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Federal Crop
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Corporation

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**POST-
APPLICATION
COVERAGE
ENDORSEMENT
INSURANCE
STANDARDS
HANDBOOK**

**2022 and Succeeding Crop
Years**

**RISK MANAGEMENT AGENCY
KANSAS CITY, MO 64133**

TITLE: POST-APPLICATION COVERAGE ENDORSEMENT CROP INSURANCE STANDARDS HANDBOOK	NUMBER: FCIC-20660U
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SUBJECT: Provides the procedures and instructions for administering the Post-Application Coverage Endorsement crop insurance program.	OPI: Product Administration and Standards Division
	APPROVED: /s/ Richard Flournoy Deputy Administrator for Product Management

REASON FOR ISSUANCE

This handbook is being issued to provide procedures and instructions for administering the Post-Application Coverage Endorsement for the 2022 and succeeding crop years.

INSURANCE STANDARDS HANDBOOK

CONTROL CHART

Post Application Coverage Application Insurance Standards Handbook							
	TP Page(s)	TC Page(s)	Text Page(s)	Exhibit Number	Exhibit Page(s)	Date	FCIC Number
Current Index	1-2	1	1-12	1-7	13-34	12-2021	FCIC-20660L

FILING INSTRUCTIONS:

This handbook is effective for the 2022 and succeeding crop years.

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PART 1 GENERAL INFORMATION AND RESPONSIBILITIES

1 General Information

A. Purpose

The purpose of this handbook is to provide supplementary instructions for establishing Post-Application Coverage Endorsement (PACE) crop insurance coverage in accordance with the PACE Endorsement (22-PACE-20660), PACE LASH (FCIC-20660L), CIH (FCIC-20660U), DSSH (FCIC-24040), and GSH (GSH-18190). The supplemental RMA-issued standards for this crop and crop year are in effect as of the signature date for this crop handbook

<https://www.rma.usda.gov/en/Policy-and-Procedure/Privately-Developed-Products--20000>.

This handbook remains in effect until superseded by reissuance of either the entire handbook or selected portions (through amendments, bulletins, or Final Agency Determinations). If amendments are issued for a handbook, the original handbook as amended shall constitute the handbook. A bulletin or Final Agency Determination can supersede either the original handbook or subsequent amendments.

B. Source of Authority

The PACE is approved by the Federal Crop Insurance Corporation (FCIC) Board of Directors under Section 508(h) of the Federal Crop Insurance Act.

C. Program Duration

PACE is available beginning with the 2022 crop year and continues until terminated by FCIC.

D. Approved Insurance Provider (AIP) Option to Offer

In accordance with Section II. (a) (3) of the Standard Reinsurance Agreement (SRA), AIPs are not required to offer PACE to insureds. Accordingly, each AIP must determine whether it will offer the PACE. AIPs that elect to offer the PACE must offer it to all eligible insureds everywhere it is available and must administer the program according to the policies and procedures approved by FCIC.

2 Responsibilities

A. AIP's Responsibilities

AIPs must use standards, procedures, methods, and instructions, as authorized by FCIC, in the sale and service of PACE. Each AIP is responsible for using RMA approved procedures. AIPs should report any program issues or concerns to the Product Administration and Standards Division (PASD) of RMA.

2 Responsibilities (continued)

B. Agent's Responsibilities

PACE requires additional records regarding nitrogen practices and applications to be submitted in the event of an insurable cause of loss. It is recommended that the agent review the applicant's records at the time of completing the application to assure the correct entity and other application determinations can be verified.

C. Insured's Responsibilities

(1) PACE Eligibility – To be eligible for PACE:

- (a) The insured must have an underlying insurance policy in force (YP, RP, or RP-HPE) for non-irrigated corn.
- (b) Coverage for the underlying insurance policy must be at the additional coverage level.
- (c) The insured must use a split application of nitrogen practice.
- (d) The insured must comply with all terms and conditions of the underlying insurance policy.
- (e) The insured must have documentation supporting the purchase of nitrogen for the split-application of nitrogen practice.
- (f) The insured must have been physically prevented from applying the post-application of nitrogen during the insurance period by an insurable cause of loss stated in the underlying insurance policy.
- (g) The acreage on which a split application of nitrogen practice was intended, and the pre-application of nitrogen was applied must be listed on the insured's timely submitted PACE acreage report.

3-10 (Reserved)

PART 2 STANDARDS AND INSTRUCTIONS

11 General Rules

- A. This part identifies information specific to the applicability of the CIH, GSH, DSSH, LAM, LASH and any other procedural issuance that may require supplemental information regarding a crop insured under the Post-Application Coverage Endorsement.

B. Related Handbooks

The following table provides handbooks closely related to this handbook. However, other RMA approved handbooks may refer to this handbook and be applicable.

Handbook	Relation/Purpose
CIH	Provides overall general underwriting (not crop specific) procedures.
DSSH	Provides general document standards.
GSH	Provides general administrative procedures.
LAM	Provides general loss adjustment procedures.
PACE LASH	Provides loss adjustment procedures.

- (1) General procedures, terms, abbreviations, and definitions (not crop specific) are identified in the CIH, GSH, and LAM.
- (2) Procedures, terms, abbreviations, and definitions specific to PACE are identified as additions or exceptions in this handbook.

PART 3 INSURABILITY

21 Insurable Practice

The only practice insurable under PACE is a split application of nitrogen on eligible non-irrigated corn acres. PACE only provides an indemnity for those acres for which the post-application of nitrogen was prevented.

22 Insurance Dates

- (1) The insured must apply for PACE on or before sales closing date for the underlying insurance policy for the first year it is to be effective.
- (2) PACE is a continuous endorsement and will remain in effect for each crop year following the acceptance of the original application until cancelled by the insured or AIP in accordance with the terms of the underlying insurance policy. If the underlying insurance policy is cancelled or terminated, PACE will automatically terminate or be cancelled as of the same date.
- (3) The cancellation date and termination date are the same as that of the underlying insurance policy.
- (4) The earliest planting date, final planting date, acreage reporting date, and premium billing date are the same as in the underlying insurance policy.

23 Insurance Period

- (1) The insurance period is limited to the time period when it is customary to apply the post-application of nitrogen, as specified in the Endorsement and actuarial documents.
- (2) The insurance period varies by region and is based on the date the crop was planted. The starting date and ending date of the insurance period can be found in the actuarial documents. Variance dates are intended to provide flexibility during abnormal climatic conditions relative to the historic norm and are applicable in the event of claim, as indicated in the PACE LASH.

24 Coverage Level

The insured may select a PACE coverage level election percent from 75 to 90 percent in 5 percent increments for PACE. The PACE coverage level election percent may differ from the coverage level on the underlying policy.

25 Causes of Loss

PACE indemnifies in accordance with the Endorsement when there is an inability to post-apply nitrogen during the insurance period.

The unit structure provided under the BP and the Coarse Grains CP and applicable to the insured acreage may apply under the PACE with the following limitation.

- (1) Units by irrigated practices do not apply.
- (2) Whole farm units are allowed only if specified in the Special Provisions.
- (3) Provided the insured has historical records at the basic unit and/or optional unit level (as applicable) sufficient to calculate an approved yield on such units, then PACE may be elected on an optional or basic unit basis if the underlying policy uses enterprise, enterprise by practice, or whole farm units. And optional units may be elected for PACE if the underlying policy uses basic units. All acres in an insured PACE unit must be insured if they are eligible for coverage. If acres in a PACE insured unit are non-irrigated corn and not high risk, then they are eligible and insured, and premium will be due on those acres, even if the Final Post-Application Percent is deemed to be zero percent.
- (4) The insured may elect PACE coverage on some eligible units and not others, provided sufficient records exist to fulfill the requirements of (3) above, but the insured must elect PACE on all units where post-application Nitrogen practice is predominantly used if optional or basic units are elected for PACE. Premium will be charged on all acres in an insured PACE unit where the crop is eligible (even if the Final Post-Application Percent is deemed to be zero percent on any given acreage). In the event a unit contains acreage that is not eligible, those acres that are not insurable will be excluded from PACE coverage, and no premium will be due on those acres. The insured must specify PACE units on or prior to Sales Closing; otherwise, all eligible acres and units in the underlying policy will be insured and premium will be due on such acres (even if the final post application percent is deemed to be zero percent). The township, section and range must be specified by the SCD, otherwise all eligible acres in all units in the underlying policy will be insured under PACE and premium will be due.

A. Purpose

The purpose of the PACE application is to apply for PACE and to verify that the applicant is eligible to participate in the crop insurance program. Information provided on the application will confirm the applicant is in compliance with necessary provisions and eligible to receive premium subsidy prior to submitting an application.

B. Application

In addition to all the requirements in section 2(c) of the Basic Provisions, on the PACE application:

- (1) The insured must elect PACE.
- (2) The insured must select a separate coverage level for PACE from 75 to 90 percent.
- (3) The insured must provide the intended split of nitrogen to be applied pre-application and post-application as percentages of the total application (the sum of the percentages must equal 100 percent).
- (4) The insured must provide the intended total nitrogen application rate per acre.

C. Additional Records

PACE requires a Producer Nitrogen Report to be submitted in the event of a possible loss regarding nitrogen practices and applications. It is recommended that the agent review the applicant's records upon completion of the PACE application to assure the correct entity and other application determinations can be verified.

The insured must have acceptable records that support the information from the Producer Nitrogen Report. The acceptable records include:

- (1) Sales receipts that show the:

27 Application and Reporting Instructions (continued)

- (a) Insured's name;
 - (b) Date fertilizer purchased;
 - (c) Type of fertilizer purchased;
 - (d) The brand name of fertilizer (if applicable);
 - (e) Percentages of nitrogen (N), phosphorus (P), and potassium (K); and
 - (f) The total amount of fertilizer purchased.
- (2) Contemporaneous records that show:
- (a) The dates the fertilizer was applied;
 - (b) The amount of fertilizer applied per date; and
 - (c) The acreage of fertilizer coverage per field on which fertilizer was applied.

28 Written Agreements

Written agreements that alter the terms of this Endorsement are not permitted. Additionally, this Endorsement cannot be elected if the underlying insurance policy is modified by a written agreement.

29-30 (Reserved)

PART 4 GUARANTEES AND PREMIUMS

31 The PACE Guarantee

A. General Process

The PACE guarantee for each unit in which a split application of nitrogen practice was used will be calculated as follows:

- (1) The approved yield is multiplied by the number of eligible acres in the PACE insured unit;
- (2) The result of (1) is multiplied by the PACE coverage level election percent;
- (3) The result of (2) is multiplied by the projected price;
- (4) The result of (3) is multiplied by the insured's share; and
- (5) The result of (4) is multiplied by the preliminary PACE loss factor.

B. Example

Assume the insured has an approved yield of 200 bushels per acre, uses a split application of nitrogen practice on 100 acres in the unit, the insured elects a 90 percent PACE coverage level election percent, the projected price is \$4.00, the insured's share is 100 percent, and the PACE loss factor is 0.18. The harvest price is less than the projected price. The PACE guarantee would be:

- (1) $200 \text{ bushels/acre} \times 100 \text{ acres} = 20,000 \text{ bushels}$
- (2) $20,000 \text{ bushels} \times 90\% \text{ PACE coverage level election} = 18,000 \text{ bushels}$
- (3) $18,000 \text{ bushels} \times \$4.00 = \$72,000$
- (4) $\$72,000 \times 100 \text{ percent share} = \$72,000$
- (5) $\$72,000 \times 0.18 \text{ PACE loss factor} = \$12,960 \text{ PACE guarantee}$

32 Premium Calculation

A. Total Premium

The PACE guarantee for each unit is multiplied by the premium rate established for each yield response factor to establish the total premium. Using the example in Paragraph 12B, the actuarial documents provide a premium rate of 0.025. The total premium would be $\$12,960 \times .025 = \324 .

32 Premium Calculation (continued)

B. Subsidy

The subsidy factor is multiplied by the total premium for the unit to determine the amount of premium subsidy. The premium subsidy for 90 percent coverage is 44 percent. Continuing the example, the premium subsidy would be $\$324 \times 0.44 = \142.56 .

C. Producer Premium

Subtract the amount of premium subsidy from the total premium for the unit to determine the amount of producer paid premium. Completing the example in Paragraph 13B, the producer paid premium would be $\$324 - \$142.56 = \$181.44$.

A. Indemnity Calculation Steps

- (1) Determine the number of acres in each unit in which pre-application nitrogen was applied but the post-application was prevented by an insurable cause of loss in accordance with the PACE LASH.
- (2) Determine the final post-application percent and final PACE loss factor. If the insured's actual pre-plant nitrogen exceeds (i) the maximum nitrogen rate times (ii) the difference between one and the declared post-application percent, by more than a 5 percent variance, the Final Post-Application Percent should be recalculated and rounded down to the nearest 5 percent. The Final PACE Loss Factor should then be referenced with the Final Post-Application Percent.
 - (a) For example, using the example in Paragraphs 12B and 13, an insured has a production guarantee per acre of 200 bushels. Their maximum nitrogen per acre is $200 \times 1.2 = 240$ lbs. N/acre. The declared post-application percent is 30 percent of 240, and the actual total nitrogen applied per acre is 180 lbs. N/acre on the PACE loss acres. The final post-application percent is equal to $(1 - [180 / 240]) = 25$ percent.
 - (i) Since the final post-application percentage does not match the declared, the loss factor must be adjusted downward to reflect the actual post-application percentage. The new loss factor is 16 percent (at 25 percent post-application), rather than the original 18 percent (at 30 percent post-application). Actual loss factors should be referenced in the corresponding actuarial documents.
- (3) The indemnity would be calculated by:
 - (a) Multiplying the approved yield by the greater of the projected or harvest price defined in the underlying insurance policy;
 - (b) Multiplying the result of (a) by the insured's PACE loss acres;
 - (c) Multiplying the result of (b) by the insured's PACE coverage level election percent;
 - (d) Multiplying the result of (c) by the insured's share; and

33 Indemnity (continued)

- (e) Multiplying the result of (d) by the final PACE loss factor.
- (f) For example, using the example in Paragraphs 12B and 13, the insured was prevented from post-application of nitrogen on 100 acres. The insured has approved yield of 200 bushels, the projected price is \$4.00, the insured selects 90 percent PACE coverage level election percent, has 100 percent share, and has a final PACE loss factor of 17 percent. The harvest price is less than the projected price.
 - (i) $200 \text{ bushels/acre} \times \$4.00/\text{bu.} = \$800/\text{acre}$
 - (ii) $\$800/\text{acre} \times 100 \text{ acres} = \$80,000$
 - (iii) $\$80,000 \times 90 \text{ percent PACE coverage} = \$72,000$
 - (iv) $\$72,000 \times 100 \text{ percent share} = \$72,000$
 - (v) $\$72,000 \times 17 \text{ percent loss factor} = \$12,240 \text{ indemnity}$
- (4) The amount of indemnity owed under this Endorsement may be reduced by a PACE offset in the event an indemnity is also owed on the underlying insurance policy and exceeds the deductible on the underlying insurance policy, where the PACE offset is calculated by:
 - (a) Subtracting the underlying insurance policy coverage level from one;
 - (b) Multiplying the result of (a) by the approved yield;
 - (c) Multiplying the result of (b) by the greater of the projected price or harvest price defined in the underlying insurance policy;
 - (d) Multiplying (c) by the PACE insured acres;
 - (e) Multiplying (d) by the share; and
 - (f) Subtracting (e) from the PACE indemnity. If this is greater than zero, and your underlying insurance policy has paid an indemnity on those PACE loss acres, then the PACE offset is equal to the lesser of this result or the indemnity on your underlying insurance policy.

Example, Preliminary PACE Indemnity: The insured was prevented from post-application of nitrogen on 100 acres. The insured has an approved yield of 200 bushels/acre. The greater of the projected price and harvest price is \$4.00. The insured elects 90 percent PACE coverage level, has 100% share, and has a final PACE loss factor of 17%. The harvest price is less than the projected price.

33 Indemnity (continued)

$$200 \text{ bushels/acre} \times \$4.00/\text{bu.} = \$800/\text{acre}$$

$$\$800/\text{acre} \times 100 \text{ acres} = \$80,000$$

$$\$80,000 \times 90\% \text{ coverage} = \$72,000$$

$$\$72,000 \times 100\% \text{ share} = \$72,000$$

$$\$72,000 \times 17\% \text{ loss factor} = \$12,240 \text{ preliminary PACE indemnity}$$

Example, Final PACE Indemnity and PACE Offset: Using the example above, the insured elected an 85 percent coverage level on their underlying insurance policy, and the underlying policy is YP, and the greater of the projected price or harvest price is \$4. Suppose the final yield is 100. The harvest price is less than the projected price. The PACE offset and final PACE indemnity is calculated as follows:

$$100\% - 85\% = 15\% \text{ (or } 0.15) \text{ underlying deductible percent}$$

$$0.15 \times 200 \text{ bu./acre} = 30 \text{ bu./acre}$$

$$30 \text{ bu./acre} \times \$4.00/\text{bu.} = \$120/\text{acre}$$

$$\$120/\text{acre} \times 100 \text{ acres} = \$12,000$$

$$\$12,000 \times 1.00 \text{ share} = \$12,000$$

$$\$12,240 - \$12,000 = \$240 \text{ (preliminary PACE offset)}$$

$$\text{YP Indemnity} = \$28,000$$

The preliminary PACE indemnity is \$12,240, and the preliminary PACE offset is \$240. The YP indemnity is greater than zero, therefore the final pace office is the lesser of \$240 and the YP indemnity of \$28,000. Therefore, the indemnity for PACE will be reduced by up to \$240. The final PACE indemnity is thus $\$12,240 - \$240 = \$12,000$.

Acronyms and Abbreviations

Acronym	Full Title
AIP	Approved Insurance Provider
CIH	Crop Insurance Handbook
FCIC	Federal Crop Insurance Corporation
GSH	General Standards Handbook
LASH	Loss Adjustment Standards Handbook
DSSH	Document and Supplemental Standards Handbook
LAM	Loss Adjustment Manual
RMA	Risk Management Agency
ADM	Actuarial Data Master
PACE	Post-Application Coverage Endorsement
PASD	Product Administration and Standards Division

Definitions

Underlying Insurance Policy - the Common Crop Insurance Policy Basic Provisions and the Coarse Grains Crop Provisions.

Post-Application Window (Insurance Period) - the time period in which the post-application of nitrogen must be applied under the standards of good farming practice, as published in the actuarial documents.

Post-Application Variance Window - the 10th and 90th percentile dates of heat accumulation associated with the estimated v3 and v10 stages of corn. To account for outlier climatic events, the post-application window can be shifted forward or backward up to the variance dates as published in the actuarial documents, as specified in the PACE LASH.

Post-Apply Rate - the percentage of total nitrogen applied during the post-application window, expressed as a percent. The total of the post-application rate and the pre-application rate must be 100 percent.

Production Guarantee (Per Acre) - has the same meaning as in Section 1 of the Common Crop Insurance Policy Basic Provisions.

Pre-Apply Rate - the percentage of total nitrogen applied prior to and at planting, expressed as a percent.

Split Application - the recognized good farming practice whereby the producer applies a portion of the total amount of nitrogen prior to planting and the remainder of the nitrogen is applied prior to the crop reaching the V10 growth stage.

Total Nitrogen Application Rate - the total amount of nitrogen applied for those acres that used a split application of nitrogen practice.

Final Yield - the insured's post-harvest actual yield per acre for the current crop year.

Post-Application Coverage Endorsement Application

A. Post-Application Coverage Endorsement Application Overview

The Post-Application Coverage Endorsement (PACE) Application must be developed by the AIP according to these standards and submitted by the producer to the AIP on or before the sales closing date for the first crop year the insured wishes to elect the Endorsement. The Application must contain the following information:

- (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)
 - (c) “PACE Plan of Insurance” (Substantive)
 - (d) “Legal Description” (Substantive)
- (3) Terms and Conditions

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

- (a) “I hereby elect this Post-Application Coverage Endorsement (Endorsement) and by this election I understand:
 - (i) That I must have an underlying insurance policy written under the Common Crop Insurance Policy Basic Provisions and a Coarse Grains Crop Provisions in effect at an additional coverage level to be eligible for this Endorsement.
 - (ii) This Endorsement applies to all acreage in the county to which a split application of nitrogen practice is applied.

Post-Application Coverage Endorsement Application (Continued)

- (iii) That by signing the application for this Endorsement it will continue from year to year unless I or [Insert AIP Name] cancel or change my election by written notice on or before the cancellation date or my coverage is otherwise canceled or terminated under the terms of my policy.
 - (iv) That if my Common Crop Insurance Policy Basic Provisions and my Coarse Grains Crop Provisions (underlying insurance policy) are cancelled or terminated, this Endorsement will automatically be cancelled or terminated effective on the same date.
 - (v) That any other options or endorsements elected on my underlying insurance policy will continue under this Endorsement.
 - (vi) That I must use a split application of nitrogen practice acceptable as a good farming practice on all the acreage insured under this Endorsement.
 - (vii) This Endorsement does not apply to any acreage that was prevented from planting.”
- (b) “I elect a PACE coverage level election percent of [from 75 to 90 percent] for all acreage covered under this Endorsement.” (Substantive)
 - (c) “I intend to apply _____ percent of my nitrogen pre-application and _____ percent post-application (between 25 percent and 80 percent).” (Substantive)
- (4) Required Signatures
- (a) “Applicant/Insured’s Printed Name, Applicant/Insured’s Signature and Date” (Substantive)
 - (b) “Agent’s Printed Name, Agent’s Signature, Agent’s Signature Date, and Agent’s Code Number” (Substantive)
- (5) Required Statements
- (a) Certification Statement (Substantive) (See DSSH, exhibit 2)
 - (b) Privacy Act Statement (Substantive) (See DSSH, exhibit 3)
 - (c) Nondiscrimination Statement (Substantive) (See DSSH, exhibit 4)

Post-Application Coverage Endorsement Application (Continued)
B. Post-Application Coverage Endorsement Application Details

1	Applicant Information	
A	“Applicant’s Name”	Substantive
B	“Applicant’s Authorized Representative”	Substantive
C	“Street and/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 <input type="checkbox"/> No <input type="checkbox"/> ”	Substantive
2	Crop Information	
A	“Effective Crop Year”	Substantive
B	“Crop”	Substantive
C	“State and County”	Substantive
D	“PACE Plan of Insurance”	Substantive
E	“Legal Description:” ___ “Section:” ___ “Township:” ___ “Range:” ___ “Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.)”	For those units in which a split application nitrogen practice is used. From the underlying insurance policy acreage report.
3	Other Information	
A	“Name of Previous AIP (if any)”	Substantive
B	“Policy Number under Previous AIP (if any)”	Substantive

Post-Application Coverage Endorsement Application (Continued)

<p>C</p>	<p>“I hereby elect this Post-Application Coverage Endorsement (Endorsement) and by this election I understand:</p> <p>(1) That I must have an underlying insurance policy written under the Common Crop Insurance Policy Basic Provisions and a Coarse Grains Crop Provisions in effect at an additional coverage level to be eligible for this Endorsement.</p> <p>(2) This Endorsement applies to all acreage in the county to which a split application of nitrogen practice is applied.</p> <p>(3) That by signing the application for this Endorsement it will continue from year to year unless I or [Insert AIP Name] cancel or change my election by written notice on or before the cancellation date or my coverage is otherwise canceled or terminated under the terms of my policy.</p> <p>(4) That if my Common Crop Insurance Policy Basic Provisions and my Coarse Grains Crop Provisions (underlying insurance policy) are cancelled or terminated, this Endorsement will automatically be cancelled or terminated effective on the same date.</p> <p>(5) That any other options or endorsements elected on my underlying insurance policy will continue under this Endorsement.</p> <p>(6) That I must use a split application of nitrogen practice acceptable as a good farming practice on all the acreage insured under this Endorsement.</p> <p>(7) This Endorsement does not apply to any acreage that was prevented from planting.”</p>	<p>Note: Include a note regarding additional space if needed to complete lists, e.g., (See reverse side for additional space)</p>	<p>Substantive</p>
<p>D</p>	<p>“I elect a coverage level of [from 75 to 90 percent] for all acreage covered under this Endorsement.”</p>		<p>Substantive</p>
<p>E</p>	<p>“I intend to apply _____ percent of my nitrogen pre-application and _____ percent post-application (between 25 percent and 80 percent and the percentages must equal 100 percent).”</p>		<p>Substantive</p>

Post-Application Coverage Endorsement Application (Continued)

4 Required Statements			
A	Conditions of Acceptance Statements	See DSSH, exhibit 1.	Substantive
B	Certification Statement	See DSSH, exhibit 2.	Substantive
C	Privacy Act Statement	See DSSH, exhibit 3.	Substantive
D	Nondiscrimination Policy Statement	See DSSH, exhibit 4.	Substantive
5 Required Signatures			
A	“Applicant/Insured’s Printed Name, Applicant/Insured’s Signature, and Applicant/Insured’s Signature Date”		Substantive
B	“Agent’s Printed Name, Agent’s Signature, Agent’s Signature Date, and Agent’s Code Number”		Substantive

Post-Application Coverage Endorsement Application (Continued)**C. Post-Application Coverage Endorsement Application Instructions**

Applicant's Name	Enter the applicant's name
Applicant's Authorized Representative	Enter the applicant's authorized representative, if applicable
Street and/or Mailing Address	Enter the Street and/or Mailing Address
City and State	Enter the City and State
Zip Code	Enter the Zip Code
Applicant's Telephone Number	Enter the Applicant's Telephone Number
Approved Insurance Provider Name and Address	Enter the Approved Insurance Provider Name and Address
Policy Number	Enter the Policy Number
Identification Number	Enter the Identification Number
Identification Number Type	Enter the Identification Number Type
Person Type	Enter the Person Type
Spouse's Name	Enter the Spouse's Name
Spouse's Identification Number	Enter the Spouse's Identification Number
Is applicant at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>	Answer Yes or No
Effective Crop Year	Enter the Effective Crop Year
Crop	Enter the Crop
State and County	Enter the State and County
PACE Plan of Insurance	Enter the Plan of Insurance
Name of Previous AIP (if any)	Enter the Name of Previous AIP (if any)
Policy Number under Previous AIP (if any)	Enter the Policy Number under Previous AIP (if any)

Post-Application Coverage Endorsement Acreage Report

A. Post-Application Coverage Endorsement Acreage Report Overview

In addition to the requirements for the acreage report in section 6 of the underlying insurance policy, additional information needs to be submitted for PACE.

- (1) Insured Information
 - (a) “Insured’s Name” (Substantive)
 - (b) “Policy Number” (Substantive)
 - (c) “Street and/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)
 - (c) “State and County” (Substantive)
 - (d) “PACE Plan of Insurance” (Substantive)
 - (e) “Unit Number” (Substantive)
 - (f) “Unit Structure Code” (Substantive)
 - (g) “PACE Coverage Level Percent” (Substantive)
 - (h) “Legal Description:” ___ “Section:” ___ “Township:” ___ “Range:” ___ “Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.)” for acreage in which a split application of nitrogen practice was used (Substantive)
 - (i) “Field Location Identification” for acreage in which a split application of nitrogen practice was used (Substantive)
 - (j) “Production guarantee (per acre)” (Substantive)
 - (k) “Reported Acres” for acreage in which a split application of nitrogen practice was used (Substantive)

Post-Application Coverage Endorsement Acreage Report (Continued)

- (l) “Date Planting Completed” for acreage in which a split application of nitrogen practice was used (Substantive)
- (m) 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.”
- (3) Required Signatures
 - (a) “Insured’s Printed Name, Insured’s Signature and Insured’s Signature Date” (Substantive)
 - (b) “Agent’s Printed Name, Agent’s Signature, Agent’s Signature Date, and Agent’s Code Number” (Substantive)
- (4) Required Statements
 - (a) Certification Statement (Substantive) (See DSSH, exhibit 2)
 - (b) Privacy Act Statement (Substantive) (See DSSH, exhibit 3)
 - (c) Nondiscrimination Statement (Substantive) (See DSSH, exhibit 4)

B. Post-Application Coverage Endorsement Acreage Report Details

1 Acreage Report Information		
A	“Insured’s Name”	Substantive
B	“Insured’s Authorized Representative”	Substantive
C	“Street and/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
2 Crop Information		
A	“Effective Crop Year”	Substantive
B	“Crop”	Substantive
C	“State and County”	Substantive
D	“PACE”	Substantive
E	“Unit Number”	Substantive
F	“Unit Structure Code”	Substantive
G	“Coverage Level Percent”	Substantive

Post-Application Coverage Endorsement Acreage Report (Continued)

H	“Legal Description:” ____ “Section:” ____ “Township:” ____ “Range:” ____ “Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.)” for acreage in which a split application of nitrogen practice was used (Substantive)	For the acreage in which a split application of nitrogen was applied	Substantive
I	“Field Location Identification”	For the acreage in which a split application of nitrogen was applied	Substantive
J	“Production guarantee (per acre)”		Substantive
K	“Reported Acres”	Number of acres in which a split application of nitrogen was applied	Substantive
L	“Date Planting Completed”	For the acreage in which a split application of nitrogen was applied	Substantive
M	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.”		Substantive
3 Required Statements			
A	Conditions of Acceptance Statements	See DSSH, exhibit 1.	Substantive
B	Certification Statement	See DSSH, exhibit 2.	Substantive
C	Privacy Act Statement	See DSSH, exhibit 3.	Substantive
D	Nondiscrimination Policy Statement	See DSSH, exhibit 4.	Substantive
4 Required Statements			
A	“Insured’s Printed Name, Insured’s Signature and Insured’s Signature Date”		Substantive
B	“Agent’s Printed Name, Agent’s Signature, Agent’s Signature Date, and Agent’s Code Number”		Substantive

Post-Application Coverage Endorsement Acreage Report (Continued)

C. Post-Application Coverage Endorsement Acreage Report Instructions

All information available to the AIP should be preprinted on the documents prior to mailing to the insured.

1 General Information		
A	Insured's Name	Enter information as listed on application.
B	Insured's Authorized Representative	Enter information as listed on application.
C	Street and/or Mailing Address	Enter information as listed on application.
D	City and State	Enter information as listed on application.
E	Zip Code	Enter information as listed on application.
F	Insured's Telephone Number	Enter information as listed on application.
G	Policy Number	Enter information as listed on application.
H	Claim Number	Enter information as listed on application.
I	Identification Number	Enter information as listed on application.
2 Crop Information		
A	Effective Crop Year	Enter information as listed on application.
B	Crop	Enter information as listed on application.
C	State and County	Enter information as listed on application.
D	PACE Plan of Insurance	Enter information as listed on application.
E	Unit Number	For those units in which a split application nitrogen practice is used. From the underlying insurance policy acreage report.
F	Unit Structure Code	For those units in which a split application nitrogen practice is used. From the underlying insurance policy acreage report.
G	Underlying Insurance Policy Coverage Level	From the underlying insurance policy acreage report.
H	“Legal Description:” ____ “Section:” ____ “Township:” ____ “Range:” ____ “Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.)”	For those units in which a split application nitrogen practice is used. From the underlying insurance policy acreage report.
I	Field Identification location	For those units in which a split application nitrogen practice is used. From the underlying insurance policy acreage report.
J	Production guarantee (per acre)	For those units in which a split application nitrogen practice is used. From the underlying insurance policy acreage report.

Post-Application Coverage Endorsement Acreage Report (Continued)

K	Reported acres	For those units in which a split application nitrogen practice is used.
L	Date planting complete	The date that all the acreage in the unit has been planted for those units in which a split application nitrogen practice is used.
M	Identification Number Verification	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."
3 Required Statements		
A	Insured's Printed Name, Insured's Signature and Insured's Signature Date	The Insured will complete, sign and date this information.
B	AIP Verifier's Printed Name, Signature, Code Number and Date	The AIP Verifier will complete, sign and date this information.

Post-Application Coverage Endorsement Nitrogen Report

A. Post-Application Coverage Endorsement Nitrogen Report Overview

The PACE Nitrogen Report must be completed by the insured and returned to the AIP with the Notice of Loss form and supporting records contained in Exhibit 6. The AIP may combine the records into one form provided all the “substantive” items are included.

1 General Information		
A	“Insured’s Name”	Substantive
B	“Insured’s Authorized Representative”	Substantive
C	“Insured’s Street and/or Mailing Address”	Substantive
D	“City and State”	Substantive
E	“Zip Code”	Substantive
F	“Insured’s Telephone Number”	Substantive
G	“Policy Number”	Substantive
H	“Claim Number”	Substantive
I	“Identification Number”	Substantive
J	“Identification Number Type”	Substantive
K	“Person Type”	Substantive
L	“Spouse’s Name”	Substantive
M	“Spouse’s Identification Number”	Substantive
2 Crop Information		
A	“Effective Crop Year”	Substantive
B	“Crop”	Substantive
C	“State and County”	Substantive
D	“PACE Plan of Insurance”	Substantive
3 Other Information		
A	Type and brand (if applicable) of all fertilizer applied	Substantive
B	All fertilizer nitrogen, phosphorus and potassium content	Substantive
C	A listing of all machinery and equipment used for fertilizer application	Substantive
D	Pre-Application Dates	Substantive
E	Pre-Application Units	Substantive
F	Pre-Application Acres	Substantive
G	Pre-Application Pounds of Nitrogen Applied	Substantive
H	Pre-Application Total Nitrogen	Substantive
I	Post-Application Dates	Substantive
J	Post-Application Units	Substantive
K	Post-Application Acres	Substantive
L	Post-Application Pounds of Nitrogen Applied	Substantive
M	Post-Application Total Nitrogen	Substantive

Post-Application Coverage Endorsement Nitrogen Report (Continued)

4 Required Statements			
A	Certification Statement	See DSSH, exhibit 2.	Substantive
B	Privacy Act Statement	See DSSH, exhibit 3.	Substantive
C	Nondiscrimination Policy Statement	See DSSH, exhibit 4.	Substantive
5 Required Signatures			
A	“Insured’s Printed Name, Insured’s Signature and Insured’s Signature Date”		Substantive
B	“AIP Verifier’s Printed Name, Signature, Code Number and Date”		Substantive

B. Post-Application Coverage Endorsement Nitrogen Report Instructions

All information available to the AIP should be preprinted on the documents prior to mailing to the insured.

1 General Information		
A	“Insured’s Name”	Enter information as listed on application.
B	“Insured’s Authorized Representative”	Enter information as listed on application.
C	“Street and/or Mailing Address”	Enter information as listed on application.
D	“City and State”	Enter information as listed on application.
E	“Zip Code”	Enter information as listed on application.
F	“Applicant’s Telephone Number”	Enter information as listed on application.
G	“Policy Number”	Enter information as listed on application.
H	“Claim Number”	Enter information as listed on application.
I	“Identification Number”	Enter information as listed on application.
J	“Identification Number Type”	Enter information as listed on application.
K	“Person Type”	Enter information as listed on application.
L	“Spouse’s Name”	Enter information as listed on application.
M	“Spouse’s Identification Number”	Enter information as listed on application.
2 Crop Information		
A	“Effective Crop Year”	Enter information as listed on application.
B	“Crop”	Enter information as listed on application.
C	“State and County”	Enter information as listed on application.
D	“Plan of Insurance (PACE: 26, 27, 28)”	Enter information as listed on application.
3 Other Information		
A	List the type, name, and/or brand of fertilizer applied, as applicable	Type/brand should be from the label of the fertilizer used.
B	List the nitrogen (N), phosphorus (P), and potassium (K) content of the fertilizer applied	Content should be from the label of the fertilizer used and should be in the format of 0-0-0 (N-P-K).

Post-Application Coverage Endorsement Nitrogen Report (Continued)
B. Post-Application Coverage Endorsement Nitrogen Report Instructions (continued)

C	List the machinery and equipment used for all fertilizer application	List the name of the machinery or equipment along with a description.
D	Pre-Application Dates	List the dates that the pre-application of nitrogen was applied.
E	Pre-Application Units	This should be from the Acreage Report, list the units where pre-application was applied.
F	Pre-Application Acres	List the number of acres in each unit where the nitrogen was applied pre-application for each date.
G	Pre-Application Pounds of Nitrogen Applied	Using the type/brand of fertilizer applied, the NPK content, and the rate of application preplant to identify the pounds of nitrogen per acre and multiply it by the total acres to obtain the total pounds of nitrogen applied per date.
H	Pre-Application Total Nitrogen	List the total number of acres and pounds of nitrogen applied.
I	Post-Application Dates	List the dates that the post-application of nitrogen was applied.
J	Post-Application Units	This should be from the Acreage Report, list the units where post-application was applied.
K	Post-Application Acres	List the number of acres in each unit where the nitrogen was applied post-application for each date.
L	Post-Application Pounds of Nitrogen Applied	Using the type/brand of fertilizer applied, the NPK content, and the rate of application post-plant to identify the pounds of nitrogen per acre and multiply it by the total acres to obtain the total pounds of nitrogen applied per date.
M	Post-Application Total Nitrogen	List the total number of acres and pounds of nitrogen applied.
4 Required Statements		
A	Certification Statement	See DSSH, exhibit 2.
B	Privacy Act Statement	See DSSH, exhibit 3.
C	Nondiscrimination Policy Statement	See DSSH, exhibit 4.
5 Required Signatures		
O	Insured's Printed Name, Insured's Signature and Insured's Signature Date	The Applicant/Insured will complete, sign and date this information.
P	AIP Verifier's Printed Name, Signature, Code Number and Date	The AIP Verifier will complete, sign and date this information.

Notice of Probable Loss

A. Notice of Probable Loss Overview

The Notice of Loss is used to notify the AIP that the insure was prevented from applying the post-application nitrogen. This form should be returned to the AIP.

1 General Information		
A	“Insured’s Name”	Substantive
B	“Insured’s Authorized Representative”	Substantive
C	“Street and/or Mailing Address”	Substantive
D	“City and State”	Substantive
E	“Zip Code”	Substantive
F	“Insured’s Telephone Number”	Substantive
G	“Policy Number”	Substantive
H	“Claim Number”	Substantive
I	“Identification Number”	Substantive
J	“Identification Number Type”	Substantive
K	“Person Type”	Substantive
L	“Spouse’s Name”	Substantive
M	“Spouse’s Identification Number”	Substantive
N	“Assignment of Indemnity Yes <input type="checkbox"/> No <input type="checkbox"/> ”	Substantive
O	“Transfer of Right to an Indemnity Yes <input type="checkbox"/> No <input type="checkbox"/> ”	Substantive
P	“Date Notice of Probable Loss Issued”	Substantive
2 Crop Information		
A	“Effective Crop Year”	Substantive
B	“Crop”	Substantive
C	“State and County”	Substantive
D	“Plan of Insurance”	Substantive
E	“Type” or “Price Option”	Substantive
F	“Practice” or “Insurance Period”	Substantive
G	“Cause of Loss”	Substantive
H	“Cause of Loss Date”	Substantive
I	“Prevented Acres”	Substantive

Notice of Probable Loss (Continued)

A. Notice of Probable Loss Overview (continued)

3 Required Statements			
A	Certification Statement	See DSSH, exhibit 2.	Substantive
B	Privacy Act Statement	See DSSH, exhibit 3.	Substantive
C	Nondiscrimination Policy Statement	See DSSH, exhibit 4.	Substantive
4 Required Signatures			
A	“Insured’s Printed Name, Insured’s Signature and Insured’s Signature Date”		Substantive
B	“AIP Verifier’s Printed Name, Signature, Code Number and Date”		Substantive

B. Notice of Probable Loss Details

1 General Information		
A	Insured’s Name	Enter information as listed on application.
B	Insured’s Authorized Representative	Enter information as listed on application.
C	Street and/or Mailing Address	Enter information as listed on application.
D	City and State	Enter information as listed on application.
E	Zip Code	Enter information as listed on application.
F	Insured’s Telephone Number	Enter information as listed on application.
G	Policy Number	Enter information as listed on application.
H	Claim Number	Enter information as listed on application.
I	Identification Number	Enter information as listed on application.
J	Identification Number Type	Enter information as listed on application.
K	Person Type	Enter information as listed on application.
L	Spouse’s Name	Enter information as listed on application.
M	Spouse’s Identification Number	Enter information as listed on application.
N	Assignment of Indemnity Yes <input type="checkbox"/> No <input type="checkbox"/>	Enter information as listed on application.
O	Transfer of Right to an Indemnity Yes <input type="checkbox"/> No <input type="checkbox"/>	Enter information as listed on application.
P	Date Notice of Probable Loss	Enter the Date of Notice of Probable Loss Submission.
2 Crop Information		
A	Effective Crop Year	Enter information as listed on application.
B	Crop	Enter information as listed on application.
C	State and County	Enter information as listed on application.
D	Plan of Insurance	Enter information as listed on application.
E	Type or Price Option	Enter information as listed on application.
F	Practice or Insurance Period	Enter information as listed on application.
G	Cause of loss	Insured provided information.
H	Dates that cause of loss occurred	Insured provided information.

Notice of Probable Loss (Continued)

B. Notice of Probable Loss Details (continued)

I	Units and acreage where a post-application of nitrogen was prevented.	Insured provided information.
3	Required Statements	
A	Certification Statement	See DSSH, exhibit 2.
B	Privacy Act Statement	See DSSH, exhibit 3.
C	Nondiscrimination Policy Statement	See DSSH, exhibit 4.
4	Required Signatures	
H	Insured's Printed Name, Insured's Signature and Insured's Signature Date	Completed and signed by Applicant/Insured.
I	AIP Verifier's Printed Name, Signature, Code Number and Date	Completed and signed by AIP Verifier.

Production Report

A. Production Report Overview

1 General Information		
A	“Insured’s Name”	Substantive
B	“Insured’s Authorized Representative”	Substantive
C	“Street and/or Mailing Address”	Substantive
D	“City and State”	Substantive
E	“Zip Code”	Substantive
F	“Insured’s Telephone Number”	Substantive
G	“Policy Number”	Substantive
H	“Claim Number”	Substantive
I	“Identification Number”	Substantive
J	“Identification Number Type”	Substantive
K	“Person Type”	Substantive
L	“Spouse’s Name”	Substantive
M	“Spouse’s Identification Number”	Substantive
N	“Assignment of Indemnity Yes <input type="checkbox"/> No <input type="checkbox"/> ”	Substantive
O	“Transfer of Right to an Indemnity Yes <input type="checkbox"/> No <input type="checkbox"/> ”	Substantive
P	“Date Notice of Probable Loss Issued”	Substantive
2 Crop Information		
A	“Effective Crop Year”	Substantive
B	“Crop”	Substantive
C	“State and County”	Substantive
D	“Plan of Insurance”	Substantive
E	“Type” or “Price Option”	Substantive
F	“Practice” or “Insurance Period”	Substantive
G	“Cause of Loss”	Substantive
H	“Cause of Loss Date”	Substantive
I	“Prevented Acres”	Substantive
3 Indemnity Calculation		
A	“Pre-Application Nitrogen Acres Applied”	Substantive
B	“Post-Application Nitrogen Acres Prevented”	Substantive
C	“Probable Indemnity”	Substantive
4 Required Statements		
A	Certification Statement	Substantive
B	Privacy Act Statement	Substantive
C	Nondiscrimination Policy Statement	Substantive

Production Report (Continued)

A. Production Report Overview (continued)

5 Required Signatures		
A	“Insured’s Printed Name, Insured’s Signature and Insured’s Signature Date”	Substantive
B	“AIP Verifier’s Printed Name, Signature, Code Number and Date”	Substantive

B. Production Report Details

1 General Information		
A	Insured’s Name	Enter information as listed on application.
B	Insured’s Authorized Representative	Enter information as listed on application.
C	Street and/or Mailing Address	Enter information as listed on application.
D	City and State	Enter information as listed on application.
E	Zip Code	Enter information as listed on application.
F	Insured’s Telephone Number	Enter information as listed on application.
G	Policy Number	Enter information as listed on application.
H	Claim Number	Enter information as listed on application.
I	Identification Number	Enter information as listed on application.
J	Identification Number Type	Enter information as listed on application.
K	Person Type	Enter information as listed on application.
L	Spouse’s Name	Enter information as listed on application.
M	Spouse’s Identification Number	Enter information as listed on application.
N	Assignment of Indemnity Yes <input type="checkbox"/> No <input type="checkbox"/>	Enter information as listed on application.
O	Transfer of Right to an Indemnity Yes <input type="checkbox"/> No <input type="checkbox"/>	Enter information as listed on application.
P	Date Notice of Probable Loss	Enter the Date of Notice of Probable Loss Submission.
2 Crop Information		
A	Effective Crop Year	Enter information as listed on application.
B	Crop	Enter information as listed on application.
C	State and County	Enter information as listed on application.
D	Plan of Insurance	Enter information as listed on application.
E	Type or Price Option	Enter information as listed on application.
F	Practice or Insurance Period	Enter information as listed on application.
G	Cause of loss	Insured provided information.
H	Dates that cause of loss occurred	Insured provided information.
I	Units and acreage where a post-application of nitrogen was prevented.	Insured provided information.

Production Report (Continued)

B. Production Report Details (continued)

3 Other Information		
A	Pre-Application Nitrogen Acres Applied	Enter units and acres from the PACE Nitrogen Report where pre-application of nitrogen was applied.
B	Post-Application Nitrogen Acres Prevented	Enter units and acres from the PACE Nitrogen Report where post-application of nitrogen was prevented.
C	Probable Indemnity	See CISH Part 4 Section 15 for Indemnity Calculation Example.
4 Required Statements		
A	Certification Statement	See DSSH, exhibit 2.
B	Privacy Act Statement	See DSSH, exhibit 3.
C	Nondiscrimination Policy Statement	See DSSH, exhibit 4.
5 Required Signatures		
A	Insured's Printed Name, Insured's Signature and Insured's Signature Date	Completed and signed by Applicant/Insured.
B	AIP Verifier's Printed Name, Signature, Code Number and Date	Completed and signed by AIP Verifier.