B)	Intended Use (C)	Acres (D)	Actual Use (E)	Acres (F)	Date (G)	Replant Costs per Acre (H)	Practice/Type or Class (I)
Totals: (J)							
Remarks (K)							
*Refer to the crop policy qualifications for replanting payments.							

LOSS ADJUSTMENT CERTIFICATION FORM**4 REQUIRED LOSS ADJUSTMENT STATEMENTS**

Include a list of the following required certification statements. The AIP has the discretion of either creating an individual certification form and affixing one of the appropriate loss adjustment statements below, as required by procedure, or creating the multiple statement list on a single form as shown below, and providing instruction to the loss adjuster/AIP representative. All statements are Substantive and must appear in its entirety. The AIP is not to instruct the loss adjuster/AIP representative to handwrite any of the statements below to a form that the insured must sign. The statements are to appear either as a single statement on the certification form; therefore, generating multiple certification forms, or as a general certification form containing a checklist of the statements listed below.

If a list is created the loss adjuster/AIP representative must check those applicable required statements in accordance with loss adjustment procedures.

- A "I certify that the damaged acreage cannot be mechanically harvested with normal harvest equipment and will not be harvested. If the crop is harvested after this certification, I understand I may be subject to the misrepresentation provisions in the crop insurance policy." (Substantive)
- B "I certify that the acreage in Unit [insert unit number] will not be harvested and that the acreage will be put to the use as stated in [insert appropriate item location, e.g., item 6 above] when there is sufficient soil moisture. I understand the acreage will not be reappraised by the AIP." (Substantive)
- C "I certify that the damaged acreage that cannot be mechanically harvested with normal harvest equipment will not be harvested and if the acreage is gleaned it will be gleaned by the organization shown in the narrative of the claim form (or other USDA approved charitable organizations) and the insured will not receive any compensation from the organization. If I harvest the crop after this certification or receive compensation from the charitable organization, I understand I may be subject to the misrepresentation provisions in the crop insurance policy." (Substantive)

LOSS ADJUSTMENT CERTIFICATION FORM**5 REQUIRED STATEMENTS**

In addition, to the aforementioned required statements the following statements must appear on this form.

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

6 REQUIRED SIGNATURES

In addition to 5C above include the following statement above the insured's signature:

"I understand that the information on this form may be used for processing the claim which I previously signed.

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

7 OTHER

Include the following checklist and title "For Office Use Only". This checklist should appear next to the Loss Adjuster's Signature.

- A "Accepted" (Substantive)
- B "Rejected" (Substantive)
- C "Second Inspection" (Substantive)

50 LOSS ADJUSTMENT SELF-CERTIFICATION REPLANT WORKSHEET

This form must be titled "Self-Certification Replant Worksheet". This worksheet can be used only: (1) when the AIP authorizes its use, (2) for authorized crops listed in the LAM, and (3) when the acreage of the authorized crop to be replanted is 50 acres or less for a unit and the unit acreage qualifies for a replanting payment in accordance with the policy/endorsement replanting provisions. See the LAM for further completion instructions.

The following statement must appear below the form title:

"The Self-Certification Replant Worksheet may be used when the acreage to be replanted is 50 acres or less for the unit. Per the policy provisions, in order to qualify for a replant payment, the number of acres to be replanted must be at least the lesser of 20 acres or 20% of the insured planted acreage for the unit (as determined on the final planting date or within the late planting period if a late planting period is applicable). The potential for the acres to be replanted must not exceed the amount stated in the crop policy. A replant payment may be made only once on the acreage in the same location for the same crop year. Complete and mail this form within five (5) days (or within the timeframe specified by your Approved Insurance Provider) after completion of replanting on the unit for replanting payment. If the crop provisions specify a replanting payment is based on actual cost, attach copies of receipts for replanting expenses actually incurred for the replanted acreage (those expenses you actually paid or are liable for). (Refer to your crop policy qualification for replanting payments)." (Substantive)

1 GENERAL INFORMATION

- A "Insured's Name" (Substantive)
- B "Policy Number" (Substantive)
- C "Claim Number" (Substantive)

2 CROP CLAIM INFORMATION

- A "Crop" (Substantive)
- B "Crop Year" (Substantive)
- C "Share" (Substantive)
- D "Unit Number" (Substantive)
- E "FSA FN" (Substantive)
- F "Unit Acres" (Substantive)
- G "Replanted Acres" (Substantive)
- H "Legal Description" (Substantive)
- I "Cause of Damage" (Substantive)
- J "Date of Damage" (Substantive)

LOSS ADJUSTMENT SELF-CERTIFICATION REPLANT WORKSHEET

K "Original Plant Date" (Substantive)

L "Replant Date" (Substantive)

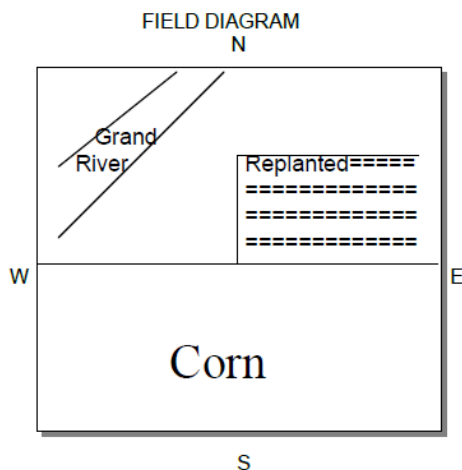
Create an area for a field diagram allowing substantial room for a sketch of the field and replant acreage. The AIP has discretion on whether to provide a separate form for this sketch.

M "Field Diagram" (Substantive)

Add the following instruction to the field diagram:

N "Draw the field where the crop is planted. Shade the area actually replanted" (Substantive)

Example:



O "Indicate the practice/type utilized" Provide a checklist with two columns titled "Original" and "Replant" of the following practice/types:

- "Drilled" (Substantive)
- "Broadcast" (Substantive)
- "Airplane-seeded" (Substantive)
- "Rowed" (Substantive)
- "Dry Bean Type" (Substantive)

LOSS ADJUSTMENT SELF-CERTIFICATION REPLANT WORKSHEET

- "Tillage Method" Provide instruction to write-in tillage method used for original and replant acreage. (Substantive)
- "Other" Provide instruction to write in a practice/type if not listed (Substantive)

Provide instruction to answer the following questions:

- P "My yield potential for acres to be replanted is _____ per acre." (Substantive)
- Q "Is damage on your farm similar to other farms in the area? Yes No" (Substantive)
- R "The following represents my actual replant costs as:
- ___ Landlord
- ___ Tenant
- ___ Owner/Operator" (Substantive)

Instruct that the Insured's total actual costs to replant acreage includes only the dollar amount the insured has paid or is liable to pay.

3 OTHER INFORMATION

- A "Special Report" Provide instruction for the reviewer to check when attached or accompanies the Self-Certification Replant Worksheet. (Substantive)
- B "Reviewer's Remarks" (Substantive)
- C "Reviewer Code and Date" (Substantive)
- D "Actual/Replant Acres" (Substantive) Provide instruction for the reviewer to enter "O.K." if the reviewer verifies the field or subfield was initially planted timely and that the number of acres actually replanted agrees with the entry of the total number of replanted acres.
- E "Date of Damage" (Substantive) Provide instruction for the reviewer to enter "O.K." if the reviewer verifies the date of damage agrees with the date entered above.
- F "Cause of Damage" (Substantive) Provide instruction for the reviewer to enter "O.K." if the reviewer verifies that the type or practice used agrees with the type/practice entry above.
- G "Replant Practice" (Substantive)
- H "Did acreage appear to quality? Yes or No" (Substantive)

LOSS ADJUSTMENT SELF-CERTIFICATION REPLANT WORKSHEET

- I "Actual Cost" (Substantive) Provide instruction for the reviewer to enter "O.K." if the reviewer verifies that the insured or the insured's authorized representative that the total cost incurred by the insured for the replanting operation is the same as entered above.

4 REQUIRED SIGNATURES

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

5 REQUIRED STATEMENTS

- A "I understand the certified information will be used to determine my replanting payment, if any, for damage to the above crop. I also understand that this Worksheet and supporting papers are subject to audit and approval by the insurance provider and that my signature herein authorizes the insurance provider to process a replanting payment in accordance with the terms of my insurance contract." (Substantive)
- B Privacy Act Statement [(Substantive) See Exhibit 3]
- C Nondiscrimination Statement [(Substantive) See Exhibit 4]
- D Certification Statement [(Substantive) See Exhibit 2]

51 LOSS ADJUSTMENT CLAIM CHECKLIST

This form must be titled "Claim Checklist". It is recommended that the AIP provides this or a similar checklist to loss adjusters for completion during each loss inspection. The AIP has the discretion to develop a similar checklist that been modified to fit their region and the crops insured. See the LAM for more information and completion instruction regarding this form. The elements of this form are Non-substantive.

1 GENERAL INFORMATION

A "Insured's Name"

B "Claim Number"

C "Policy Number"

D "Crop(s)-Unit(s)"

2 CLAIM INFORMATION

Create a checklist with the options of Yes No or More Information for each item on the checklist. Provide additional space by each item or on the back of the checklist for explanation of why an item could not be answered yes or no.

A "Insured Present"

B "Insurable Entity Verified"

C "Timely Notice"

D "Share Verified"

E "Companion Contract Verified (if applicable)"

F "Legal Description Verified"

G "Practice(s) Insurability Verified"

H "Insurable Type/Variety Verified"

I "Unit/Unit Division Verified"

J "Planting Dates Verified"

K "Risk Area Verified"

L "Insurable Causes of Loss"

M "Similar Damage"

N "Reasonable APH"

LOSS ADJUSTMENT CLAIM CHECKLIST

O	"Insurable Acreage"
P	"Sharing Interests"
Q	"Options/Endorsements"
R	"Review Previous Report"
S	"Previous Appraisals"
T	"Quality Adjustment Eligibility Verified"
U	"Acreage Determined/Method"
V	"Acreage Replanted"
W	"Replanting Payment"
X	"Certification Form"
Y	"Sold Production Verified"
Z	"Farm-Stored Production Verified"
AA	"Commingled Production"
BB	"Fed Production Verified"
CC	"Other Names/Entities for Production Verified"
DD	"All Production Accounted For"
EE	"Unusual/Controversial Circumstances"
FF	"Reviewed Completed Claim with Insured or Insured's Representative"
GG	"Obtained Signatures"
HH	"Second Crop Acreage"
II	"Signatures"
JJ	"Other"

LOSS ADJUSTMENT CLAIM CHECKLIST

3 SIGNATURES

Obtaining a signature is optional unless otherwise instructed by the AIP; however, it is recommended that adjuster's sign the form to facilitate necessary follow-up actions.

A Loss Adjuster's Printed Name, Signature, Code Number, and Date

52 LOSS ADJUSTMENT SIMPLIFIED CLAIMS QUALIFICATION PROCESS AND NOTICE OF LOSS

This form must be titled "Simplified Claims Qualification and Notice of Loss." AIP and insured participation in SCP is voluntary. All SCP claims must be completed on a form developed by the AIP that captures all the required loss information from the insured. The AIP is also responsible for developing comprehensive completion instructions for the insured to complete the SCP form. See the LAM for further information.

1 GENERAL INFORMATION

- A "Insured's Name" (Substantive)
- B "Policy Number" (Substantive)
- C "Agent" (Substantive)
- D "Telephone Number" (Substantive)
- E "Mailing or Street Address" (Substantive)
- F "Crop (only one per form)" (Substantive)
- G "Crop Year" (Substantive)
- H "County Where Crop Is Grown (only one per form)" (Substantive)
- I "State Where the Crop Is Grown (only one per form)" (Substantive)
- J "Non-Loss (N-L) Units and Establish Production Per Acre" (Substantive)
- K "Loss Unit Number" (Substantive)
- L "Cause of Loss" (Substantive)
 - 1 "Primary Cause/ Percentage"
 - 2 "Secondary Cause/ Percentage"
- M "Date of Damage" (Substantive)
 - 1 "Primary Cause Date of Damage"
 - 2 "Secondary Cause Date of Damage"
- N "Harvest Completion Date" (Substantive)
- O "Companion Contract Yes/No" (Substantive)
- P "Assignment of Indemnity Yes/No" (Substantive)
- Q "Transfer of Right to Indemnity Yes/No" (Substantive)

**LOSS ADJUSTMENT SIMPLIFIED CLAIMS QUALIFICATION PROCESS AND
NOTICE OF LOSS****2 LOSS INFORMATION**

Create a checklist with the following questions and instruct to answer Yes or No , allow additional space for explanation where applicable. All questions are "Substantive"

- A "Has all acreage of the loss units listed in [insert location on the form the loss unit number information is referenced, e.g., in item K above, in item 6 above, etc.] been harvested? If no, list the unit numbers(s) for which "No" applies."
- B "Has all of the production from the loss unit(s) listed in [insert location on the form the loss unit number information is referenced, e.g., in item K above, in item 6 above, etc.] been sold or commercially stored? If you answered no, list the applicable unit number for which "no" applies."
- C "Have you completed harvest of all insurable acreage for all crops on your policy? (This includes the crop you listed above as well as any other crop you may have on your policy). If no, list the crops not harvested."
- D "If you answered no to the above question, do you anticipate loss units for any crop NOT listed in [insert location on the form the loss unit number information is referenced, e.g., in item K above, in item 6 above, etc.] for this crop year?"
- E "Has any production from any acreage from the units listed in [insert location on the form the loss unit number information is referenced, e.g., in item K above, in item 6 above, etc.] been farm stored, fed to livestock, or saved for seed? If no, list the unit number(s) for which "No" applies."
- F "Do you have third party written verification (i.e., summary /settlement sheets) available for 100 percent of the production from all unites listed in [insert location on the form the loss unit number information is referenced, e.g., in item K above, in item 6 above, etc.] above? (This must include both landlord and tenant shares, when applicable)."
- G "Is the damage for the loss units listed in [insert location on the form the loss unit number information is referenced, e.g., in item K above, in item 6 above, etc.] similar to other farms in the area? If no, list the unit(s) for which "No" applies and explain:"
- H "Are you or any member of your household directly associated with the Federal Crop Insurance program (i.e., agent, agency owner, loss adjuster, FCIC employee, insurance provider employee or contractor)?"
- I "Was all acreage of your insured crop(s) in the county, in which you have a share, reported by you on your acreage report? If no, list the unit or location where the acreage was not reported."

**LOSS ADJUSTMENT SIMPLIFIED CLAIMS QUALIFICATION PROCESS AND
NOTICE OF LOSS**

- J "On the specific loss unit(s) listed in [insert location on the form the loss unit number information is referenced, e.g., in item K above, in item 6 above, etc.] above, is your Summary of Coverage for:
- (1) Your share? If no, list the unit(s) and explain:
 - (2) "The legal description(s) and/or FSA farm serial number? If no, list the unit(s) for which "No" applies."
 - (3) "The practice actually carried out by you (i.e., If you reported your practice is irrigated, was water applied at the proper time and rate)? If no, list the unit(s) for which "No" applies.
 - (4) The type or variety (if applicable)? If no, list the unit(s) for which "No" applies and enter the correct type or variety for each unit listed.
 - (5) The total acreage for each loss unit listed in [insert location on the form the loss unit number information is referenced, e.g., in item K above, in item 6 above, etc.] If no, list the unit(s) for which "No" applies."
 - (6) Will the acreage (if measured or re-measured) be within five (5) percent of what you reported on your acreage report? If no, list the unit(s) for which "No" applies."

3 REQUIRED STATEMENTS

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

**LOSS ADJUSTMENT SIMPLIFIED CLAIMS QUALIFICATION PROCESS AND
NOTICE OF LOSS****D Simplified Claims Qualification Process Statement (**

"This form serves as written verification of your notice of loss and as an aide in determining qualified insureds for the SCP. We may rely on the information you provide on (or attach to) this form in making material determinations in the preparation of your claim.

Once this completed Notice of Loss form and supporting documentation has been received by [insert AIP Name], it will be determined whether or not your claim qualifies for the SCP. If it does qualify, the appropriate claim for indemnity form(s) will be prepared and may be sent to you for your signature if the insurance provider determines when reviewing this information with you that a correction is needed. Otherwise, the signature on this SCP form will serve as the signature for each Claim for Indemnity form to which this information was transferred, and a copy will be mailed to you. The claim form(s) will contain all the necessary data and production information to complete your claim. If qualified, you will have your claim processed in the most expedient manner possible. You will not need to wait for an adjuster. The SCP is subject to an infield review for compliance with established policies and procedures. If any of the unit(s) listed in [insert location on the form the loss unit number information is referenced, e.g., in item K above, in item 6 above, etc.] does not qualify for SCP, you will be contacted by a claims representative to set up an appointment to adjust your loss on that or all units listed above."

Supporting documentation must be attached to this form and delivered to the address provided by your agent or insurance provider. You must attach either a copy of settlement sheet(s), summary sheet(s), or similar third party ledger(s) that accounts for all production from any crop unit you have listed above. Individual load tickets will not qualify. Individual loads on any settlement/summary sheet(s) must be clearly marked to indicate which unity they came from. If you have FSA or similar measurement service for determining acreage, such as Global Positioning Systems, remote sensing devices, etc., for the current crop year, please attach copies and indicate who made the acreage measurement. If you have met the requirements of precision farming and want to use those records to establish production, you must attach yield maps and planting and harvesting summary reports generated from the precision farming technology system. The per unit acreage used in calculating any indemnity will be the lesser of your reported acres or your actual planted acres. In all cases you must attach copies of maps identifying each field, crop and acreage by loss unit." (Substantive)

**LOSS ADJUSTMENT SIMPLIFIED CLAIMS QUALIFICATION PROCESS AND
NOTICE OF LOSS**

4 REQUIRED SIGNATURES

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