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Department of  
Agriculture



Federal Crop  
Insurance  
Corporation



Risk Management  
Agency



Product  
Administration  
and Standards  
Division

FCIC 24040  
(6-2010)

# Document and Supplemental Standards Handbook (DSSH)

2011 and Succeeding Crop Years



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**U.S. DEPARTMENT OF AGRICULTURE  
WASHINGTON, D.C. 20250**

<b>RISK MANAGEMENT AGENCY DIRECTIVE</b>		<b>NUMBER: 24040</b>
<b>SUBJECT:</b>  <b>DOCUMENT AND SUPPLEMENTAL STANDARDS HANDBOOK (DSSH)</b>	<b>DATE:</b> <i>June 30, 2010</i>	
	<b>OPI:</b> <b>Product Administration and Standards Division (PASD)</b>	
	<b>APPROVED:</b> <i>Tim B. Witt /s/</i> <b>Deputy Administrator, Product Management</b>	

**1 PURPOSE**

This directive provides the form standards and procedures for use in the sales and service of any eligible crop insurance policy; Approved Insurance Provider (AIP) required statements and disclosures; and the standards for submission and review of non-reinsured supplemental policies in accordance with the Standard Reinsurance Agreement (SRA).

**2 SUMMARY OF CHANGES**

The following are the significant changes to this handbook. It may not represent all changes; however, all changes are applicable regardless of whether or not listed.

- A Throughout directive changed applicable references from entity/entities to person(s) to be in accordance with the Common Crop Insurance Policy Basic Provisions and the Standard Reinsurance Agreement.
- B Added the following exhibits to incorporate form standards previously provided in FCIC 18010 Crop Insurance Handbook (CIH). Only the form standards were incorporated; all completion instructions remain in the CIH:
  - “Request to Waive Administrative Fee for Limited Resource Farmer”;
  - “Unit Division Option”;
  - “RMA Regional Office (RO) Determined Yield Request”;
  - “Summary of Revenue History”;
  - “Agreement to Combine Optional Units”;
  - “APH Block Production”;
  - “Producer’s Pre-Acceptance Worksheet”;
  - “Perennial Crop Pre-Acceptance Inspection Report”;
  - “Perennial Crop Addendum Worksheet”;
  - “Weighted Average Age/Density Worksheet”;

- “Forage Production Underwriting Report”;
  - “Macadamia Orchard Inspection Report”;
  - “Texas Citrus Grove Inspection Report”;
  - “Florida Citrus Grove Inspection Report and Plat Map”;
  - “Hybrid Seed Yield Request”;
  - “Hybrid Seed Corn Yield History Report”;
  - “Hybrid Sorghum Seed Yield History Report”; and
  - “Added Land/New Crop/Practice-Type Request”
- C Added the acronyms RAN, BP, GRP, and PASS.
- D Incorporated the directives/statements/procedures of the following bulletins:
- IS—08-009 Premium Bills and the 2009 A&O Subsidy
  - MGR- 08-081: Privacy Act Statement for Agents, Loss Adjusters, and Policyholders;
- E Modified the Special Instructions for option language on the Policy Change to include Options, Elections, or Endorsements.
- F Added an option to “add or remove SBI” to the Policy Change.
- G Removed Successor-In-Interest Option from the Policy Change.
- H Provided the updated the Required Statements and Limited Resource Farmer websites.
- I Updated the Limited Resource Farmer Waiver to comply with the Food, Conservation, and Energy Act of 2008.
- I Defined RMA Assigned Number, Immediate Family, Authorized Representative, Protected Information, Personally Identifiable Information.
- J Added the revised A&O subsidy language to the Summary of Coverage (Schedule of Insurance) and the Policy Confirmation.
- K Added approved APH yield and statements to the Acreage Report to allow the insured to verify identification number and for the agent to certify responsibility for establishing the approved APH yields used to calculate the guarantee.
- L Revised the Continuous Hail and Fire Option and the Annual Request to Exclude Hail and Fire.
- M Created the Policy Cancellation and Policy Transfer/Application standards, and the Irrigated Practice Guidelines.
- N Removed the Policy Cancellation/Policy Transfer and Request for Policy Cancellation and Transfer of Experience Data forms.

### 3 SPECIAL INSTRUCTIONS

- A This directive is effective on the date issued and will remain in effect until superseded or slip-sheeted.
- B RMA will amend this directive to administer programs reinsured by FCIC under authority of The Federal Crop Insurance Act (7 U.S.C. 1502 et. seq.).
- C The Documents Supplemental Standards Handbook (FCIC 24040) issued November 2006 is superseded by this directive.
- D All affected forms and statements must be updated by December 31, 2010.

### 4 OPERATING POLICY

- A Form standards contained in this directive are required to contain all items identified as "Substantive". [See the exhibits to this handbook for specific form requirements.] All substantive form standards are required unless not authorized by a specific policy, (e.g., Landlord/Tenant questions not required for Group Risk Plan (GRP)).
- B AIPs are to control and develop all forms in accordance with RMA established policies and procedures. The agent, contractor, or AIP representative is not permitted to develop any form for use within policies administered by the AIP under the authority of FCIC, unless authorized by the AIP.
- C Any form standards containing an interest rate for unpaid payment amounts cannot be higher than the rates stated in the Code of Federal Regulations.
- D Form standard item entries may be formatted as line entries, column headings, boxes, tables, or blocks, as appropriate. Headings for form entries may be abbreviated, provided an explanation is included in the form completion instructions. It is at the AIP's discretion whether the required headings are column headings or row headings.
- E The text for all documents should be developed with an 8-point font size when possible; however, font size shall not be less than 6-point. This will assist the applicants/insureds in reading documents presented to them.
- F The Form Title and a Form Identification Number (alpha and/or numeric) must be on all forms. The Form Identification Number is to be developed according to the internal procedures of the AIP.
- G If multiple pages are required for a particular form each page must be numbered as follows: "Page \_\_\_ of \_\_\_."
- H If two or more forms issued are combined into one form, the combined form must meet the applicable standards in place for each individual form.

- I Questions regarding form standards and procedures should be directed to the RMA Product Administration and Standards Division, Underwriting Standards Branch.
- J Standards contained in this handbook are not applicable to AIP administrative forms that do not affect the policy provisions, **such as a form for the** direct deposit of an insured's indemnity.
- K AIPs may develop additional forms based upon their internal needs, such as electronic transfer of funds.

## 5 ACRONYMS

ACT	The Federal Crop Insurance Act (7 U.S.C 1502 et seq.)
AIP	Approved Insurance Provider
APH	Actual Production History
<b>BP</b>	<b>Common Crop Insurance Policy Basic Provisions</b>
BIA	Bureau of Indian Affairs
CFR	Code of Federal Regulations
CIH	FCIC-18010 Crop Insurance Handbook
DSSH	FCIC-24040 Document and Supplemental Standards Handbook
EBIP	E-Business Implementation Plan
EIN	Employer Identification Number
FCIC	Federal Crop Insurance Corporation
FN	Farm Number
FSA	Farm Service Agency
<b>GRP</b>	<b>Group Risk Protection</b>
NRS	Non-Reinsured Supplemental
PASD	Product Administration and Standards Division
<b>PASS</b>	<b>Policy Acceptance Storage System</b>
<b>RAN</b>	<b>RMA Assigned Number</b>
RMA	Risk Management Agency



SBI	Substantial Beneficial Interest
SRA	Standard Reinsurance Agreement
SSN	Social Security Number
USC	United States Code
USDA	United States Department of Agriculture

## 6 DOCUMENTS

### A Required Statements:

Required statements can also be found on the RMA Website at: <http://www.rma.usda.gov/regqs/required.html>, or successor website.

- (1) The Collection of Information and Data (Privacy Act) Statement is required for agents, loss adjusters and policyholders [See Exhibit 3]. This statement must be included on any form the person signs and a copy maintained by the AIP.

If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature of applicant/insured/agent/loss adjuster and the date. This process must be completed for each document that requires the Privacy Act statement. This is required so the AIP may be able to substantiate the statement was provided in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a; however, if the AIP can substantiate with legal sufficiency the insured received and acknowledged these required statements by using another method, then such method is acceptable.

- (2) The Certification Statement [See Exhibit 2] must be included on any form that the person signs which collects information from the person, such as the application, acreage report, etc. Not applicable to appraisal worksheets.
- (3) The Non-discrimination Statement [See Exhibit 4] must be included on any form the person signs or provided to the person on a separate form in which the person signs and a copy maintained by the AIP.

B If a statement is on the back of the form, add "See Reverse Side for Required Statements", or other similar reference, on the front of the form.

C If a person refuses to acknowledge statements, then the AIP representative should annotate such refusal; affix the AIP Representative's printed name and signature, the time, and date.

D [See Section 11] of this directive for AIP required statements and disclosures.

- E Form standards not contained in the DSSH are found in other RMA handbooks such as: the Loss Adjustment Manual (LAM), Crop Loss Adjustment Standards Handbooks, Written Agreement Handbook (WAH), Adjusted Gross Revenue Standards Handbook and other applicable issuances approved by RMA. Section 508(h) private product submissions subsequently approved by the FCIC Board of Directors may also specify form standards. Form standards provided in other applicable issuances are considered “Substantive” unless otherwise noted.
- F Policies, Options and Endorsements as issued by RMA are the standards that AIP’s must meet.

## 7 DEFINITIONS

- A The Act - The Federal Crop Insurance Act (7 U.S.C. §1501 et seq.), as amended.
- B Agent - An individual licensed by the State in which an eligible crop insurance contract is sold and serviced for the reinsurance year, and who is under contract with a company or its designee to sell and service such eligible crop insurance contracts.
- C Applicant – A person who has submitted an application for crop insurance under the authority of the Act.
- D Approved Insurance Provider (AIP) - A legal entity, including the company, which has entered into a Standard Reinsurance Agreement with FCIC for the applicable reinsurance year.
- E Authorized Representative - Any person authorized by the insured to conduct crop insurance business on the insured's behalf (i.e., Power of attorney, authorized representative of a corporation, etc.). Authorization must be a legally executed document which indicates the representative’s name and details the authority given.
- F Document – A form developed according to RMA standards for policies, endorsements, procedures, and other material used for the purpose of administering the programs in accordance with the Standard Reinsurance Agreement.
- G Immediate Family – An individual’s father, mother, stepfather, stepmother, brother, sister, stepbrother, stepsister, son, daughter, stepson, stepdaughter, grandparent, grandson, granddaughter, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, the spouse of the foregoing, and the individual’s spouse.
- H Insured – The named person as shown on the application accepted by the AIP. This term does not extend to any other person having a share or interest in the crop (for example; a partnership, landlord, or any other person) unless specifically indicated on the accepted application.

- I Non-Substantive - A term used by RMA informing the AIP that the item(s) may be included on a form at the AIP's discretion.
- J Person – An individual, partnership, association, corporation, estate, trust, or other legal entity, and wherever applicable, a State, political subdivision, or an agency of a State. "Person" does not include the United States Government or any agency thereof.
- K Personally Identifiable Information - Any information about an individual maintained by an Agency, including but not limited to, education, financial transactions, medical history, and criminal or employment history and information which can be used to distinguish or trace an individual's identity, such as name, social security number, date and place of birth, mother's maiden name, biometric records, etc., including any other personal information which is linked or linkable to an individual.
- L Protected Information - Any personally identifiable information about a policyholder, or information about the policyholder's farming operation or insurance policy, acquired from the policyholder, USDA, the Comprehensive Information Management System, or the insured's previous or current approved insurance provider or agent that is protected from disclosure by the Privacy Act, section 502(c) of the Federal Crop Insurance Act (Act), or any other applicable statute. This includes all hard copy or electronic information.
- M RAN (RMA Assigned Number) - A term used by RMA to refer to a number issued by RMA to an individual who is considered a qualified alien as determined by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. §1611; or, to a trust administered by the Bureau of Indian Affairs and Indian Tribal Ventures who do not have an Employee Identification Number (EIN).
- N RMA - The Risk Management Agency, which operates the Federal crop insurance program on behalf of the Federal Crop Insurance Corporation.
- O Substantive - A term used by RMA informing the AIP that the item(s) must be included on a form.
- P USDA - Includes the Risk Management Agency, Farm Service Agency, and any other agency within the United States Department of Agriculture.

**8 RESPONSIBILITIES**

**A RMA PRODUCT ADMINISTRATION AND STANDARDS (PASD) DIVISION RESPONSIBILITIES.**

The RMA PASD will:

- (1) Establish and issue minimum form standards for documents to affected parties.
- (2) Provide guidance and clarification as needed regarding form standards for documents.
- (3) Maintain DSSH (update existing standards, develop new standards, incorporate recommended changes, etc.).

**B AIP RESPONSIBILITIES.**

AIPs will:

- (1) Develop documents in accordance with RMA standards and other RMA form standards issuances.
- (2) Assure that the applicable document contains all substantive statements.
- (3) Submit documents, document completion instructions, and applicable computation results of documents, upon request to the RMA PASD or other USDA oversight agency for review of compliance with these and other RMA form standards issuances.

## 9 FORM STANDARDS, ELEMENT DEFINITIONS AND EXPLANATIONS

This section provides explanations for items contained within the Form Standards Exhibits.

### A IDENTIFICATION NUMBER.

- (1) The Social Security Number (SSN), Employer Identification Number (EIN) or RMA Assigned Number (RAN); and
- (2) Form completion procedures must:
  - (a) Provide instructions to enter the appropriate identification number;
  - (b) Provide instructions to enter the correct identification number type;
  - (c) Provide the applicant/insured the opportunity to verify that their reported identification number is correct; and,
- (3) AIPs must mask ask the identification number on system generated forms containing an identification number. This includes, but is not limited to, forms generated for such purposes as loss adjustment and underwriting reviews.
- (4) Identification number must not be masked when reported by the person providing the identification number.

### B IDENTIFICATION NUMBER TYPE.

Must contain the following, check one:

- SSN
- EIN
- RMA Assigned Number

AIPs may use an alternate format for allowing the identification number type provided all types of identification numbers are present (SSN/EIN/RAN). [Refer to Section 4D]

**C PERSON TYPE.**

- (1) Form completion procedures must provide instructions to enter the **specific person type** (e.g., partnership, trust, individual, corporation, etc.), not the **SRA Appendix III entity type** code;
- (2) This entry is verified for accuracy during applicable RMA, USDA oversight agencies, or AIP reviews, and at loss adjustment time;
- (3) **Person Type descriptions** are provided in the CIH; and
- (4) Applicable entity **type** codes are provided in SRA Appendix III.

**D SUBSTANTIAL BENEFICIAL INTEREST HOLDER.**

For persons with a substantial beneficial interest in the insured as identified on the application: the person type, identification number and identification number type is not required on each individual form if it is collected on the Social Security Number and Employee Identification Number Report. [See Exhibit 13].

**E ADDED COUNTY ELECTION.**

- (1) Guidelines to administer this election are found in the CIH.
- (2) If AIPs elect to include this option on the application, one or both of the following statements must appear on the application as "Substantive":
 

[ ] Yes [ ] No I request insurance coverage for my share of the Category B crops (except forage production) specified below with a designated county in all added counties where the crops are insurable.

[ ] Yes [ ] No I request insurance coverage for my share of the Category B crops (except forage production) specified below with a designated county in all added counties within the state where the crops are insurable.
- (3) **Added County Election does not apply to forage production policies. [See Sec. 3E of the CIH].**

**F AGENT/LOSS ADJUSTER CODE.**

- (1) If an AIP assigns a code, it is “Substantive” and is required on the applicable form, as follows:

<u>I.B. Agent 06/01/2010</u>	<u>12RMA34</u>
(Agent's Signature) (Date)	(Code Number)

- (2) **The code number cannot be the individual's SSN.**

**G STATE AND COUNTY NAME.**

- (1) The entry for "State and County Name" must be the state and county name where insurance attaches.
- (2) Form completion procedures must provide this information.

**H AIP NAME AND ADDRESS.**

AIP's full name and address as specified in the SRA. The AIP may select item (1) or (2) to fulfill this “substantive” requirement:

- (1) Provide the AIP's name and address with the policy or policy jacket at time of issue; or
- (2) Provide the AIP's **full** name and address on all forms.

**I LANDLORD/TENANT INSURING OTHER'S SHARE.**

- (1) Guidelines are found in the CIH.
- (2) The form must clearly state the tenant will insure the landlord's share or landlord will insure the tenant's share.
- (3) Form completion instructions must provide an explanation of the landlord/tenant insuring the other's share and must require evidence of the non-insuring party's approval.
- (4) Insuring a landlord/tenant is on a crop/county/policy basis.
- (5) Suggested formats (Substantive):
  - (a) "Is applicant insuring the tenant's share?" "Yes \_\_\_ No \_\_\_"  
"Is applicant insuring the landlord's share?" "Yes \_\_\_ No \_\_\_;" or,
  - (b) "In addition to my share on this policy, I am insuring:
    - My landlord's share. I am providing a Power of Attorney or Lease Agreement as evidence of my authority to insure their share"
    - My tenant's share under my crop policy. I am providing a Power of Attorney or Lease Agreement as evidence of my authority to insure their share". (Substantive); or,
  - (c) Enter statement in the Remarks section that landlord/tenant is insuring the other's share under the crop policy.
- (6) AIPs may use the alternate language with the form's completion instructions providing explanations.

**J PRICE ELECTION.**

When Price Election appears on the application, it must be clearly indicated if Additional Price or Established Price is elected. Also, Price Election may be shown as Price x Price Election Percentage, or in aggregate. If shown in aggregate, form completion standards must explain Price x Price Election Percentage. (Substantive)



**K NEW ACTUARIAL FIELDS.**

(1) For future crop years, the actuarial documents will include the following subfields expanding the 2011 and prior reinsurance year field of Type and Practice fields; however these fields will not appear in the 2011 actuarial documents:

(a) **Type (Substantive)**

- 1 Commodity Type (Non-Substantive)
- 2 Class (Non-Substantive)
- 3 Subclass (Non-Substantive)
- 4 Intended Use (Non-Substantive)

(b) **Practice (Substantive)**

- 1 Irrigation Practice (Non-Substantive)
- 2 Cropping Practice (Non-Substantive)
- 3 Organic Practice (Non-Substantive)
- 4 Interval (Non-Substantive)

(2) In preparation for the transition of the new Actuarial Data Master structure, the AIP may add the additional fields to the applicable forms requiring the Type/Practice information; however, this is a non-substantive requirement for the 2011 crop year. In subsequent crop years; this requirement will be substantive when the actuarial documents are expanded, and all forms requiring the Type/Practice information should be developed to reflect the following:

TYPE				PRACTICE			
COMMODITY TYPE	CLASS	SUBCLASS	INTENDED USE	IRRIGATION PRACTICE	CROPPING PRACTICE	ORGANIC PRACTICE	INTERVAL

## 10 ELECTRONIC FORMS

Congress passed the Freedom to E-File Act, P.L. 106-222, requiring the **USDA** to establish an electronic filing and retrieval system to enable producers to file paperwork electronically with **USDA**.

### A GENERAL INFORMATION.

- (1) Section 5 of the Freedom to E-File Act required FCIC to develop a plan which would allow agriculture producers:
  - (a) To obtain, over the internet, from AIPs, all forms and other information concerning the program under the jurisdiction of FCIC in which the producer is a participant;
  - (b) To file electronically all paperwork required for participation in the program; and
  - (c) To have the option to file electronically, or in paper form in accordance to the Freedom to E-File Act; Section 3(b).
- (2) AIP's are required to comply with the Freedom to E-File Act and provide electronic accessibility to producers.
  - (a) AIPs were required to establish an E-Business Implementation Plan (EBIP) by December 1, 2001.
  - (b) The EBIP requires an established back-up system to the primary system or the facility where information is housed to ensure computer failure does not deny access to records.
  - (c) AIP's must meet these requirements prior to approval for an SRA.

### B GENERATED ELECTRONIC FORMS.

Electronic forms must be generated in accordance with the standards contained in this handbook and other applicable RMA standards in accordance with the AIP EBIP.

**11 SUBMISSION REQUIREMENTS FOR NON-REINSURED SUPPLEMENTAL (NRS) CROP INSURANCE POLICIES**

This section provides submission requirements for NRS crop policies that offer additional coverage, other than coverage for losses related to hail, to a policy or plan of insurance that is reinsured by FCIC.

**A WHAT TO SUBMIT:**

- (1) Three complete copies of the new or revised policy and related material.
- (2) Any policies previously approved by RMA that are changed in any manner.
- (3) All supplemental policies as required under the SRA.

**B WHEN TO SUBMIT:**

NRS policies not requesting RMA reinsurance must be submitted no later than 120 days prior to the first sales closing date. **Electronic submissions are allowed.**

**C WHERE TO SUBMIT:**

**If by mail submit to:**

Deputy Administrator, Product Management  
Risk Management Agency  
Attention: Product Administration and Standards Division Stop 0812  
**USDA/RMA/Stop 0801**  
**P.O. Box 419205**  
**Kansas City, MO 64141-6205**

**D QUALITY OF DOCUMENTS SUBMITTED:**

All documents must be edited, checked for spelling, and be in final form. RMA will not specifically review documents for spelling, grammar, punctuation, formatting, etc.

**12 REVIEW OF NRS CROP INSURANCE POLICIES**

The AIP shall not sell a contract of insurance or similar instrument, which is written in conjunction with an eligible insurance contract and not reinsured by FCIC, unless it has complied with the requirements of 7 C.F.R. 400.713. FCIC will not provide reinsurance for an eligible insurance contract if the AIP sold a contract or similar instrument that FCIC determines to have shifted risk to, or increases the risk, reduces or limits the rights of the insured with respect to the underlying policy or causes disruption in the market place of, such eligible insurance contract reinsured under the SRA. RMA shall review supplemental policies determine that it is not likely to increase or shift risk to the underlying policy or plan of insurance, reduce or limit the rights of insureds, or cause market disruption.

- A RMA's PASD will have 60 days to review the policies, provided all information required by RMA is included in the initial submission of the policy package.
- B The AIP must maintain and make available at the request of FCIC, the underwriting information pertaining to a non-reinsured contract or similar instrument of insurance, including the policy number and all SSNs, EINs, or RMA assigned number(s) related to the eligible crop insurance contract.

# **FORM STANDARDS EXHIBITS**

## 1 CONDITIONS OF ACCEPTANCE STATEMENTS

**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?
- (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?
- (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**?
- (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 Agriculture?
- (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?
- (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. The insurance contract, which includes the accepted application, is defined in the regulation published at 7 CFR chapter IV. 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.

**2 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).

### 3 **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.



#### **4 NONDISCRIMINATION STATEMENT**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

## 5 APPLICATION

Applications are required to request insurance on eligible crops, to add a crop(s) to an existing policy, and to insure crops in additional counties. Coverage applies to the crop(s) in the state for the county(ies) listed in the accepted application. A new Application or Policy Change is required to change coverage level, prices etc. [See Sec. 3 of the CIH for further information].

### 1 APPLICANT INFORMATION

- A "Applicant's Name" (Substantive)
- B "Applicant's Authorized Representative" (Substantive)
- C "Street or Mailing Address" (Substantive)
- D "City and State" (Substantive)
- E "Zip Code" (Substantive)
- F "Applicant's Telephone Number" (Substantive)
- G "Policy Number" (Substantive)
- H "Identification Number" (Substantive)
- I "Identification Number Type" (Substantive)
- J "Person Type" (Substantive)
- K "Spouse's Name" (Substantive)
- L "Spouse's Identification Number" (Substantive)
- M "Is applicant at least 18 years old? Yes \_\_\_ No \_\_\_" (Substantive)
- N "Landlord/Tenant insuring other's share" (Substantive – refer to Section 9I)

### 2 CROP INFORMATION

- A "Effective Crop Year" (Substantive)
- B "Name of Crop" (Substantive)
- C "State and County Name" (Substantive)
- D "Options" (Substantive)
- E "Percentage of Price Election, Projected Price or Amount of Insurance" (Substantive)
- F "Coverage Level" (Substantive)

**APPLICATION**

- G "Plan of Insurance" (Substantive)
- H "Added County Election" [See Section 9E for "Substantive" and "Non-Substantive" information that pertains to this item.]
- I "Designated County" [for added county election only] (Substantive)

**3 OTHER INFORMATION**

- A "Name of Previous AIP (if any)" (Substantive)
- B "Policy Number under Previous AIP (if any)" (Substantive)
- C "List all **person(s)** with a substantial beneficial interest in you as defined in the applicable policy provisions (include landlords or tenants insured under the applicant). If none, state NONE." (See reverse side for additional space) (Substantive)

Required Information: (Title and Items 1-6 are Substantive)

1. Name
2. Address
3. Telephone number
4. Identification Number
5. Identification Number Type
6. Person Type

**4 SIGNATURES**

- A "**Applicant's Printed Name and Signature**" (Substantive)
- B "Date" (of Applicant's Signature)" (Substantive)
- C "Agent's Printed Name, Signature, Date, and Code Number" (Substantive)

**5 REQUIRED STATEMENTS**

- A Conditions of Acceptance Statements [(Substantive) See Exhibit 1, refer to item 3C above]
- B Certification Statement [(Substantive) See Exhibit 2]
- C Privacy Act Statement [(Substantive) See Exhibit 3]
- D Nondiscrimination Statement [(Substantive) See Exhibit 4]

## 6 POLICY CANCELLATION

The Policy Cancellation is to be used if and when the insured decides to cancel insurance coverage and is not transferring coverage to another AIP.

### 1 GENERAL INFORMATION

- A "Insured's Name" (Substantive)
- B "Insured's Authorized Representative's Name" (Substantive)
- C "Street and Mailing Address" (Substantive)
- D "City and State" (Substantive)
- E "Zip Code" (Substantive)
- F "Insured's Telephone Number" (Substantive)
- G "Policy Number" (Substantive)
- H "Identification Number" (Substantive)
- I "Identification Number Type" (Substantive)
- J "Person Type" (Substantive)
- K "Spouse's Name" (Substantive)
- L "Spouse's Identification Number" (Substantive)

### 2 CROP INFORMATION

- A "Effective Crop Year" (Substantive)
- B "Name of Crop" (Substantive)
- C "State and County Name" (Substantive)
- D "Options" (Substantive)
- E "Plan of Insurance" (Substantive)

**POLICY CANCELLATION****3 CANCELLATION INFORMATION**

This statement must be placed within a box above the insured's signature line and date.

"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." (Substantive)

**4 SIGNATURES**

A "Insured's Printed Name, Signature, and Date" (Substantive)

B "AIP Authorized Representative's Printed Name, Signature, and Date" (Substantive)

**5 REQUIRED STATEMENTS**

A Certification Statement [(Substantive) See Exhibit 2]

B Privacy Act Statement [(Substantive) See Exhibit 3]

C Nondiscrimination Statement [(Substantive) See Exhibit 4]

**7 POLICY TRANSFER/APPLICATION**

This Policy Transfer and Application must be designed and/or have explicit form completion instructions that provide the applicant's original signature is on the application portion that is retained by the assuming AIP. The form should be designed to allow the application information to appear in duplicate form with the duplicate copy provided to the ceding AIP.

**1 GENERAL INFORMATION**

- A "Applicant's Name" (Substantive)
- B "Applicant's Authorized Representative" (Substantive)
- C "Street or Mailing Address" (Substantive)
- D "City and State" (Substantive)
- E "Zip Code" (Substantive)
- F "Applicant's Telephone Number" (Substantive)
- G "Policy Number" (Substantive)
- H "Identification Number" (Substantive)
- I "Identification Number Type" (Substantive)
- J "Person Type" (Substantive)
- K "Spouse's Name" (Substantive)
- L "Spouse's Identification Number" (Substantive)
- M "Is applicant at least 18 years old? Yes \_\_\_ No \_\_\_" (Substantive)
- N "Landlord/Tenant insuring other's share" (Substantive – refer to Section 9I)

## POLICY TRANSFER/APPLICATION

### 2 CROP INFORMATION

- A "Effective Crop Year" (Substantive)
- B "Name of Crop" (Substantive)
- C "State and County Name" (Substantive)
- D "Options" (Substantive)
- E "Percentage of Price Election, Projected Price or Amount of Insurance" (Substantive)
- F "Coverage Level" (Substantive)
- G "Plan of Insurance" (Substantive)
- H "Added County Election" [See Section 9E for "Substantive" and "Non-Substantive" information that pertains to this item.]
- I "Designated County" [for added county election only] (Substantive)

### 3 REQUIRED LANGUAGE FOR REQUEST (SUBSTANTIVE)

- A "Part I

I hereby request cancellation of my insurance policy with (Ceding Approved Insurance Provider Name) for the crop(s) and crop year(s) shown below because I have applied for insurance with another Approved Insurance Provider. I understand that if this form is not executed on or before the established cancellation date for any crop listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year."

- B "Crop(s)" to be canceled and transferred (Substantive)
- C "Crop Year" of crops being canceled and transferred (Substantive)

### 4 REQUIRED LANGUAGE TO AUTHORIZE (SUBSTANTIVE)

- A "I hereby authorize and direct the (Ceding Approved Insurance Provider) 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 subsequently terminated for indebtedness had this transfer not occurred, no coverage can be provided by the (Assuming Approved Insurance Provider)."
- B "Insured's Printed Name, Signature and Date" (Substantive)
- C "Policy Number" (Substantive)

**POLICY TRANSFER/APPLICATION****5 REQUIRED LANGUAGE TO PROVIDE INSURANCE (SUBSTANTIVE)**

A "Part II

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."

B "Name of Assuming Agent" (Substantive)

C "Assuming Agent's Address, City, State and Zip Code" (Substantive)

D "Signature of Approved Insurance Provider Representative Authorized to Accept Applications" (Substantive)

E "Date of Acceptance by Assuming Approved Insurance Provider" (Substantive)

F "Assuming Approved Insurance Provider and Policy Issuing Company Code" (Substantive)

**6 REQUIRED STATEMENTS**

A **Certification Statement [(Substantive) See Exhibit 2] (Substantive)**

B Privacy Act Statement [(Substantive) See Exhibit 3]

C Nondiscrimination Statement [(Substantive) See Exhibit 4]



## 8 ACREAGE REPORT

The Acreage Report is required annually and determines the number of reported acres, liability, or amount of insurance provided, premium, and establishes the insurable share at the time insurance attaches. [See Sec. 6 of the CIH for further completion and application instructions].

### 1 INSURED INFORMATION

- A "Insured's Name" (Substantive)
- B "Insured's Authorized Representative" (Substantive)
- C "Street or Mailing Address" (Substantive)
- D "City and State" (Substantive)
- E "Zip Code" (Substantive)
- F "Insured's Telephone Number" (Substantive)
- G "Policy Number" (Substantive)
- H "Identification Number" (Substantive)
- I "Identification Number Type" (Substantive)
- J "Person Type" (Substantive)
- K Landlord/Tenant insuring other's share (Substantive [refer to Section 9I])

### 2 CROP INFORMATION

- A "Crop Year" (Substantive)
- B "Name of Crop" (Substantive)
- C "State and County Name" (Substantive)
- D "Plan of Insurance" (Substantive)
- E "Options" (Substantive)
- F "Type" (Substantive)
- G "Practice" (Substantive)

## ACREAGE REPORT

- H "Legal Description:" (Substantive)  
 \_\_\_ "Section:"  
 \_\_\_ "Township:"  
 \_\_\_ "Range:"  
 \_\_\_ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- I "FSA Farm Number" (Substantive)
- J "FSA Farm/Tract/Field Number" (Substantive)
- K "Approved APH Yield" (Substantive)
- L "Acres of Insured Crop" (Substantive)  
 Divide column and label "Whole" and "10ths or 100ths" underneath "Acres of insured crop." (Non-Substantive)
- M "Insured's Share" (Substantive)
- N "Name of Other Person(s) Sharing in the Crop" (Substantive)
- O "Date Planting Completed" (Substantive)
- P "Classification Number (Rate Class)" (Substantive)
- Q "Unit Number" (Substantive)
- R "Percentage Price Election, Projected Price or Amount of Insurance" (Substantive)
- S "Coverage Level" (Substantive)
- T "Acreage Type" (Substantive)
- U "Remarks" (Substantive)

**ACREAGE REPORT****3 SIGNATURES**

- A "Insured's Printed Name and Signature" (Substantive)
- B "Date" (of Insured's Signature) (Substantive)
- C "Agent's Printed Name, Signature, Date, and Code Number" (Substantive),
- D "Agent's Address" (Substantive)

**4 REQUIRED STATEMENTS**

- A Provide the following question above the Certification Statement.  
"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 [Insert AIP Contact Point] and submit a Policy Change." (Non-Substantive)
- B Provide the following Certification Statement above the Agent's signature.  
"I certify that I am responsible for establishing the approved APH yields that are used to calculate the production guarantees contained in this acreage report and that such approved APH yields are correct to the best of my knowledge."  
(Substantive for those policies that use an approved APH yield to establish the guarantee)
- C Certification Statement [(Substantive) See Exhibit 2]
- D Privacy Act Statement [(Substantive) See Exhibit 3]
- E Nondiscrimination Statement [(Substantive) See Exhibit 4]

## 9 POLICY CHANGE

This form is to be used to make changes to the insurance policy without creating a new application. Some changes can be made after the sales closing date, such as changing an insured's physical address. [Refer to Sec. 3 of the CIH].

### 1 INSURED INFORMATION

- A "Insured's Name" (Substantive)
- B "Insured's Authorized Representative" (Substantive)
- C "State and County Name" (Substantive)
- D "Policy Number" (Substantive)
- E "Identification Number" (Substantive)
- F "Identification Number Type" (Substantive)
- G "Person Type" (Substantive)
- H "List all persons with a substantial beneficial interest in you as defined in the applicable policy provisions" (include landlords or tenants insured under the applicant). If none, state NONE. (See reverse side for additional space.) (Substantive)  
  
Required Information: (Title and Items 1-5 are Substantive)
  - 1. Name
  - 2. Address
  - 3. Telephone number
  - 4. Identification Number and Identification Number Type
  - 5. Person Type
- I "Added County Election" [See Section 9E for "Substantive" and "Non-Substantive information that pertains to this item.]
- J "Designated County" [for added county election only] (Substantive)

**POLICY CHANGE****2 CHANGES TO INSURANCE COVERAGE**

A "Change Insurance  (Substantive)

Form-completion procedures must provide instructions to check this box when appropriate.

B "Effective Crop Year" (Substantive)

C "Name of Crop" (For identification purposes only; a crop cannot be added using a Policy Change.) (Substantive)

D "Type" (Substantive)

E "Percentage of Price Election, Projected Price or Amount of Insurance" (Substantive)

F "Coverage Level" (Substantive)

G "Plan of Insurance" (For identification purposes only; a plan of insurance cannot be changed using a Policy Change) (Substantive)

H "Options, Elections, or Endorsements" (Substantive)

**3 CANCELLATIONS**

A "Cancel Insurance  (Substantive)

Form completion procedures must provide instructions to check this box when appropriate.

B "Effective Crop Year" (Substantive)

C "Name of Crop" (Substantive)

D "Options, Elections, or Endorsements" (Substantive) [See note pertaining to options, elections, and endorsements in Para. 6]

E "Type" (Substantive)

**POLICY CHANGE**

F “Reasons for Cancellation” Create item entries for Reason of Cancellation, similar to the example below. (Substantive)

(Check One)	(Explain in Remarks)
<input type="checkbox"/> Insured's Request	<input type="checkbox"/> Mutual Consent
<input type="checkbox"/> Death, Incompetence, or Dissolution	<input type="checkbox"/> Other

Provide form and completion procedures which instruct that the reason for cancellation must be explained in the remarks section of the form. The form must explain the effective crop year.

**4 OTHER CHANGES**

- A " Add or remove SBI" (Substantive)
- B " Add/change/correct insured's authorized representative" (Substantive)
- C " Change/correct insured's address" (Substantive)
- D " Correct insured's identification number" (Substantive)
- E " Correct spelling of insured's name" (Substantive)
- F " Correct SBI's identification number" (Substantive)
- G " Correct the spelling of SBI's name (Substantive)

These item entries are required in order to identify the type of change being initiated. Form completion procedures must provide instructions to convey this information.

**5 REMARKS SECTION**

Create an area large enough to enter explanations or remarks. (Substantive)

## POLICY CHANGE

### 6 SPECIAL FORM-DEVELOPMENT INFORMATION

#### "Options, Elections, or Endorsements"

##### A Purchasing Options, Elections, or Endorsements

If an option, election, or endorsement is purchased or coverage is excluded (when permitted by the policy), the Policy Change may be used to add or exclude an option, election, or endorsement. The application can also be used to add an option, election, or endorsement; however, it is recommended that the Policy Change be used to do this for an existing policy.

Form and completion procedures must include instructions for adding an option, election, or endorsement if this form is used to add an option, election or endorsement after the basic crop coverage has already been purchased.

##### B Cancellation of an Option, Election, or Endorsement

The Policy Change will be used to cancel an option, election or endorsement that the insured purchased or cancel coverage exclusion. This applies to all types of options, elections, or endorsements (e.g., potato options, High-Risk Land Exclusion Option, etc.). Form and completion procedures must include instructions to cancel an option on this form.

### 7 OTHER INFORMATION AND SIGNATURES

A "Insured's Printed Name, Signature and Date" (Substantive)

B "Agent's Printed Name, Signature, Date, and Code Number" (Substantive)

### 8 REQUIRED STATEMENTS

A Certification Statement [(Substantive) See Exhibit 2]

B Privacy Act Statement [(Substantive) See Exhibit 3]

C Nondiscrimination Statement [(Substantive) See Exhibit 4]

## 10 SOCIAL SECURITY NUMBER AND EMPLOYER IDENTIFICATION NUMBER REPORTING.

[See Sec. 5 of the CIH for further information regarding SSN and EIN reporting.]

### 1 APPLICANT'S/INSURED'S INFORMATION

- A "Name of Applicant/Insured" (Substantive)
- B "Applicant/Insured's Telephone Number" (Substantive)
- C "Applicant/Insured's Address" (Substantive)
- D "City, State, and Zip code" (Substantive)
- E "(YEAR) and Succeeding Crop Years" (Substantive)
- F "Policy Number" (Substantive)
- G "Identification Number" (Substantive)
- H "Identification Number Type" (Substantive)
- I "Person Type" (Substantive)
- J "Spouse's Name" (Substantive)
- K "Spouse's Identification Number" (Substantive)

### 2 AGENT INFORMATION

- A "Agent's Name" (Substantive)
- B "Agent's Address" (Substantive)
- C "Agent's Signature, Date, and Code Number" (Substantive)

### 3 OTHER PERSON(S) INFORMATION

"List all persons with a substantial beneficial interest in the insured/applicant as defined in the applicable policy provisions [(include landlords or tenants insured under the applicant). If none, state none. (See reverse side for additional space)" (Substantive)

Required Information: (Title and items 1-5 are substantive)

- 1. Name
- 2. Address
- 3. Telephone number
- 4. Identification Number and Identification Number Type
- 5. Person Type



**SOCIAL SECURITY NUMBER AND EMPLOYER IDENTIFICATION NUMBER  
REPORTING**

**4 SIGNATURE**

A "Applicant/Insured Printed Name, Signature, and "Date" (Substantive)

**5 REQUIRED STATEMENTS**

A Certification Statement [(Substantive) See Exhibit 2]

B Privacy Act Statement [(Substantive) See Exhibit 3]

C Nondiscrimination Statement [(Substantive) See Exhibit 4]

**11 SUMMARY OF COVERAGE (SCHEDULE OF INSURANCE)**

This form is issued to the insured after the crop(s) is planted, reports his/her acreage, and the AIP has calculated the associated premium and liability. The AIP has the election of titling this form either the Summary of Coverage or the Schedule of Insurance.

**1 INSURED INFORMATION**

- A "Insured's Name" (Substantive)
- B "Street or Mailing Address" (Substantive)
- C "City and State" (Substantive)
- D "Zip Code" (Substantive)
- E "Insured's Identification Number" (Substantive)
- F "Identification Number Type" (Substantive)
- G "Spouse's Name" (Non-Substantive)
- H "Spouse's Identification Number" (Non-Substantive)
- I "Policy Number" (Substantive)

**2 CROP INFORMATION**

- A "Crop(s) Insured" (Substantive)
- B "Crop Practice/Type" (Substantive)
- C "Percentage of Price Election, Projected Price or Amount of Insurance" (Substantive)
- D "Coverage Level" (Substantive)
- E "Options" (Substantive)
- F "Effective Crop Year" (Substantive)
- G "Plan of Insurance" (Substantive)
- H "State and County Name" (Substantive)
- I "Guarantee or Amount of Coverage" (Substantive)
- J "Liability" (Substantive)
- K "Insured's Premium" (Substantive)

**SUMMARY OF COVERAGE (SCHEDULE OF INSURANCE)****3 AGENT INFORMATION**

- A "Agent's Name" (Substantive)
- B "Agent's Street or Mailing Address" (Substantive)
- C "Agent's City and State" (Substantive)
- D "Agent's Zip Code" (Substantive)
- E "Agent's Code Number" (Substantive)
- F "Agent's Telephone Number" (Substantive)

**4 OTHER INFORMATION**

- A The AIP shall display the A&O subsidy amount based on the full 2.3 percent reduction, but shall include a footnote stating the following:

"\*Note: This amount may increase by 1.15 percent of net book premium (except for group plans of insurance) if the loss ratio in the State exceeds 1.20. However, the amount of premium the producer must pay will not change."

Alternatively, the actual dollar amount that is the difference between the 2.3 percent reduction and the 1.15 percent reduction may be substituted for the phrase "...1.15 percent of net book premium..." in the above footnote.  
(Substantive)

- B "Date Issued" (Substantive)
- C "Amount of Administrative Fee Due the Approved Insurance Provider" (Substantive)
- D "Amount of Subsidy Paid by RMA" (Substantive)

**12 POLICY CONFIRMATION (POLICY DECLARATION)**

This form is issued to the insured after the AIP accepts the completed application. The AIP has the election of titling this form the Policy Confirmation or the Policy Declaration. This form is optional for the 2011 crop year.

**1 INSURED INFORMATION**

- A "Insured's Name" (Substantive)
- B "Street or Mailing Address" (Substantive)
- C "City and State" (Substantive)
- D "Zip Code" (Substantive)
- E "Insured's Identification Number" (Substantive)
- F "Identification Number Type" (Substantive)
- G "Person Type" (Substantive)
- H "Spouse's Name" (Substantive)
- I "Spouse's Identification Number" (Substantive)
- J "Policy Number" (Substantive)

**2 CROP INFORMATION**

- A "Crop(s) Insured" (Substantive)
- B "Type" (Substantive)
- C "Percentage of Price Election, Projected Price, or Amount of Insurance" (Substantive)
- D "Coverage Level" (Substantive)
- E "Options" (Substantive)
- F "Effective Crop Year" (Substantive)
- G "Plan of Insurance" (Substantive)
- H "State and County Name" (Substantive)

**POLICY CONFIRMATION (POLICY DECLARATION)****3 AGENT INFORMATION**

- A "Agent's Name" (Substantive)
- B "Agent's Street or Mailing Address" (Substantive)
- C "Agent's City and State" (Substantive)
- D "Agent's Zip Code" (Substantive)
- E "Agent's Code Number" (Substantive)
- F "Agent's Telephone Number" (Substantive)

**4 OTHER INFORMATION**

If this form is to be combined with the Summary of Coverage (Schedule of Insurance), include the following items:

- A The AIP shall display the A&O subsidy amount based on the full 2.3 percent reduction, but shall include a footnote stating the following:

"\*Note: This amount may increase by 1.15 percent of net book premium (except for group plans of insurance) if the loss ratio in the State exceeds 1.20. However, the amount of premium the producer must pay will not change."

Alternatively, the actual dollar amount that is the difference between the 2.3 percent reduction and the 1.15 percent reduction may be substituted for the phrase "...1.15 percent of net book premium..." in the above footnote.  
(Substantive)

- B "Date Issued" (Substantive)
- C "Amount of Administrative Fee Due the Approved Insurance Provider" (Substantive)
- D "Amount of Subsidy Paid by RMA" (Substantive)

13 POWER OF ATTORNEY

1 GENERAL INFORMATION

A personal Power of Attorney created by an attorney for an insured does not have to adhere to form standards issued by RMA. However, if an AIP chooses to develop a Power of Attorney form for use by their insureds, such forms should comply with the "Substantive" standards listed below and also the applicable state laws that govern power of attorney documents. Agent and loss adjuster use of a power of attorney form may be limited by conflict of interest requirements contained in the Standard Reinsurance Agreement. [Refer to Section 11, see also Sec. 6 of the CIH.]

2 STATEMENTS

A The following statements are "Substantive":

"The undersigned does hereby make, constitute and appoint \_\_\_ of \_\_\_ in the County of \_\_\_ and State of \_\_, the true and lawful attorney, for and in the name, place and stead of the undersigned in connection with Insurance Policy and/or Policy Number \_\_\_\_\_.

The undersigned gives and grants unto said attorney full authority and power to do and perform actions as initialed below fully ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof:

1. Making application for insurance.
2. Making crop acreage reports.
3. Giving notice of damage or loss.
4. Making claim for indemnity.
5. Making policy change.
6. Making transfers and cancellations.
7. Providing program required production reports.
8. Taking all actions related to the insurance coverage provided under the above identified policy and/or policy number.

This Power of Attorney shall be filed at the office where the official insurance file is maintained and shall remain in full force and effect until written notice of its revocation has been received by the office maintaining the official insurance file folder (such revocation shall be placed in the official insurance file folder).

This Power of Attorney is signed and dated at (City), (State) this \_\_\_ day of \_\_\_\_, (YEAR).

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Print Insured Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Insured's Signature

I hereby accept the foregoing appointment:

\_\_\_\_\_  
Print Appointee Name

\_\_\_\_\_  
Appointee's Signature

**POWER OF ATTORNEY**

**ACKNOWLEDGMENT**

**(For use by Notary Public)**

State of  
County of

**(Use acknowledgment if required by the State where acknowledgment is taken)** Signatures of the insured and the appointee must be notarized when required by law.

Witness signatures are not required if notarized.

**3 OTHER INFORMATION AND SIGNATURES**

- A "Notary Seal and Signature of Notary" (Substantive, if required by State Law)
- B Privacy Act Statement [(Substantive) See Exhibit 3]
- C Nondiscrimination Statement [(Substantive) See Exhibit 4]

## 14 ASSIGNMENT OF INDEMNITY

An insured may assign the right to an indemnity payment for a crop(s) under a policy to a creditor(s) or other persons to whom the insured has a financial debt or other pecuniary obligation by using an Assignment of Indemnity. The assignment(s) applies for all acreage of the crop covered by the policy. [See Sec. 6 of the CIH for further information].

### 1 INSURED INFORMATION

- A "Insured's Name" (Substantive)
- B "Insured's Authorized Representative" (Substantive)
- C "Street or Mailing Address" (Substantive)
- D "City and State" (Substantive)
- E "Zip Code" (Substantive)
- F "Policy Number" (Substantive)
- G "Effective Crop Year" (Substantive)

### 2 TERMS AND CONDITIONS

- A "The assignment must read as follows": (Substantive)

"The Insured assigns to (Name of Creditor) of (Mailing Address) (City, State and Zip) the right and interest of any indemnity payment(s) which may be payable to the insured under the insurance policy for the county/commodity (ies) shown:" e.g., (1<sup>st</sup> Crop Name and County Name) (2<sup>nd</sup> Crop Name and County Name) (Substantive)

The Name and Address of Creditor must be contained in above statement unless listed on the form.

#### "CONDITIONS

- (1) This assignment will be binding upon the person(s) who succeed the insured's interest in the insurance policy.
- (2) Indemnity payments made under the insurance policy will be subject to a deduction for any indebtedness due this Approved Insurance Provider by the insured.
- (3) This assignment will not grant the Creditor any greater rights than originally held by the insured.



**ASSIGNMENT OF INDEMNITY**

- (4) The Creditor's interest will be recognized upon Approved Insurance Provider's approval of this assignment and the Creditor will have the right to submit the loss notices and other forms as required by the insurance policy.
- (5) The Approved Insurance Provider will determine the person(s) entitled to any indemnity payment(s) and the payment(s) will be by joint check.
- (6) Cancellation of this assignment prior to and during the crop year stated above will be accepted by the Approved Insurance Provider only upon notification in writing by the above identified Creditor(s). It is understood and agreed that this assignment will be subject to the terms and conditions of the insurance policy." (Followed by signatures of the Insured, Creditor and Witnesses)
- (7) "If the assignment is not canceled according to item (6), the assignment will cease at the end of the effective crop year." (Substantive)

B "The Approved Insurance Provider hereby approves the foregoing assignment" (Followed by the Authorized Representative's signature for the Approved Insurance Provider and date) (Substantive)

C "This assignment was filed with the Approved Insurance Provider on \_\_, (YEAR) at \_\_ a.m. /p.m." (Substantive)

**3 OTHER INFORMATION AND SIGNATURES**

A "Insured's Signature and Date" (Substantive)

B "Creditor's Signature and Date" (Substantive)

C "Witness Signature and Date" (Substantive) – Both the Insured's and Creditor's signature and date as provided in item A & B must contain a Witness signature and date.

D "Approved Insurance Provider's Authorized Representative Signature and Date" (Substantive)

**4 REQUIRED STATEMENTS**

A Privacy Act Statement [(Substantive) See Exhibit 3]

B Nondiscrimination Statement [(Substantive) See Exhibit 4]

**15 CONTINUOUS HAIL AND FIRE EXCLUSION OPTION****1 INSURED INFORMATION**

- A "Insured's Name" (Substantive)
- B "Insured's Mailing Address" (Non-Substantive)

**2 CROP INFORMATION**

- A "The Hail and Fire Exclusion Option applies to the following crop(s):  
\_\_\_\_\_“(Substantive)
- B "State and County Name Where Insurance Attaches" (Substantive)
- C "First Effective Crop Year" (Substantive)
- D "Policy Number" (Substantive)

**3 TERMS AND CONDITIONS**

The following statements are “Substantive” except for the calculation example which is “Non-substantive.”

- A "Hail and Fire will be excluded on a crop basis as insured causes of loss from your [ENTER NAME OF CROP INSURANCE POLICY] for a reduced premium for each crop year the following terms and conditions are met."

"The terms of this option apply to the first crop year it is requested and to each succeeding crop year as provided below. Crops can be added to this option if a written request is submitted on or before the date crop insurance coverage attaches for the crop(s). To cancel this option or delete a crop(s), you must submit a request in writing on or before the applicable cancellation date for the crop(s)."

- B "To exclude hail and fire insurance, for the first crop year of this option:
  - (1) The Hail and Fire Exclusion Option must be signed within 72 hours of the date a private Hail and Fire policy is first in effect. If a multi-season hail and fire policy is in effect, after the first crop year the multi-season hail and fire policy is in effect, you may sign the Hail and Fire Exclusion Option on or before the date coverage attaches for a crop year.
  - (2) This option is effective only if the crop has not been damaged to the extent that a crop insurance indemnity may be claimed on any unit of the insured crop."

## CONTINUOUS HAIL AND FIRE EXCLUSION OPTION

- C "For each crop year, Hail and Fire insurance coverage must be in effect (and premiums earned) on all planted insurable acreage of the crop insured under the crop insurance policy and the total dollar amount of hail and fire insurance liability must equal or exceed the total crop insurance policy liability for that crop acreage. To determine if sufficient hail and fire liability is in place for a revenue protection plan of insurance policy or a revenue protection with the harvest price exclusion plan of insurance policy, the amount of liability (for this purpose only) will be computed based upon the projected price"
- D "For each crop year, you must provide a copy of the annual hail and fire declaration sheet showing you have purchased the minimum amount of hail and fire coverage for the crop year to cover your liability or provide other acceptable proof that the minimum amount of hail and fire coverage has attached for the crop year."
- E "An appraisal for uninsured causes will be made if the crop is damaged by hail and/or fire, and the average percent of damage to the crop insurance unit exceeds the deductible percentage for the crop insurance policy."

"The appraised amount of production is determined by:

- (1) Subtracting the crop insurance policy coverage level from 1.00
- (2) Subtracting the result of (1) from the percentage of hail and/or fire damage;
- (3) Multiplying the result of (2) by the production guarantee per acre for the applicable crop insurance policy; and
- (4) Dividing the result of (3) by the crop insurance policy coverage level percentage."

"For example:

The average percentage hail damage to the crop insurance unit = 45%. The crop insurance policy coverage level = 65%. Per-acre guarantee = 100.0 bu.

- Step 1**       $1.00 - 0.65$  (coverage level percentage) = 0.35 (deductible)
- Step 2**       $0.45$  (average percentage hail damage) - 0.35 (deductible) =  
0.10 (excess percentage)
- Step 3**       $0.10$  (excess percentage) x 100.0 bu. (per-acre guarantee) =  
10.0 bushels.
- Step 4**       $10.0$  bu. ÷ 0.65 (crop insurance coverage level) =  
15.4 bu. per-acre appraisal for uninsured causes. "

## CONTINUOUS HAIL AND FIRE EXCLUSION OPTION

"EXCEPT THAT:

If hail and/or fire occurs and the original hail and fire liability under a private hail and fire policy has been reduced below the crop insurance coverage, due to another cause of loss insured under the crop insurance policy, the hail and/or fire indemnity will be divided by the original hail and fire liability. This result will be multiplied by the crop insurance guarantee per acre and divided by your coverage level percentage. The result will be the appraisal for uninsured causes."

### 4 OTHER INFORMATION AND SIGNATURE

- A "Information for the first-year hail and/or fire exclusion request." (Substantive)
- (1) "Hail and Fire Coverage Effective Date" (Substantive)
- (2) "Name of Hail and Fire Insurance Company (ies) and Policy Number(s)" (Substantive)
- B "Name and Address of Approved Insurance Provider" (Substantive)
- C The following statement is required above the insured's signature: (Substantive)
- "I, the insured, certify that the information reported above is true and accurate. I will provide any information the Approved Insurance Provider (or Authorized Representative(s) of the Approved Insurance Provider) may require. I will provide access to any information that the Approved Insurance Provider may require regarding any hail and fire policy(ies) I have in effect for any crop year that this option is in force." (Substantive)
- D "Insured's Signature and Date" (Substantive)
- E "Agent's Printed Name, Signature, Date and Agent Code Number" (Substantive)

### 5 REQUIRED STATEMENTS

- A Certification Statement [(Substantive) See Exhibit 2]
- B Privacy Act Statement [(Substantive) See Exhibit 3]
- C Nondiscrimination Statement [(Substantive) See Exhibit 4]

**16 ANNUAL REQUEST TO EXCLUDE HAIL AND FIRE****1 INSURED INFORMATION**

- A "Insured's Name" (Substantive)
- B "Insured's Mailing Address" (Non-Substantive)

**2 CROP INFORMATION**

- A "The Annual Request to Exclude Hail and Fire applies to the following crop(s):  
\_\_\_\_\_“(Substantive)
- B “State and County Name Where Insurance Attaches” (Substantive)
- C "Effective Crop Year" (Substantive)
- D "Policy Number" (Substantive)

**3 TERMS AND CONDITIONS**

The following statements are “Substantive” except for the calculation example which is “Non-substantive”. Although the calculation example is non-substantive, the calculation must be explained in the form instructions.

- A "Hail and Fire will be excluded on a crop basis as insured causes of loss from your [INSERT NAME OF CROP INSURANCE POLICY] for a reduced premium for the effective crop year provided the following terms and conditions are met."

- B "For the effective crop year of this request:

The Request to Exclude Hail and Fire must be signed within 72 hours of the date a private hail and fire policy is in effect. If a multi-season hail and fire policy is in effect, after the first crop year the multi-season hail and fire policy is in effect, you may sign the Annual Request to Exclude Hail and Fire on or before the date your crop insurance coverage attaches for a crop year."

- C "Hail and Fire insurance coverage must be in effect (and premiums earned) on all planted insurable acreage of the crop insured under the crop insurance policy and the total dollar amount of hail and fire insurance liability must equal or exceed the total crop insurance liability for that crop acreage.

To determine if the minimum required hail and fire liability is in place for a revenue protection plan of insurance policy, or revenue protection with the harvest price exclusion plan of insurance policy, the amount of liability (for this purpose only) will be computed based upon the projected price."

## ANNUAL REQUEST TO EXCLUDE HAIL AND FIRE

D "You must provide a copy of the private hail and fire declaration sheet showing you have purchased at least the required minimum amount of hail and fire coverage for the effective crop year to cover your liability or other acceptable proof coverage has attached."

E "An appraisal for uninsured causes will be made when the crop is damaged by hail and/or fire, and the average percent damage to the crop insurance unit exceeds the deductible percentage for the crop insurance policy.

"The appraised amount of production is determined by:

- (1) Subtracting the crop insurance policy coverage level from 1.00
- (2) Subtracting the result of (1) from the percentage of hail and/or fire damage;
- (3) Multiplying the result of (2) by the production guarantee per acre for the crop insurance policy; and
- (4) Dividing the result of (3) by the crop insurance policy coverage level percentage.

"For example:

The average percentage hail damage to the crop insurance unit = 45%.  
The crop insurance policy coverage level = 65%. Per-acre guarantee = 100.0 bu.

- Step 1**       $1.00 - .65$  (coverage level percentage) = 0.35 (deductible)
- Step 2**       $0.45$  (average percentage hail damage) - 0.35 (deductible) =  
0.10 (excess percentage)
- Step 3**       $0.10$  (excess percentage) x 100.0 bu. (per-acre guarantee) =  
10.0.
- Step 4**       $10.0$  bu. ÷ 0.65 (crop insurance coverage level) =  
15.4 bu. per-acre appraisal for uninsured causes. "

"EXCEPT THAT:

If hail and/or fire occurs and the original hail and fire liability under a private hail and fire policy has been reduced below the crop insurance coverage, due to another cause of loss insured under the crop insurance policy, the hail and/or fire indemnity will be divided by the original hail and fire liability. This result will be multiplied by the crop insurance guarantee per acre and divided by your coverage level percentage. The result will be the appraisal for uninsured causes."

**ANNUAL REQUEST TO EXCLUDE HAIL AND FIRE****4 OTHER INFORMATION AND SIGNATURE**

- A "Hail and Fire Coverage Effective Date" (Substantive)
- B "Name of Hail and Fire Insurance Company (ies) and Policy Number(s)" (Substantive)
- C The following statement is required above the Insured's Signature. (Substantive)
- "I, the insured, certify that the information reported above is true and accurate. I will provide any information the Approved Insurance Provider (or Authorized Representative(s) of the Approved Insurance Provider) may require. I will provide access to any information that the Approved Insurance Provider may require regarding any hail and fire policy(ies) I have in effect for any crop year that this option is in force." (Substantive)
- D "Insured's Signature and Date" (Substantive)
- E "Agent's Printed Name, Signature, Date and Agent Code Number" (Substantive)

**5 REQUIRED STATEMENTS**

- A Certification Statement [(Substantive) See Exhibit 2]
- A Privacy Act Statement [(Substantive) See Exhibit 3]
- B Nondiscrimination Statement [(Substantive) See Exhibit 4]

## 17 TRANSFER OF COVERAGE AND RIGHT TO AN INDEMNITY

Use a Transfer of Coverage and Right to an Indemnity to transfer insurance coverage and the right to any subsequent indemnity from one insured person to another person. The transfer is used when a transfer of part or all of the ownership/share of the insured crop occurs during the insurance period. [See Sec. 6 of the CIH for further instruction regarding this form].

### 1 GENERAL INFORMATION

- A "Transferor's Name" (Substantive)
- B "Transferor's Street and Mailing Address" (Substantive)
- C "Policy Number" (Substantive)
- D "Legal Description:" (Substantive)
  - \_\_\_ "Section:"
  - \_\_\_ "Township:"
  - \_\_\_ "Range:"
  - \_\_\_ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"

### 2 CROP INFORMATION

- A "Crop" (Substantive)
- B "Crop Year" (Substantive)
- C "Unit Number" (Substantive)
- D The following is "Substantive":
  - (1) Is the entire insured acreage and the entire insured share on this unit being transferred? Yes ( ) No ( )
  - (2) Statement "a" below may be used alone. If both statements are used the form should indicate: "Check one of the boxes"
    - a Make check payable jointly to insured and transferee(s). Check will be mailed to the insured's address (unless an assignment of indemnity is on file); or
    - b Make checks payable to transferee(s) only. Check will be mailed to address shown in 3B.



**TRANSFER OF COVERAGE AND RIGHT TO AN INDEMNITY****3 OTHER INFORMATION**

- A "Transferee(s) Name(s)" (Substantive)
- B "Transferee(s) Address, City, State, and Zip Code" (Substantive)
- C "Transferee's Identification Number" (Substantive)
- D "Identification Number Type" (Substantive)
- E "Person Type" (Substantive)
- F "Acreage Transferred" (Substantive)
- G "Share Transferred" (Substantive)
- H "Effective Date of Transfer" (Substantive)
- I "Nature of Transfer" (Substantive)

**4 TERMS AND CONDITIONS**

The following information is "Substantive".

- A Acceptance by the Approved Insurance Provider of the above-described transfer shall transfer the insured's right to an indemnity to the above-named transferee subject to:
  - (1) Receipt by the Approved Insurance Provider of satisfactory evidence that said transfer occurred before the end of the insurance period; i.e., (a) the date harvest was completed on the unit, (b) the calendar date for the end of the insurance period, or (c) the date the entire crop on the unit was destroyed, as determined by the Approved Insurance Provider.
  - (2) The terms of the above-identified insurance contract, including any outstanding assignment of indemnity made by the transferor prior to the date of transfer.
  - (3) All other terms and provisions set forth herein.
- B The Approved Insurance Provider shall not be liable for any more indemnity than existed before the transfer occurred.
- C The insurance policy of the transferor covers the share hereby transferred only to the end of the insurance period for the current crop year.
- D The "Transferee" and the "Transferor" shall be jointly and severally liable for any unpaid premium earned for the current crop year on the acreage and share transferred. The premium for the unit has been paid: Yes ( ) No ( )

**TRANSFER OF COVERAGE AND RIGHT TO AN INDEMNITY**

E	Total premium on this unit	\$_____
F	Premium on acreage transferred	\$_____
G	Premium on retained acreage	\$_____
H	Premium paid with transfer	\$_____

**5 REQUIRED SIGNATURES**

- A "Transferor's Signature and Date" (Substantive)
- B "Transferee(s) Signature and Date" (Substantive)
- C "Agent's **Printed Name**, Signature, Date, and Code Number" (Substantive)

**6 REQUIRED STATEMENTS**

- A **Include the following statements above the signatures.**  
  
"I, [INSERT TRANSFEREE'S NAME], the Transferee, understand that all billing statements and due process letters will only be issued to [INSERT TRANSFEROR'S NAME], the Transferor. Any unpaid premium and/or administrative fees on the termination date of the policy will make both the transferee and the transferor ineligible for the crop insurance program."  
(Substantive)
- B **Certification Statement [(Substantive) See Exhibit 2]**
- C **Privacy Act Statement [(Substantive) See Exhibit 3]**
- D **Nondiscrimination Statement [(Substantive) See Exhibit 4]**

## 18 HIGH-RISK LAND EXCLUSION OPTION

The BP provides insurance coverage on all insurable acres planted to a crop in the county. When coverage and rates are provided in the actuarial documents for high-risk land, insureds are required to insure the high-risk land at an increased cost reflective of the increased risk. Insureds who do not wish to insure high-risk land on an additional coverage policy may amend the BP by signing and submitting the High-Risk Land Exclusion Option (by crop(s) and policy) to the AIP. [See Sec. 4 of the CIH for further instruction regarding this option].

### 1 INSURED INFORMATION

- A "Insured's Name" (Substantive)
- B "Policy Number" (Substantive)
- C "Street or Mailing Address" (Substantive)
- D "City, State and Zip Code" (Substantive)
- E "County Name" (Substantive)
- F "Identification Number" (Substantive)
- G "Identification Number Type" (Substantive)

### 2 CROP INFORMATION

- A "Crop(s)" (Substantive)
- B "Crop Year" (Substantive)

### 3 TERMS AND CONDITIONS

The following information must be on the form. (Substantive)

Upon our approval of this option, we agree to amend your **Common Crop Insurance Policy Basic Provisions** to exclude from crop insurance coverage all high-risk land for the identified crop(s) and county(ies) in which you have a share, subject to the following terms and conditions:

- A The option must be submitted to us on or before the final date for accepting applications for the initial crop year in which you wish to exclude high-risk land.
- B By signing this option, you are declining crop insurance coverage under the **Common Crop Insurance Policy Basic Provisions** and the applicable crop provisions on your high-risk land.
- C As used in this option, high-risk land is any land to which a high risk classification applies as contained in the actuarial document(s).

## HIGH-RISK LAND EXCLUSION OPTION

- D This option may be canceled by either you or us for any succeeding crop year by giving written notice on or before the applicable cancellation date provided by the policy, preceding such crop year.
- E You must report, on the acreage report for each crop year, the acreage of the crop planted on high-risk land.
- F In the event of a loss on any insured unit, you must provide separate production records showing planted acreage and harvested production for any acreage which is excluded from crop insurance coverage under this option.
- G All other provisions of the policy not in conflict with this option are applicable.

#### 4 REQUIRED SIGNATURES

- A "Insured's Printed Name, Signature and Date" (Substantive)
- B "Agent's Printed Name, Signature, Date, and Code Number" (Substantive)

#### 5 REQUIRED STATEMENTS

- A Certification Statement [(Substantive) See Exhibit 2]
- B Privacy Act Statement [(Substantive) See Exhibit 3]
- C Nondiscrimination Statement [(Substantive) See Exhibit 4]

## 19 PRODUCTION REPORT

The purpose of a production report is to collect the prior crop year(s)' production from the insured and the information contained within the production report is used to establish the approved APH yield for the current year. An annual production report is required for all crops with a yield-based plan of insurance that is required to establish the approved APH yield. [For form completion instructions, see also Sec. 13 of CIH].

### 1 INSURED INFORMATION

- A "Insured's Name" (Substantive)
- B "Insured's Mailing Address" (Substantive)
- C "Telephone Number" (Substantive)
- D "Policy Number" (Substantive)
- E "Crop Year" (Substantive)
- F "Identification Number" (Substantive)
- G "Identification Number Type" (Substantive)

### 2 CROP INFORMATION

- A "Name of Crop" (Substantive)
- B "Practice/Type/T-Yield Map Area/Other Characteristics" (Substantive)
- C "Unit Number" (Substantive)
- D "Legal Description:" (Substantive)
  - \_\_\_ "Section:"
  - \_\_\_ "Township:"
  - \_\_\_ "Range:"
  - \_\_\_ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- E "Land Other County Yes\_\_ No\_\_" (Substantive)
- F "Other Person(s)" (Substantive)
- G "Other" (Substantive)

**PRODUCTION REPORT**

- H "Record Type" (Substantive)
- 1.\_ Production Sold/Commercial Storage
  - 2.\_ On Farm Storage, Recorded Bin Measurement
  - 3.\_ Livestock Feeding Records
  - 4.\_ FSA Loan Record
  - 5.\_ Appraisals
  - 6.\_ Other
- I "Processor Number/Name" (Substantive)
- J "Number Trees or Vines" (Substantive)
- K "Insurability" (Substantive)
- L "FSA Farm/Tract/Field Number" (Substantive)
- M "Cropland Acres" (Substantive)
- N "Crop Year of History" (Substantive)
- O "Total Production" (Substantive)
- P "Acres" (Substantive)
- Q "Yields (Substantive)

**For items - N, O, P and Q above allow space to provide the appropriate years of the base period.**

- R "New Producer  (Substantive)

**Add following certification statement under R.**

**"I certify I have not produced the insured crop in the county for at least two years."  
(Substantive)**

- S "Added Land/Practice/Type  (Substantive)
- T "State and County Name" (Substantive)
- U "Area Classification" (Substantive)

**PRODUCTION REPORT**

**4 OTHER INFORMATION AND SIGNATURES**

A "Insured's **Printed Name**, Signature and Date" (Substantive)

B **Comments Section (Non-Substantive)**

**5 REQUIRED STATEMENTS**

A Certification Statement [(Substantive) See Exhibit 2]

B Privacy Act Statement [(Substantive) See Exhibit 3]

C Nondiscrimination Statement [(Substantive) See Exhibit 4]

**20 ACTUAL PRODUCTION HISTORY DATABASE**

The production reports provided by the insured are used by the verifier to establish the APH database. The APH database consists of all years of production (within the base period) reported by the insured and is used to calculate the approved APH yield.

**1 INSURED INFORMATION**

- A "Insured's Name" (Substantive)
- B "Street or Mailing Address" (Substantive)
- D "Telephone Number" (Substantive)
- E "Policy Number" (Substantive)
- F "Crop Year" (Substantive)
- G "Identification Number" (Substantive)
- H "State and County Name" (Substantive)

**2 CROP INFORMATION**

- A "Name of Crop" (Substantive)
- B "Practice/Type/T-Yield Map Area" (Substantive)
- C "Unit Number" (Substantive)
- D "Legal Description:" (Substantive)
  - \_\_\_ "Section:"
  - \_\_\_ "Township:"
  - \_\_\_ "Range:"
  - \_\_\_ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- E "Land Other County Yes\_\_ No\_\_" (Substantive)
- F "Other Person(s) Sharing Crop" (Substantive)
- G "Other" (Substantive)
- H "Area Classification" (Substantive)
- I "T-Yield" (Substantive)

**ACTUAL PRODUCTION HISTORY DATABASE**



- J "FSA Farm/Tract/Field Number" (Substantive)
- K "Crop Year of History" (Substantive)
- L "Total Production" (Substantive)
- M "Acres" (Substantive)
- N "Yields" (Substantive)
- O "Yield Descriptor" (Substantive)

**For items K, L, M, N and O above allow space to provide the appropriate years of the base period.**

- P "Total" (Substantive)
- Q Preliminary Yield (Substantive)
- R "Yield Indicator" (Substantive)
- S "Prior Yield" (Substantive)
- T "Approved Yield" (Substantive)
- U "Required: Field Review \_\_ Inspection \_\_" (Substantive)

### **3 OTHER INFORMATION**

- A "Comments Section" (Non-Substantive)

### **4 REQUIRED STATEMENTS**

- A Privacy Act Statement [(Substantive) See Exhibit 3]
- B Nondiscrimination Statement [(Substantive) See Exhibit 4]

**21 WITHDRAWAL OF CLAIM FOR INDEMNITY****1 INSURED AND POLICY INFORMATION**

- A "Insured's Name" (Substantive)
- B "Claim Number" (Substantive)
- C "Policy Number" (Substantive)
- D "Identification Number" (Substantive)
- E "Identification Number Type" (Substantive)
- F "Person Type" (Substantive)
- G "Legal Description:" (Substantive)
  - \_\_\_ "Section:"
  - \_\_\_ "Township:"
  - \_\_\_ "Range:"
  - \_\_\_ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- H "Name of Crop(s)" (Substantive)
- I "Unit Number(s)" (Substantive)

**2 TERMS AND CONDITIONS**

The following statement is required: (Substantive)

Withdrawal Statement: "For the unit number(s) listed above, I withdraw this claim for indemnity against the Approved Insurance Provider on this policy as of this date. I agree and understand that signing this withdrawal in no way changes the terms of the policy, or affects any other loss that may subsequently occur."

**3 SIGNATURE**

- A "Insured's Signature and Date" (Substantive)

**4 REQUIRED STATEMENTS**

- A Privacy Act Statement [(Substantive) See Exhibit 3]
- B Nondiscrimination Statement [(Substantive) See Exhibit 4]

**22 REQUEST FOR RMA ASSIGNED IDENTIFICATION NUMBER****1 GENERAL INFORMATION**

- A "(YEAR) and Succeeding Crop Years" (Substantive)
- B Applicable to insured individuals or individuals with an SBI in the insured that are not legally required to have a SSN or EIN number as defined in the applicable policy provisions and CIH procedures. Such individuals may be assigned an identification number that can be used for insurance purposes.
- C Individuals requesting an assigned number must be eligible to receive Federal benefits and must meet the requirements as provided in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), 8 U.S.C. § 1611, which provides, with certain exceptions, only United States citizens, United States non-citizen nationals and "qualified aliens" (and sometimes only particular categories of qualified aliens) are eligible for Federal, State, and local public benefits. [Refer to Sec. 5 of the CIH for documentation requirements for non-citizens and AIP instructions].

**2 APPLICANT INFORMATION**

- A "Name of Applicant Requesting an Assigned Number" (Substantive)
- B "Applicant's Telephone Number" (Substantive)
- C "Applicant's Address" (Substantive)
- D "State and County Name" (Substantive)
- E "Policy Number (if applicable)" (Substantive)
- F "Identification Number of Insured (if request is for SBI)" (Substantive)
- G "[Identification Number Type] for Insured (if request is for SBI)" (Substantive)
- H "Insured's Person Type (if request is for SBI)" (Substantive)
- I "Documentation Type (e.g., Admitted for Permanent Residence, Admitted as a Refugee, Asylee, etc.) (Include a brief list of all attached documentation, e.g., INS Form I-94)" (Substantive) [Refer to CIH Exh. 5]
- J "Is this request to renew a previously issued RMA Assigned Number?" Create a checklist for the applicant to answer Yes or No. (Substantive).
- K "If so, list the previously issued RMA Assigned Number, the issue date, and the expiration date." (Substantive)

**REQUEST FOR RMA ASSIGNED IDENTIFICATION NUMBER****3 OTHER INFORMATION AND SIGNATURES**

- A "Applicant's Signature and Date" (Substantive)
- B Statement above AIP representative's signature line: (Substantive)  
  
"I certify that **[INSERT NAME OF APPLICANT]** has met all other program requirements under the authority of the Federal Crop Insurance Act (the Act) with the exception of providing a SSN/EIN."
- C "Approved Insurance Provider **Authorized** Representative Name, Signature, and Date" (Substantive)
- D "Approved Insurance Provider **Authorized** Representative's Address" (Non-Substantive)
- E "Approved Insurance Provider **Authorized** Representative's Telephone Number" (Substantive)
- F "Signature of Insured (if Applicant is not the Insured) and Date" (Substantive)

**4 REQUIRED STATEMENTS**

- A Certification Statement [(Substantive) See Exhibit 2]
- B Privacy Act Statement [(Substantive) See Exhibit 3]
- C Nondiscrimination Statement [(Substantive) See Exhibit 4]

## 23 REQUEST TO WAIVE ADMINISTRATIVE FEE FOR LIMITED RESOURCE FARMER

The administrative fee for CAT and additional coverage may be waived for insureds who qualify as a limited resource farmer. [See Sec. 2 of the CIH for further information regarding the waiver of administrative fees].

### 1 INSURED INFORMATION

- A "Insured's Name" (Substantive)
- B "Insured's Mailing Address" (Substantive)
- C "County" (Substantive)
- D "Identification Number" (Substantive)
- E "Identification Number Type" (Substantive)
- F "Person Type" (Substantive)
- G "Insured's Telephone Number" (Substantive)
- H "Policy Number" (Substantive)

### 2 TERMS AND CONDITIONS

The following statements are required: (Substantive)

I, (Insured's name), request that the administrative fee be waived for the \_\_\_\_\_ crop year.

I certify that:

\_\_\_\_ I am a person with direct or indirect gross farm sales not more than

\$ [Insert applicable dollar amount as specified at:

<http://www.lrfctool.sc.egov.usda.gov/LRP-D.htm>]

in each of the previous two years (to be increased starting in fiscal year 2004 to adjust for inflation using Prices Paid by Farmer Index as compiled by the National Agricultural Statistical Service (NASS)); and a total household income at or below the national poverty level for a family of four, or less than 50 percent of county median household income in each of the previous two years, to be determined annually using Commerce Department Data, [See <http://www.lrfctool.sc.egov.usda.gov/LRP-D.htm> for the actual dollar amount adjusted for inflation. The Limited Resource Self Determination Tool may be used to determine if an insured qualifies as a limited resource farmer];

Or,

**REQUEST TO WAIVE ADMINISTRATIVE FEE FOR LIMITED RESOURCE FARMER**

\_\_\_\_\_ I was insured prior to the 2005 crop year, or was insured for the 2005 crop year or a crop with a contract change date prior to August 31, 2004, and administrative fees were waived for one or more of those crop years because I qualified as a limited resource farmer under the limited resource farmer definition in effect at the time, and that I remain qualified as a limited resource farmer under the definition that was in effect at the time the administrative fee was waived.

If requested, I agree to provide records of income and acreage needed to document my qualification as a limited resource farmer.

**3 OTHER INFORMATION AND SIGNATURE**

- A "Insured's Signature and Date" (Substantive)
- B "AIP Representative's Signature and Date" (Substantive)

**4 REQUIRED STATEMENTS**

- A Certification Statement [(Substantive) See Exhibit 2]
- B Privacy Act Statement [(Substantive) See Exhibit 3]
- C Nondiscrimination Statement [(Substantive) See Exhibit 4]

**24 UNIT DIVISION OPTION**

Agents will prepare a Unit Division Option and transmit to the AIP for verification. [See also, CIH for form completion instructions].

**1 INSURED INFORMATION**

- A "Insured's Name" (Substantive)
- B "Insured's Mailing Address" (Substantive)
- C "County" (Substantive)
- D "Insurance Plan" (Substantive)
- E "Policy Number" (Substantive)
- F "Crop Year" (Substantive)

**2 TERMS AND CONDITIONS**

The following statements are "Substantive"

"Upon our verification of this option, we agree to amend the definition of optional units when your Federal Crop Insurance Policy(ies) permit optional units by section subject to the following terms and conditions:"

- A You are allowed one Option per county that covers all applicable insured crops. The Option must be submitted to us on or before the applicable acreage reporting date for the crop before it is effective for that crop. If it is determined you have two or more Options, the Option with the earliest date will be applicable to all crops and the other Options(s) will be void.
- B You must aggregate legally identifiable parcels of land into parcels that contain a minimum of 640 acres. The aggregation of parcels for optional units will be established at the time you complete and sign this Option. Optional units are established on the attached sketch map(s).
- C For each optional unit you MUST have available written verifiable records of acreage and production for the previous crop year and maintain records for the current crop year, **and succeeding crop year's in which this option remains in effect.**
- D Upon our request, if you fail to provide to us such records, optional units created under this Option will revert to the basic unit(s).
- E Determination of your optional units will be made at the time you report your acreage of the insured crop.

**UNIT DIVISION OPTION**

- F For crop(s) requiring production reports, to retain such optional units, acceptable production reports must be filed **by the Production Report Date**, annually, for each optional unit.
- G This is a **continuous option** which may be canceled by either you or us for any succeeding crop year by giving written notice on or before the cancellation date. All other provisions of the policy not in conflict with this Option are applicable.

**3 OTHER INFORMATION**

- A Create a table with the following columns (Substantive):
- (1) "Optional Units"
  - (2) "Descriptions of Designated Parcels of Land"
  - (3) "Acres"
- B Include "NOTE: A map identifying the above must be attached and numbered as \_\_\_ of \_\_\_. (Substantive)"

**4 SIGNATURES**

- A "**Insured's Signature** and Date" (Substantive)
- B "Agent's **Printed Name and** Signature, Date and Agent's Code Number" (Substantive)
- C "AIP Authorized Representative's Signature" (Substantive)

**Create a check box with the following instruction and affix above AIP Authorized Representative's Signature:**

- D **Verified by**

**5 REQUIRED STATEMENTS**

- A Certification Statement [(Substantive) See Exhibit 2]
- B Privacy Act Statement [(Substantive) See Exhibit 3]
- C Nondiscrimination Statement [(Substantive) See Exhibit 4]



**25 RMA REGIONAL OFFICE (RO) DETERMINED YIELD REQUEST**

[See Sec. Sec. 15 and 16 of the CIH for more information regarding this form.]

**1 AGENCY INFORMATION**

- A "Agent" (Substantive)
- B "Agent Mailing Address" (Substantive)
- C "City and State" (Substantive)
- D "Zip Code" (Substantive)
- E "Agent Code" (Substantive)
- F "Telephone Number" (Substantive)
- G "Email" (Non-Substantive)
- H "Insured's Name (as shown on the application)" (Substantive)
- I "Insured's **Physical** Street or Mailing Address" **Include the following statement:**  
**"Physical street address is required when mailing address is a post office box."  
(Substantive)**
- J "City and State" (Substantive)
- K "Zip Code" (Substantive)
- O "State" (Substantive)
- P "County" (Substantive)
- Q "Policy Number" (Substantive)
- R "Identification Number" (Substantive)
- S Create a checklist that states "**Insured** is:" (Substantive)
  - \_\_\_ "Landlord"
  - \_\_\_ "Operator"
  - \_\_\_ "Owner/Operator"

## RMA REGIONAL OFFICE (RO) DETERMINED YIELD REQUEST

### 2 REQUEST INFORMATION

Create a table with the following columns, instruct as follows: "Provide the following information for the request." (Substantive)

- A "Legal Description:" (Substantive)
  - \_\_\_ "Section:"
  - \_\_\_ "Township:"
  - \_\_\_ "Range:"
  - \_\_\_ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- B "Crop Name" (Substantive)
- C "Unit Number" (Substantive)
- D "Whole Acres" (Substantive)
- E "Plant Date" (Substantive)
- H "FSA Farm/Tract/Field Number" (Substantive)
- I "Practice" (Substantive)
- J "Type/Class/Variety" (Substantive)
- K "Insured's Share" (Substantive)
- L "Name of other person(s) sharing in the crop (Print)" (Substantive)
- M "Request Type  Category B Crop(s)  Category C Crop(s) (Check One)" (Substantive)

### 3 REQUEST INFORMATION

Create a checklist that instructs selection of one of the following reasons for RO request.

- A "Master Yield" (Substantive)
- B "Underage Crop" (Substantive)
- C "Higher Yield Request" (Substantive)
- D "Change in Practice or Production Methods" (Substantive)

**RMA REGIONAL OFFICE (RO) DETERMINED YIELD REQUEST**

- E “Yield Variance” (Substantive)
- F “Downward Yield Trend” (Substantive)
- G “Minimum Production Requirement” (Substantive)
- H “New Producer and Variable T-Yield Exception” (Substantive)
- J “Change in **Person Type/Land**” (Substantive)
- K “Revised or Corrected APH” (Substantive)
- L “Other” (Substantive)
- M **“Productivity is Reduced—Category C Crops Only”** (Substantive)
- N **“Irrigation Supply—Category C Crops Only”** (Substantive)
- O Create a dialogue box with the following: “Explain reason(s) for RO determined yield request” (Substantive)

**4 ADDITIONAL DOCUMENTATION**

Create a submission checklist listing all applicable supplemental documentation. All necessary supplemental documentation is contained in procedure.

- A “Check all that apply” (Non-substantive)
- B "Application/**Policy Confirmation**" (Substantive)
- C **"Current APH Database, including Production Reports for unit(s)"** (Substantive)
- D **"Copy of Production Records substantiating any Crop Provisions minimums that have been met (Category C Crops Only)"** (Substantive)
- E "APH Block Production (Category C Crops Only)" (Substantive)
- F "Weighted Average **Age/Density** Worksheet(s) (Category C Crops Only)" (Substantive)
- G "Producer’s Pre-Acceptance Worksheet(s) (Category C Crops Only)" (Substantive)
- H **"Perennial Crop Pre-Acceptance Inspection Report and Crop Addendum Worksheets (Category C Crops Only)"** (Substantive)
- I “Master Yield Summary **APH Database**” (Substantive)
- J **“Other”** (Substantive)

**RMA REGIONAL OFFICE (RO) DETERMINED YIELD REQUEST**

**5 SIGNATURES**

- A "Insured's Signature and Date" (Substantive)
- B "Agent's Printed Name and Signature, Date and Agent's Code Number" (Substantive)

**6 REQUIRED STATEMENTS**

- A Certification Statement [(Substantive) See Exhibit 2]
- B Privacy Act Statement [(Substantive) See Exhibit 3]
- C Nondiscrimination Statement [(Substantive) See Exhibit 4]

**26 SUMMARY OF REVENUE HISTORY**

This form is for Pecan Revenue Only. Production and gross sales must be reported on this form for applicable coverages. See also, the CIH for form completion instructions

**1 GENERAL INFORMATION**

- A "Crop Year(s)" (Substantive)
- B "Insured's Name" (Substantive)
- C "Insured's Address" (Substantive)
- D "Insured's Telephone Number" (Substantive)
- E "Agency Name:" (Substantive)
- F "Agency Telephone Number" (Substantive)
- G "Policy Number" (Substantive)
- H "Other Person(s) Sharing in the Crop" (Substantive)
- I "Unit Number" (Substantive)
- J "FSA Farm/Tract/Field Number" (Substantive)
- K "Legal Description:" (Substantive)
  - \_\_\_ "Section:"
  - \_\_\_ "Township:"
  - \_\_\_ "Range:"
  - \_\_\_ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- L "Practice" (Substantive)
- M "Insurable or Uninsurable" (Substantive) "(Circle one)" (Non-substantive)
- N "Number of Trees" (Substantive)
- O "County and State:" (Substantive)
- P "Pre-Acceptance Perennial Crop Inspection Report Date" (Substantive)

**SUMMARY OF REVENUE HISTORY****2 SUMMARY INFORMATION**

Allow space to provide the appropriate years of the base period. Create a table with the following:

- A "Crop Year" (Substantive)
- B "Net Acres" (Substantive)
- C "Pounds Production" (Substantive)
- D "Gross Sales" (Substantive)
- E "Average Gross Sales" (Substantive)
- F "Pre-harvest Appraisal" (Substantive)

Add the following below the table:

- G "Total Number of Years" (Substantive)
- H "Total Average Gross Sales per Acre" (Substantive)
- I "Approved Average Revenue per Acre" (Substantive)

**3 SIGNATURES**

- A "Insured's Signature and Date" (Substantive)
- B "Agent's Printed Name Signature, Date and Code Number" (Substantive)

**4 REQUIRED STATEMENTS**

- A Certification Statement [(Substantive) See Exhibit 2]
- B Privacy Act Statement [(Substantive) See Exhibit 3]
- C Nondiscrimination Statement [(Substantive) See Exhibit 4]

**27 AGREEMENT TO COMBINE OPTIONAL UNITS**

Use this form to allow a producer to combine multiple optional units into one optional unit. See also the CIH.

**1 GENERAL INFORMATION**

- A "Insured's Name" (Substantive)
- B "Insured's Mailing Address" (Substantive)
- C "Agent's Name" (Substantive)
- D "Agent's Address" (Substantive)
- E "Policy Number" (Substantive)
- F "Initial Crop Year" (Substantive)
- G "County and State" (Substantive)

**2 UNIT INFORMATION**

Create a table with the following:

- A "Applicable Crops:" (Substantive)
- B "Units Numbers Combined:" "(Identify units by unit number)" (Substantive)
- C "Legal Description:" (Substantive)
  - \_\_\_ "Section:"
  - \_\_\_ "Township:"
  - \_\_\_ "Range:"
  - \_\_\_ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- D "FSA Farm/Tract/Field Number" (Substantive)

**AGREEMENT TO COMBINE OPTIONAL UNITS****3 STATEMENTS**

The following statements are “Substantive”:

- A “This is a continuous agreement.”
- B “Upon our verification and approval of this Agreement, we agree to combine the acreage and production history from separate **APH** databases for the combined optional units for the insured crop(s) listed, into a single **APH** database by practice, type or transitional yield map area, as applicable.”
- C “By signing this Agreement, you agree to farm two or more optional units as a combined unit. Once approved, this option is continuous and remains in effect unless the crop’s basic unit structure changes and those changes cause the combined unit structure to be invalid or if the crop’s insurance policy is cancelled and continuity of insurance coverage is broken.”
- D “The Agreement must be submitted to us on or before the production reporting date for the applicable crop(s) and approved by us to be effective for the crop year. If not submitted on or before the crop’s production reporting date, the option (if approved) will be effective the succeeding crop year.”
- E “The optional units being combined must be located in the same county and in separate sections, section equivalents or Farm Service Agency Farm Numbers (**FSA FNs**), whichever is applicable.”
- F “The sections, section equivalents, or **FSA FNs** containing the optional units being combined must adjoin (lie next to or be in contact with each other). A copy of an aerial photograph or other map that clearly identifies the sections, section equivalents or **FSA FNs** containing the optional units being combined that demonstrates they adjoin must be attached.”



**AGREEMENT TO COMBINE OPTIONAL UNITS**

- G “If you transfer a crop’s policy on which the Agreement is in force to a different insurance agency/AIP, the Agreement transfers with the crop’s policy and remains in effect and you are not permitted to separate the combined units into additional optional units. You must provide a copy of this Agreement to your new insurance agency/AIP. If the Agreement is not transferred and you divide the combined unit into optional units and the new insurance agency/AIP discovers that you have divided a combined unit listed on this agreement into optional units:
- 1 The acreage and production history from the separate optional unit **APH** databases will be combined according to this Agreement, beginning with the crop year that the combined units were separated; and
  - 2 If any indemnities were paid on the optional units, the approved APH yield will be corrected for such crop years as indicated in a. above and the indemnity will be recalculated. If the recalculated indemnity is less than the indemnity that was paid when you violated the terms of this agreement, you must pay the AIP the difference.”
- F “If the basic unit structure changes after this Agreement is approved, and the combined unit must be divided into more than one basic unit, you must notify us and recertify the acreage and production according to the land that is contained in each basic unit no later than the crop’s production reporting date. If you fail to do so, we will assign yields for such crop years that have planted acreage for the applicable crops. The acreage and production and/or assigned yield applicable to the land contained in each basic unit will be used to establish separate **APH** databases for the new basic units.”

**4 SIGNATURES**

- A "Insured’s Signature and Date" (Substantive)
- B "**Agent’s Printed Name, Signature, Date, Agent’s Code Number**" (Substantive)
- C "**AIP Representative’s Signature and Date**" (Substantive)

**5 REQUIRED STATEMENTS**

- A Certification Statement [(Substantive) See Exhibit 2]
- B Privacy Act Statement [(Substantive) See Exhibit 3]
- C Non-discrimination Statement [(Substantive) See Exhibit 4]

**28 APH BLOCK PRODUCTION**

Perennial Category C producers who report separate production and acreage by block [See also, the CIH], use this worksheet. The blocks on the production worksheet must correspond to the blocks on the Producer's Pre-Acceptance Worksheet [See also, Exhibit 31]

**1 GENERAL INFORMATION**

- A "Applicant's/Insured's Name" (Substantive)
- B "Applicant's/Insured's Policy Number" (Substantive)
- C "Unit Number" (Substantive)
- D "Crop" (Substantive)
- E "State" (Substantive)
- F "Legal Description:" (Substantive)
  - \_\_\_ "Section:"
  - \_\_\_ "Township:"
  - \_\_\_ "Range:"
  - \_\_\_ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- G "Crop Year" (Substantive)
- H "County" (Substantive)
- I "FSA Farm/Tract/Field Number" (Substantive)
- K "Report all uninsurable blocks separately on this form" (To be included after form title) (Substantive)
- L "Include production that is less than minimums and zero production" (To be included after form title) (Substantive)

**APH BLOCK PRODUCTION****2 CROP INFORMATION**

For each table created the following is to be included:

- A "Crop Practice/Type" (Substantive)
- C "Block Number" (Coordinating block number from the Producer's Pre-Acceptance Worksheet) (Substantive)
- D "Month/Year" (Month and year planted) (Substantive)
- E "Set Out Year\_" (Substantive)
- F "Density" (Substantive)

**Allow space to provide the appropriate years of the base period.**

- G "Crop Year of History" (appropriate crop year(s) for the base period) (Substantive)
- H "Production" (Total production for the block as adjusted when actual yields are reported) (Substantive)
- I "Acres" (planted acreage for the block in acres) (Substantive)
- J "Yield" (appropriate yield and yield descriptor for each crop year) (Substantive)
- K "T-Yield Adjustment" (Substantive)

**Add below the table the following:**

- L "Average Yield" (Substantive)
- M "Approved Yield" (Substantive)
- N "Prior Yield" (Substantive)

**3 SIGNATURES**

- A "Insured's **Printed Name**, Signature and Date (Substantive)
- B **"Agent's Printed Name, Signature, Date, and Code Number"** (Substantive)

**APH BLOCK PRODUCTION**

**4 REQUIRED STATEMENTS**

- A Certification Statement [(Substantive) See Exhibit 2]
- B Privacy Act Statement [(Substantive) See Exhibit 3]
- C Nondiscrimination Statement [(Substantive) See Exhibit 4]

**29 PRODUCER'S PRE-ACCEPTANCE WORKSHEET**

This worksheet applies to Category C Crops; refer to the CIH for form completion instructions. Some standards below are crop specific modify this worksheet in crop information to the specific Category C crop.

**1 GENERAL INFORMATION**

- A "Applicant's/Insured's Name" (Substantive)
- B "Applicant's/Insured's Policy Number" (Substantive)
- C "Unit Number" (Substantive)
- D "Crop" (Substantive)
- E "State" (Substantive)
- F "Legal Description:" (Substantive)
  - \_\_\_ "Section:"
  - \_\_\_ "Township:"
  - \_\_\_ "Range:"
  - \_\_\_ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- G "Crop Year" (Substantive)
- H "County" (Substantive)
- I "FSA Farm/Tract/Field Number" (Substantive)
- J "Year" (Appropriate crop years for base period) (Substantive)

**2 CROP INFORMATION**

Create a spread sheet with the following columns:

- A "Block Number" (Substantive)
- B "Month/Year Planted" (Substantive)
- C "Month/Year Grafted" (Substantive)
- E "Variety" (Substantive)
- F "Type" (Substantive)

**PRODUCER'S PRE-ACCEPTANCE WORKSHEET**

- G "Number of Plants" (or trees, vines, bushes, n/a cranberries) (Substantive)
- H "Plant Spacing" (Substantive)
- I "Planting Pattern" (Substantive)
- J "Acres" (Substantive)
- K "Density" (Substantive)
- L "Percent Stand" (Substantive)
- M "Total" (Substantive)
- N "Practice" (Substantive)
- O "Insurable or Uninsurable" (Substantive)
- P "Spur or Nonspur" (Apples Only) (Substantive)
- Q "Totals: (for Acres, and Number of Plants)" (Substantive)

**3 REQUIRED QUESTIONS**

Create a list of the following questions, and instruct the insured to check/circle either "Yes" or "No".

- A "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?" (Substantive)
- B "Have practices or production methods (e.g., removal, dehorning, grafting, transitioning to organic) been performed that will reduce the insured crop's production from previous crop years?" (Substantive)
- C "Is the current water supply (surface allotment/well) adequate to produce a normal crop for the crop year being certified above?" (Substantive)
- D "For Florida Avocados Only: Do the trees have sufficient vigor to produce the average yield computed for this unit?" (Substantive)
- E "For Florida Avocados Only: Is the operator using organic or other unconventional farming practices? If yes, How long?" (Substantive)

**PRODUCER'S PRE-ACCEPTANCE WORKSHEET**

**4 REQUIRED SIGNATURE**

A "Insured's **Printed Name**, Signature and Date" (Substantive)

**5 REQUIRED STATEMENTS**

A Certification Statement [(Substantive) See Exhibit 2]

B Privacy Act Statement [(Substantive) See Exhibit 3]

C Nondiscrimination Statement [(Substantive) See Exhibit 4]

**30 PERENNIAL CROP PRE-ACCEPTANCE INSPECTION REPORT**

This report is to be completed by the AIP. See also, the CIH Sec. 16 for form completion instructions.

**1 GENERAL INFORMATION**

- A "Applicant's/Insured's Name" (Substantive)
- B "Applicant's/Insured's Telephone Number" (Substantive)
- C "Applicant's/Insured's Address" (Substantive)
- C "State" (Substantive)
- D "County" (Substantive)
- E "Name of Owner" (Substantive)
- F "Name of Operator" (Substantive)
- E "Crop" (Substantive)
- F "Crop Year" (Substantive)
- G "Unit Number" (Substantive)
- H "Legal Description:" (Substantive)
  - \_\_\_ "Section:"
  - \_\_\_ "Township:"
  - \_\_\_ "Range:"
  - \_\_\_ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- I "FSA Farm/Tract/Field Number" (Substantive)
- J "Location Description" (Substantive)



**PERENNIAL CROP PRE-ACCEPTANCE INSPECTION REPORT****2 APPLICANT/INSURED INFORMATION**

Create a section large enough to include the following questions to be answered by the inspector.

- A “Number of Years **Insured** has operated this unit” (Substantive)  
“If less than 3 years, include previous owner name and address, if known” (Substantive)
- B “Has this unit been insured in **previous** years?” (Substantive)  
“If yes, **include the number of years** insured and prior **policy** number(s)” (Substantive)
- C “Describe weed control measures used for the unit. Include a description of the orchard/vineyard/plantation/bog floor management: (e.g., sterile/sod/cover crop)” (Substantive)
- D “Describe the fertilization program used for the unit. Include the **insured’s** method of monitoring soil fertility (e.g., soil analysis, foliar analysis, or both)” (Substantive)
- E “Describe in detail insect control measures used (i.e., integrated pest management/calendar spray program):  
Evidence of disease/insects (check one): \_\_\_rare \_\_\_moderate \_\_\_severe” (Substantive)
- F “Is a tree/vine/bush/bog replacement program being carried out?” (Substantive)  
“If applicable, is fumigation used in the replacement program?” (Substantive)
- G “Crops Grown Primarily for: (Check one):  
\_\_\_Fresh Market \_\_\_Processor \_\_\_Juice Market” (Substantive)
- H “What date is/was harvest complete(d) for the unit under normal conditions?” (Substantive)
- I “**Describe in detail the use and placement of bees for pollination.** Include type, quality, and location.” (Substantive)

## PERENNIAL CROP PRE-ACCEPTANCE INSPECTION REPORT

- J “Describe in detail the irrigation water source:
- Surface: \_\_\_\_percentage of total supply
    - Irrigation district name;
    - Allocation last year: \_\_\_\_percentage of normal
    - Expected allocation this year; \_\_\_\_percentage of normal
  - Irrigation Well(s): \_\_\_\_percentage of normal
    - How many wells? \_\_\_\_
    - Total gallons per minute? \_\_\_\_GPM
  - Water obtained through water transfer: \_\_\_\_acre feet per acre” (Substantive)
- K “Is the unit subject to above normal flood hazards? If so, explain.” (Substantive)
- L “Are there soil limitations (i.e., slope, depth, drainage, ph, saline/alkali, toxicity)?”  
If so, explain.” (Substantive)
- M “Describe **in detail** the pruning practices used; date normally completed, and indicate whether pruning is annual or biennial.” (Substantive)
- N “Describe **in detail** the varieties being used as pollinator(s). Include variety/location, quantity, density and configuration: (Substantive)

### 3 ACREAGE/INSPECTION INFORMATION

- A “Measured or Determined Acres of Unit, Total Unit Acreage Insurable, and Uninsurable, and Method of Measurement” (Substantive)
- B “Measured or Determined Acres of Unit, and Total Unit Acreage Insurable” (Substantive)
- C “Determine whether current observed conditions reconcile to prior records” (Substantive)
- D “Percent Stand” (Substantive)

Create a table with the following columns:

- “Less than 50%
- 50-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%” (Substantive)

## PERENNIAL CROP PRE-ACCEPTANCE INSPECTION REPORT

Add the following rows to the table:

- “Based on original planting pattern
  - Spaces occupied by live trees/vines/bogs/bushes
  - Bearing trees/vines/bogs/bushes (percent stand)
  - Insurable Stand“(Substantive)
- E “Determine the current Unit potential: \_\_\_ Stable \_\_\_ Declining \_\_\_ Increasing (Check one)” (Substantive)
- F “Do trees/vines/bushes/plant have sufficient vigor to produce the Preliminary APH yield computed for this unit?” (Substantive)
- “ \_\_\_ Yes \_\_\_ No (Check one)
- Plant Vigor: \_\_\_ Good \_\_\_ Average \_\_\_ Poor” (Substantive)
- G “If applicable, provide inside bin measurements:” (Substantive)
- H “Insurable acreage and tree/vine/bush/bog information: Complete and attach appropriate crop addendum worksheet(s). Verify and/or correct Producer’s Pre-Acceptance Worksheet(s)” (Substantive)
- I “Uninsurable acreage and tree/vine/bush/bog information:”(Substantive)
- “Complete and attach appropriate crop addendum worksheet(s); Verify and/or correct Producer’s Pre-Acceptance Worksheet(s).” (Substantive)
- I “Obtain and attach aerial photo(s)/map(s)” (Substantive)
- J “Additional information and comments (attach additional sheets if necessary):” (Substantive)
- K “Your evaluation of the management of the operation:” (Substantive)
- “ \_\_\_ Above Average \_\_\_ Average \_\_\_ Below Average (check one)” (Substantive)
- L “You evaluation of the orchard/vineyard/bog/grove conditions:” (Substantive)
- “ \_\_\_ Above Average \_\_\_ Average \_\_\_ Below Average (check one)” (Substantive)

**PERENNIAL CROP PRE-ACCEPTANCE INSPECTION REPORT**

M “Action Recommended:” (Substantive)

- “     \_\_\_     Acceptance
- \_\_\_     RMA RO Determined Yield Request
- \_\_\_     Rejection” (Substantive)

**4     REQUIRED SIGNATURES**

- A     Adjuster **Printed Name**, Signature and Date (Substantive)
- B     Adjuster Telephone Number and Contact Point (Substantive)
- C     Supervisor **Printed Name**, Signature and Date (Substantive)
- D     Supervisor Telephone Number (Substantive)

**31 PERENNIAL CROP ADDENDUM WORKSHEET(S)**

This worksheet is to accompany the Pre-Acceptance Category C Crop Inspection Report when necessary. Crop addendum worksheets are used to collect field inspection data specific to the crop being inspected. The general information provided in Para. 1 applies to all individual crops identified in Para. 2-10, below. Each separate Crop Information requirement constitutes a separate addendum by crop in Para. 2-10. No signatures are required, for this worksheet is an addendum and should accompany the applicable Inspection Report. For form completion instructions see also the CIH.

**1 GENERAL INFORMATION**

- A "Applicant/Insured's Name" (Substantive)
- B "Crop Year" (Substantive)
- C "Unit Number" (Substantive)
- D "Insurable Acres" (Substantive)
- E "Uninsurable Acres" (Substantive)

**2 CROP INFORMATION (APPLE)**

Create a table with the following columns:

- A "Block Number" (Substantive)
- B "Month/Year Planted or Grafted" (Substantive)
- C "Acres" (Substantive)
- D "Variety/Type" (Substantive)
- E "Number of Trees" (Substantive)
- F "Plant Spacing/Pattern" (Substantive)
- G "Rootstock" (Substantive)
- H "Spur/Non-Spur" (Substantive)
- I "Trellis Type, specify" (Substantive)
- J "Frost Protection/System/Type/Number of Times" (Substantive)
- K "Air Drainage: Good/Fair/Poor" (Substantive)
- L "Percent Slope" (Substantive)
- M "Irrigated/Non-irrigated Type" (Substantive)

**PERENNIAL CROP ADDENDUM WORKSHEET(S)**

N “Totals:” (Substantive) (develop a row for Acres and Number of Trees)

Create a section for the following questions

O “Describe current budwood/bough vitality and condition. Note the differences in individual blocks, if applicable.” (Substantive)

P “Has winter damage, or previous year damage occurred which may affect this year’s potential production on any block? If yes, list block(s) and explain:” (Substantive)

Q “Remarks:” (Substantive)

**3 CROP INFORMATION (PEACH)**

Create a table with the following columns:

A “Block Number” (Substantive)

B “Variety” (Substantive)

C “Type” (Substantive)

D “Acres” (Substantive)

E “Month/Year Planted or Grafted” (Substantive)

F “Number of Trees” (Substantive)

G “Plant Spacing/Pattern” (Substantive)

H “Irrigated/ Non-irrigated Irrigation Type” (Substantive)

I “Percent Stand/ Number of Skips” (Substantive)

J “Fruiting Wood: <6”, 6-12”, >12”” (Substantive)

K “Percent of Damage Limbs: <16%, 16-50%, >50%” (Substantive)

L “Disease: Rare/Moderate/Severe” (Substantive)

M “Average Trunk Diameter” (Substantive)

N “Pruning: Annual/Biennial/Other” (Substantive)

O “Pruning by Block: Hand/Mechanical” (Substantive)

P “Air Drainage: Good/Fair/Poor” (Substantive)

**PERENNIAL CROP ADDENDUM WORKSHEET(S)**

- Q "Percent Slope" (Substantive)
- R "Insect, Wildlife, Pests: Light/Moderate/Severe" (Substantive)
- S "Weed Control: Good/Fair/Poor" (Substantive)
- T "Interplanted with another crop" (specify crop) (Substantive)
- U "Nematode Prevalence: Light/Moderate/Severe" (Substantive)

Create a section for the following questions:

- V "List blocks interplanted for renovation purposes:" (Substantive)
- W "Frost Protection: System/Type/Number of Times" (Substantive)
- X "Explain any tree damage which has occurred in the past five years:" (Substantive)
- Y "Was the soil pH above 6.0 on ALL blocks? \_\_\_Yes \_\_\_No (Check one)" (Substantive)
- Z "List blocks which are terraced:" (Substantive)
- AA "Remarks:" (Substantive)

**4 CROP INFORMATION (PEAR)**

Create a table with the following columns:

- A "Block Number" (Substantive)
- B "Month/Year Planted or Grafted" (Substantive)
- C "Acres" (Substantive)
- D "Variety/Type" (Substantive)
- E "Number of Trees" (Substantive)
- F "Plant Spacing/Pattern" (Substantive)
- G "Rootstock" (Substantive)
- H "Trellis Type, specify" (Substantive)
- I "Frost Protection System/Type/Number of Times" (Substantive)

**PERENNIAL CROP ADDENDUM WORKSHEET(S)**

- J "Air Drainage: Good/Fair/Poor" (Substantive)
- K "Percent Slope" (Substantive)
- L "Irrigated/Non-irrigated Type" (Substantive)
- M "Totals:" (develop a row for Acres and Number of Trees)

Create a section for the following questions:

- N "Has winter damage or previous year damage occurred which may affect this year's potential production on ANY block? If yes, List block(s) and explain." (Substantive)
- O "Describe fireblight protection methods used for the unit." (Substantive)
- P "Remarks:" (Substantive)

**5 CROP INFORMATION (GRAPE/TABLE GRAPE)**

Create a table with the following columns:

- A "Block Number" (Substantive)
- B "Month/Year Planted or Grafted" (Substantive)
- C "Acres" (Substantive)
- D "Variety/Type" (Substantive)
- E "Number of Vines/Plant bearing" (Substantive)
- F "Plant Spacing/Pattern" (Substantive)
- G "Rootstock" (Substantive)
- H "Trellis/Type/Condition" (Substantive)
- I "Frost Protection System/Type/Number of Times" (Substantive)
- J "Air Drainage: Good/Fair/Poor" (Substantive)
- K "Percent Slope" (Substantive)
- L "Irrigated/Non-irrigated Type" (Substantive)
- M "Winter Damage" (Substantive)



### PERENNIAL CROP ADDENDUM WORKSHEET(S)

N “Totals:” (Substantive) (develop a row for Number of Acres and Number of Vines)

Create a section for the following questions:

O “Describe the method of pruning (i.e., mechanical, mechanical + hand, mechanical + combing + hand, hand)” (Substantive)

P “If grafted, on double line entries:

- Month/year originally planted
- Month/year grafted” (Substantive)

Q “Indicate type of phylloxera resistant rootstock (i.e., susceptible, AxR-1, etc):” (Substantive)

R “If damaged by winter freeze, indicated month and year of freeze damage and crop year when production resumed:” (Substantive)

S “Remarks” (Substantive)

#### 6 CROP INFORMATION (CRANBERRY)

Create a table with the following columns:

A “Block Number” (Substantive)

B “Month/Year Established” (Substantive)

C “Acres” (Substantive)

D “Variety/Type” (Substantive)

E “Percent Stand” (Substantive)

F “Totals:” (develop a row for Number of Acres) (Substantive)

Create a section with the following columns, to answer the following:

“Previous loss history for the last four years” (Substantive)

G “Year” (Substantive)

H “Cause” (Substantive)

I “Extent of Damage” (Substantive)

**PERENNIAL CROP ADDENDUM WORKSHEET(S)**

“Complete the following information for Cranberry bogs with less than 4 years of production records” (Substantive)

- J “Improvements implemented since purchasing the bog.” (Substantive)
- K “Specific Management practices utilized each year of operation on this bog:” (Substantive)

Create a table with the following columns:

- “Management Practice” (Substantive)
- “Year” (Substantive)
- “Year” (Substantive)
- “Year” (Substantive)
- “Year” (Substantive)

Add the following rows to the aforementioned table: (Substantive)

- “Fertilization Program”
- “Pruning Program”
- “Sanding Program”
- “Insect Program”
- “Weed Program”
- “Bog Oxygen Program”
- “Water Supply”
- “Method of Harvest”

- L “Bog manager’s prediction of expected yield of this bog for the next 4 years:” (Substantive)
- M “Explain previous bog manager’s experience.” (Substantive)
- N “Describe the use of frost warning system for the bog:” (Substantive)
- O “Describe the presence or absence of a backup power source for irrigation system and type of system” (Substantive)
- P “Describe the backup security systems utilized for irrigation equipment:” (Substantive)
- Q “Average number of times the frost protection system is used each year, If no frost protection system is in place, enter none:” (Substantive)
- R “List by Block: Time needed to flood bog, and time needed to remove the water from the bog.” (Substantive)
- S “Describe the insect detection methods used for the bog:” (Substantive)

**PERENNIAL CROP ADDENDUM WORKSHEET(S)**

- T “Describe the general condition of bog dikes and banks:” (Substantive)
- U “Describe the pruning/sanding practices used, include the percentage of the bog pruned and sanded last year, and the percentage of the bog pruned and sanded in the last five years.” (Substantive)
- V “Harvesting Method: Include the method of harvest percentage of wet and dry last year and the percentage of wet and dry for the next year.” (Substantive)
- W “Attach a bog map showing each bog as a separate block. If a bog contains uninsurable acreage or acreage undergoing a partial renovation, list such acreage as a separate block.” (Substantive)
- X “Remarks:” (Substantive)
- 7 CROP INFORMATION (ALMOND/CITRUS/FIG/FRESH PLUM/MACADAMIA NUT/PECAN/PRUNE/STONEFRUIT/WALNUT)**
- A “Block Number” (Substantive)
- B “Month/Year Planted or Grafted” (Substantive)
- C “Acres” (Substantive)
- D “Variety/Type” (Substantive)
- E “Number of Vines/Plant bearing” (Substantive)
- F “Plant Spacing/Pattern” (Substantive)
- G “Rootstock” (Substantive)
- H “Trellis Type/Condition” (Substantive)
- I “Frost Protection System/Type/Number of Times” (Substantive)
- J “Air Drainage: Good/Fair/Poor” (Substantive)
- K “Percent Slope” (Substantive)
- L “Irrigated/Non-irrigated Type” (Substantive)
- M “Totals:” (a developed row for Number of Acres and Number of Trees (Substantive)
- Create a section for the following questions:
- N “Describe the varietal planting pattern (Almonds Only)” (Substantive)

**PERENNIAL CROP ADDENDUM WORKSHEET(S)**

- O “Has winter damage or previous year’s damage occurred which may affect this year’s potential production on any block? If yes, list block(s) and explain.” (Substantive)
- P “Is frost protection adequate for citrus (WPF) with frost protection rate?” (Substantive)
- Q “Remarks:” (Substantive)

**8 CROP INFORMATION (LOW BUSH BLUEBERRY)**

- A “Field Identification” (Substantive)
- B “First year insured “Fruit bearing”” (Substantive)
- C “Acres” (Substantive)
- D “First Year Uninsured “Vegetative” (Substantive)
- E “Acres” (Substantive)
- F “pH Value” (Substantive)
- G “Irrigated/Non-irrigated” (Substantive)
- H “Type of irrigation system and average times used” (Substantive)
- I “Type of mulch used and percent of bare surface covered” (Substantive)
- J “Totals:” (Substantive) (develop a row for both columns)

Create a section for the following questions:

- K “Describe wildlife control measures:” (Substantive)
- L “Has winter damage or damage from the previous three years occurred which may affect potential production on any fields?” (Substantive)
- M “Percent Harvested by method: \_\_\_Percent Hand harvested \_\_\_Percent Mechanical harvested” (Substantive)
- N “Does the applicant own a blueberry harvester? Yes or No” (Substantive)
- O “Describe record keeping system (i.e., processing, fresh market, roadside, u-pick):” (Substantive)
- P “Describe how the blueberries are marketed (i.e., cooperatives, associations, processors, fresh market, wholesale, roadside, u-pick):” (Substantive)

**PERENNIAL CROP ADDENDUM WORKSHEET(S)**

Q "Remarks:" (Substantive)

**9 CROP INFORMATION (BLUEBERRY HIGH BUSH/RABBIT EYE)**

A "Block Number" (Substantive)

B "Month/Year planted" (Substantive)

C "Variety" (Substantive)

D "Acres" (Substantive)

F "Plant Spacing" (Substantive)

G "Number of Bushes" (Substantive)

H "Percent Stand" (Substantive)

I "Frost Protection System Type/ average time used" (Substantive)

J "Irrigated/Non-irrigated Type" (Substantive)

K "pH Value" (Substantive)

L "Totals:" (Substantive) (develop a row for number of acres and number of bushes)

Create a section for the following questions: include "Complete the following information for blueberry plantation" (Substantive)

M "Frost protection backup system: Describe the type of backup system, if no backup system is in place, enter 'none':" (Substantive)

N "Describe wildlife control measures:" (Substantive)

O "Has winter damage or damage from the previous 3 years occurred which may affect potential production on any block:" (Substantive)

P "Percent Harvested by method: \_\_\_Percent Hand harvested \_\_\_Percent Mechanical harvested" (Substantive)

Q "Does the applicant own a blueberry harvester? Yes or No" (Substantive)

R "Describe record keeping system (i.e., processing, fresh market, roadside, u-pick):" (Substantive)

S "Describe how the blueberries are marketed (i.e., cooperatives, associations, processors, fresh market, wholesale, roadside, u-pick):" (Substantive)

**PERENNIAL CROP ADDENDUM WORKSHEET(S)**

T "Remarks:" (Substantive)

**10 CROP INFORMATION (FLORIDA AVOCADO)**

A "Block Number" (Substantive)

B "Month/Year Set Out, Grafted, or Stumped" (Substantive)

C "Acres" (Substantive)

D "Variety/Type" (Substantive)

E "Number of Vines" (Substantive)

F "Air Drainage: Good, Fair, or Poor" (Substantive)

G "Percent Slope" (Substantive)

H "Type of Irrigation" (Substantive)

Create a section for the following questions: Include "Complete the following information for Florida Avocados" (Substantive)

I "Has Damage (e.g., Disease, Hail, Freeze,) Occurred to Trees/Vines/Bushes/Bogs that will reduce the insured crop's production from previous crop years?" (Substantive)

J "Have Practices or Production Methods (e.g., removal, dehorning, grafting, transitioning to organic) been performed that will reduce the insured crop's production from previous crop years?" (Substantive)

K "Remarks" (Substantive)

**32 WEIGHTED AVERAGE AGE/DENSITY WORKSHEET**

[See Sec. 16 of the CIH for form completion instructions.]

**1 GENERAL INFORMATION**

- A "Applicant's/Insured's Name" (Substantive)
- B "State" (Substantive)
- C "County" (Substantive)
- D "Crop" (Substantive)
- E "Practice" (Substantive)
- F "Type" (Substantive)
- G "Variety/Other" (Substantive)
- H "Crop Year" (Substantive)
- I "Unit Number" (Substantive)
- J "Policy Number" (Substantive)
- K "Legal Description:" (Substantive)
  - \_\_\_ "Section:"
  - \_\_\_ "Township:"
  - \_\_\_ "Range:"
  - \_\_\_ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- L "FSA Farm/Tract/Field Number" (Substantive)

**WEIGHTED AVERAGE AGE/DENSITY WORKSHEET****2 CROP INFORMATION**

Create a table with the following columns:

- A "Block" (Substantive)
- B "Month/Year" (Substantive)
- C "Set Out Year" (Substantive)
- D "Acres" (Substantive)
- E "Extensions" (Substantive)
- F "Density" (Substantive)
- G "Acres" (Substantive)
- H "Extensions" (Substantive)
- I Develop a Row for the Totals for Density x Acres and Set Out Year x Acres "  
(Substantive)
- J "Weighted Average Set Out Year" (Substantive)
- K "Weighted Average Density" (Substantive)
- L "Transitional Yield" (Substantive)



**33 MACADAMIA ORCHARD INSPECTION REPORT****1 GENERAL INFORMATION**

- A "Applicant/Insured Name" (Substantive)
- B "Applicant/Insured Mailing Address" (Substantive)
- C "Applicant/Insured Telephone Number" (Substantive)
- D "County or Island" (Substantive)
- E "Policy Number" (Substantive)
- F "Agent Name and Mailing Address" (Substantive)

Include the following instruction:

- G "Check and verify all entries on the acreage report. If any entries are questionable, determine accuracy and correct, if necessary" (Substantive)

**2 ORCHARD INFORMATION**

Create a section for the following questions:

- A "Describe the condition of other macadamia orchards owned or managed by Applicant/Insured, if none, state none, if additional space is needed, enter additional information in the Remarks section" (Substantive)
- B "Is the orchard managed by owner, yes or no, if no, specify who manages the orchard, include manager's name, address, and telephone number?" (Substantive)
- C "Is the orchard located in an established macadamia area, yes or no, if no explain the general growing conditions and where the orchard is physically located. If additional space is needed, enter additional information in the Remarks section" (Substantive)

Create a table with the following columns:

- D "Unit Number" (Substantive)
- E "Variety" (Substantive)
- F "Acres in Plot" (Substantive)
- G "Tree Spacing" (Substantive)
- H "Tree Count" (Substantive)
- I "Month and Year Set" (Substantive)

**MACADAMIA ORCHARD INSPECTION REPORT**

- J “Tree Condition, enter acceptable or unacceptable, as applicable, explain any unacceptable tree condition in the Remarks section.” (Substantive)
- K “Rate Area” (Substantive)
- L “Weed Control Measures: Enter one of the following, Chemical Weed Control (CWC), Weed Control Without Chemicals (W/O CWC), or No Weed Control (NONE)” (Substantive)
- M “Excluded Acreage, explain why acreage is excluded in the Remarks section” (Substantive)

**3 OTHER INFORMATION**

- A “The acreage covered by the above contract was inspected on the date shown below with the following results:
1. \_\_\_ Nothing found to require a change in data reported.
  2. \_\_\_ Data reported was found to be such that \_\_\_\_\_ was prepared.  
(Substantive)
- B “Is the application/acreage report recommended for acceptance, check Yes, or NO” (Substantive)
- C “REMARKS:” (Substantive)

**4 SIGNATURE**

- A “Inspector’s Printed Name and Signature” (Substantive)
- B “Inspector’s Code Number” (Substantive)
- C “Date of Inspection” (Substantive)

**34 TEXAS CITRUS GROVE INSPECTION REPORT****1 GENERAL INFORMATION**

- A "Applicant/Insured Name" (Substantive)
- B "Applicant/Insured Mailing Address" (Substantive)
- C "Applicant/Insured Telephone Number" (Substantive)
- D "County" (Substantive)
- E "Policy Number" (Substantive)
- F "Agent Name and Mailing Address" (Substantive)

Include the following instruction:

- G "Check and verify all entries on the acreage report. If any entries are questionable, determine accuracy and correct, if necessary" (Substantive)

**2 GROVE INFORMATION**

Create a section for the following questions:

- A "Indicate previous RMA experience or other groves in area:" (Substantive)
- B "Is the grove managed by owner, yes or no, if no, specify who manages the grove, include manager's name, address, and telephone number?" (Substantive)
- C "Is the grove located in an established citrus area?" (Substantive)

Create a table with the following columns:

- D "Unit Number" (Substantive)
- E "Type" (Substantive)
- F "Acres in Plot" (Substantive)
- G "Tree Spacing" (Substantive)
- H "Tree Count"
- I "Month and Year Set" (Substantive)
- J "Tree Age/Year" (Substantive)
- K "Tree Condition, enter excellent, good, average, fair, or poor, as applicable, explain any poor tree condition in the Remarks section." (Substantive)

**TEXAS CITRUS GROVE INSPECTION REPORT**

- L "Rate Area" (Substantive)
- M "Frost Protection Equipment" (Substantive)
- N "**Uninsured Acreage**, explain why acreage is excluded in the Remarks section" (Substantive)

**3 OTHER INFORMATION**

- A "The citrus acreage covered by the above contract was inspected on the date shown below with the following results:
  - 1. \_\_\_ Nothing found to require a change in data reported.
  - 2. \_\_\_ Data reported was found to be such that \_\_\_\_\_ was prepared." (Substantive)
- B "Is the application/acreage report recommended for acceptance, check Yes or No" (Substantive)
- C "REMARKS:" (Substantive)

**4 SIGNATURE**

- A "Inspector's **Printed Name** and Signature" (Substantive)
- B "Inspector's Code Number" (Substantive)
- C "Date of Inspection" (Substantive)

**35 FLORIDA CITRUS GROVE INSPECTION REPORT AND PLAT MAP**

This worksheet and plat map must be filed annually with the acreage report ONLY if the total insured citrus crop acreage in the county is 250 acres or more. An AIP Loss Adjuster must complete this inspection worksheet for that crop/county. Each type (Citrus I and Citrus II, etc.) is a different crop. Refer to CIH for form completion instructions.

**1 GENERAL INFORMATION**

- A "Applicant/Insured's Name" (Substantive)
- B "Applicant/Insured's Telephone Number" (Substantive)
- C "Agent's Name" (Substantive)
- D "Agent's Mailing Address" ( Substantive)"
- E "Agent's Telephone Number" (Substantive)
- F "Policy Number" (Substantive)
- G "County" (Substantive)
- H "Crop Year" (Substantive)
- I "Legal Description:" (Substantive)
  - \_\_\_ "Section:"
  - \_\_\_ "Township:"
  - \_\_\_ "Range:"
  - \_\_\_ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"
- J "FSA Farm/Tract/Field Number" (Substantive)

**2 INDIVIDUAL CITRUS GROVE DATA**

Create a table with the following columns:

- A "Unit Number" (Substantive)
- B "Plot Number" (Substantive)
- C "Crop and Variety" (Substantive)
- D "Acres in Plot" (Substantive)
- E "Tree Spacing" (Substantive)

**FLORIDA CITRUS GROVE INSPECTION REPORT AND PLAT MAP**

- F “Tree Count” (Substantive)
- G “Month and Year Set” (Substantive)
- H “Tree Condition” (Substantive)
- I “Tree Age in Years” (Substantive)
- J “Insurable Quality” (Substantive)
- K “Estimated Production Boxes” (Substantive)

Create 2 rows below all columns, enter the following instruction:

- L “Uninsured Acreage: Identify below enter a (1) for Production less than 100 boxes per acre; enter (2) if trees are not of insurable age.” (Substantive)

**3 OTHER INFORMATION**

Create a Plat Map\* (Substantive)

- A At minimum, map should be 8 rows by 8 columns

For example,


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\* The AIP can choose to develop the plat map on a form separate from the report or use GPS in conjunction with aerial photos or satellite imagery and overlay with the information contained on the plat map. The standards in section 9 apply.

**FLORIDA CITRUS GROVE INSPECTION REPORT AND PLAT MAP**

B “The citrus acreage covered by the above contract was inspected on the date shown below with the following results:

1 \_\_\_ Nothing found to require a change in data reported.

2 \_\_\_ Data reported was found to be such that a new acreage report was prepared.” (Substantive)

C “Is the application/acreage report recommended for acceptance, check Yes or No.” (Substantive)

D “Remarks:” (Substantive)

**4 SIGNATURE**

A “Inspector’s **Printed Name** and Signature” (Substantive)

B “Inspector’s Code Number” (Substantive)

C “Date of Inspection” (Substantive)

**36 FORAGE PRODUCTION UNDERWRITING REPORT****1 GENERAL INFORMATION**

- A “Applicant’s/Insured’s Name” (Substantive)
- B “State” (Substantive)
- C “County” (Substantive)
- D “Crop Year” (Substantive)
- E “Policy Number” (Substantive)

**2 CROP INFORMATION**

- A “Line Number” (Substantive)
- B “Unit Number” (Substantive)
- C “FSA Farm/Tract/Field Number” (Substantive)
- D “Legal Description:” (Substantive)
  - \_\_\_ “Section:”
  - \_\_\_ “Township:”
  - \_\_\_ “Range:”
  - \_\_\_ “Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):”
- E “Acres” (Substantive)
- F “Share” (Substantive)
- G “Shareholder/Farm Name” (Substantive)
- H “Date Seeded (mm/yy)” (Substantive)
- I “Forage Plants per Sq. ft.” (Substantive)
  - “Alfalfa”
  - “Clover”
  - “Other”
- J “Percentage of Ground Cover” (Substantive)
  - “Alfalfa”
  - “Clover”
  - “Other”
- K “Crop Practice” (Substantive)



**FORAGE PRODUCTION UNDERWRITING REPORT**

- L "Plants other than Alfalfa" (Substantive)
- M "Uninsurable Acres" (Substantive)
- N "Acres Seeded with Another Crop" (Substantive)
- O "Remarks" (Substantive)

**3 REQUIRED STATEMENTS**

- A Certification Statement [(Substantive) See Exhibit 2]
- B Privacy Act Statement [(Substantive) See Exhibit 3]
- C Nondiscrimination Statement [(Substantive) See Exhibit 4]

**4 SIGNATURES**

- A "Insured's Signature and Date" (Substantive)
- B "**Agent's Printed Name**, Signature, Agent's Code Number and Date" (Substantive)

**37 HYBRID SEED YIELD REQUEST**

This request is to be completed by the Agent/AIP representative and submitted to the applicable RO for approved yield requests. Refer to the CIH.

**1 GENERAL INFORMATION**

- A "Agent's Name" (Substantive)
- B "Agent's Mailing Address and Telephone Number" (Substantive)
- C "AIP's Name" (Substantive)
- D "AIP's Mailing Address and Telephone Number" (Substantive)
- E "Seed Company's Name" (Substantive)
- F "Seed Company's Mailing Address and Telephone Number" (Substantive)
- G "Facility/Plant Location" (Substantive)
- F "Seed Company Representative" (Substantive)

**2 CROP INFORMATION**

Create a table with the following information:

- A "Insured's Name" (Substantive)
- B "State and County of Insured Crop" (Substantive)
- C "Number of Acres" (Substantive)
- D "Hybrid Identification" (Substantive)

**3 SIGNATURES**

- A "Agent's **Printed Name**, Signature, Date, and Code Number" (Substantive)
- B "AIP Representative **Printed Name**, Signature and Date" (Substantive)

**38 HYBRID SEED CORN YIELD HISTORY REPORT****1 GENERAL INFORMATION**

- A "Seed Company" (Substantive)
- B "Facility/Plant Address" (Substantive)
- C "Facility/Plant Location" (Substantive)
- D "Facility/Plant Representative" (Substantive)
- E "Facility/Plant Telephone Number" (Substantive)

**2 HYBRID INFORMATION**

- A "Hybrid Identification for \_\_\_\_\_" (Code may be utilized) (Substantive)
- B "Type of Cross (check one)
  - Single
  - Modified Single
  - Three Way
  - Four Way" (Substantive)
- C "Planting Method (check one)
  - Straight-Away
  - Split" (Substantive)
- D "Are the male (pollinator) rows inter-planted? Yes\_\_No\_\_" (Substantive)
- E "For the above \_\_\_\_\_, the expected or anticipated production yield is \_\_\_\_\_bushels per female acre." (Substantive)
- F "Yield must be on the basis as the yields provided below. "(Substantive)
- G "Growing Area/Counties:" (Substantive)

Create a table with the following header:

- H "ACTUAL YIELD DATA FOR ALL GROWERS ABOUT HYBRID IDENTIFICATION AT THIS SPECIFIC PLANT LOCATION" (Substantive)

Add to the table the following columns:

- I "Non-Irrigated Production and Acreage" (Substantive)
- J "Irrigated Production and Acreage" (Substantive)

**HYBRID SEED CORN YIELD HISTORY REPORT**

Add to each column the following sub-columns:

- K "Total Female Field Production (Bu.)" (Substantive)
- L "Total Female Acres Planted (Acres)" (Substantive)
- M "Yield=Female Production/Female Acres Planted" (Substantive)
- N "Crop Year" (Substantive)

Include the following notes; all are "Substantive":

- O "The field production data must be based on determinations obtained and calculated on harvested production delivered to the plant prior to any production entering the seed conditioning process. Hence, the field production data and the bushels per total female acre yield are accepted by FCIC as harvested production leaving the field and delivered to the seed company's plant prior to entering any of the seed conditioning process (i.e., drying, shelling, screening, etc) only. The reported amount of harvested production must be adjusted by you for moisture, shelling factor, and foreign material (i.e., husks, stalks, etc.) as necessary. When applicable, the production data reported must include the production figures determined for calculating any prior indemnified losses."
- P "You must check one of the following letters that describes the manner in which you have determined/calculated the requested information and yield data."
- Q "For the purpose of determining the quantity of mature field production:
  - A) \_\_\_\_\_ Shelled corn was adjusted .12 percent for each .1 percentage point of moisture to 15.0;
  - B) \_\_\_\_\_ Ear corn was measured at 70 pounds of ear corn equaling 56 pounds (one bushel) of shelled corn. The weight of ear corn required to equal one bushel of shelled corn was increased 1.5 pounds for each percentage point of moisture in excess of 14 percent; **or**
  - C) \_\_\_\_\_ All records of harvested field seed production provided by the seed company, were adjusted to a shelled corn basis of 15.0 percent moisture, and 56-pound test weight."

**HYBRID SEED CORN YIELD HISTORY REPORT****3 REQUIRED STATEMENT AND SIGNATURE**

A Certification statement above seed company representative signature:

“I certify that, to the best of my knowledge and belief, the information and data shown for the above-identified hybrid on the seed company’s individual facility/plant location is correct and the practices used to produce the stated results are continuing and consistent to produce the same results.” (Substantive)

B “**Printed Name and** Signature of Seed Company’s Facility/Plant Representative and Date” (Substantive)

**39 HYBRID SORGHUM SEED YIELD HISTORY REPORT****1 GENERAL INFORMATION**

- A "Seed Company" (Substantive)
- B "Facility/Plant Address" (Substantive)
- C "Facility/Plant Location" (Substantive)
- D "Facility/Plant Representative" (Substantive)
- E "Facility/Plant Telephone Number" (Substantive)

**2 HYBRID INFORMATION**

- A "Hybrid Identification" (Code may be utilized) (Substantive)
- B "Type of Sorghum Seed (please check one): \_\_Grain \_\_Sudan \_\_Forage" (Substantive)
- C "Type of Cross (check one)
  - Single
  - Modified Single
  - Three Way
  - Four Way" (Substantive)
- D "Planting Method (check one)
  - Straight-Away
  - Split" (Substantive)
- E "Are the male (pollinator) rows inter-planted? Yes\_\_No\_\_" (Substantive)
- F "For the above specified hybrid seed identification, the expected or anticipated production yield is \_\_\_\_bushels per female acre." (Substantive)
- G "Yield must be on the basis as the yields provided below. "(Substantive)
- H "Growing Area/Counties:"

Create a table with the following header:

- I "ACTUAL YIELD DATA FOR ALL GROWERS ABOUT HYBRID IDENTIFICATION AT THIS SPECIFIC PLANT LOCATION" (Substantive)

## HYBRID SORGHUM SEED YIELD HISTORY REPORT

Add to the table the following columns:

- J "Crop Year" (Substantive)
- K "Total Female Field Production (B.U.)" (Substantive)
- L "Total Female Acres Planted (Acres)" (Substantive)
- M "Yield=Female Production/ Female Acres Planted" (Substantive)

Include the following notes all are "Substantive":

- N "The field production data must be based on determinations obtained and calculated on harvested production delivered to the plant prior to any production entering the seed conditioning process. Hence, the field production data and the bushels per total female acre yield are accepted by FCIC as harvested production leaving the field and delivered to the seed company's plant prior to entering any of the seed conditioning process (i.e., drying, shelling, screening, etc) only. The reported amount of harvested production must be adjusted by you for moisture, shelling factor, and foreign material (i.e., husks, stalks, etc.) as necessary. When applicable, the production data reported must include the production figures determined for calculating any prior indemnified losses."

"You must check one of the following letters that describes the manner in which you have determined/calculated the requested information and yield data."

- O "For the purpose of determining the quantity of mature field production:
  - A) \_\_\_\_\_ Harvested seed production was adjusted .12 percent for each .1 percentage point of moisture to 13.0; or
  - B) \_\_\_\_\_ All records of harvested seed production provided by the seed company, were adjusted to a basis of 13.0 percent moisture, and 56-pound test weight."

### 3 REQUIRED STATEMENT AND SIGNATURE (SUBSTANTIVE)

- A Certification statement above seed company representative signature:

"I certify that, to the best of my knowledge and belief, the information and data shown for the above-identified hybrid on the seed company's individual facility/plant location is correct and the practices used to produce the stated results are continuing and consistent to produce the same results."

- B "Printed Name and Signature of Seed Company's Facility/Plant Representative and Date"

**40 ADDED LAND/NEW CROP/PRACTICE/TYPE REQUEST**

The Added Land/New Crop/Practice/Type Request must be submitted to the applicable RMA RO when cropland being added (or being planted to a new crop/P/T on land added during or after 2006) exceeds the 640 acre limitation, but does not exceed the 2000 acre maximum and the insured request use of the SA T-yield or the APH yield of an existing unit/database by the applicable deadline.

**1 GENERAL INFORMATION**

- A "Agent's Name and Agent Code" (Substantive)
- B "Agent's Mailing Address and Telephone Number" (Substantive)
- C "AIP's Name" (Substantive)
- D "Insured's Name (as shown on the application)" (Substantive)
- E "Insured's Mailing Address" (Substantive)
- F "State and County" (Substantive)
- G "Policy Number" (Substantive)
- H "Identification Number" (Substantive)
- I "Insured is: (check one) \_\_\_ Landlord \_\_\_ Operator \_\_\_ Owner/Operator" (Substantive)
- J "Email" (Substantive)

**2 REQUEST INFORMATION**

Create a table with the following columns:

- A "Unit Number" (Substantive)
- B "FSA Farm/Tract/Field Number" (Substantive)

Add the following footnote: "An entry for the existing land and for the added land is needed for these columns.

- C "Legal Description: (Legal if unit is based upon the options below)" (Substantive)

\_\_\_ "Section:"

\_\_\_ "Township:"

\_\_\_ "Range:"

\_\_\_ "Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"



**ADDED LAND/NEW CROP/PRACTICE/TYPE REQUEST**

D “Added Land Cropland Acres” (Substantive)

E “Existing Units Cropland Acres” (Substantive)

F “Request Type (E, S, or B\*\*)” (Substantive)

Add following footnote (\*, \*\*): “If added to existing unit, enter ‘E’, if a new separate optional unit, enter ‘S’; or if a new basic unit, enter ‘B’” (Substantive)

G “Crop(s)” (Substantive)

H “Unit” (Substantive)

I “Practice” (Substantive)

J “Type” (Substantive)

Create a checklist with the following instructions: “Submission Checklist: Check all that apply”

K “Documents” (Substantive)

L “Acceptable APH Databases and Production Reports for the current crop year. (Substantive)

M “Cropland acres, (i.e., FSA 578 or 156 EZ for the current or previous crop year), or other documentation that indicates: cropland acres, legal description, ownership, share, cash rent or lease agreement.” (Substantive)

N “Aerial photos (farm boundaries clearly marked) with legal descriptions, FSN’s and tract number as appropriate for both the added land and the existing land. Include a highway map showing location of land for areas where section, township, and range are not available”. (Substantive)

O “APH Database from previous operator/tenant (only if the insured wishes APH yields to be considered for productivity comparisons).” (Substantive)

P “A copy of the page(s) of the county soil survey, with the exact location of the field(s) clearly marked.” (Substantive)

Q “Other: (list)” (Substantive)

**ADDED LAND/NEW CROP/PRACTICE-TYPE REQUEST**

Create a section for the following question:

- R “If land is not being added for the current crop year document the year the land was actually added to the operation **and number of cropland acres added.**” (Substantive)

**3 REQUIRED STATEMENTS**

- A “I hereby request an RMA RO underwriting review to determine the appropriate APH calculation method(s) to calculate my insurance guarantee for land added to my operation **or for a new crop/P/T being planted on land added in 2006 or later crop year.** Insured crops for which this request is being made are listed in (list item number). I understand that crop(s) not included on the request will use variable T-Yields, if applicable.” (Substantive)
- B Certification Statement [(Substantive) See Exhibit 2]
- C Privacy Act Statement [(Substantive) See Exhibit 3]
- D Nondiscrimination Statement [(Substantive) See Exhibit4]

**4 SIGNATURES**

- A “Insured’s **Printed Named,** Signature and Date” (Substantive)
- B “Agent’s **Printed Name,** Signature, Date, and Code Number” (Substantive)
- C “AIP Representative’s **Printed Name** and Signature” (Substantive)

## 41 IRRIGATED PRACTICE GUIDELINES

The following guidelines are provided to enable insureds to properly report planted or perennial crop acreage to be insured under the irrigated practice in order to receive maximum protection under their crop insurance policy. It is very important that these guidelines be utilized to document whether, at the time insurance attaches; there is a reasonable expectation of receiving adequate water to carry out a good irrigation practice for acreage reported under the irrigated practice. The guidelines, in entirety, are substantive and are to be given to the insured in administration of their crop insurance policy.

### 1 DEFINITIONS

The following definitions are provided to facilitate a uniform understanding of the standards and guidelines for the irrigated practice for planted or perennial crop acreage.

- A Adequacy of Irrigation Facilities – Irrigation facilities are considered adequate if it is determined that, at the time insurance attaches, they will be available and usable at the times needed and have the capacity to timely deliver water in sufficient quantities to carry out a good irrigation practice for the acreage insured under the irrigated practice.
- B Irrigation Equipment and Facilities – The physical resources, other than water, used to regulate the flow of water from a water source to the acreage. This includes pumps, valves, sprinkler heads, and other control devices. It also includes pipes or pipelines which: (1) are under the control of the insured or (2) routinely deliver water only to acreage which is owned or operated by the insured. A center pivot system is considered irrigation equipment and facilities.
- C Irrigation Water Supply – The water source and means for supplying irrigation water, without regard to the equipment or facilities. This includes the water source and dams, canals, ditches, pipelines, etc., which contain the water for movement from the source to the acreage and (1) are not under the control of the insured or (2) routinely deliver water to acreage in addition to that which is owned or operated by the insured. It DOES NOT INCLUDE any irrigation equipment or facilities.
- D Water Source – The source from which water is made available. This includes wells, lakes, reservoirs, streams, aquifers, etc.

### 2 GUIDELINES FOR ANNUAL OR PERENNIAL CROP ACREAGE

To report planted or perennial crop acreage insured under the irrigated practice, the following requirements must be met.

- A Insured must be able to demonstrate, to the approved insurance provider's satisfaction, that adequate facilities and water existed, at the time insurance attached, to carry out a good irrigation practice for the insured crop. Some factors that the insured should be able to document and/or demonstrate would include, but are not limited to the following;
- Water source history, trends, and forecasting reliability

- Water supply availability and usage.
  - Pump efficiency and capacity
  - Water requirements (amount and timing) of all crops to be irrigated;
  - Water rights (primary, secondary, urban versus agricultural use, etc.)
  - Contingency plans to handle shortages
  - Acres to be irrigated
  - Ownership of the water (state or federal versus landowner)
  - Meters, measuring devices and methods used
  - Soil types, soil moisture levels, and pre-plant irrigation needs
  - Water conservation methods, devices used, and plans utilized (if applicable)
  - Past crop planting history and tillage methods
  - Quantity and quality of the water supply
  - Supplemental water availability and usage (including return flow)
  - Recommendations from local County Extension Service (CES) or National Resource Conservation Service (NRCS), and other source recognized by CES or NRCS to be an expert in this area) regarding irrigation and crop production
  - Factors considered in reporting acreage to be insured under an irrigated practice.
  - Information the insured knew (or should have known) and when the insured knew (or should have known) such information pertinent to supporting a good irrigation practice.
- B Insured should have reasonable expectations, at the time coverage begins, of receiving adequate water to carry out a good irrigation practice. If the insured knew or had reason to know that the amount of his/her irrigation water may be reduced before coverage begins, no reasonable expectation existed.
- Decreased water allocation resulting from the diversion of water for environmental or other reasons is not an insurable cause of loss unless the diversion is made necessary due to an insured cause of loss.
- C Insured needs to be able to document and/or demonstrate good irrigation practices, showing the application of adequate water in an acceptable manner at the proper times to allow for normal crop production, measured as the Approved APH yield for the unit.
- D The determination of the adequacy of water will be based upon;
- (1) The water available (at the time insurance attaches) from the irrigation water supply, soil moisture levels, and, as applicable, snow pack storage levels;
  - (2) Supplementary precipitation which would normally be received, after insurance attaches, during the period that a good irrigation practice is normally carried out.
  - (3) Consideration will also be given to the factors identified in Item A above, including the legal entitlement or rights to water

- E Insured must demonstrate that they have the physical resources, other than water, used to regulate the flow of water from a water source to the acreage. This includes pumps, valves, sprinkler heads, and other control devices. It also includes pipes or pipelines which (1) are under the control of the insured or (2) routinely deliver water only to acreage which is owned or operated by the insured. A center pivot system is considered irrigation equipment and facilities.
- F Irrigation facilities are considered adequate if it is determined that, at the time insurance attaches to planted or perennial acreage, they will be available and usable at the times needed and have the capacity to timely deliver water in sufficient quantities to carry out a good irrigation practice for the acreage insured under the irrigated practice.
- G If the acreage fails to qualify for insurance under the irrigated practice, it will result in such acreage being insured under a practice other than irrigated. If no other appropriate practice is available for the acreage, insurance will not be considered to have attached on the acreage.
- H Failure to carry out a good irrigation practice on acreage properly insured under the irrigated practice will result in an appraisal for uninsured causes against such acreage, unless the failure was caused by unavoidable failure of the irrigation water supply after insurance attached or failure or breakdown of the irrigation equipment or facilities due to an insured cause of loss provided all reasonable efforts to restore the irrigation equipment facilities to proper working order within a reasonable amount of time were taken by the insured, unless the AIP determines it is not practical to do so. Cost will not be considered when determining whether it is practical to restore the equipment or facilities.
- If a loss is evident, acreage reported as an irrigated practice that qualified as an irrigated practice at the time insurance attached cannot be revised to a non-irrigated practice after the acreage reporting date even if liability stays the same or decreases, even if the insured never applied any water.
- I Insureds are required to keep separate production records for acreage insured under the irrigated practice from acreage insured under a practice other than irrigated (or with no practice applicable) and uninsured acreage.

**3 GUIDELINES FOR PREVENTED PLANTING COVERAGE**

Insureds may be able to receive a prevented planting payment for acreage historically grown under an irrigated practice if there is not a reasonable expectation of having adequate water (due to an insured cause of loss occurring in the prevented planting insurance period) on the final planting date (or within the late planting period if the insured elects to try to plant the crop) to carry out an irrigated practice, provided all other prevented planting provisions have been met.

- A Insureds are expected to be prepared to provide documentation of the factors which were considered in reporting that there was no reasonable expectation of receiving adequate irrigation water for the acreage reported as prevented planting under an irrigated practice.
  
- B Acreage historically grown under an irrigated practice for which the insured had no reasonable expectation of having adequate irrigation water by the final planting date (or within the late planting period, if applicable), may be eligible for an irrigated prevented planting payment even if the acreage could have been planted with a non-irrigated practice and the producer elects not to plant.