



# PRODUCTION REPORT / ACREAGE REPORT

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

Date \_\_\_\_\_

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

INSURED'S NAME:			AGENCY:		AGENCY CODE:	CROP YEAR:	POLICY NUMBER:
STREET AND/OR MAILING ADDRESS:			ADDRESS:			STATE (WHERE INSURANCE ATTACHES):	
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:	LANDLORD / TENANT INSURING OTHER'S SHARE:	
INSURED'S TELEPHONE NUMBER:		CELL:	TELEPHONE:			Is insured insuring the tenant's share?	
						YES NO	
IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER TYPE:	PERSON TYPE:	INSURED'S AUTHORIZED REPRESENTATIVE:			Is insured insuring the landlord's share?	
						YES NO	
SPOUSE'S NAME:		SPOUSE'S IDENTIFICATION NUMBER:		SPOUSE'S IDENTIFICATION NUMBER TYPE:			

## CROP SUMMARY

COUNTY	CROP(S) COVERED	PLAN	TYPE/PRACTICE	COVERAGE LEVEL	% OF PRICE ELECTION**	OPTION(S) ELECTED / UNIT STRUCTURE APPLIED AT COVERAGE	TOTAL PLANTED ACRES

## COMMENTS / REMARKS:

See Last Pages of Production Report / Acreage Report for Required Statements



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

[illegible]

ACREAGE REPORT					
<b>Reported Acres:</b>	<b>Acreage Type:</b>	<b>Reported Acres:</b>	<b>Acreage Type:</b>	<b>Reported Acres:</b>	<b>Acreage Type:</b>
<b>Date Planting Completed:</b>	<b>Share:</b>	<b>Date Planting Completed:</b>	<b>Share:</b>	<b>Date Planting Completed:</b>	<b>Share:</b>
<b>Person(s) Sharing:</b>		<b>Person(s) Sharing:</b>		<b>Person(s) Sharing:</b>	
<b>Insurability:</b>	<b>I                  UI</b>	<b>Insurability:</b>	<b>I                  UI</b>	<b>Insurability:</b>	<b>I                  UI</b>
<b>Options, Elections or Endorsements:</b>			<b>Options, Elections or Endorsements:</b>		
<b>Legal Description***:</b>	<b>Field Location Identification****:</b>	<b>Farm Name:</b>	<b>Legal Description***:</b>	<b>Field Location Identification****:</b>	<b>Farm Name:</b>

Reported Acres:			Acreage Type:			Reported Acres:			Acreage Type:								
Date Planting Completed:			Share:			Date Planting Completed:			Share:								
Person(s) Sharing:						Person(s) Sharing:											
Insurability:			I                      UI			Insurability:			I                      UI								
Options, Elections or Endorsements:						Options, Elections or Endorsements:											
Legal Description***:			Field Location Identification****:			Farm Name:			Legal Description***:			Field Location Identification****:			Farm Name:		

**Legend:** \*\*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;

**Acres Type - Identify whether acres is:** A = New breaking insurable by WA and insured is able to substantiate the acres has previously been in production; B = New breaking insured under the terms of the policy (e.g. less than 5%) and insured is able to substantiate the acres has previously been in production; C = CRP acres (automatically insured under terms of policy); D = Insured - New breaking acres insured by NB WA and the insured is unable to substantiate the acres has previously been in production; E = Insured - New breaking acres insured in accordance with the terms of the policy (e.g. less than 5%) and the insured is unable to substantiate the acres has previously been in production; G = Insured - Native sod acres insured under the terms of the policy; H = Insured - Native sod acres insured under the terms of the Special Provisions; I = Insured - Native sod acres insured by WA; J = Acres elected under the ARC program that is ineligible for SCO benefits when the producer chooses SCO for the crop in the county; K = Insured - Unavoidable Uninsured Fire or Third Party Damage.

**Record Type Codes:** A = Harvested Prod.—Sold / Commercial Storage; B = Harvested Prod.—Farm Stored/Measured By Insured; C = Harvested Prod.—Pick/Daily Sales Records; D = Harvested Prod.—Automated Yield Monitoring System; E = Harvested Prod.—Farm Stored/Measured by Authorized Representative; Record Bin Management; F = Harvested Prod. - Livestock Feeding Records; G = Harvested Prod. - Field Harvest Records, H = Harvested Prod. - Other; I = Unharvested and Destroyed (ARPI/STAX only); J = Unharvested and Put to Another Use (ARPI/STAX only); K = Unharvested and Production Appraised by AIP (ARPI only); L = Unreported Production (ARPI/STAX only); M = Claim for Indemnity. For CCIP policies only.; N = Appraisal (non-loss). For CCIP policies only.; O = UUF or Third Party Damage; P = Unharvested with Harvest Incomplete. (ARPI only); Q = Zero Production When No Claim/Appraisal/UUF/3rd Party or Production Record. For CCIP policies only; Z = Zero Planted Acres

**Multi Crop Year Reporting Reason Codes:** A = Certification for crop years not previously certified; B = Correction; C = Replacement of a temporary yield; D = Replacement of assigned yield; E = Certification by new insured; F = Certification using another producer's history for new a crop; G = Recertification for new actuarial offer; H = Recertification for new unit structure; J = Other.

Version 7.0  
Updated: November 15, 2019

The insurance products offered by Producers Ag Insurance Group® d/b/a ProAg® may not be a complete list of all products offered and may not be offered in all states. ProAg prohibits discrimination on the basis of race, color, national origin, sex, religion, disability, political beliefs, and marital or familial status.

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PROAG-16063



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

County:									Crop:								
Plan:									Plan:								
Coverage Level:									Coverage Level:								
% of Price Election**:									% 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:								

<b>Reported Acres:</b>	<b>Acreage Type:</b>		<b>Reported Acres:</b>	<b>Acreage Type:</b>	
<b>Date Planting Completed:</b>	<b>Crush District</b> _____	<b>Frost Protection</b> _____	<b>Date Planting Completed:</b>	<b>Crush District</b> _____	<b>Frost Protection</b> _____
<b>Insurability:</b> <b>I</b> <b>UI</b>	<b>Share:</b>		<b>Insurability:</b> <b>I</b> <b>UI</b>	<b>Share:</b>	
<b>Person(s) Sharing:</b>			<b>Person(s) Sharing:</b>		
<b>Legal Description***:</b>	<b>Field Location Identification****:</b>	<b>Farm Name:</b>	<b>Legal Description***:</b>	<b>Field Location Identification****:</b>	<b>Farm Name:</b>
<b>Options, Elections or Endorsements:</b>			<b>Options, Elections or Endorsements:</b>		

Measurement Service Requested?	Yes	No	If yes, please provide the unit number(s) and the estimated acreage for which measurement service is requested.
<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 ;			

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

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 ~														
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Inspection Required?			Field Review Required?			Land in Other County?			Yes			No			Inspection Required?			Field Review Required?			Land in Other County?			Yes			No		
YEAR	PLANT PATTERN	ROW WIDTH	GROSS PROD.	SKIP ROW FACTOR	NET PROD.	ACRES	YIELD	DESC.	YEAR	PLANT PATTERN	ROW WIDTH	GROSS PROD.	SKIP ROW FACTOR	NET PROD.	ACRES	YIELD	DESC.												
T-Yield:		Prior Yield			Yield Total			Yield Indicator:	T-Yield:		Prior Yield			Yield Total			Yield Indicator:												
App. Yield Info:		Preliminary Yield			Average Yield				App. Yield Info:		Preliminary Yield			Average Yield															
		Rate Yield			Adjusted Yield						Rate Yield			Adjusted Yield															
Comments / Remarks / Other / Other Characteristics:									Comments / Remarks / Other / Other Characteristics:																				

Reported Acres:	Acreage Type:	Reported Acres:	Acreage Type:
Date Planting Completed:		Date Planting Completed:	
Insurability:            I            UI	Share:	Insurability:            I            UI	Share:
Person(s) Sharing:		Person(s) Sharing:	
Legal Description***:	Field Location Identification****:	Farm Name:	
Options, Elections or Endorsements:		Options, Elections or Endorsements:	

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# PRODUCTION REPORT / ACREAGE REPORT

**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?

**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 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?

**AUTHORIZATION OFFSET**

Do Do Not In addition of offsets authorized under this provisions of my policy, I agree to have unbilled premium and / or administrative fee amounts, which are due to the Company for any policy authorized under the Federal Crop Insurance ("Act"), offset from any indemnity or prevented planting payment due to me for any crop insured with the Company.

**FIELD LOCATION**

This item is optional except for the following situations: Acreage Insured under written agreement, if required by written agreement as determined by the RMA Regional Office; Acreage emerging from CRP the initial year of planting, all subsequent crop years thereafter; Acreage being planted the initial year of new breaking and all subsequent crop years thereafter; and Units based on FSA Farm Number (with tract / field number optional).

**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.

**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.

**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.

**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).

Insured's Printed Name

Insured's Signature

Date

Agent's Printed Name

Agent's Signature

Agent Code

Date