


This form may be filled out in Adobe Acrobat Reader 7.0 or above. Visit www.adobe.com/products/acrobat/readstep2.html to download this free application. **This form may not be signed electronically at this time, we are awaiting a third party verification process.**

Instructions to completing an interactive form

1. Open the PDF form
2. Select the Hand Tool , and navigate to the top of the form. Click inside the text fields and type the appropriate information. Navigate to radio and check buttons, click on the button to select it.
3. Choose File > Save As to save entered data. Note where you save the form for future reference.
4. The form is not complete until it has been printed and manually signed.
5. Choose File > Print
6. Review your form carefully.
7. Sign completed form.
8. Be sure to keep a printed copy for your records.



ProAg Claims Dept 2025 S Hughes Amarillo, TX 79109
 ProAg Claims Dept 4910 E Clinton Way Suite 103 Fresno, CA 93727
 ProAg Claims Dept 2800 Palumbo Dr Suite 200 Lexington, KY 40509
 ProAg Claims Dept 323 N Spokane St Suite 200 Post Falls, ID 83854
 ProAg Claims Dept 16011 College Blvd Suite 210 Lenexa, KS 66219
 ProAg Claims Dept 4600 Westown Pkwy, Bldg 6 Ste 1 West Des Moines, IA 50266

Fax 800-755-7026 Phone 800-366-2767
 Fax 800-417-4990 Phone 800-417-4939
 Fax 888-570-7907 Phone 888-570-7067
 Fax 208-457-8110 Phone 877-457-2767
 Fax 913-307-9945 Phone 866-350-2767
 Fax 866-291-9704 Phone 866-290-1009

Notice of Prevented Planting or Damage or Loss

Insured's Name: _____
 (show name exactly as listed on the policy)

Insured's Address: _____

Insured's Phone #: _____ Cell Phone #: _____

Policy Number: _____ Crop Year: _____ County: _____

Agency & Agent of Record: _____

Agency Address/Phone #: _____

Type of Notice: MPC I Revenue Field Inspection

Crop	Cause of Damage	Unit:	Sec/Twp/Rng:	Acres:	Insured's Intentions:
	Date of Damage				
					<input type="checkbox"/> To harvest <input type="checkbox"/> To chop/silage <input type="checkbox"/> Leave for cover <input type="checkbox"/> Destroy <input type="checkbox"/> Plant to another crop <input type="checkbox"/> Pasture <input type="checkbox"/> Hay <input type="checkbox"/> Crop will be direct marketed <input type="checkbox"/> Other (explain) <input type="checkbox"/> Replant <input type="checkbox"/> Unknown at this time
					<input type="checkbox"/> To harvest <input type="checkbox"/> To chop/silage <input type="checkbox"/> Leave for cover <input type="checkbox"/> Destroy <input type="checkbox"/> Plant to another crop <input type="checkbox"/> Pasture <input type="checkbox"/> Hay <input type="checkbox"/> Crop will be direct marketed <input type="checkbox"/> Other (explain) <input type="checkbox"/> Replant <input type="checkbox"/> Unknown at this time
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Immediate Inspection Requested? Yes No If yes, why _____

Is there other insurance? No MPC I Crop Hail (Please submit a separate notice for each policy)

If yes, please provide the company and policy number for the other insurance _____

If you have less than 100% share, is the other share insured under an MPC I program? If so, list the person's name, name of insurance company for which they carry MPC I insurance and policy number if known.

My landlord/tenant's name is _____ and carries insurance with _____
 (Please submit a separate notice for each policy)

I am an agent, employee, or contractor affiliated with multiple peril crop insurance (MPC I)? Yes No

- Check one:
- This is a notice of Prevented Planting
 - This is a notice of damage only (appears that production will exceed the guarantee at this time)
 - This is a notice of probable loss
 - This is a notice of Replant

Refer to the Basic Provisions and the specific Crop Provisions for more details on notice requirements for acreage prevented from planting and notice requirements for damage or loss. Neither the submission of this Notice nor its receipt shall constitute written consent to destroy, abandon, or replant any crop or to put acreage to another use.

COMMENTS _____

Insured's Signature _____ Date _____

PLEASE MAKE SURE TO SIGN AND ATTACH A PRIVACY STATEMENT

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, AIPs 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.

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 (TDD). 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 title 7 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 and use of the singular form of the word includes the plural."

PRODUCERS AG INSURANCE GROUP PRIVACY NOTICE

The Producers Ag Insurance Group (ProAg 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 a 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 ProAg 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 with non-affiliated third parties as permitted by law. The ProAg 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.

SIGNATURE: _____ DATE: _____