



Date _____ Page _____ of _____

****This item is optional except for the following situations: (1) Acreage insured under written agreement, if required by written agreement as determined by the RMA Regional Office; (2) Acreage emerging from CRP the initial year of planting, and all subsequent crop years thereafter; (3) Acreage being planted the initial year of new breaking and all subsequent crop years thereafter; and (4) Units are based on FSA Farm Numbers (with tract/field number optional).

**ANTI - REBATING CERTIFICATION - APPLICANT / INSURED STATEMENT**

I certify, for the crop year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, or given any benefit, including money, goods, or services for which payment is usually made, rebate, discount, abatement, credit, or reduction of premium, or any other valuable consideration, as an inducement to procure insurance or in exchange for purchasing this insurance policy after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payments approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any information on this form may subject me, and any person with a substantial beneficial interest in me, to sanctions, including but not limited to, criminal or civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 U.S.C. §1515(h)) and all other applicable federal statutes.

ANTI - REBATING CERTIFICATION - AGENT STATEMENT

I certify, for the crop year indicated, that I have neither offered nor promised, directly or indirectly, any benefit, including money, goods, or services for which payment is usually made, rebate, discount, credit, reduction of premium, or any other valuable consideration to this person either as an inducement to procure insurance or in exchange for obtaining insurance after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payments approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any violation may subject me, and all agencies/ companies I represent, to sanctions, including but not limited to, criminal or civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 U.S.C. §1515(h)) and all other applicable federal statutes.

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.

I have verified my identification number affixed to this Acreage Report is true and accurate. YES NO If the affixed identification number is not correct or you have not had an opportunity to verify your identification number please contact your ProAg agent and submit a Policy Change.

NATIVE SOD

I HAVE / 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.

MEASUREMENT SERVICE REQUESTED:

Is measurement service being requested? YES NO If yes, please provide the unit number(s) and the estimate acreage for which measurement service is requested.

DIRECT MARKETING STATEMENT

I acknowledge that I must notify my agent if I intend to direct market any portion of the crop or if my production records are not from a disinterested third party.

- (a) This notification to my agent must be made by the Acreage Reporting Date, or if my marketing plans change after the Acreage Reporting Date, no later than 15 days prior to harvest.
- (b) The notification may either be in person or by telephone and must be certified in writing on the Marketing Certification within 15 days of notification.
- (c) If I fail to timely provide the required certification and do not have acceptable production records, it may result in assigned yields in accordance with section 3(g) of the Common Crop Insurance Policy Basic Provisions (7 CFR § 457.8).

**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, 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.

Persons with Disabilities

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) should contact USDA's TARGET Center at (202)690-0443 (voice and TDD) 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 certification in place or that I have provide written request for an updated plan or certification to the certifying agent for all acreage reported as certified organic or transitional organic.

Insured's Printed Name	Insured's Signature	Date	Agent's Printed Name	Agent's Signature	Agent Code	Date
~ Premium Line Acreage Type - Identify whether acreage is: A = Insured by New Breaking WA (acreage previously in production) B = Insured New Breaking under terms of policy (<5% & acreage previously in production) C = CRP Acreage (automatically insured under terms of policy) D = Insured by New Breaking WA (acreage never in production) E = Insured New Breaking under terms of policy (<5% & acreage never in production: K = Insured - Unavoidable Uninsured Fire (UUF) or Third Party Damage			Uninsurable Reasons: B = Uninsurable new breaking first year no written agreement P = Unreported portion of insurable acres within the unit (i.e., under-reported acres) R = Unreported insurable unit - entire unit not reported S = Uninsurable Acres T = Uninsurable due to new breaking and insured cannot substantiate acreage has previously been in production. U = Uninsurable Acreage W = Uninsurable - insurance waived due to 2nd crop provision			