



Producer Instructions for a Simplified Claim

The following examples are provided to assist you in completing the Simplified Claims Notice of Damage and Loss. Having this information will greatly speed up the claims payment process and insure a correct claims payment. The following documents are required in order to pay your claim:

- Simplified Claims Notice of Damage and Loss (Obtained from your ProAg agent or ProAg Regional Office)
- Signed Privacy Act for each Simplified Claims Notice and Continuation Sheet (Obtained from your agent or ProAg Regional Office)
- Settlement Sheets and /or Delivery Sheets (Obtained from the elevator(s) or place where the grain was delivered)
 - Individual weight tickets or handwritten tickets are not allowed
- Current Year's 578 Producer Print (Obtained from your local FSA office)

If the above documents are not returned to the ProAg regional office your claim can not be processed.

The following criteria must be met in order for a claim to qualify as a simplified claim:

- Must not be greater than \$5,000 for any optional unit
- Must not be greater than \$10,000 for any basic unit, whole farm unit, or enterprise unit
- Revenue only losses do not have dollar limit (if the claim reaches \$100,000 a review is still required)
- All planted acreage must be harvested
- No portion of the crop may be left in the field
- Third party, production information (settlement sheets/delivery sheets) must be submitted by the insured and identified by unit (**individual weight tickets are not acceptable**)
- 578 – Producer Prints must be submitted with the fields identified
- If quality adjustment applies, only crops with discount factors listed in the special provisions of insurance qualify
- Cotton with quality may also qualify for SCP (Factors obtained from USDA)

Claims are not eligible if:

- Farm Stored Production
- Preventive Planting Claims
- Delayed Notices or Delayed Claims
- Insured is identified as mandatory conflict of interest review
- Zero Production is reported
- Production is fed to livestock
- Claims involving quality adjustment if there are no pre-established DF's
- **A claim will not qualify as a simplified claim if it is submitted 45 days past the harvest price release date**

Agent's involvement:

- Agents are allowed to mail, e-mail scanned documents, or fax the SCP claim form and supporting documentation to the designated ProAg regional office
- Agents must not in anyway, help the insured complete the simplified claims paperwork.

IF A SIMPLIFIED CLAIM IS SUBMITTED AND CONTAINS INCOMPLETE INFORMATION IT WILL BE REASSIGNED TO AN ADJUSTER AS A REGULAR PRODUCTION CLAIM.



Example of an FSA 578 Producer Print

FSA-578 (Producer Print)

REPORT OF ACREAGE

PROGRAM YEAR 2006

DATE: 09-19-2006

Producer Name and Address ID 9513

NOTE: The following statements are made in accordance with the Privacy Act of 1974(5 USC 552a). The Agricultural Adjustment Act of 1938, as amended, and the Agricultural Act of 1949, as amended, authorized the collection of the following data. The data will be used to determine eligibility for assistance. Furnishing the data is voluntary, however, without it assistance cannot be provided. The data may be furnished to any agency responsible for enforcing the provisions of the Act. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, to the Department of Agriculture, Clearance Officer, Ag Box 7630, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0560-0004), Washington, D.C. 20503. RETURN THIS COMPLETED FORM TO YOUR FSA COUNTY OFFICE.

Table with columns: Farm Number, Tract Number, CLU/Field, Ir Pr, Var/C/C, Int/Type, C/C/Use, Rpt Stat, Reported Quantity, Determined Quantity, Crp Lnd, Planting Date, Prod Share, Prod Name, RMA Opt, and Unit. Includes handwritten annotations: '#8 FSN' pointing to Farm 270, 'Unit 200' pointing to the unit column, and '#8 Legal' pointing to the Photo Number/Legal Description row.

Please label which unit each field belongs to.

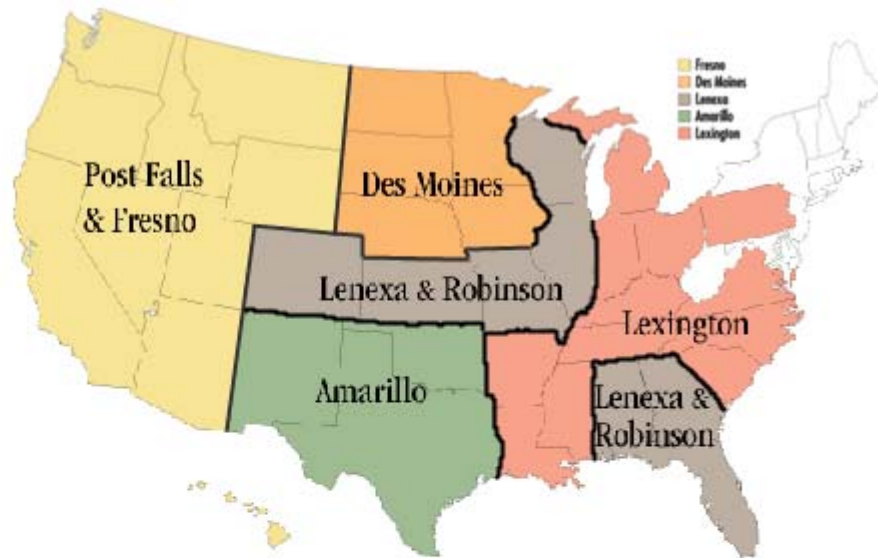
Please be sure to sign and date the bottom of the Simplified Claim Notice of Damage and Loss, Simplified Claims Notice of Loss Continuation Sheet (if used) and the Privacy Act.

The completed forms should be mailed to the appropriate regional office according to the map on the next page.

Producers Agriculture Insurance Group D/B/A ProAg™, is comprised of Producers Agriculture Insurance Company, Producers Lloyds Insurance Company—the insurance policy issuing companies—and Pro Ag Management, Inc., the managing and servicing affiliate. The U.S. Department of Agriculture and ProAg prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. The insurance products offered may not be a complete list of all products offered and may not be offered in all states.



CONTACT US



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Post Falls, ID
 323 N. Spokane Street, Suite 200
 Post Falls, ID 83854
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 Phone: (208) 457-9947
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Des Moines, IA
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 Building 6, Suite 100
 West Des Moines, IA 50266
 Toll Free: (866) 290-1009
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 Fresno, CA 93727
 Toll Free: (800) 417-4939
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Kansas City Metro Area
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 Lenexa, KS 66219
 Toll Free: (866) 350-2767
 Phone: (913) 307-9988
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 Toll Free: (888) 570-7067
 Phone: (859) 543-0099
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 Fax: (859) 543-0355



Simplified Claims Loss Notice Instructions

The numbers below correspond with a box on the Notice of Loss worksheet. If you have additional questions please contact your Crop Insurance Agent or a ProAg claims representative.

1. Named Insured as shown on your accepted application for coverage and /or Schedule of Insurance.
2. Your 11 digit policy number found on your Schedule of Insurance (ex. 01-123-123456).
3. Your phone number (best number to contact you).
4. Your claim number is assigned after the Notice of Loss had been submitted. This field will be completed by the company.
5. Your Crop Insurance Agent & Phone Number
6. The eligible crop(s) you are submitting for a simplified claims process and that are insured.
7. The unit number identified for the crop can be found on your schedule of insurance (i.e. 0100, 0101, 0200, 0201 etc.)
8. The legal description and / or farm serial number (FSN) identified along with the corresponding unit number.
9. Record your primary and secondary causes of loss (i.e. drought, excessive precipitation, decline in price, and etc)
10. Primary and secondary dates of damage. (The cause of loss dates must be prior to the date the notice of loss was reported.)
11. The date you completed harvest on the unit.
12. Your gross production from settlement / delivery sheets for the unit. Deductions for allowable deficiencies will be determined by our adjustment.
13. Check "No" if you or and member of your house hold is directly associated with the Federal Crop Insurance program. Policy holders that require a mandatory Conflict of Interest Review (COI) are not eligible for a simplified claims process.
14. Check "No" if any portion of the crop on the unit you are claiming a loss has not been harvested.
15. Check "No" if any portion of the crop on the unit you are claiming a loss has not been sold to or commercially stored by a disinterested third party.
16. If any of the production of the crop on the unit you are claiming a loss has been fed or farm stored check "yes".
17. Check "No" if you are not sure or do not know if the other units on your policy will have a payable claim. Check "Yes" if no other units on your policy will have a loss.
18. The settlement / delivery sheets must account for 100% of the total gross production from the unit(s).
19. Are the reported causes of loss similar to other producers in your area, yes or no?
20. Is all the acreage, in the county, in which you have a share, reported and shown on your Schedule of Insurance, Yes or No?
21. Items A through E, answer "yes" or "no" indicating whether or not these items are correct.
22. Check that you have include a current years copy of the 578 – Producer Print from your local FSA office
23. Check that you have included a legible copy of settlement sheets and / or delivery sheets and have identified which loads / ticket numbers go with which units.
24. FCIC requires that you sign a Privacy Act Statement for each document you sign. If you are providing additional pages of the SC Notice of Loss you must also provide an additional signed / dated Privacy Act for each additional notice.

The Simplified Claims Notice Continuation Sheet is provided for use when there are more than 4 units that need to be reported.

Keep a copy of all the worksheets for your records.



Simplified Claim Notice of Damage and Loss

Complete a continuation sheet if more than 4 units / 15% of Simplified Claims will be selected for review

1. Name (Insured):			2. Policy Number:			
3. Insured Phone Number: () - -			4. Claim Number:			
5. Agent Name & Phone Number:						
6. Crop	7. Unit #	8. Legal's / FSN	9. Cause of Loss Primary / Secondary	10. Date of Damage Primary / Secondary	11. Harvest Date	12. Unit Production
			/	/		
			/	/		
			/	/		
			/	/		

Carefully answer each question below by check marking "YES" or "NO".

13. Are you or any member of you household directly associated with the Federal Crop Insurance program (i.e. agent, agency owner, loss adjuster, FCIC employee, AIP employee or contractor)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Has all the acreage for the unit(s) for which you are claiming a loss been harvested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Has all the production for which you a claiming a loss been sold or commercially stored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Has any of the production from the units you are claiming a loss been fed or farm stored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Will all other units on the policy exceed your production or revenue guarantee at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Do the settlement / summary sheets include 100% of the production produced from all sharing parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Are the damage & loss causes similar to other producers in your area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Was all the acres of your crop(s) in the county, in which you have a share, reported by you on the annual acreage report timely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. On the specific units for which you are claiming a loss, is your Schedule of Insurance correct for:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A. Your Share?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. The total unit acreage (is within 5% of what you reported)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. The legal description(s) and / or farm serial number(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. The reported practice / type / variety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Designations for Added Land / New Producer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Check list & additional documentation that must be submitted with this form.

- 22. Current crop year 578 Producer Print (A 578 Producer Print can be obtained at you local FSA office)
 - If multiple counties are reported to one county office please identify what county each tract or FSN lies in.
- 23. A legible copy of settlement sheets and / or summary sheets must be attached
 - Individual loads must be clearly marked by you, the insured, on the applicable provided production sheet that indicates which unit(s) the production came from. (Individual tickets are not acceptable)
- 24. This form and the Privacy Act document must be completed, signed, and dated by you, the insured.
 - This form serves as a notice of loss and damage and will be utilized by ProAg representative to determine whether or not your claim qualifies for a SCP (Simplified Claims Process). If your claim qualifies and all requested documentation is provided your claim will be immediately processed for payment. If your claim does not qualify a adjuster will be assigned to this claim and they will be in contact with you.

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).

Insured Signature _____ **Date** _____

For Company use:

Verifier's Name: _____	Date Reviewed: _____	Verifier's Code: _____
<input type="checkbox"/> Meets SC Criteria/Date Processed: _____	<input type="checkbox"/> Does Not Qualify for SCP	<input type="checkbox"/> Adj. Assigned (Code) _____

Producers Agriculture Insurance Group D/B/A ProAgSM, is comprised of Producers Agriculture Insurance Company, Producers Lloyds Insurance Company—the insurance policy issuing companies—and Pro Ag Management, Inc., the managing and servicing affiliate. The U.S. Department of Agriculture and ProAg prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. The insurance products offered may not be a complete list of all products offered and may not be offered in all states.



POLICYHOLDER - COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The Federal Crop Insurance Act (7 U.S.C. 1501 et seq.) (Act) and the regulations contained in 7 C.F.R. chapter IV provides the authority to request the information on this form.

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

Your policy also specifies other information that must be provided. The principle purposes of this information are to provide insurance; reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The routine uses of this information include: (1) Referral to the appropriate agency, whether Federal, State, Local or foreign including the Department of Justice, charged with the responsibility of investigating or prosecuting a violation of the law, or of enforcing or implementing a statute, rule regulation or order issued pursuant thereto, of any record within this system when information available indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute or by rule, regulation or order issued pursuant thereto; (2) Disclosure to a court, magistrate or administrative tribunal, or to opposing counsel of any record within the system that constitutes evidence in that proceeding, or which is sought in the course of discovery, to the extent that FCIC determines that the records sought are relevant to the proceeding; (3) Disclosure to congressional office in response to any inquiry from the congressional office made at the request of that individual; (4) Disclosure to Approved Insurance Providers (AIP), contractors, cooperators, and partners of FCIC, and other Federal agencies for any purpose relating to the sale, service, and administration of the Federal crop insurance program and the policies insured under the authority of the Act; (5) Disclosure to other Federal agencies and contractors, cooperators, and partners of FCIC for the purpose of conducting research, development, analyses, and evaluation into all aspects relating to new and existing crop insurance programs and other risk management tools; (6) Disclosure to contractors or other Federal agencies to conduct research and analysis to identify patterns, trends, anomalies, instances and relationships of AIP's, agents, loss adjusters and policyholders that may be indicative of fraud, waste, and abuse; (7) Disclosure to AIP's, contractors, and other applicable Federal agencies to determine whether information has been accurately provided to FCIC and the AIP's and to determine compliance with program requirements, and (8) Disclosure to the Comprehensive Information Management System (CIMS) authorized under the farm Security and Rural Investment Act of 2002, Section 10706 (All information disclosed to CIMS may be further disclosed to any contractor engaged in the development or maintenance of CIMS, to the Farm Service Agency (FSA) and to AIP's, their insurance agents and loss adjusters, for information associated with their insured producers and only with regard to such policies); and (9) To appropriate agencies, entities, and persons, when: (a) USDA suspects or has confirmed that the security or confidentiality of information in the system of records has been compromised; (b) USDA has determined that as a result of the suspected or confirmed compromise there is a risk of harm to economic or property interests, identity theft or fraud or harm to the security or integrity of this system or other systems or programs (whether maintained by the Department or another agency or entity) that rely upon the compromised information; and (c) the discloser made to such agencies, entities, and persons is reasonably necessary to assist in connection with the Department's efforts to respond to the suspected of confirmed compromise and prevent, minimize, or remedy such harm.

Furnishing other information is also voluntary. However, failure to report the information specified in your policy may result in rejection of any claim for indemnity, replanting payment or other benefit; ineligibility for insurance; a unilateral determination of any monetary amounts due; or any remedy provided in the policy

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 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, DC 20250-9410, or call (800) 795-3272 (Voice) or (202) 720-6382 (TTD). USDA is an equal opportunity provider and employer.

REINSURANCE STATEMENT

This insurance policy is reinsured by the Federal Crop Insurance Corporation (FCIC) under the provisions of the Federal Crop Insurance Act, as amended (7 U.S.C. 1501 et seq.) (Act). All provisions of the policy and rights and responsibilities of the parties are specifically subject to the Act. The provisions of the policy are published in the Federal Register and codified in chapter IV of the Code of Federal Regulations (CFR) under the Federal Register Act (44 U.S.C. et seq.), and may not be waived or varied in any way by the crop insurance agent or any other agent or employee of FCIC or the company. In the event we cannot pay your loss, your claim will be settled in accordance with the provisions of this policy and paid by FCIC. No state guarantee fund will be liable for your loss

Through out this policy, "you" and "your" refer to the named insured shown on the accepted application and "we", "us" and "our" refer to the insurance company providing insurance. Unless the context indicates otherwise, use of the plural form of a word includes the singular use of the singular form of the word includes the plural.

PRODUCERS AG INSURANCE GROUP PRIVACY NOTICE

The Producers Ag Insurance Group (Pro Ag Group) is committed to respecting the individual privacy of our policyholders and their significant beneficial interest owners (Customers). We collect nonpublic personal information about Customers from information we receive from them such as information provided on applications or other forms, which may include name, address and social security numbers and from third parties such as consumer reporting agency. To serve our Customers and to service our business our employees have access to Customers personal information in the course of doing their jobs and we may share or disclose non-public personal information about the Customers to affiliates within the Pro Ag Group or with non affiliated third parties with whom we have a contractual relationship such as agencies within the United States Department of Agriculture, with your insurance agent and other insurance companies or with banks where a written permission to transfer such information has been granted by the policyholder. We may also share non-public personal information with affiliates and non-affiliated third parties as permitted by law. The Pro Ag Group will not sell or share your personal information with anyone for purposes unrelated to our business functions with out our offering to the Customer the opportunity to opt-out or to opt-in as required by law.

INSURED'S SIGNATURE

DATE

