



Producers Ag Insurance Group®, 5601 Interstate 40 W, Suite 204, Amarillo, TX 79106

# MPCI APPLICATION / CANCEL / TRANSFER / PRODUCTION REPORT / ACREAGE REPORT / PRE-ACCEPTANCE WORKSHEET COMBINATION FORM

Date \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

APPLICANT/INSURED'S NAME:			AGENCY NAME:		AGENCY CODE:	CROP YEAR:	POLICY NUMBER:
STREET AND/OR MAILING ADDRESS:			ADDRESS:			STATE:	COUNTY (WHERE INSURANCE ATTACHES):
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:	CROPS:	
TELEPHONE NUMBER:	CELL:	EMAIL:	TELEPHONE:	AGENT'S EMAIL:		PLAN OF INSURANCE / COVERAGE / % OF PRICE:	
IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER TYPE:	PERSON TYPE:	APPLICANT'S AUTHORIZED REPRESENTATIVE:			NAME OF PREVIOUS AIP (IF ANY):	
SPOUSE'S NAME:		SPOUSE'S IDENTIFICATION NUMBER:	IS APPLICANT AT LEAST 18 YEARS OLD?	STATE OF INCORPORATION:		POLICY NUMBER UNDER PREVIOUS AIP (IF ANY):	
			YES NO				

**SBI SECTION** - List all person(s) or entity(ies) 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	LANDLORD/ TENANT INSURING OTHER'S SHARE? **	L/T
						Y N	L T
						Y N	L T
						Y N	L T
						Y N	L T

**APPLICATION** (Complete Section A)

**CANCELLATION** (Complete Section A and B)

**TRANSFER** (Complete Section A and C)

**OTHER CHANGES FOR MPCI POLICIES ONLY**

Add or Remove SBI

Correct Insured's Identification Number\*\*\*

Correct Spelling of SBI's Number

Add/Change/Correct Insured's Authorized Representative

Correct Spelling of Insured's Name

\*\*\*Enter Previous ID number if this item is checked:

Change/Correct Insured's Address

Correct SBI's Identification Number\*\*\*

**CROP INFORMATION**

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.

If your designated plan of insurance, level of coverage or price is not available in the added county, coverage will be approved through the Catastrophic Risk Protection Endorsement, if the crop is insurable in the actuarial documents for an added county.

EFFECTIVE CROP YEAR	NAME OF CROP		TYPE	COVERAGE LEVEL	UNIT STRUCTURE (EU OR WF)	NEW PRODUCER	
COUNTY	DESIGNATED COUNTY	PLAN	PRACTICE	% OF PRICE, PROJ. PRICE, AMT. OF INS. OR PROT. FACTOR	OPTIONS, ELECTIONS OR ENDORSEMENTS	INTENDED ACRES	
						Yes	No
						Yes	No
						Yes	No

See Last Pages of APH Application/Transfer/Cancellation/Production & Yield/Acreage Report/Producer's Pre-Acceptance Worksheet Combination Form for Required Statements.



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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 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 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. 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)

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.

AIP Representative's Printed Name _____	AIP Representative's Signature _____	Date _____
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## 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 insurance policy with \_\_\_\_\_ for the crop(s) and crop year(s) shown above  
Ceding AIP Name and Policy Number  
 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.

Crop(s) to be Cancelled and Transferred \_\_\_\_\_

Crop Year of Crops Being Cancelled and Transferred \_\_\_\_\_

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.  
Ceding Approved Insurance Provider  
 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 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.

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 by AIP _____	AIP Code _____
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PRODUCTION REPORT																										
County:			Crop:		Plan:		County:			Crop:		Plan:		County:												
Coverage Level:			% of Price Election**:			Coverage Level:			% of Price Election**:			Coverage Level:			% of Price Election**:											
Type:		Practice:		Record Type:			Type:		Practice:		Record Type:			Type:		Practice:		Record Type:								
Unit / Unit Structure:				New Producer					Unit / Unit Structure:				New Producer					Unit / Unit Structure:				New Producer				
YEAR	PRODUCTION	ACRES	YIELD	DESC. (ADJ. YIELD)		YEAR	PRODUCTION	ACRES	YIELD	DESC. (ADJ. YIELD)		YEAR	PRODUCTION	ACRES	YIELD	DESC. (ADJ. YIELD)		YEAR	PRODUCTION	ACRES	YIELD	DESC. (ADJ. YIELD)				



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County:					Crop:				County:					Crop:					
Plan:		Coverage Level:			% of Price Election**:			Plan:		Coverage Level:			% of Price Election**:						
Unit / Unit Structure:		Type:		Practice:			Unit / Unit Structure:		Type:		Practice:								
T-Yield Map Area / Area Class:		Record Type:		AL / NC / P / T / TMA ~			T-Yield Map Area / Area Class:		Record Type:		AL / NC / P / T / TMA ~								
Processor # / Name:		# of Trees or Vines:		Multi Crop Year Reporting Reason:			Processor # / Name:		# of Trees or Vines:		Multi Crop Year Reporting Reason:								
New Producer - I certify I have not produced the insured crop(s) in the county for more than two years.								New Producer - I certify I have not produced the insured crop(s) in the county for more than two years.											
Inspection Required?		Field Review Required?			Land in Other County?			Yes	No	Inspection Required?		Field Review Required?			Land in Other County?			Yes	No
YEAR	PRODUCTION	ACRES	YIELD	NET REV.	AVG. REV.	SHARE	100% REV.	DESC.	YEAR	PRODUCTION	ACRES	YIELD	NET REV.	AVG. REV.	SHARE	100% REV.	DESC.		
Total									Total										
Prior Yield			Prior Revenue			Approved Revenue			Prior Yield			Prior Revenue			Approved Revenue				
Preliminary Yield			Preliminary Revenue			Approved Yield			Preliminary Yield			Preliminary Revenue			Approved Yield				
T-Yield			T-Revenue			Yield Indicator			T-Yield			T-Revenue			Yield Indicator				
Comments / Remarks / Other / Other Characteristics:									Comments / Remarks / Other / Other Characteristics:										

Reported Acres:		Acreage Type:		Reported Acres:		Acreage Type:	
Date Planting Completed:		Crush District _____		Frost Protection _____		Date Planting Completed:	
Crush District _____		Frost Protection _____		Date Planting Completed:		Crush District _____	
Insurability: I UI		Share:		Insurability: I UI		Share:	
Person(s) Sharing:				Person(s) Sharing:			
Legal Description***:		Field Location Identification:		Farm Name:		Legal Description***:	
Field Location Identification:		Farm Name:		Field Location Identification:		Farm Name:	
Options, Elections or Endorsements:				Options, Elections or Endorsements:			
<b>Legend:</b> **Percentage Price Election, Projected Price or Amount of Insurance; ***Legal Description = Section, Township, Range, and Other Land Identifier (e.g. Spanish land grants, metes and bounds, etc.); ~Added Land / New Crop / Practice / Type / TMA; C = Claim Record; CRP = Conservation Reserve Program; IW = Insurance Waived; NBA = New Breaking Acreage; SR = Short Rate; UI - Uninsurable; UR = Unreported ;							
<b>Record Type Codes:</b> 01 = Prod. Sold / Commercial Storage; 05 = On Farm Storage; 10 = Farm Storage / Record Bin Management; 15 = Livestock Feeding Records; 22 = FSA Loan Record; 25 = Appraisal; 30 = Other; 35 = Pick Records							
<b>Multi Crop Year Reporting Reason Codes:</b> 1) Certification for crop years not previously certified; 2) Correction; 3) Replacement of a temporary yield; 4) Replacement of assigned yield; 5) Certification by new insured; 6) Certification using another producer's history for new acreage; 7) Recertification for new actuarial offer; 8) Recertification for new unit structure; 9) Other							

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LEGAL DESCRIPTION*	BLOCK OR FARM NAME	BLOCK OR PLOT #	MO - YEAR PLANTED OR SET OUT	ACRES	VARIETY	NUMBER OF PLANTS / TREES / VINES / BUSHES **	PLANT SPACING	DENSITY**	INTERPLANTED WITH ANOTHER CROP	PRACTICE IRR OR NI	ACREAGE TYPE
FSA FARM / TRACT / FIELD #		LINE #	MO - YEAR GRAFTED		TYPE		PLANTING PATTERN ***	PERCENT OF STAND		ROOTSTOCK ****	INSURABLE OR UNINSURABLE OR EXCLUDED
TOTAL ACRES					TOTAL						

\*\*\*\*When applicable by policy: Arizona—California citrus crop, macadamia nuts, peaches, pistachio, plum, stonefruit, walnuts, and grapes.

Please check Yes or No for each question below.

Yes ☐ No ☐ Have practices or production methods (e.g., removal, dehorning, grafting, transitioning to or from organic) been performed that will reduce the insured crop's production from previous crop years?

Yes      No      B. Is acreage changing from organic to conventional for the first year?

Organic to Conventional

Yes No Is any of your crop direct marketed or vertically integrated?

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## NEW PRODUCER

New Producer of (List Crop(s) Required):

I certify I have not produced the insured crop(s) in the county for more than two years.

Field Review Required?

Inspection Required?

## 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 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.

## DIRECT MARKETING

Yes ☐ No ☐ Will production from any unit be sold by direct marketing?

## COMMINGLED PRODUCTION

Request for Commingled Production

The named insured requests that an adjuster measure his production of each unit, because more than one unit will be commingled into the same storage structure. ProAg authorizes the insured to use load records along with bin markings due to the large workload and number of claims. The company states that failure to allow this will result in a hardship to the insured. The load records are marketings are identified according to the procedure and production can be identified separately by unit number or field ID.

**NOTE:** Weight tickets must contain the following information: Insured Name, Load or Ticket Number, Crop, Gross Weight, Unit Number, T Area Weight, Date Weighed, Net Weight, Legal Description, ID Where Stored, Location of Scale.

## INTEGRATED / POST-PRODUCTION OPERATIONS

Yes ☐ No ☐ Am I involved in ANY post-production operations including other tax entities?

## MEASUREMENT SERVICE REQUESTED

Is measurement service being requested? Yes ☐ No ☐ If Yes, please provided the unit number(s) and the estimated acreage for which measurement service is requested.

## SIGNATURE AUTHORIZATION

I grant the person(s) listed below the authority to sign any and all crop insurance documents on my behalf. I understand that by authorizing such persons to sign documents on my behalf I am legally bound by all terms and conditions of such documents and of the crop insurance contract. I also understand that granting the following person(s) the authority to sign on my behalf does not obligate that person(s) to the terms and conditions of my crop insurance contract. I further understand that this authorization may be revoked by me at any time upon written notice, signed and delivered to my Approved Insurance Provider.

The authority granted under this provision: a) is applicable only to the insured person and insured commodities reported on this Application and does not extend to any other policy or person; b) terminates upon (i) our receipt of a new Application for the commodities reported on this Application, (ii) voidance or termination of the policy for any reason, including dissolution, death, disappearance or judicially declared incompetence of the grantor, (iii) legal separation or divorce if the authorized person is a spouse of the insured person; and c) does **not** extend to changing plans of insurance or applying for new coverage, including but not limited to, adding a new crop to an existing policy.

It is your sole responsibility to notify any other persons that have authority to sign on your behalf, including persons authorized to act on your behalf under a power of attorney, that you are granting authority to other person(s) to sign crop insurance documents. You shall be liable for all damages that result from your authorizing more than one person to act on your behalf with respect to your multiple-peril crop insurance policy. In accepting your application and the grant of authority contained therein ProAg does not waive or vary any federal or state law. ProAg will not be held liable if the granting of authority under this Signature Authorization language is determined to be invalid under state or federal law or is superseded by any grant of authority under a valid power of attorney.

Legal Name	Last 4 SSN

I extend the above grant of authority, subject to all terms and conditions above, to all SBI holders listed on this application without needing to list them in this section.

**Note:** If you only want certain SBI holders to have signing authority, they should be listed above. However, all SBI holders must be listed in the appropriate section of this application; listing a person in this section does **not** satisfy the application's requirement to list all SBI holders.

I hereby revoke the authority to sign crop insurance documents on behalf of the insured that was previously granted to the following person(s):

Legal Name

By signing below, I authorize the Company to offset from any indemnity or prevented planting payment any and all unbilled and payable premium and fees.

Check here only if you do **NOT** authorize such offset.



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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

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.

## ANTI - REBATING CERTIFICATION - 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 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 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 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.

## ORGANIC CERTIFICATION

I certify that I have an organic plan, or organic certificate in place or that I have provided a written request for an updated plan or certificate to the certifying agent for all acreage reported as certified organic or transitional organic.

## 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).

I certify that I am responsible for establishing the approved APH yields that are used to calculate the production guarantee contained in this acreage report and that such approved APH yields are correct to the best of my knowledge.

APPLICANT/INSURED'S PRINTED NAME	APPLICANT/INSURED'S SIGNATURE	DATE	AGENT'S PRINTED NAME	AGENT'S SIGNATURE	AGENT CODE	DATE
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~ Premium Line Acreage Type - Identify whether acreage is:

- A = Insured by New Breaking WA (acreage previously in production)
- B = Insured New Breaking under terms of policy (<5% & acreage previously in production)
- C = CRP Acreage (automatically insured under terms of policy)
- D = Insured by New Breaking WA (acreage never in production)
- E = Insured New Breaking under terms of policy (<5% & acreage never in production)
- K = Insured - Unavoidable Uninsured Fire (UUF) or Third Party Damage

Uninsurable Reasons:

- B = Uninsurable new breaking first year no written agreement
- P = Unreported portion of insurable acres within the unit (i.e., under-reported acres)
- R = Unreported insurable unit - entire unit not reported
- S = Uninsurable Acres
- T = Uninsurable due to new breaking and insured cannot substantiate acreage has previously been in production.
- U = Uninsurable Acreage
- W = Uninsurable - insurance waived due to 2nd crop provision