



# WHOLE-FARM REVENUE PROTECTION COMBINATION FORM

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

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.<br>YES      NO |                |
| 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:<br><br>NEW APPLICATION      TRANSFER<br>REINSTATE      POLICY CHANGES<br>CANCELLATION                                     |                |
| 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<br>Add / Change / Correct Insured's Authorized Rep.<br>Change / Correct Insured's Address | Correct SBI's Identification Number^<br>Correct Insured's Identification Number^<br>Correct Spelling of Insured's Name |
| Correct Spelling of SBI's Name<br>Other - Explain Below   | Insured's Request<br>Death, Incompetence or Dissolution<br>Mutual Consent<br>Other (Explain in Remarks)                |

## 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.



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I understand that: (a) my approved revenue 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 \_\_\_\_\_  
Ceding AIP Name and Policy Number 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.

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:



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## FARM OPERATION REPORT

| TAX YEAR   |                            | FISCAL YEAR BEGIN DATE |   | FISCAL YEAR END DATE |   | COVERAGE LEVEL       |   | Other Insurance: Will any listed commodity be insured under another insurance policy?<br>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  | 8. Rate Code               | 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 |
| 7. Commodity Code  | 9. Method of Establishment |                        |   |                      |   |                      |   |   |   |                                |   | 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 |              | = |  |                      |  |                 |                             |                       |                    |
|  |                            |                        | X |                      | = |                      | X |   | - |                                | X |              | = |  |                      |  |                 |                             |                       |                    |
|  |                            |                        | 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<br>Lesser of Total Expected Revenue or Whole-Farm Historic Average Revenue  |                            |                        |   |                      |   |                      |   |   |   |                                |   |              |   |  |                      |  |                 |                             |                       |                    |
| 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(E) of the WFRP Handbook.) |                            |                        |   |                      |   |                      |   |   |   |                                |   |              |   |  |                      |  |                 |                             |                       |                    |
| Yes      No      Integrated / Post-Production Operation? If yes, explain on an attachment. (See Special Circumstances in Part 6 of the WFRP Handbook.)       |                            |                        |   |                      |   |                      |   |   |   |                                |   |              |   |  |                      |  |                 |                             |                       |                    |



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## 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     |             |                     |                    |                  |                    |                           |
|                             |             |             |                     |                    |                  |                    |                           |
|                             |             |             |                     |                    |                  |                    |                           |
|                             |             |             |                     |                    |                  |                    |                           |
|                             |             |             |                     |                    |                  |                    |                           |
|                             |             |             |                     |                    |                  |                    |                           |
|                             |             |             |                     |                    |                  |                    |                           |
|                             |             |             |                     |                    |                  |                    |                           |
|                             |             |             |                     |                    |                  |                    |                           |
|                             |             |             |                     |                    |                  |                    |                           |
|                             |             |             |                     |                    |                  |                    |                           |
|                             |             |             |                     |                    |                  |                    |                           |
|                             |             |             |                     |                    |                  |                    |                           |
|                             |             |             |                     |                    |                  |                    |                           |
|                             |             |             |                     |                    |                  |                    |                           |
|                             |             |             |                     |                    |                  |                    |                           |
|                             |             |             |                     |                    |                  |                    |                           |
|                             |             |             |                     |                    |                  |                    |                           |
|                             |             |             |                     |                    |                  |                    |                           |

### PART 3—COMBINED DIRECT MARKETING COMMODITY OR MICRO FARM INFORMATION

| 16. Name of Market |                         |             |          |  |  |  |  |
|--------------------|-------------------------|-------------|----------|--|--|--|--|
| 17. Years Produced | 18. Total Planted Acres | 19. Revenue | Remarks: |  |  |  |  |
|                    |                         |             |          |  |  |  |  |
|                    |                         |             |          |  |  |  |  |
|                    |                         |             |          |  |  |  |  |
|                    |                         |             |          |  |  |  |  |
|                    |                         |             |          |  |  |  |  |
|                    |                         |             |          |  |  |  |  |



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| WHOLE-FARM HISTORY REPORT       |   |                    |
|---------------------------------|---|--------------------|
| 6. Tax Year                     | 7. Allowable Revenue  | 8. Indexed Revenue |
|                                 |   |                    |
|                                 |   |                    |
|                                 |   |                    |
|                                 |   |                    |
|                                 |   |                    |
|                                 | a.  | b.                 |
| 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<br>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. |                    |
| 19. Whole-Farm Historic Average |   |                    |



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## 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 | 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.**

**18.** \_\_\_\_\_ - **17.** \_\_\_\_\_ = **19.** \_\_\_\_\_



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## PART 2: ACCOUNTS RECEIVABLE

Version 8.1  
Updated: January 9, 2023



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## ALLOWABLE REVENUE WORKSHEET

### 5. Adjustment Codes

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

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

#### 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   |                         |                              |         |                                |
| 11. Total Schedule F Part I or III Revenue |  |                         |                              |         |                                |
| 12. Allowable Revenue for Tax Year         |  |                         |                              |         |                                |



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## ALLOWABLE REVENUE WORKSHEET

### 5. Adjustment Codes

- |   |  |   |                                     |
|---|--|---|-------------------------------------|
| A | Schedule F income specifically excluded  | G | Net gain from commodity hedges      |
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| C | Co-op distributions not directly related | I | Other - explain the adjustment made |

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

#### 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   |                         |                              |         |                                |
| 11. Total Schedule F Part I or III Revenue |  |                         |                              |         |                                |
| 12. Allowable Revenue for Tax Year         |  |                         |                              |         |                                |



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## ALLOWABLE REVENUE WORKSHEET

### 5. Adjustment Codes

- |   |  |   |                                     |
|---|--|---|-------------------------------------|
| A | Schedule F income specifically excluded  | G | Net gain from commodity hedges      |
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### 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 credit or refund                          |                         |                              | A       |                                |
|  | Income from bartering  |                         |                              |         |                                |
|  | Payments from buyers commodities for bypassed acreage                            |                         |                              |         |                                |
|  | Payments from marketing orders   |                         |                              |         |                                |
| 11. Total Schedule F Part I or III Revenue |  |                         |                              |         |                                |
| 12. Allowable Revenue for Tax Year         |  |                         |                              |         |                                |



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

# WHOLE-FARM REVENUE PROTECTION COMBINATION FORM

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

## ALLOWABLE REVENUE WORKSHEET

### 5. Adjustment Codes

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

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

#### 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 credit or refund                          |                         |                              | A       |                                |
|  | Income from bartering  |                         |                              |         |                                |
|  | Payments from buyers commodities for bypassed acreage                            |                         |                              |         |                                |
|  | Payments from marketing orders   |                         |                              |         |                                |
| 11. Total Schedule F Part I or III Revenue |  |                         |                              |         |                                |
| 12. Allowable Revenue for Tax Year         |  |                         |                              |         |                                |



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

# WHOLE-FARM REVENUE PROTECTION COMBINATION FORM

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

## ALLOWABLE REVENUE WORKSHEET

### 5. Adjustment Codes

- |   |  |   |                                     |
|---|--|---|-------------------------------------|
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### 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 |
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| 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       |                                |
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| 8 or 43                                    | Other income, including federal and state gasoline or fuel tax credit or refund: |                         |                              |         |                                |
|  | Federal and State gasoline or fuel tax credit or refund                          |                         |                              | A       |                                |
|  | Income from bartering  |                         |                              |         |                                |
|  | Payments from buyers commodities for bypassed acreage                            |                         |                              |         |                                |
|  | Payments from marketing orders   |                         |                              |         |                                |
| 11. Total Schedule F Part I or III Revenue |  |                         |                              |         |                                |
| 12. Allowable Revenue for Tax Year         |  |                         |                              |         |                                |



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

# WHOLE-FARM REVENUE PROTECTION COMBINATION FORM

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

## YIELD AND REVENUE REPORT

| 5. Commodity          | 6. Commodity Code    | 7. Rate Code       | 8. Practice       | 9. Type / Variety  | 10. Unit of Measure |                     |                                   |
|-----------------------|----------------------|--------------------|-------------------|--------------------|---------------------|---------------------|-----------------------------------|
|                       |                      |                    |                   |                    |                     |                     |                                   |
| 11. Year Produced     | 12. Total Production | 13. Acres          | 14. Average Yield | 15. Net Revenue    | 16. Average Revenue | 17. Insured's Share | 18. 100% Share Equivalent Revenue |
|                       |                      |                    |                   |                    |                     |                     |                                   |
|                       |                      |                    |                   |                    |                     |                     |                                   |
|                       |                      |                    |                   |                    |                     |                     |                                   |
|                       |                      |                    |                   |                    |                     |                     |                                   |
| 19. Replacement Yield |                      | 20. Expected Yield |                   | 21. Expected Value |                     |                     |                                   |
| 22. Record Type       |                      |                    |                   |                    |                     |                     |                                   |

| 5. Commodity          | 6. Commodity Code    | 7. Rate Code       | 8. Practice       | 9. Type / Variety  | 10. Unit of Measure |                     |                                   |
|-----------------------|----------------------|--------------------|-------------------|--------------------|---------------------|---------------------|-----------------------------------|
|                       |                      |                    |                   |                    |                     |                     |                                   |
| 11. Year Produced     | 12. Total Production | 13. Acres          | 14. Average Yield | 15. Net Revenue    | 16. Average Revenue | 17. Insured's Share | 18. 100% Share Equivalent Revenue |
|                       |                      |                    |                   |                    |                     |                     |                                   |
|                       |                      |                    |                   |                    |                     |                     |                                   |
|                       |                      |                    |                   |                    |                     |                     |                                   |
|                       |                      |                    |                   |                    |                     |                     |                                   |
| 19. Replacement Yield |                      | 20. Expected Yield |                   | 21. Expected Value |                     |                     |                                   |
| 22. Record Type       |                      |                    |                   |                    |                     |                     |                                   |

| 5. Commodity          | 6. Commodity Code    | 7. Rate Code       | 8. Practice       | 9. Type / Variety  | 10. Unit of Measure |                     |                                   |
|-----------------------|----------------------|--------------------|-------------------|--------------------|---------------------|---------------------|-----------------------------------|
|                       |                      |                    |                   |                    |                     |                     |                                   |
| 11. Year Produced     | 12. Total Production | 13. Acres          | 14. Average Yield | 15. Net Revenue    | 16. Average Revenue | 17. Insured's Share | 18. 100% Share Equivalent Revenue |
|                       |                      |                    |                   |                    |                     |                     |                                   |
|                       |                      |                    |                   |                    |                     |                     |                                   |
|                       |                      |                    |                   |                    |                     |                     |                                   |
|                       |                      |                    |                   |                    |                     |                     |                                   |
| 19. Replacement Yield |                      | 20. Expected Yield |                   | 21. Expected Value |                     |                     |                                   |
| 22. Record Type       |                      |                    |                   |                    |                     |                     |                                   |

**Remarks:**



# WHOLE-FARM REVENUE PROTECTION COMBINATION FORM

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

Policy No. \_\_\_\_\_

Effective Policy Year \_\_\_\_\_

Date \_\_\_\_\_

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

## 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 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.

## 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: \_\_\_\_\_  
(Only applicable to the following states: Iowa, Minnesota, Montana, Nebraska, North Dakota and South Dakota.)

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.

**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 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.usda.gov/oascr](http://www.usda.gov/oascr), 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, Director, Center for Civil Rights Enforcement, 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 (e.g., Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202)690-0443 (voice and TTD) 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 STATEMENTS****Application, Policy Cancellation, Transfer, Policy Change, Producer's Pre-Acceptance Worksheet**

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).

**Expected Value and Yield Source Document Certification Worksheet, Market Animal and Nursery Inventory Report**

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, and used to determine my loss, if any, for the policy listed above. I understand that inaccurate information or my failure to retain or provide, upon request, records supporting the information on this form may result in denial of coverage, cancellation of my policy, ineligibility for indemnity, or recalculation of 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).

**Whole-Farm History Report, Inventory Report, Accounts Receivable Report, Allowable Revenue Worksheet**

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 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).

**Farm Operation Report, Yield and Revenue Report**

I certify that to the best of my knowledge and belief all of the information on this form is correct. I understand that changes to intended commodities grown will result in changes to the insured revenue, premium rate, and indemnity. I understand the information on this form may be reviewed and audited. I understand that inaccurate information or my failure to retain or provide, upon request, records supporting the information on this form may result in denial of coverage, cancellation of my policy, ineligibility for indemnity, or recalculation of approved revenue. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to voidance of the policy, and in criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).

**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