



Producers Ag Insurance Group™, Inc.,
2025 South Hughes, Suite 200, Amarillo, TX 79109

WHOLE-FARM REVENUE PROTECTION COMBINATION FORM

Date _____

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APPLICANT'S/INSURED'S NAME:			AGENCY:		AGENCY CODE:		EFFECTIVE POLICY YEAR:		POLICY NUMBER:		
STREET AND/OR MAILING ADDRESS:			ADDRESS:				STATE/COUNTY:				
CITY:		STATE:	ZIP CODE:		CITY:		STATE:	ZIP CODE:		TYPE OF POLICY: NEW APPLICATION TRANSFER REINSTATE ADD CROP TO POLICY CANCELLATION POLICY CHANGES	
APPLICANT'S/INSURED'S TELEPHONE NUMBER:			CELL:	TELEPHONE:		AGENT EMAIL:					
IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER TYPE:	PERSON TYPE:	APPLICANT'S/INSURED'S AUTHORIZED REPRESENTATIVE:							
STATE OF INCORPORATION:											

APPLICATION / CANCELLATION / TRANSFER / POLICY CHANGE SECTION

SPOUSE'S NAME:			I am a limited resource farmer?				YES		NO		IRS ACCOUNTING METHOD	
IDENTIFICATION NUMBER & TYPE:			Is applicant at least 18 years old?				YES		NO		CASH ACCRUAL	
TAXES FILED:			CALENDAR	EARLY FISCAL		LATE FISCAL		Fiscal Year Begin Date (MM/YYYY)		Fiscal Year End Date (MM/YYYY)		Coverage Level

SBI INFORMATION—List all person(s) with a substantial beneficial interest in you as defined in the applicable policy provisions (including landlords or tenants insured under the applicant). If none, state NONE.
See SSN/EIN Reporting Form for additional space.

NAME	COMPLETE ADDRESS	TELEPHONE NUMBER	IDENTIFICATION NUMBER & TYPE	PERSON TYPE

OTHER CHANGES:

Add or Remove SBI	Correct SBI's Identification Number^	Correct Spelling of SBI's Name
Add / Change / Correct Insured's Authorized Rep.	Correct Insured's Identification Number^	Other - Explain Below
Change / Correct Insured's Address	Correct Spelling of Insured's Name	

I understand that: (a) my approved revenue and approved expenses for the five years in the whole-farm history period and my expected revenue for the current year may be adjusted as required under the terms of the WFRP policy, and that such adjustments may affect the amount of insured revenue and any indemnity; (b) no insurance will be provided unless this application and all required forms are completed and filed on or before the SCD for the insurance year in which I am requesting WFRP coverage; and (c) although insurance under this application is continuous from year to year, policy terms, premium rates, and the amount of revenue insured may change from year to year.

Legend: ^ If correcting an insured's or SBI's identification number, provide previous insured's or previous SBI's identification number. ***Enter the state/code and county/code where the majority of the total expected revenue of the insurance year will be derived.

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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 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? |
| YES | NO | (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? |
| YES | NO | (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? |
| YES | NO | (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 Agricultural? |
| YES | NO | (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? |
| YES | NO | (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 will be in effect for the insurance year specified and will continue for each succeeding insurance year, unless otherwise specified in the policy, until canceled, terminated or voided. 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.

CANCELLATION INFORMATION - To be completed only if cancelling insurance coverage without transferring to another Approved Insurance Provider (AIP):

Yes, I hereby request cancellation of my WFRP insurance policy shown on this cancellation. I understand that if this form is not executed on or before the cancellation date listed, the cancellation of my WFRP insurance will not become effective until the following insurance year.

AIP Representative's Printed Name

AIP Representative's Signature

Date

POLICY TRANSFER INFORMATION - To be completed only if cancelling previous policy and transferring the experience and insurance coverage from another Approved Insurance Provider (AIP):

Yes, I hereby request cancellation of my WFRP insurance policy with (Ceding AIP Name and Policy Number) _____ for the _____
Ceding Approved Insurance Provider Policy Year
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, the cancellation of my WFRP insurance will not become effective until the following policy year.

Crops to be cancelled and transferred:

Crop Year of crops being cancelled and transferred:

Yes, I hereby authorize and direct the _____ 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 subsequent terminated for delinquent debt had this transfer not occurred, no coverage can be provided by the Assuming Approved Insurance Provider) **Producers Ag Insurance Group, Inc.**

By submission of this form, we agree to provide WFRP insurance to this applicant for the policy year specified above unless this form is not executed on or before the established cancellation date, in which case WFRP insurance will be provided for the following insurance year.

Name of Assuming Agent

Assuming Agent's Address, City, State, and Zip Code

Printed Name of AIP Representative Authorized to Accept Applications

Signature of AIP Representative Authorized to Accept Applications

Date of Acceptance

AIP Code

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FARM OPERATION REPORT

TAX YEAR			FISCAL YEAR BEGIN DATE			FISCAL YEAR END DATE			COVERAGE LEVEL			Other Insurance: Will any listed commodity be insured under another insurance policy?			
Early Fiscal	Late Fiscal	Calendar										Yes	No	If yes, list the commodity(ies) and policy number(s) by state and county:	

INTENDED												REVISED				FINAL				
COMMODITY NAME (CODE)	METHOD OF ESTABLISHMENT	YIELD	X	EXPECTED VALUE	=	EXPECTED REVENUE	X	INTENDED QUANTITY	-	COST / BASIS AND / OR VALUE	X	SHARE	=	TOTAL EXPECTED REVENUE	ACTUAL QUANTITY	ACTUAL COST / BASIS AND / OR VALUE	SHARE	TOTAL EXPECTED REVENUE	FINAL PRODUCTION	FINAL REVENUE
COMMODITY DESCRIPTION																				
			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
Total Expected Revenue at SCD														Total Expected Revenue				Total		
Whole-Farm Historic Average Revenue (from WFRP History Report)																				
Lesser of Total Expected Revenue or Whole-Farm Historic Average Revenue														Approved Revenue at Revised Reporting Date						
Approved Expenses at SCD														Approved Expenses at Revised Reporting Date						

Narrative, Expected Values, and Report of Changes (Explain on an attachment if necessary):

Yes No Expanded Operation? If yes, please provide documentation indicating the operation is expanding. (See Paragraph 71(3) & 72(3) of the WFRP Handbook).

Yes No Integrated / Post-production Operation? If yes, explain on an attachment. (See Special Circumstances in Part 6 of the WFRP Handbook).

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WHOLE-FARM HISTORY REPORT		
TAX YEAR	ALLOWABLE REVENUE	ALLOWABLE EXPENSES
Total		
1. Simple Average		
2. Indexed Average		
3. Expanded Operation Average		
Whole-Farm Historic Average (greater of items 1, 2, or 3)		

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INVENTORY REPORT										
Inventoried Commodities										
Commodity	Beginning Inventory					Ending Inventory				
	First Day of the Tax Year		Value End of Insurance Period			Last day of the Tax Year				
	Location(s)	Beginning Inventory (Unit of Measure)	Value (Dollars)	Cost or Basis (Unit of Measure)	Value Received (Dollars)	Location(s)	Ending Inventory (Unit of Measure)	Average Value (Dollars)	Cost or Basis (Unit of Measure)	Net Value (Ending Inventory x Average Value) - Cost or Basis (if applicable)
Total Beginning Value					Total Ending Value					
Inventory Adjustment (To be completed ONLY if a claim is filed)										
Adjustment: Total Ending Value - Total Beginning Value = Inventory Adjustment. Enter the Total Inventory Adjustment (+) or (-):										

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ACCOUNTS RECEIVABLE, PAYABLE, AND PREPAID EXPENSES				
ACCOUNTS RECEIVABLE				
Commodity Name	Name and Address of Buyer	Beginning Amount (Dollars)	Ending Amount (Dollars)	Balance (Ending Amount - Beginning Amount)
Total Accounts Receivable Adjustments (+) or (-) to Claim (Dollars)				
ACCOUNTS PAYABLE				
Commodity Name	Name and Address of Creditor	Beginning Amount (Dollars)	Ending Amount (Dollars)	Balance (Ending Amount - Beginning Amount)
Total Accounts Payable Adjustments (+) or (-) to Claim (Dollars)				
PREPAID EXPENSES				
Beginning Prepaid Expenses Balance	Ending Prepaid Expenses Balance	Balances		
Total Prepaid Expenses Adjustment				
Total Accounts Payable / Prepaid Expense Adjustment to Claim				

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MARKET ANIMAL AND NURSERY INVENTORY REPORT

BREEDING LIVESTOCK ONLY

Types of Animals or Commodities		Beginning Inventory: First Day of the Insurance Period			Ending Inventory: Last Day of the Insurance Period				
Type/Category	Number				Number				

MARKET ANIMALS OR NURSERY

Types of Animals or Commodities		Beginning Inventory: First Day of the Insurance Period				Ending Inventory: Last Day of the Insurance Period						
Type/Category	Number	Average Weight, Container Size, etc.	Average Value	Average Value / Unit	Total \$ Value	Number	Average Weight, Container Size, etc.	Average Value	Average Value / Unit	Total \$ Value	Cost or Basis	Net \$ Value
Total Beginning Value Less Cost or Other Basis						Total Ending Value Less Cost or Other Basis						

Inventory Adjustment (to be completed ONLY if a claim is filed)

Adjustment: Total Ending Value Less Cost or Other Basis - Total Beginning Value Less Cost or Other Basis = Inventory Adjustment. The amount can either be positive or negative number. Transfer the Inventory Adjustment amount to the Claim for Indemnity for Market Animal and Nursery Adjustment.

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ALLOWABLE REVENUE WORKSHEET

Adjustment Codes	A Schedule F income specifically excluded	G Net gain from commodity hedges
	B Cost of post-production operations	H Not directly related to production
	C Co-op distributions not directly related	I Other - explain the adjustment made

Schedule F Part I (for cash basis taxpayers) or Part III (for accrual taxpayers) Revenue

Tax Year					
Schedule F Line Number	Schedule F Part I (cash) or III (accrual) Revenue	Amount on Schedule F	Revenue Adjustment Amount	Code	Allowable Revenue per Item
1c or 37	Sales of livestock and other resale items, less the cost or basis of such items				
2 or 37	Sales of livestock, produce, grains and other products you raised				
3b or 38b	Taxable cooperative distributions			C	
4b or 39b	Taxable agricultural program payments			A	
5a or 40a	Commodity Credit Corporation (CCC) loans reported under election			A	
5c or 40c	Taxable CCC loans forfeited			A	
6b or 41	Taxable crop insurance proceeds and federal crop disaster payments			A	
7 or 42	Custom hire (machine work) income				
8 or 43	Other income, including federal and state gasoline or fuel tax credit or refund:			A	
	Federal and State gasoline or fuel tax cred or refund				
	Income from bartering				
	Payments from buyers commodities for bypassed acreage				
	Payments from marketing orders				
Total Schedule F Part I or III Revenue					
Allowable Revenue for Tax Year					

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ALLOWABLE EXPENSE WORKSHEET

Adjustment Codes	A	Schedule F expenses specifically excluded	H	Not directly related to production	
	B	Cost of post-production operations	I	Other - explain the adjustment made	
Schedule F Part II Expenses - For All Taxpayers					
Tax Year					
Schedule F Line Number	Schedule F Part II Expenses	Amount On Schedule F	Expense Adjustment Amount	Code	Allowable Expense Per Item
10	Car and Truck Expenses				
11	Chemicals				
12	Conservation Expenses				
13	Custom Hire (machine work)				
14	Depreciation and Section 179 Expense			I	
15	Employee Benefit Programs other than on Line 23			A	
16	Feed				
17	Fertilizer and Lime				
18	Freight and Trucking				
19	Gasoline, Fuel, and Oil				
20	Insurance (other than health)				
21a	Mortgage Interest			A	
21b	Other Interest			A	
22	Labor Hired				
23	Pension and Profit-Sharing Plans			A	
24a	Equipment Rent / Lease (Vehicles, Machinery, Equipment)			A	
24b	Other Rent / Lease (Land, Animals, etc.)			A	
25	Repairs and Maintenance				
26	Seeds and Plants				
27	Storage and Warehousing				
28	Supplies				
29	Taxes			A	
30	Utilities				
31	Veterinary, Breeding and Medicine				
32	Other Expenses (specify):				
32a					
32b					
32c					
32d					
Total Schedule F Part II Expenses					
Cost or Other Basis of livestock or other items reported on line 1a or 37 of the Schedule F (Cash Filers input item 1b of Schedule F Part I. Accrual Filers input item 46 of Schedule F Part III)					
Accounts Payable Adjustment					
Allowable Expenses for Tax Year					

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15	Employee Benefit Programs other than on Line 23			A	
16	Feed				
17	Fertilizer and Lime				
18	Freight and Trucking				
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20	Insurance (other than health)				
21a	Mortgage Interest			A	
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22	Labor Hired				
23	Pension and Profit-Sharing Plans			A	
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18	Freight and Trucking				
19	Gasoline, Fuel, and Oil				
20	Insurance (other than health)				
21a	Mortgage Interest			A	
21b	Other Interest			A	
22	Labor Hired				
23	Pension and Profit-Sharing Plans			A	
24a	Equipment Rent / Lease (Vehicles, Machinery, Equipment)			A	
24b	Other Rent / Lease (Land, Animals, etc.)			A	
25	Repairs and Maintenance				
26	Seeds and Plants				
27	Storage and Warehousing				
28	Supplies				
29	Taxes			A	
30	Utilities				
31	Veterinary, Breeding and Medicine				
32	Other Expenses (specify):				
32a					
32b					
32c					
32d					
Total Schedule F Part II Expenses					
Cost or Other Basis of livestock or other items reported on line 1a or 37 of the Schedule F (Cash Filers input item 1b of Schedule F Part I. Accrual Filers input item 46 of Schedule F Part III)					
Accounts Payable Adjustment					
Allowable Expenses for Tax Year					

See Last Pages of WHOLE-FARM REVENUE PROTECTION COMBINATION FORM for Required Statements.



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ALLOWABLE EXPENSE WORKSHEET

Adjustment Codes	A	Schedule F expenses specifically excluded	H	Not directly related to production	
	B	Cost of post-production operations	I	Other - explain the adjustment made	
Schedule F Part II Expenses - For All Taxpayers					
Tax Year					
Schedule F Line Number	Schedule F Part II Expenses	Amount On Schedule F	Expense Adjustment Amount	Code	Allowable Expense Per Item
10	Car and Truck Expenses				
11	Chemicals				
12	Conservation Expenses				
13	Custom Hire (machine work)				
14	Depreciation and Section 179 Expense			I	
15	Employee Benefit Programs other than on Line 23			A	
16	Feed				
17	Fertilizer and Lime				
18	Freight and Trucking				
19	Gasoline, Fuel, and Oil				
20	Insurance (other than health)				
21a	Mortgage Interest			A	
21b	Other Interest			A	
22	Labor Hired				
23	Pension and Profit-Sharing Plans			A	
24a	Equipment Rent / Lease (Vehicles, Machinery, Equipment)			A	
24b	Other Rent / Lease (Land, Animals, etc.)			A	
25	Repairs and Maintenance				
26	Seeds and Plants				
27	Storage and Warehousing				
28	Supplies				
29	Taxes			A	
30	Utilities				
31	Veterinary, Breeding and Medicine				
32	Other Expenses (specify):				
32a					
32b					
32c					
32d					
Total Schedule F Part II Expenses					
Cost or Other Basis of livestock or other items reported on line 1a or 37 of the Schedule F (Cash Filers input item 1b of Schedule F Part I. Accrual Filers input item 46 of Schedule F Part III)					
Accounts Payable Adjustment					
Allowable Expenses for Tax Year					

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BASIC RECORDKEEPING AID FOR DIRECT MARKETED COMMODITIES

Crop	Estimate Percent of Total Cash Receipts	Revenue Per Crop
Total	100%	

Remarks:

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RECORDKEEPING FOR DIRECT MARKETERS WITH PRICE INFORMATION

Commodity Name	Amount Taken to Market	Amount Returned Home	Amount Sold	Today's Price	Revenue By Commodity
Total					

Remarks:

See Last Pages of WHOLE-FARM REVENUE PROTECTION COMBINATION FORM for Required Statements.



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EXPECTED VALUE AND YIELD SOURCE DOCUMENT CERTIFICATION WORKSHEET

COMMODITY INFORMATION

Commodity Name / Code	Practice	Type	Variety	Unit of Measure	Expected Yield	Source	Expected Value	Source

See Last Pages of WHOLE-FARM REVENUE PROTECTION COMBINATION FORM for Required Statements.



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ANTI-REBATING CERTIFICATION - APPLICANT / INSURED STATEMENT

I certify, for the policy 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 payments 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 or 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.

ANTI-REBATING CERTIFICATION - AGENT STATEMENT

I certify, for the policy 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 payments 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 or 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.

USDA MULTIPLE BENEFIT CERTIFICATION STATEMENT

I understand that obtaining multiple Federal benefits for the same loss, such as a Noninsured Crop Disaster Assistance Program (NAP) payment(s) and a Federal crop insurance indemnity, is prohibited by law. I certify that I have, or will disclose any other USDA benefits; including any NAP benefit, received for this crop. Failure to disclose the receipt of multiple Federal benefits, or failure to repay one of the multiple Federal benefits such as either the NAP benefit or the Federal crop insurance indemnity for the same crop, may result in my being disqualified from receiving Federal crop insurance benefits, as well as being ineligible for various programs administered by the Farm Service Agency for up to five (5) years.

See Last Pages of WHOLE-FARM REVENUE PROTECTION COMBINATION FORM for Required Statements.

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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.

NONDISCRIMINATION STATEMENT

Non-Discrimination Policy: The US. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

To File a Program Complaint: If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <https://www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Persons with Disabilities: Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

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.

CERTIFICATION STATEMENT

I certify that to the best of my knowledge and belief all of the information on this form is correct. I understand that changes to the intended commodities grown will result in changes to the insured revenue, premium rate and indemnity. I understand the information on this form may be reviewed and audited, and used to determine my loss, if any, for the policy listed above. I understand that inaccurate information or my failure to retain or provide, upon request, records supporting the information on this form may result in denial of coverage, cancellation of my policy, ineligibility for indemnity or recalculation of approved revenue. 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).

Native Sod: I HAVE or HAVE NOT broken native sod after February 7, 2014.

I understand that if I till native sod acreage, I will be assessed a reduction in the yield guarantee and premium subsidy, these reductions apply in the crop year that my total native sod acreage tilled exceeds 5 acres in the county (cumulated across crops and crop years), and these reduction in benefits may be retroactively applied within a crop year.

Signatures are for (select one)

Sales Closing Date

Revised Reporting Date

Final Reporting Date

Applicant's / Insured's Printed Name

Applicant's / Insured's Signature

Date

Agent's Printed Name

Code

Agent's Signature

Date

AIP Representative's Printed Name

AIP Representative's Signature

Date