



Producers Ag Insurance Group®, 2025 South Hughes, Suite 200, Amarillo, TX 79109

# WHOLE-FARM REVENUE PROTECTION COMBINATION FORM

## RENEWAL POLICY

Date \_\_\_\_\_

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APPLICANT/INSURED'S NAME:			AGENCY NAME:		AGENCY CODE:	EFFECTIVE POLICY YEAR:	POLICY NUMBER:
STREET AND/OR MAILING ADDRESS:			ADDRESS:			STATE:	COUNTY:
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:	Did the county where the majority of revenue is expected to be earned change within the policy year? If Yes, enter county. <div>YES                      NO</div>	
TELEPHONE NUMBER:	CELL:	APPLICANT/INSURED'S EMAIL:	TELEPHONE:	AGENT EMAIL:			
IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER TYPE:	PERSON TYPE:	APPLICANT/INSURED'S AUTHORIZED REPRESENTATIVE:			TYPE OF POLICY: <div>NEW APPLICATION                      TRANSFER</div> <div>REINSTATE                                  POLICY CHANGES</div> <div>CANCELLATION</div>	
SPOUSE'S NAME:	SPOUSE'S ID NUMBER:	SPOUSE'S ID NUMBER TYPE:	STATE OF INCORPORATION:				
I am a limited resource farmer?                      YES                      NO			Is applicant at least 18 years old?                      YES                      NO				

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

NAME	COMPLETE ADDRESS	TELEPHONE NUMBER	IDENTIFICATION NUMBER	IDENTIFICATION TYPE	PERSON TYPE

### CROP INFORMATION

IRS ACCOUNTING METHOD	TAXES FILED	FISCAL YEAR BEGIN DATE (MM/YYYY)	FISCAL YEAR END DATE (MM/YYYY)	COVERAGE LEVEL
CASH                      ACCRUAL	CALENDAR                      EARLY FISCAL                      LATE FISCAL			

OTHER CHANGES (as indicated above)	REASON FOR CANCELLATION
Add or Remove SBI                      Correct SBI's Identification Number^                      Correct Spelling of SBI's Name	Insured's Request                      Mutual Consent
Add / Change / Correct Insured's Authorized Rep.                      Correct Insured's Identification Number^                      Other - Explain Below	Death, Incompetence or Dissolution                      Other (Explain in Remarks)
Change / Correct Insured's Address                      Correct Spelling of Insured's Name	

### OTHER INSURANCE

Will any listed commodity be insured under another insurance policy?                      YES                      NO                      If Yes, list the commodity(ies) and policy number(s) by state and county:

**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.

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



# WHOLE-FARM REVENUE PROTECTION COMBINATION FORM

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Policy No. \_\_\_\_\_ Effective Policy Year \_\_\_\_\_ Date \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

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 policy 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.

## 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?   |
| 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 policy year specified and will continue for each succeeding policy year, unless otherwise specified in the policy, until canceled, terminated or voided.

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

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 policy 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)

I hereby request cancellation of my WFRP insurance policy with \_\_\_\_\_ for the Policy year of policy cancelled and transferred) 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.

Ceding AIP Name and Policy Number

Policy Year of Policy Cancelled and Transferred

I hereby authorize and direct the Ceding Approved Insurance Provider shown above to furnish any information related to my WFRP insurance policy to the Assuming Approved Insurance Provider listed below. I understand that if coverage for my WFRP insurance policy is now terminated or would have subsequently terminated for delinquent debt had this transfer not occurred, no coverage can be provided by Producers Ag Insurance Group.

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 policy 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 \_\_\_\_\_

## REMARKS:

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



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## FARM OPERATION REPORT

TAX YEAR		FISCAL YEAR BEGIN DATE		FISCAL YEAR END DATE		COVERAGE		Other Insurance: Will any listed commodity be insured under another insurance policy? Yes      No      If yes, list the commodity(ies) and policy number(s) by state and county:												
Early Fiscal	Late Fiscal	Calendar					%													
INTENDED										REVISED				FINAL						
6. COMMODITY NAME (7. CODE)	9. METHOD OF ESTABLISHMENT	10. YIELD	X	11. EXPECTED VALUE	=	12. EXPECTED REVENUE	X	13A. INTENDED QUANTITY	-	13B. COST / BASIS AND / OR VALUE	X	13C. SHARE	=	13E. TOTAL EXPECTED REVENUE	14A. ACTUAL QUANTITY	14B. ACTUAL COST / BASIS AND / OR VALUE	14C. SHARE	14E. TOTAL EXPECTED REVENUE	15A. FINAL PRODUCTION	15B. FINAL REVENUE
8. RATE CODE												13D. % PROD. ^					14D. ACTUAL % ~			
			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
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			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
16. Total Expected Revenue at SCD														17. Total Expected Revenue				17. Total		
18. Total Expected Revenue at SCD (Total of Item 16 and 17 @ SCD)														20. Total Expected Revenue at Revised Reporting Date						
19. Whole-Farm Historic Average Revenue (Item 19 of WFRP History Report)														21b. Approved Revenue at Revised Reporting Date						
21a. Approved Revenue at SCD Lesser of Total Expected Revenue or Whole-Farm Historic Average Revenue														22b. Approved Expenses at Revised Reporting Date						
22a. Approved Expenses at SCD																				
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.)																				

Legend: ^ = Percent Produced to Sell; ~ = Actual Percent Produced to Sell

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WHOLE-FARM HISTORY REPORT			
6. TAX YEAR	7. ALLOWABLE REVENUE	8. INDEX REVENUE	9. ALLOWABLE EXPENSES
	a.	b.	c.
10. TOTAL			
11. SIMPLE AVERAGE			
12: REVENUE SUBSTITUTION			
13. REVENUE EXCLUSION			
14. REVENUE CUP			
15. EXPANDED OPERATION			
16. AVERAGE			
17. INDEXING	YES                      NO		
18. INSURANCE OPTIONS	SUBSTITUTIONS                      EXCLUSION                      CUP <b>IMPORTANT: If more than one option is selected the option with highest amount will be considered elected in determination of their whole-farm historic average.</b>		
19. WHOLE-FARM HISTORIC AVERAGE			

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## INVENTORY REPORT

### INVENTORIED COMMODITIES

6. Commodity Name	BEGINNING INVENTORY					ENDING INVENTORY				
	PART 2: FIRST DAY OF THE INSURANCE PERIOD		PART 3: VALUE END OF INSURANCE PERIOD			PART 4: LAST DAY OF INSURANCE PERIOD				
	7. Location(s)	8. Beginning Inventory (Unit of Measure)	9. Value (Dollars)	10. Cost or Basis	11. Value Received (Dollars)	12. Location(s)	13. Ending Inventory (Unit of Measure)	14. Average Value (Dollars)	15. Cost or Basis (Unit of Measure)	16. Net Value (Ending Inventory x Average Value) - Cost or Basis (if applicable)
17. Total Beginning Value						18. Total Ending Value				

**PART 5: INVENTORY ADJUSTMENT (To be completed ONLY if a claim is filed)**  
**19. Adjustment: Item 18. Total Ending Value - Item 17. Total Beginning Value = Inventory Adjustment. Enter amount of 19. Total Inventory Adjustment (+) or (-) for Item 26. Inventory Adjustment on the Claims Indemnity Form.**  
17. \_\_\_\_\_ - 18. \_\_\_\_\_ = 19. \_\_\_\_\_

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## ACCOUNTS RECEIVABLE, PAYABLE, AND PREPAID EXPENSES

### PART 2: ACCOUNTS RECEIVABLE

5. Commodity Name	6. Name and Address of Buyer	7. Beginning Amount (Dollars)	8. Ending Amount (Dollars)	9. Balance (Ending Amount - Beginning Amount)
10. Total Accounts Receivable Adjustments (+) or (-) to Claim (Dollars)				

### PART 3: ACCOUNTS PAYABLE

11. Commodity Name	12. Name and Address of Creditor	13. Beginning Amount (Dollars)	14. Ending Amount (Dollars)	15. Balance (Ending Amount - Beginning Amount)
16. Total Accounts Payable Adjustments (+) or (-) to Claim (Dollars)				

### PART 4: PREPAID EXPENSES

17. Beginning Prepaid Expenses Balance	18. Ending Prepaid Expenses Balance	19. Balance (Beginning Prepaid Expense - Ending Prepaid Expense)
20. Total Prepaid Expenses Adjustments		
21. Total Accounts Payable / Prepaid Expense Adjustment to Claim		

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



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## PART 2: BREEDING LIVESTOCK

## PART 3: MARKET ANIMALS OR NURSERY

#### Part 4: Inventory Adjustment (to be completed ONLY if a claim is filed)

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## ALLOWABLE REVENUE WORKSHEET

### 5. Adjustment Codes

- A Schedule F income specifically excluded
- B Cost of post-production operations
- C Co-op distributions not directly related

- G Net gain from commodity hedges
- H Not directly related to production
- I Other - explain the adjustment made

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

#### 4. Tax Year

7. Schedule F Line Number	6. Schedule F Part I (cash) or III (accrual) Revenue	8. Amount on Schedule F	9. Revenue Adjustment Amount	9. Code	10. 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			A	
8 or 43	Other income, including federal and state gasoline or fuel tax credit or refund:				
	Federal and State gasoline or fuel tax cred or refund			A	
	Income from bartering				
	Payments from buyers commodities for bypassed acreage				
	Payments from marketing orders				
<b>11. Total Schedule F Part I or III Revenue</b>					
<b>12. Allowable Revenue for Tax Year</b>					

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## ALLOWABLE EXPENSE WORKSHEET

### 5. Adjustment Codes

- A Schedule F expenses specifically excluded  
B Cost of post-production operations

- H Not directly related to production  
I Other - explain the adjustment made

### Schedule F Part II Expenses - For All Taxpayers

#### 4. Tax Year

7. Schedule F Line Number	6. Schedule F Part II Expenses	8. Amount on Schedule F	9. Expense Adjustment Amount	9. Code	10. 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					
11. Total Schedule F Part II Expenses					
12. 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)					
13. Accounts Payable Adjustment					
14. Allowable Expenses for Tax Year					

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REMARKS:
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Version 6.3  
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REMARKS:



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**EXPECTED VALUE AND YIELD SOURCE DOCUMENT CERTIFICATION WORKSHEET**

**PART 2 - COMMODITY INFORMATION**

5. COMMODITY NAME / 6. CODE	8. PRACTICE	10. VARIETY	11. UNIT OF MEASURE	12. EXPECTED YIELD	13. YIELD SOURCE	14. EXPECTED VALUE	15. EXPECTED VALUE SOURCE
7. RATE CODE	9. TYPE						



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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, 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 benefit; 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.

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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.

### NON-DISCRIMINATION STATEMENT

#### Non-Discrimination Statement:

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income is derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

#### 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 [www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form](http://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 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

#### Persons with Disabilities:

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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.

### 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 the information on this form may be reviewed and audited. 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 the insured 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. For any native sod acreage broken after December 20, 2018, identify the year it was broken separately for each parcel: \_\_\_\_\_

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