



ARH APPLICATION/TRANSFER/CANCELLATION/PRODUCTION & YIELD/ACREAGE REPORT/ PRODUCER'S PRE-ACCEPTANCE WORKSHEET COMBINATION FORM

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

Date _____

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APPLICANT'S/INSURED'S NAME:			AGENCY NAME:		AGENCY CODE:	CROP YEAR:
STREET AND/OR MAILING ADDRESS:			ADDRESS:			POLICY NUMBER:
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:	STATE:
TELEPHONE NUMBER:	CELL:	EMAIL ADDRESS:	TELEPHONE: NUMBER:	AGENT EMAIL ADDRESS:		TYPE OF POLICY: NEW APPLICATION TRANSFER REINSTATE ADD CROP TO POLICY CANCELLATION POLICY CHANGES
IDENTIFICATION NUMBER:	ID NUMBER TYPE:	PERSON TYPE:	APPLICANT'S AUTHORIZED REPRESENTATIVE:			
SPOUSE'S NAME:		SPOUSE'S ID NUMBER:	SPOUSE'S ID NUMBER TYPE:	PERSON TYPE:		
I am a limited resource farmer? Yes No		Is applicant insuring the tenant's share? Yes No				
Is applicant at least 18 years old? Yes No		Is applicant insuring the landlord's share? Yes No				

OTHER CHANGES:

Add or Remove SBI

Add/Change/Correct Insured's Authorized Representative
Change/Correct Insured's Address

Correct Insured's Identification Number^
Correct SBI's Identification Number^

Correct Spelling of Insured's Name
Correct Spelling of SBI's Name

Add or Remove "Added County" election
Other (explain in Remarks)

SBI INFORMATION—List all person(s) or entity(ies) 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. Use the SSN / EIN Reporting form for additional space.

NAME	COMPLETE ADDRESS	PHONE NUMBER	IDENTIFICATION NUMBER	IDENTIFICATION NUMBER TYPE	PERSON TYPE

CROP INFORMATION						
EFFECTIVE CROP YEAR	NAME OF CROP		TYPE	COVERAGE LEVEL	UNIT STRUCTURE (EU OR WF)	INTENDED ACRES
COUNTY	DESIGNATED COUNTY	PLAN	PRACTICE	% OF PRICE, PROJ. PRICE, AMT. OF INS. OR PROT. FACTOR	OPTIONS, ELECTIONS OR ENDORSEMENTS	

REMARKS:

See Last Pages of ARH Application/Transfer/Cancellation/Yield & Revenue/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 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):

Yes, 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

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 crop insurance policy with (Ceding AIP Name and Policy Number) _____ for the crop(s) and crop year(s) shown above because I have either canceled my crop insurance or I 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.

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 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

AIP Code

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

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PRODUCER'S PRE-ACCEPTANCE WORKSHEET COMBINATION FORM**

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PRODUCTION, REVENUE, AND YIELD REPORT

[illegible]

ACREAGE REPORT

Reported Acres:			Acreage Type:			Reported Acres:			Acreage Type:		
Date Planting Completed:			Crush District _____ Frost Protection _____			Date Planting Completed:			Crush District _____ Frost Protection _____		
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:					
Options, Elections or Endorsements:						Options, Elections or Endorsements:					
Measurement Service Requested?			Yes No			If yes, please provide the unit number(s) and the estimated acreage for which measurement service is requested.					
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;											
Acreage Type - Identify whether acreage is: A = New breaking insurable by WA and insured is able to substantiate the acreage 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 acreage has previously been in production; C = CRP acreage (automatically insured under terms of policy); D = Insured - New breaking acreage insured by NB WA and the insured is unable to substantiate the acreage has previously been in production; E = Insured - New breaking acreage insured in accordance with the terms of the policy (e.g. less than 5%) and the insured is unable to substantiate the acreage has previously been in production; G = Insured - Native sod acreage insured under the terms of the policy; H = Insured - Native sod acreage insured under the terms of the Special Provisions; I = Insured - Native sod acreage insured by WA; J = Acreage elected under the ARC program that is ineligible for SCO benefits when the producer choses SCO for the crop in the county; K = Insured - Unavoidable Uninsured Fire or Third Party Damage.											
Record Crop Codes: 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											
Multi Crop Year Reporting Reason Codes: 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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PRODUCER'S PRE-ACCEPTANCE WORKSHEET

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								

*Legal Description - Section, Township, Range, Other Land Identifier (e.g. Spanish land grants, metes and bounds, etc.); **Not applicable to cranberries or lowbush blueberries; ***Planting Pattern - See Exhibit 18 of CIH; ****When applicable by crop policy: Arizona--California citrus crop, macadamia nuts, peaches, pistachio, plum, prune, stonefruit, walnuts and grapes; *****Includes dehorned, buckhorned, stumped, etc. as applicable to crop provision reporting requirements.

B = Hedgerow or Border Planting Pattern; D = Double Row Planting; O = Other; Q = Quincunx; H = Hexagonal Planting Pattern; S = Square Planting Pattern

Please check Yes or No for each question below.

- | | | |
|-----|----|---|
| Yes | No | Has damage (e.g., disease, hail, freeze) occurred to Trees/Vines/Bushes/Bog that will reduce the insured crop's production from previous crop years? If yes to disease, list type. |
| 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 | A. Is acreage transitioning from conventional to organic for the first year? |
| Yes | No | B. Is acreage changing from organic to conventional for the first year? |
| Yes | No | Organic: has the acreage been affected by a Prohibited Substance (biological, chemical, or other agent) which results in a change in practice? If yes select: Organic to Transitional Organic to Conventional |
| Yes | No | Is the current water supply (surface allotment/well) adequate to produce a normal crop for the crop year being certified above? |
| Yes | No | Is any of your crop direct marketed or vertically integrated? |

REMARKS:



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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.

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.

YIELD EXCLUSION (YE) NOTE

An insured is only required to sign the APH database when the YE is elected and the insured has chosen to opt-out of excluding an actual yield(s) in eligible crop year(s). Any exclusion or opt out of exclusion of an actual yield(s) in eligible crop years in and APH database continues to apply in subsequent crop years unless the insured cancels the YE option by the SCD of the crop or notifies the AIP in writing by the PRD to change which actual yields are excluded or opted out of exclusion. If the insured chooses to no longer exclude an eligible crop year in an APH database by the PRD, the previously excluded actual yield(s) are used to calculate the APH yields.



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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, 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.

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.

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.

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.

Applicant/Insured's Printed Name

Applicant/Insured's Signature

Date

Agent's Printed Name

Agent's Signature

Agent Code

Date