United States
Department of
Agriculture

Federal Crop
Insurance Corporation

FCIC-24040 (06-2026)

DOCUMENT AND SUPPLEMENTAL STANDARDS HANDBOOK

2027 and Succeeding Crop Years

UNITED STATES DEPARTMENT OF AGRICULTURE
FARM PRODUCTION AND CONSERVATION
RISK MANAGEMENT AGENCY

TITLE: 2027 DOCUMENT AND SUPPLEMENTAL STANDARDS HANDBOOK	**NUMBER: FCIC-24040** **OPI: Product Administration and Standards Division**
EFFECTIVE DATE: 2027 and Succeeding Crop Years	**ISSUE DATE: June 29, 2026**
SUBJECT: **2027 Document and Supplemental Standards Handbook**	**APPROVED:** ***/s/ John W. Underwood* for** **Deputy Administrator for Product Management**

REASON FOR ISSUANCE

This handbook provides the official FCIC-approved form standards and procedures for use in the sale and service of any eligible Federal crop insurance policy; required statements and disclosures; and the standards for submission and review of non-reinsured supplemental policies in accordance with the Standard Reinsurance Agreement for the 2027 and succeeding crop years.

This handbook replaces FCIC-24040-2 Document and Supplemental Standards handbook, dated November 26, 2025, and is effective for all crops with a contract change date of June 30, 2026, or later. This directive is effective on the date issued and will remain in effect until superseded or reissued. RMA will amend this directive to administer programs reinsured by FCIC under authority of the Federal Crop Insurance Act, 7 U.S.C. 1501 et. seq.

SUMMARY OF CHANGES

Listed below are the significant changes to the FCIC-24040 Document and Supplemental Standards Handbook. All changes and additions are highlighted. Minor changes and corrections are not included in this listing. *** are used throughout the handbook to indicate where major deletions occurred. All forms with changes must be modified by December 31, 2026, and are effective for policies with a contract change date on or after the directive's publication.

REFERENCE	DESCRIPTION OF CHANGE
Throughout	Included Oxford commas, capitalized 'Federal' and 'State' as appropriate, and spelled out numbers zero through nine and used numerals for all numbers 10 and above, in accordance with the GPO Style Manual.
Para. 305	Updated the reference to applicable Basic Provisions.
Para. 505	Moved relevant native sod information to Exhibit 24 and reserved Para. for future use.
Para. 601	Included LPRA in the listing of sources that prohibit a company and its affiliates from providing a rebate and included Specific Coverage Endorsement or Quarterly Coverage Endorsement in the example listing.
Para. 602	SRA reference updated.
Para. 604	Added authorized signer to the question related to whether a discloser has authority to act or sign on behalf of an insured. This was added to the same question for all types of disclosers.

SUMMARY OF CHANGES (Continued)

REFERENCE	DESCRIPTION OF CHANGE
Multiple Exhibits	▪ Removed references to 7 CFR § 457.8 or published regulations that have been removed. This affects the following exhibits: 3 - Conservation Compliance - Exception, 24 - Acreage Report, 69 - Marketing Certification. ▪ Updated "by the" to "on or before the" to provide clarity in the date requirement. This affects the following exhibits: 5 - Request for Administrative Reinstatement, 18 - STAX Application, 24 - Acreage Report, 36 - Unit Division Option, 38 - Unit Division by Grid Option, 64 - Irrigated Practice Guidelines.
Exhibit 9	Added authorized signer to question (3).
Exhibit 24	Added language to the acreage report native sod required statement from the native sod required statement in Para. 505 to combine the statements into only one required statement that appears on the acreage report.
Exhibit 51	In the Request Information Section, Item 12(b)(vii) changed Minimum Production Requirement to Production Minimum Requirement. In the Submission Documentation Section, Item 4 changed Crop Provision Minimums to Crop Provision Production Minimum Requirement(s).
Exhibit 57	Added direct market or vertically integrated question to the required questions.

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PART 1: GENERAL INFORMATION AND RESPONSIBILITIES

1 General Information

A. Purpose

The FCIC is a wholly owned government corporation established by the ACT, 7 U.S.C. 1501. Its purpose is to promote the national welfare by improving the economic stability of agriculture through a sound system of crop insurance and providing the means for the research and experience helpful in devising and establishing insurance. RMA is charged with regulation and oversight of the ACT and the administration of the crop insurance program on behalf of FCIC.

This handbook provides the official FCIC-approved standards for use in the sale and service of any eligible crop insurance policy; required statements and disclosures; and the standards for submission and review of NRS in accordance with the SRA for the 2027 and succeeding CYs.

B. Source of Authority

Federal programs enacted by Congress and the regulations and policies developed by RMA, USDA, and other Federal agencies provide the authority for program and administrative operations; and basis for RMA directives. Administration of the Federal crop insurance program is authorized by the following:

(1) the ACT, 7 U.S.C. 1501 et seq.;

(2) The Food Security Act of 1985, 16 U.S.C. 3801 et seq.;

(3) Controlled Substance Act of 1970, 21 U.S.C. 801 et seq.;

(4) PRWORA, 8 U.S.C. 1601 et seq.;

(5) Privacy Act of 1974, 7 U.S.C. 552a;

(6) Freedom to E-File Act, P.L. 106–222;

(7) Agriculture General Administrative Regulation, 7 CFR part 400;

(8) HELC and WC, 7 CFR part 12; and

(9) SRA and LPRA.

C. Title VI of the Civil Rights Act of 1964

The USDA prohibits discrimination against its customers. Title VI of the Civil Rights Act of 1964 provides that "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Therefore, programs and activities that receive Federal financial assistance must operate in a non-discriminatory manner. Also, a recipient of RMA funding may not retaliate against any person because they opposed an unlawful practice or policy, or made charges, testified, or participated in a complaint under Title VI.

It is the AIPs' responsibility to ensure that standards, procedures, methods, and instructions, as authorized by FCIC in the sale and service of crop insurance contracts, are implemented in a manner compliant with Title VI. Information regarding Title VI of the Civil Rights Act of 1964 and the program discrimination complaint process is available on the USDA public website at www.usda.gov/oascr. See Para. 503 for information about the RMA Non-Discrimination Statement.

D. Related Handbooks

The following table provides directives closely related to this handbook. However, other RMA-approved handbooks may reference this handbook when applicable.

Handbook	Relation/Purpose
CIH	This handbook provides the official FCIC-approved underwriting standards for policies administered by AIPs for the General Administrative Regulations, CCIP-BP, and ARPI-BP.
GSH	This handbook provides the official FCIC-approved standards for policies administered by AIPs under the: General Administrative Regulations; CCIP-BP, including the CAT Endorsement; ARPI-BP; STAX; RI; and WFRP.
ITS	This handbook provides the official FCIC-approved standards for use in reporting, administering, and maintaining ITS, identifying and notifying ineligible persons, and implementing RMA and AIP reinstatement.
LAM	This handbook provides the official FCIC-approved general loss adjustment standards for all levels of insurance provided under FCIC unless a publication specifies that none or only specified parts of this handbook apply.
NVS ISH	Provides instructions for administration of the NVS CP.
RI ISH	This handbook provides the official FCIC-approved underwriting, administration, and review standards for the RI plan of insurance.
STAX	This handbook provides the official FCIC-approved standards and procedures for administering STAX.
WAH	This handbook provides the official FCIC-approved standards and criteria for WAs, and instructions for each RMA RO and AIP to process WA requests.
WFRP	This handbook provides the official FCIC-approved information, procedures, and instructions for administering the WFRP program, including Micro Farm.

E. Procedural Issuance Authority

This handbook is written and maintained by:

USDA-Risk Management Agency
Office of Deputy Administrator for Product Management
Product Administration and Standards Division

For applicable RMA Regional or Compliance office contacts referenced throughout this handbook, refer to www.rma.usda.gov/rmalocal#region-state.

F. Procedural Questions

Questions regarding form standards and procedures may be directed to RMA PASD, Underwriting Standards Branch via the PIL or the e-mail addresses as provided in GSH Para. 1G.

G. Acronyms and Abbreviations

See the GSH for applicable acronyms and definitions.

2 Responsibilities

A. AIP Responsibilities

AIPs must develop documents in accordance with RMA standards and other RMA form standard issuances. Upon request, each AIP must provide documents, document completion instructions and applicable computation results to the RMA or any other USDA oversight agency for review of compliance with these and other RMA form standards.

B. RMA Responsibilities

RMA must establish and maintain the DSSH to provide the minimum form standards for the applicable crop insurance documents and provide guidance and clarification to the AIPs as requested.

3 The Privacy Act of 1974

The Privacy Act of 1974, 5 U.S.C. § 552a (Privacy Act), establishes a code of fair information practices that governs the collection, maintenance, use and dissemination of information about individuals that is maintained in systems of records by Federal agencies. A system of records is a group of records under the control of an agency from which information is retrieved by the name of the individual or by some identifier assigned to the individual.

In accordance with the Privacy Act, RMA is authorized by the ACT or other Acts and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA, or by AIPs, that have been approved by the 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.

3 The Privacy Act of 1974 (Continued)

See Para. 501 for information about the RMA Privacy Act statement.

4 Freedom to E-File

The Freedom to E-File Act, P.L. 106–222, requires the USDA to establish an electronic filing and retrieval system to enable producers to file paperwork electronically with USDA.

A. General Information

(1) Sec 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 (see GSH Para. 814 for electronic communication requirements for policy provision changes);

(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 with the Freedom to E-File Act; Sec 3(b).

(2) AIPs are required to comply with the Freedom to E-File Act and provide electronic accessibility to producers.

(a) AIPs are required to establish an E-Business Implementation Plan (EBIP).

(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) AIPs 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, other applicable RMA standards, and in accordance with the AIP established EBIP.

5–200 (Reserved)

PART 2: NON-REINSURED SUPPLEMENTAL CROP INSURANCE POLICIES

201 General Information

An NRS policy is a policy, endorsement, or other risk management tool not reinsured by FCIC under the ACT, that offers additional coverage, other than for loss related to hail. Loss related to hail includes wind and fire coverage for damage associated with a hailstorm.

202 Submission Requirements

Any NRS policy that covers the same agricultural commodity as any policy reinsured by FCIC under the ACT must be provided to RMA. If changes are made to a previously reviewed NRS or five years have lapsed since RMA's review, the NRS must be submitted for review. Failure to provide such NRS policy or endorsement to RMA prior to its issuance shall result in the denial of reinsurance, A&O subsidy, and risk subsidy on all underlying FCIC reinsured policies unless the underlying FCIC policy was sold by another AIP. If the underlying FCIC reinsured policy is sold by another AIP, the AIP that sold the NRS may be required to pay FCIC an amount equal to the reinsurance, A&O subsidy, and risk subsidy on the underlying FCIC policy.

An electronic copy in Microsoft Office compatible format of the new or revised NRS policy and related materials must be submitted at least 150 days prior to the first SCD applicable to the NRS policy. At a minimum, examples that demonstrate how liability and indemnities are calculated under differing scenarios must be included. Electronic copies of the NRS must be sent to the Deputy Administrator for Product Management at DeputyAdministrator@usda.gov.

203 Review of NRS Crop Insurance Policies

The AIP shall not sell an NRS policy unless it has complied with the requirements of 7 CFR § 400.713. RMA shall review the NRS policy to determine whether it materially increases or shifts risk to the underlying policy or plan of insurance, reduces or limits the rights of insured, causes market disruption, provides an impermissible rebate, or is conditioned upon or provides incentive for the purchase of the underlying policy or plan of insurance reinsured by FCIC with a specific agent or approved insurance provider.

(1) RMA will have 75 days to review the policies, provided all information required by RMA is included in the initial submission of the policy package.

(2) The AIP must maintain and make available at the request of FCIC, the underwriting information pertaining to a non-reinsured supplemental 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.

204–300 (Reserved)

PART 3: FORM STANDARDS OPERATING POLICY

301 Form Development

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. The AIP must meet the standards that are set forth in the policies, options and endorsements as issued by RMA.

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. AIPs may develop additional forms based upon their internal needs, such as electronic transfer of funds.

Form standards not contained in the DSSH may be in other RMA handbooks such as the Crop LASHs, WAH, and other applicable issuances approved by RMA. Section 508(h) private product submissions or pilot programs approved by the FCIC Board of Directors may also specify form standards. Any forms developed in accordance with form standards from other directives must also adhere to this Part and Part 4, as applicable.

302 Substantive versus Non-Substantive

Form standards are required to contain all items identified as "Substantive" unless not authorized by a specific policy. See the exhibits to this handbook for specific form requirements. Form standards provided in other handbooks are considered "Substantive" unless otherwise noted. Items identified as "Non-Substantive" are not required but are recommended forms standards that may be included on the form at the AIPs discretion.

303 Combined Form Standards

AIPs, at their election, may combine two or more forms. 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.

304 Signatures

The AIP has the discretion of using "printed name," "name," or some other variation on a form where a signature and a printed name is substantive.

305 Interest Rates

Any form standards containing an interest rate for unpaid payment amounts cannot be higher than the rates provided in the applicable BP.

306 Required Statements

Unless otherwise indicated, required statements pertain to all insurance policies administered under the SRA, not only to those standards that appear in this handbook. All required statements must appear verbatim on the AIP-generated form unless otherwise noted. See Parts 5 and 6 for applicable required statements and disclosures.

If a person refuses to acknowledge required statements, then the AIP representative should annotate such refusal; affix the AIP Representative's printed name and signature, and the time and date to the form where such statement(s) have been refused.

307–400 (Reserved)

PART 4: GENERAL FORM STANDARDS

401 Form Style

A. Format

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.

B. Form Title

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.

C. Font Size

The text for all documents should be developed with an eight-point font size when possible; however, font size shall not be less than six-point. This will assist the applicants/insureds in reading documents presented to them.

D. Page Numbering

If multiple pages are required for a particular form each page must be numbered as follows:

"Page __of __."

E. Required Statements

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.

402 Identification Numbers

Identification numbers include SSN, EIN, or RAN.

A. Form Completion Instructions

Form completion instructions must:

(1) provide instruction to enter the appropriate identification number;

(2) provide instruction to enter the correct identification number type; and

(3) provide the applicant/insured the opportunity to verify that their reported identification number is correct.

B. Masking

Masking, also called "truncating," results in the nine-digit identification number being displayed as XXXXX1234, XX-XXX1234, XXX-XX-1234, or other variation on AIP-generated forms for security.

AIPs must mask the identification number on AIP-generated forms containing an identification number. This includes, but is not limited to, forms generated for such purposes as loss adjustment and underwriting reviews. The identification number must not be masked when reported by the person providing the identification number.

AIP must provide unmasked data when a Policy Transfer/Application from one AIP to another AIP to verify correct policy information.

If the identification number is unmasked in order to provide the applicant/insured an opportunity to verify whether the identification number, or to assist in a transfer, is true and accurate, the AIP must employ a method of protecting such number.

C. Identification Number Type on Forms

Must contain the following, check one:

□ SSN

□ EIN

□ RAN

AIPs may use an alternate format for allowing the identification number type provided all identification number types are present (SSN/EIN/RAN).

403 Person Types

Form completion procedures must provide instructions to enter the specific person type, not the SRA Appendix III entity type code. This entry is verified for accuracy during applicable RMA, USDA oversight agencies, or AIP reviews and during loss adjustment. See Part 2 of the GSH for person type descriptions and see also SRA Appendix III for applicable entity type codes.

404 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 are required on each individual form unless it is collected on the Social Security Number and Employee Identification Number Reporting form (see Exhibit 23).

405 Agent/Loss Adjuster Code

If an AIP assigns a code for its agent or loss adjuster, that code is "Substantive." The assigned code number cannot be the individual's SSN or a variation thereof. The code number is required to be completed on the applicable form, as follows:

I.B. Agent	06/01/2018	12RMA34
(Agent's Signature)	(Date)	(Code Number)

406 State and County Name

The entry for "State and County" must be the State and county name where insurance attaches. Form completion procedures must provide this information.

407 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 where required on an individual form:

(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.

Note: This exception does not circumvent the requirement for the Agent's company name and address to be provided where indicated on the form as substantive.

408 Street and/or Mailing Address

"Street and/or Mailing Address" are substantive items as indicated by the applicable form standard. When the street and mailing addresses are different, only the mailing address is the required entry.

409 City, State, Zip Code

"City," "State," and "Zip Code" are substantive items as indicated by the applicable form standard when these items or the form requires "Street and/or Mailing Address." The AIP has discretion of whether to add these items as independent form entries or provide instruction that the "Street and/or Mailing address" form entry includes the "City, State, and Zip Code" as appropriate.

410 Added County Election

Guidelines to administer this election are found in the GSH.

If AIPs elect to include this option on the Application, one of the following combination of statements from (1) and the statement from (2) must appear on the Application as "Substantive":

(1) Nationwide Statement only (a), Nationwide and Current State Statements (a) and (c), Limited States Statement only (b), Limited States and Current State Statements (b) and (c), Current State Statement only (c).

(a) Nationwide Statement "□ 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."

(b) Limited States Statement "□ 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 States where the crops are insurable, and [AIP] is an approved insurance provider."

(c) Current State Statement "□ 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."

(2) "If your designated plan of insurance, level of coverage or price is not available in the added county, coverage will be provided through the Catastrophic Risk Protection Endorsement, if the crop is insurable in the actuarial documents for an added county."

411 Landlord/Tenant Insuring Other's Share

Insuring a landlord/tenant is on a policy basis. The form must clearly state the tenant will insure the landlord's share or landlord will insure the tenant's share. 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. AIPs may use the alternate language with the form's completion instructions providing explanations. Guidelines are found in the GSH.

Suggested formats (Substantive):

(1) "Is applicant insuring the tenant's share?" "Yes □ No □"

"Is applicant insuring the landlord's share?" "Yes □ No □"; or

(2) "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

(3) Enter statement in the Remarks section that landlord/tenant is insuring the other's share under the crop policy.

412 Price Election

When Price Election appears on the Application, it must be clearly indicated if "Additional Price or Established Price" is elected.

Price Election may be shown as "Price times Price Election Percentage," or in aggregate. If shown in aggregate, form completion standards must explain "Price times Price Election Percentage."

413 Options, Elections, or Endorsements

The policy may authorize options, elections and endorsements that require an insured to elect, add, exclude, or otherwise modify coverage. If a form is specifically developed for (or a form is specifically modified to capture) an option, election, or endorsement, it must be used by the AIP.

Otherwise, AIPs must use the following forms for an insured to elect, add, exclude, or otherwise modify coverage.

(1) Required on or before the SCD, AIPs must use the Application or the Policy Change form.

(2) Required on or before the ARD or PRD, AIPs must use the Policy Change form.

414 Actuarial Fields

The actuarial documents and RMA processing systems include the following subfields under Type and Practice.

(1) Type (Substantive)

(a) Commodity Type (Non-Substantive)

(b) Class (Non-Substantive)

(c) Subclass (Non-Substantive)

(d) Intended Use (Non-Substantive)

(2) Practice (Substantive)

(a) Irrigation Practice (Non-Substantive)

(b) Cropping Practice (Non-Substantive)

(c) Organic Practice (Non-Substantive)

(d) Interval (Non-Substantive)

AIPs may add the additional Type and Practice fields to the applicable forms requiring the Type/Practice information; however, this is a non-substantive requirement. If AIPs choose to include these on the applicable form, the Type/Practice information must be developed to reflect the following:

Type: Commodity Type	Type: Class	Type: Subclass	Type: Intended Use	Practice: Irrigation Practice	Practice: Cropping Practice	Practice: Organic Practice	Practice: Interval

415–500 (Reserved)

PART 5: GENERAL REQUIRED STATEMENTS AND DISCLOSURES

501 RMA Privacy Act Statement - Collection of Information and Data

The Privacy Act prohibits the disclosure of Protected Information absent the written consent of the individual. The Privacy Act statement is required for agents, loss adjusters and policyholders. This statement must be included on any form the person signs and a copy maintained by the AIP.

Protected Information includes, but is not limited to, any personally identifiable information about a policyholder, agent, or loss adjuster; and information about the policyholder's farming operation or insurance policy. Such information is generally acquired from the policyholder, agent or loss adjuster, USDA, CIMS, or the insured's previous or current AIP or agent that is protected from disclosure by the Privacy Act, section 502(c) of the ACT, or any other applicable statute. This includes all hard copy or electronic information (see also Para. 603).

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 at the time of collection. This process must be completed for each document that requires the Privacy Act statement. The AIP must be able to substantiate the statement was provided in accordance with the Privacy Act. If the AIP can substantiate with legal sufficiency the insured received and acknowledged these required statements by an alternative method, then such method is acceptable.

Required Statement:

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.

502 RMA Certification Statement

The certification statement must be included on any form that the person signs which collects information from the person, such as the Application, Acreage Report, etc. The certification statement is not applicable to appraisal worksheets.

502 RMA Certification Statement (Continued)

If a form standard contains a modified certification statement, such as the Individual Conflict of Interest Disclosure, this certification statement is not required, unless otherwise noted by the form standards.

Required 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).

503 RMA Non-Discrimination Statement

It is the AIP's responsibility to ensure that standards, procedures, methods, and instructions, as authorized by FCIC in the sale and service of crop insurance contracts, are implemented in a manner compliant with Title VI. The non-discrimination statement 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. Additionally, applicable AIP marketing materials must also include a non-discrimination statement. The RMA and USDA Non-Discrimination Statement is available on the RMA public website at:

(1) RMA Non-Discrimination Statement: www.rma.usda.gov/about-rma/website-policies-important-links/nondiscrimination-statement

(2) USDA Non-Discrimination Statement: www.usda.gov/non-discrimination-statement

A. General

The non-discrimination statement shall be posted in AIP and agent offices, on websites, forms and in newsletters and advertisements. Additionally, all materials released to the public for distribution, including fact sheets, brochures, and any Federal crop insurance related materials must include the non-discrimination statement.

B. Forms

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

B. Forms (Continued)

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

C. AIP Marketing Materials

The following statement will be used on the AIP marketing materials: "The [Company] is an equal opportunity provider." or "[Recipient's Organization name] is an equal opportunity provider." and "In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident."

Exceptions will only be made if the size of the material is too small to include the full statement. The font size shall be the same for the following statement regardless: "[T]his institution is an equal opportunity provider" or "[AIP Name] is an equal opportunity provider."

504 USDA Multiple Benefit Statement

AIPs must include the Multiple Benefit Statement on the acreage report.

Required Statement:

I understand that obtaining multiple Federal benefits for the same loss, such as a Noninsured Crop Disaster Assistance Program (NAP) payment(s) and a Federal crop insurance indemnity, is prohibited by law. I certify that I have or will disclose any other USDA benefit; including any NAP benefit, received for this crop. Failure to disclose the receipt of multiple Federal benefits, or failure to repay one of the multiple Federal benefits such as either the NAP benefit or the Federal crop insurance indemnity for the same crop, may result in my being disqualified from receiving Federal crop insurance benefits, as well as being ineligible for various programs administered by the Farm Service Agency for up to five (5) years.

505 (Reserved)

506 Conservation Compliance - Exception

A person (individual or legal entity) that began farming for the first time during the reinsurance year, must sign the applicable conservation compliance certification statement to be eligible for this one-time exception (see Exhibit 3).

The certification statement must be signed by the later of the premium billing date or 60 days after a transfer is approved for transferees who are the beneficiaries of a Transfer of Coverage and Right to Indemnity or because of death, disappearance, or determined judicially incompetent.

The AIP must advise the insured that in order to qualify for the exemption, the insured is required to sign one of the applicable conservation compliance certification statements to qualify for the exemption. AIPs must maintain the signed certification statement in accordance with SRA record retention requirements.

507 Conditions of Acceptance Statement

The Application is accepted and insurance attaches in accordance with the policy unless:

(1) FCIC determines that, in accordance with the regulations, the risk is excessive;

(2) any material fact is omitted, concealed, or misrepresented in the Application or in the submission of the Application;

(3) the applicant failed to provide complete and accurate information required by the Application; or

(4) an affirmative answer to any question appearing on the Conditions of Acceptance form.

See Exhibit 4.

508–600 (Reserved)

PART 6: AIP REQUIRED STATEMENTS AND DISCLOSURES

601 Anti-Rebating Certification Statement

In accordance with Sec 508(a)(9) of the ACT, the SRA, and the LPRA, a company and its affiliates are prohibited from providing a rebate, except as authorized in Sec 508(a)(9)(B). For more information regarding rebates, contact RMA Reinsurance Services Division.

The Anti-Rebating Certification is an individual certification of the applicant/insured and the agent required at the time liability is established. This certification is required for each crop year for the crop or crops contained on the Application associated with the policy number. Furthermore, the agent is the agent who accepts and signs the applicable form in which liability is established. The time liability is established is the time specified by the applicable policy, e.g., at acreage reporting time, or the effective date of a Specific Coverage Endorsement or Quarterly Coverage Endorsement, etc. (see Exhibit 6).

602 Covenant Not to Sue Statement (Covenant)

As defined in Sec 1 of the SRA, before an agent is allowed to act on behalf of an AIP with respect to the sales or service of eligible crop insurance contracts, the AIP must obtain from such agent the written acknowledgement referred to in Sec III(a) of the SRA.

If the agent fails to sign written acknowledgement to the Covenant by the deadline, any policies sold or serviced by such agent will be denied reinsurance by RMA. Below is an example of the Covenant for use by the AIP, or any other Covenant utilized by the AIP which meets the standards required by Section III(a) of the SRA is acceptable.

Example Statement:

"Section III(a)(2)(L) of the Standard Reinsurance Agreement ("SRA") obligates us, [INSERT COMPANY NAME], to covenant not to sue the Federal Crop Insurance Corporation, Risk Management Agency, United States Department of Agriculture, or any officer, agent, or director thereof (collectively, "FCIC") in any judicial or administrative proceeding, or not to assist any third party that has instituted or filed any such proceeding, challenging the legality of the terms and conditions of the SRA Section III(a). Section III(a)(2)(L) also obligates us [Insert name of the Company] to obtain the following acknowledgement from you.

I agree to be and am bound by the above-stated covenant not to sue given to FCIC by you [INSERT COMPANY NAME] regarding the terms and conditions of Section III(a)."

602 Covenant Not to Sue Statement (Covenant) (Continued)

A. Incorporation

To the extent that an AIP has contracts with individual agents, the Covenant Not to Sue Statement (Covenant) must be incorporated into or appended to such contracts. If written acknowledgement was incorporated or appended to an agency contract covering multiple agents, it does not meet the requirement of Sec III(a)(2)(L) of the SRA, unless such acknowledgement is signed individually by each agent within the agency.

The AIP is not required to certify to RMA that it has obtained written acknowledgement from each agent. However, AIPs will be required to provide RMA a copy of such acknowledgement for any agent upon request.

B. Prior Reinsurance Year Covenant Acknowledgements

If existing Covenant acknowledgements executed in previous reinsurance years did not have specific references, or any other terminology that would limit its effect to the previous reinsurance year only, such acknowledgement may be considered effective for future reinsurance years.

However, if existing acknowledgements of the Covenant have a reinsurance year limitation, then a new acknowledgement without the reinsurance year limitation must be executed by the agent. If an agent executes or has previously executed an acknowledgement of the Covenant with no date limitation, then no other acknowledgement is needed as long as the executed acknowledgement is provided to each AIP for which the agent acts.

603 Non-Disclosure Statements (NDS)

A. AIP Annual Certification for Affiliates/Contractors

AIPs must notify contractors and affiliates regarding the requirement that all persons employed by or having a contract with the contractor or affiliate must have a signed NDS prior to obtaining access to Protected Information. By April 1, prior to the start of the reinsurance year, an AIP must obtain an Annual Certification from each of its contractors and affiliates certifying the respective contractor or affiliate has obtained an NDS from each person who has access to any Protected Information and who is employed by or has a contract with the contractor or the affiliate.

The certification must be signed and witnessed by an officer of the affiliate or contractor. The following statement must accompany the AIP Annual Certification to RMA:

“I hereby certify that [INSERT THE NAME OF THE AFFILIATE OR CONTRACTOR] has reviewed its files and, as of [INSERT DATE REVIEW WAS COMPLETED], all employees or other persons having access to Protected Information have signed a non-disclosure statement.”

B. AIP Annual Certification to RMA

Annual Certification is required to ensure any new employee or other person having access to Protected Information has signed and executed an NDS. The AIP must provide an Annual Certification to RMA:

(1) an NDS exists from all persons who have access to any Protected Information and who are employed by or have a contract with the AIP; and

(2) in the case of persons employed by a contractor or affiliate, has obtained a certification from the contractor or affiliate that they have obtained an NDS from their employees with access to Protected Information.

The following certification must be signed by an officer of the AIP:

"I hereby certify that [INSERT AIP NAME] has reviewed its files and as of [INSERT DATE REVIEW WAS COMPLETED], all employees or other persons having access to Protected Information have signed a non-disclosure statement and all affiliates and contractors have certified that their employees and other persons having access to Protected Information have signed non-disclosure statements."

The AIP must provide this certification with the annual Plan of Operations, which is due no later than April 1 prior to the start of the reinsurance year and emailed to the assigned Reinsurance Services Division Account Executive for the AIP.

AIPs and their contractors and affiliates may use electronic versions of the NDS form which incorporate either a digital signature or an authentication system to properly identify the submitter. Electronic records of signed or authenticated NDSs must be retained by the respective AIP, contractor, or affiliate and be available for inspection. Additionally, Para. 402 applies, see also Exhibit 7.

C. Individual Certification

All persons who have executed an acceptable NDS will be provided access to Protected Information. If a person employed by or having a contract with the AIP has previously executed an NDS with another AIP, that person must either:

(1) submit a copy of the original NDS to the AIP; or

(2) sign and submit a new NDS to the current AIP.

If a new NDS is properly executed, the original NDS with the previous AIP is nullified. The AIP must maintain copies of all such NDSs and make the documents available for inspection (see Exhibit 8).

All agents, loss adjusters, employees, and affiliates must submit an executed COI Disclosure Statement by the earliest applicable acreage reporting date. Any changes to a COI Disclosure Statement previously submitted in accordance with these procedures must be submitted within 15 days of entering a relationship requiring disclosure.

For each reinsurance year after the first disclosure, the form may contain a statement that allows the discloser to certify that no previously disclosed information has changed from the information contained in the previous year's disclosure. At the AIP's discretion, the COI may include additional information. When a revised COI is released or issued by RMA, all agents, loss adjusters, employees, and affiliates must submit a new COI in accordance with the terms and conditions of the newly issued statement.

When a claim is filed, the eligible crop insurance contracts associated with the discloser must be identified and the AIP must ensure that the mandatory reviews indicated on the COI reports provided by RMA are conducted. Agents are not permitted to assist the adjuster or assist the insured in any manner regarding preparation of the claim, including without limitation, providing production by unit for use in completing the MPCI claim forms. The agent is prohibited from accompanying the loss adjuster to the field during MPCI claim activities. Elective reviews may be conducted by the AIP on other business, financial, legal, or familial relationships not identified on the COI reports provided by RMA. The chart provides a general reference guide (see also Exhibit 9).

A. When the discloser is an Agent:

Positive Responses to Questions in Disclosure	Prohibited Activity
Discloser performs both agent and loss adjustment activities, possibly for different AIPs.	AIP must ensure the Agent does NOT perform loss adjustment activities in same or adjoining counties as those in which the agent performs sales activities, regardless of whether contracted with the AIP or another AIP.
Discloser has a share in a crop insured under any eligible crop insurance policy insured by the AIP.	Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.
Discloser has a relative with an SBI in any insurance policy insured by the AIP.	Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.
Discloser has power of attorney to act on behalf of an insured, is an authorized representative of an insured, or an authorized signer on any eligible crop insurance policy insured by the AIP.	The agent shall NOT perform those tasks in the loss adjustment process on behalf of an insured that are prohibited as specified by the GSH and SRA.

A. When the discloser is an Agent: (Continued)

Positive Responses to Questions in Disclosure	Prohibited Activity
Discloser has an ownership interest in a business (excluding stock in public corporations or entities in which the discloser owns less than a 10 percent interest) with any insured by the AIP.	Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.
Discloser has a rental or leasing arrangement for land, buildings, or equipment with any insured.	Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.
Discloser is an owner/operator of a business or a commission-based employee of a business, that provides goods or services related to farming operations (custom farming, tractor sales, etc., but excluding insurance services) for which the discloser receives revenue as the owner/operator or a direct commission as an employee with respect to any insured whose policy the discloser services for the AIP.	Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.
Discloser is an owner/operator of a business or a commission-based employee of a business, that provides goods or services not related to farming operations, excluding insurance services, for which the discloser receives revenue as the owner/operator or direct commission as an employee with respect to any insured whose policy the discloser services for the AIP.	Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.
Discloser is a financial institution employee and part of the approval decision-making process of financial arrangements for any insured by the AIP.	Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.
Discloser has an agent compensation, barter, or financial arrangement (excluding those reported under question 8., see Exh. 9) with any insured by the AIP.	Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.

A. When the discloser is an Agent: (Continued)

Positive Responses to Questions in Disclosure	Prohibited Activity
Discloser has a business, familial, financial, or legal relationship that has not been identified above with any insured by the AIP.	Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.

B. When the discloser is an Adjuster:

Positive Responses to Questions in Disclosure	Prohibited Activity
Discloser performs both agent and loss adjustment activities, possibly for different AIPs.	AIP must ensure the Adjuster does NOT perform loss adjustment activities in same or adjoining counties as those in which the adjuster performs sales activities, regardless of whether contracted with the AIP or another AIP.
Discloser has a share in a crop insured under any eligible crop insurance policy insured by the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.
Discloser has a relative with an SBI in any insurance policy insured by the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.
Discloser has power of attorney to act on behalf of an insured, is an authorized representative of an insured, or an authorized signer on any eligible crop insurance policy insured by the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.
Discloser has an ownership interest in a business (excluding stock in public corporations or entities in which the discloser owns less than a 10 percent interest) with any insured by the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.
Discloser has a rental or leasing arrangement for land, buildings, or equipment with any insured.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.
Discloser is an owner/operator of a business or a commission-based employee of a business, that provides goods or services related to farming operations (custom farming, tractor sales, etc., but excluding insurance services) for which the discloser receives revenue as the owner/operator or a direct commission as an employee with respect to any insured whose policy the discloser services for the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.

B. When the discloser is an Adjuster: (Continued)

Discloser is a financial institution employee and part of the approval decision-making process of financial arrangements for any insured by the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.
Discloser has a business, familial, financial, or legal relationship that has not been identified above with any insured by the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.
Discloser has a relative who works with the Federal crop insurance program for the AIP or any of its affiliates.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.

C. When the discloser is an employee who performs underwriting or loss adjustment activities for the AIP:

Positive Responses to Questions in Disclosure	Prohibited Activity
Discloser performs both agent and loss adjustment activities, possibly for different AIPs.	AIP must ensure the Employee does NOT perform both sales and loss adjustment activities in same or adjoining counties, regardless of whether contracted with the AIP or another AIP. The agent is not permitted to assist the adjuster or the insured in preparation of a claim. The agent is prohibited from accompanying the loss adjuster to the field during claim activities.
Discloser has a share in a crop insured under any eligible crop insurance policy insured by the AIP.	Prohibited from involvement in the acceptance and verification of underwriting data or processing and verification of claim data on the associated crop insurance policy.
Discloser has a relative with an SBI in any insurance policy insured by the AIP.	Prohibited from involvement in the acceptance and verification of underwriting data or processing and verification of claim data on the associated crop insurance policy.
Discloser has power of attorney to act on behalf of an insured, is an authorized representative of an insured, or an authorized signer on any eligible crop insurance policy insured by the AIP.	Prohibited from involvement in the acceptance and verification of underwriting data or processing and verification of claim data on the associated crop insurance policy.
Discloser has an ownership interest in a business (excluding stock in public corporations or entities in which the discloser owns less than a 10 percent interest) with any insured by the AIP.	Prohibited from involvement in the acceptance and verification of underwriting data or processing and verification of claim data on the associated crop insurance policy.

C. When the discloser is an employee who performs underwriting or loss…(Continued)

Positive Responses to Questions in Disclosure	Prohibited Activity
Discloser has a rental or leasing arrangement for land, buildings, or equipment with any insured by the AIP.	Prohibited from involvement in the acceptance and verification of underwriting data or processing and verification of claim data on the associated crop insurance policy.
Discloser is an owner/operator of a business or a commission-based employee of a business, that provides goods or services related to farming operations (custom farming, tractor sales, etc., but excluding insurance services) for which the discloser receives revenue as the owner/operator or a direct commission as an employee with respect to any insured whose policy the discloser services for the AIP.	Prohibited from involvement in the acceptance and verification of underwriting data or processing and verification of claim data on the associated crop insurance policy.
Discloser is an owner/operator of a business or a commission-based employee of a business, that provides goods or services not related to farming operations, excluding insurance services, for which the discloser receives revenue as the owner/operator or direct commission as an employee with respect to any insured whose policy the discloser services for the AIP.	Prohibited from involvement in the acceptance and verification of underwriting data or processing and verification of claim data on the associated crop insurance policy.
Discloser is a financial institution employee and part of the approval decision-making process of financial arrangements for any insured by the AIP.	Prohibited from involvement in the acceptance and verification of underwriting data or processing and verification of claim data on the associated crop insurance policy.
Discloser has an agent compensation, barter, or financial arrangement (excluding those reported under question 8, see Exh 9) with any insured by the AIP.	Prohibited from involvement in the acceptance and verification of underwriting data or processing and verification of claim data on the associated crop insurance policy.
Discloser has a business, familial, financial, or legal relationship that has not been identified above with any insured by the AIP.	Prohibited from involvement in the acceptance and verification of underwriting data or processing and verification of claim data on the associated crop insurance policy.
Discloser has a relative who works with the Federal crop insurance program for the AIP or any of its affiliates.	Prohibited from involvement in the acceptance and verification of underwriting data or processing and verification of claim data on the associated crop insurance policy.

A. General Information

Sec 508(a)(10) of the ACT prohibits an individual from receiving compensation for the sale and service of a policy or plan of insurance, if the total compensation to be paid to the individual for policies in which the individual or an immediate family member has a substantial beneficial interest exceeds 30 percent of the total compensation for the sale and service of all policies or plans of insurance under the ACT, or a lesser percentage, if the respective State has a lower limit for controlled business. Immediate Family Member is defined in the GSH.

AIPs must ensure that all individuals, including subagents, receiving compensation (including any salary commission, profit sharing, bonus, or any other direct or indirect benefit) for the sales and service of FCIC policies or plans of insurance through the AIP or any AIP affiliated entity have timely access to the certification form and have had a reasonable opportunity to complete and return the form to the AIP prior to 90 days following the annual settlement date for the reinsurance year. All certifications are to be retained by the AIP or its affiliate and not sent to RMA.

AIPs may use electronic versions of the certification forms that incorporate either a digital signature or an authentication system to properly identify the submitter. Electronic records of signed or authenticated certification forms must be retained by the respective AIP and be available for inspection.

If an AIP began collecting certification using procedures that differ from those below, the AIP must notify Reinsurance Services Division at the address listed in Para. 605E.

B. Compensation More than 30 Percent - Immediate Family Policies

If the amount of compensation to which the individual is entitled under its contract with the AIP or affiliate would result in the agent receiving more than 30 percent from immediate family polices, the individual is in violation of Sec 508(a)(10). An individual in violation cannot:

(1) pay back an amount necessary to be in compliance;

(2) defer payments to determine whether they will violate the provision; or

(3) take any other action to adjust the individual's compensation owed under the contract with the AIP or affiliate.

An individual in violation of Sec 508(a)(10) will be subject to disqualification and civil fines under the procedures implementing Sec 515(h) of the ACT, and any other procedures approved by RMA implementing Sec 515(h). The gravity of the violation by the individual will determine whether a sanction is imposed and if so, the type and amount.

C. Individual Annual Certification to AIP or Affiliate

An individual subject to the certification requirement of the ACT must submit an annual certification to each AIP with which they have an affiliation or from which they have received compensation; however, certification concerns the aggregate of all direct and indirect compensation from all AIPs with which the individual may have an affiliation.

C. Individual Annual Certification to AIP or Affiliate (Continued)

Example: An agent may write FCIC policies for three AIPs but have family members with substantial beneficial interests in policies written with one of the AIPs. Such an agent would be required to answer affirmatively to receiving compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit) for the sale or service of policies or plans of insurance reinsured by FCIC for which the agent's immediate family member has a substantially beneficial interest.

D. Salary and Compensation

Salary compensation must not be treated differently than commission or the percentage of compensation received from policies. Salary compensation shall be determined by:

(1) dividing the individual's salary by the total amount of premium written by the individual;

(2) multiplying the result of (1) by the amount of total premium from the policies in which the individual and any immediate family member(s) have a substantially beneficial interest; and

(3) dividing the results of (2) by the total premium written by the individual.

E. Controlled Business Notification to RMA

Within 120 days following the annual settlement date for the reinsurance year, AIPs must notify RMA, from among all individuals who have received compensation (including any commission, profit sharing, bonus, or any other direct or indirect benefit) for the sales and service of an FCIC policy or plan of insurance, any specific individuals who either:

(1) have not certified to the AIP by properly completing and returning a signed form to the AIP for the reinsurance year; or

(2) have answered affirmatively to receiving compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit), for the sale or service of policies or plans of insurance reinsured by FCIC for which the individual or the individual's immediate family member have a substantial beneficial interest.

This notification must be emailed to the assigned Reinsurance Services Division Account Executive for the AIP.

F. Individual Controlled Business Certification

If the AIP is collecting all of the Individual Controlled Business Certification forms, the AIP must certify to RMA that it has collected all forms from those individuals required to submit an Individual Controlled Business Certification (see Exhibit 10).

G. Affiliate Controlled Business Certification

An Affiliate Controlled Business Certification is required if an affiliate is responsible for collecting the individual certifications on behalf of the AIP (see Exhibit 11). The AIP is not required to obtain a copy of the individual certifications if they have received the affiliate certification form for those individuals. The affiliate must retain the individual certifications for which they are certifying receipt.

606–700 (Reserved)

FORM STANDARD EXHIBITS

Exhibit 1 (Reserved)

Exhibit 3 Conservation Compliance - Exception

For the purposes of the conservation compliance statements, "farmed" means engaging in farming activities as an owner, operator, tenant, or sharecropper and excludes others who do not meet these requirements such as persons who solely participated in a farming operation as laborers or equipment operators. Information about identifying and transmitting data regarding persons who meet this exception is available in Appendix III. Each certification statement must be on a separate form, unless the AIP elects to combine forms.

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Applicant/Insured Name"	Substantive
2	"Policy Number"	Substantive
3	"Agent's Name"	Substantive
4	"Agent Code Number"	Substantive
5	"Crop Year"	Substantive
6	"Check One □ A □ B □ C □ D" **Note:** Although a person may select any statement that is applicable, the person must only select one certification statement. These standards represent an all-in-one form.	Substantive/ Non-Substantive

B. Conservation Compliance Statement - Statement A

The following statement applies to either an individual that has not previously farmed preceding the applicable reinsurance year or a legal entity in which none of the legal entity's SBIs have previously farmed preceding the applicable reinsurance year.

Item #	Element	Substantive/ Non-Substantive
Statement A	"By signing below, I certify that: 1. I (name of individual or name of legal entity), hereafter referred to as the policyholder, began farming for the first time on (month and day), 20__; 2. The policyholder, if an individual, had no interest, as an individual or legal entity, in any land or commodity subject to the Highly Erodible Land Conservation (HELC) or Wetland Conservation (WC) provisions prior to the date contained in paragraph (1); 3. The policyholder, if a legal entity, has no substantial beneficial interest holders, as defined in section 1 of the Common Crop Insurance Policy Basic Provisions, that farmed prior to the date contained in paragraph (1);" ***	Substantive

B. Conservation Compliance Statement - Statement A (Continued)

Item #	Element	Substantive/ Non-Substantive
Statement A (Cont.)	"4. The policyholder had no substantial beneficial interest, as defined in 7 CFR Part 400, in any person who was subject to the HELC or WC provisions prior to the date contained in paragraph (1); 5. The policyholder understands the Risk Management Agency and the Farm Service Agency may review historical records to determine prior participation in any USDA program or prior interest in any land, crop or person that was subject to the HELC or WC provisions; 6. The policyholder understands that if this certification is determined to be false, the policyholder will be subject to sanctions under the policy, including but not limited to voidance of the policy, and the policyholder may be subject to 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)."	Substantive

C. Conservation Compliance Statement - Statement B

The following statement applies to a newly formed legal entity in which at least one of the legal entity's SBIs has farmed preceding the applicable reinsurance year. For a newly formed legal entity to qualify for this exception, the legal entity must have been created for legitimate business purposes.

Item #	Element	Substantive/ Non-Substantive
Statement B	"By signing below, I, (name of individual), on behalf of (name of legal entity), hereafter referred to as the policyholder, certify that: 1. At least one substantial beneficial interest holder, as defined in section 1 of the Common Crop Insurance Policy Basic Provisions, in the legal entity has farmed prior to signing this certification;" *** "2. The policyholder began farming for the first time on (month and day), 20__; 3. The policyholder was organized as a legal entity such as a joint venture, partnership, corporation, etc., for legitimate business reasons such that its assets and liabilities generate economic value regardless of USDA program benefits, and not to avoid legal mandates regarding USDA program benefits including, but not limited to, Highly Erodible Land Conservation (HELC) or Wetland Conservation (WC) provisions;	Substantive

C. Conservation Compliance Statement - Statement B (Continued)

Item #	Element	Substantive/ Non-Substantive
Statement B (Cont.)	4. The policyholder understands the Risk Management Agency and the Farm Service Agency may review historical records to determine prior participation in any USDA program or prior interest in any land, crop or person that was subject to the HELC or WC provisions; and 5. The policyholder understands that if this certification is determined to be false, the policyholder will be subject to sanctions under the policy(s), including but not limited to voidance of the policy(s), and the policyholder may be subject to 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)."	Substantive

D. Conservation Compliance Statement - Statement C

The following statement applies to either an individual or legal entity that has never participated in a USDA benefit program subject to the HELC or WC provisions, did not participate in Federal crop insurance in the 2015 or subsequent reinsurance years as applicable, and has no prior interest in land subject to HELC or WC provisions. In addition, the person cannot have an SBI or be an SBI who participated in Federal crop insurance in the 2015 or subsequent reinsurance years, or in any other USDA benefit program(s) subject to the HELC or WC provisions. Persons who received notification from the Risk Management Agency or the Farm Service Agency that form AD-1026 may not be on file with USDA are not eligible for this exception.

Item #	Element	Substantive/ Non-Substantive
Statement C	"By signing below, I certify that: 1. I (name of individual or name of legal entity), hereafter referred to as the policyholder, have never participated in any USDA benefit program(s) subject to the Highly Erodible Land Conservation (HELC) or Wetland Conservation (WC) provisions; 2. The policyholder has not participated in the Federal crop insurance program in the 2015, or subsequent reinsurance years prior to signing this certification; 3. The policyholder, if an individual, had no prior interest, as an individual or legal entity, in any land or commodity subject to the HELC or WC provisions;	Substantive

D. Conservation Compliance Statement - Statement C (Continued)

Item #	Element	Substantive/ Non-Substantive
Statement C (Cont.)	4. The policyholder has no substantial beneficial interest holder, as defined in section 1 of the Common Crop Insurance Policy Basic Provisions, who participated in the Federal crop insurance program in the 2015 or subsequent reinsurance years prior to signing this certification, or in any other USDA benefit program(s) subject to the HELC or WC provisions prior to signing this certification;" *** "5. The policyholder had no substantial beneficial interest, as defined in section 1 of the Common Crop Insurance Policy Basic Provisions, in any person who participated in Federal crop insurance in the 2015 or subsequent reinsurance years prior to signing this certification, or who was subject to the HELC or WC provisions prior to signing this certification;" *** "6. The policyholder has not received notification from the Risk Management Agency or the Farm Service Agency that form AD-1026 may not be on file with USDA certifying compliance with the highly erodible land conservation HELC and WC provisions; 7. The policyholder understands the Risk Management Agency and the Farm Service Agency may review historical records to determine prior participation in any USDA program(s), including Federal crop insurance, or prior interest in any land, crop or person who participated in Federal crop insurance or who was subject to the HELC or WC provisions; and 8. The policyholder understands that if this certification is determined to be false, the policyholder will be subject to sanctions under the policy, including but not limited to voidance of the policy, and the policyholder may be subject to 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)."	Substantive

E. Conservation Compliance Statement - Statement D

The following statement applies to an individual (including a spouse) who may or may not have been part of another legal entity engaged in farming preceding the applicable reinsurance year, who was an SBI to a policyholder subject to the HELC or WC provisions, but who was not required to complete an AD-1026 by FSA as an affiliated person on or prior to the beginning of the reinsurance year. Persons who received notification from the Risk Management Agency or the Farm Service Agency that form AD-1026 may not be on file with USDA are not eligible for this exception.

E. Conservation Compliance Statement - Statement D (Continued)

Item #	Element	Substantive/ Non-Substantive
Statement D	"By signing below, I certify that: 1. I (name of individual), hereafter referred to as the policyholder, began farming as an individual for the first time on (month and day), 20__; 2. The policyholder has, or has previously held, a substantial beneficial interest, as defined in 7 CFR Part 400, in a person who was subject to the HELC or WC provisions prior to the date contained in paragraph (1), but was not previously required to sign form AD-1026; 3. The policyholder has not participated in the Federal crop insurance program as a primary insured in the 2015 reinsurance year, or subsequent reinsurance years as applicable, prior to signing this certification; 4. The policyholder has not received notification from the Risk Management Agency or the Farm Service Agency that form AD-1026 may not be on file with USDA certifying compliance with the highly erodible land conservation HELC and WC provisions; 5. The policyholder understands the Risk Management Agency and the Farm Service Agency may review historical records to determine prior participation in any USDA program or prior interest in any land, crop or person that was subject to the HELC or WC provisions; and 6. The policyholder understands that if this certification is determined to be false, the policyholder will be subject to sanctions under the policy, including but not limited to voidance of the policy, and the policyholder may be subject to 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)."	Substantive

F. Required Signature and Statement

Item #	Element	Substantive/ Non-Substantive
1	"Applicant/Insured's Printed Name, Signature, and Date"	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

Exhibit 4 Conditions of Acceptance Statements

"Condition 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	Questions
□	□	(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."

Note: For RI Applications only, remove the following statement: "The insurance contract, which includes the accepted Application, is defined in the regulation published at 7 CFR chapter IV."

Exhibit 5 Request for Administrative Reinstatement

This form is to be completed by the ineligible person requesting reinstatement and submitted to the Approved Insurance Provider.

A. Applicant Information

Item #	Element	Substantive/ Non-Substantive
1	"Name of Person Requesting Reinstatement"	Substantive
2	"Ineligible Person's Identification Number"	Substantive
3	"Ineligible Person's Identification Number Type"	Substantive
4	"Ineligible Person's Street and/or Mailing Address"	Substantive
5	"City and State"	Substantive
6	"Zip Code"	Substantive
7	"Ineligible Person's Telephone Number"	Substantive
8	"State and County"	Substantive
9	"Policy Number(s), if applicable"	Substantive
10	"Insured's Identification Number (if not the same as the ineligible person)"	Substantive
11	"Insured's Identification Number Type (if not the same as the ineligible person)"	Substantive

B. Request Information

Item #	Element	Substantive/ Non-Substantive
1	"Crop Year Reinstatement is Requested"	Substantive
2	"Request Type (Check One) □ Unavoidable or Unforeseen Event □ Weather Event □ Medical Event □ Other □ Active Duty in U.S. Military □ Failure to include All Amounts Due □ Transposed Amount □ 7-day Transit Period"	Substantive/ Weather Event, Medical Event, and Other are Non-Substantive

B. Request Information (Continued)

Item #	Element	Substantive/ Non-Substantive
3	"I hereby request reinstatement of my policy. I understand that if my policy is reinstated I must adhere to all applicable policy provisions and I have paid any amounts due for the policy(ies) in which I requested reinstatement." **Note:** Allow space for the Requestor to initial this statement.	Substantive
4	"Statement of why reinstatement should be granted including explanation of the circumstances which lead to your failure to pay your debt(s) timely. You must include facts that are relevant to the request, and which can be substantiated further by the documentation provided with this request."	Substantive
5	"I have attached the following documents:" **Note:** Allow space to include a list of supporting documentation.	Substantive

C. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Insert the following statement above the Requestor's signature line. Allow space for the Requestor to initial this statement. "If my policy is reinstated, I agree to present my reinstatement letter to my insurance provider and purchase the policy(ies) I have requested on or before the due date that will be established in my reinstatement letter. I understand that failure to purchase the policies for which I have requested will result in my reinstatement being rescinded. In addition, I understand that the coverage provided under the reinstated policy will use the same plan of insurance, coverage levels, endorsements and options I had prior to termination, provided that I continue to meet all eligibility requirements and comply with the terms of the policy, and there is no preliminary evidence of misrepresentation or fraud."	Substantive
2	Insert the following statement above AIP representative's signature line. "I certify that [INSERT NAME OF REQUESTOR] has met all other program requirements under the authority of the Federal Crop Insurance Act (the Act) with the exception of being listed as ineligible. In addition, we certify that the reinstated policy will maintain all the same coverage levels and fund designation and comply with the terms of the policy, and there is no preliminary evidence of misrepresentation or fraud."	Substantive
3	Certification Statement **Note:** See Para. 502	Substantive

C. Required Statements (Continued)

Item #	Element	Substantive/ Non-Substantive
4	Privacy Act Statement **Note:** See Para. 501	Substantive
5	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

D. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Requestor's Printed Name, Signature, and Date"	Substantive
2	"AIP's Authorized Representative's Printed Name, Signature, and Date"	Substantive
3	"AIP's Authorized Representative's Street and/or Mailing Address"	Non-Substantive
4	"AIP's Authorized Representative's Telephone Number"	Non-Substantive
5	"Insured's Printed Name, Signature, and Date" **Note:** Provide instruction that signature is to be obtained if the Requestor is not the Insured.	Substantive

Exhibit 6 Anti-Rebating Certification

The AIP has the discretion of developing either a combined certification for the applicant/insured and the agent or one form for the applicant/insured and one for the agent. The standards below reflect a combined form. See Para. 601 for more information regarding this certification.

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Applicant/Insured Name"	Substantive
2	"Policy Number"	Substantive
3	"Agent's Name"	Substantive
4	"Agent Code Number"	Substantive
5	"Crop Year"	Substantive

B. Anti-Rebating Statement(s)

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

B. Anti-Rebating Statement(s) (Continued)

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

C. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Applicant/Insured's Printed Name, Signature, and Date"	Substantive
2	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive

D. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Privacy Act Statement **Note:** See Para. 501	Substantive
2	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"[INSERT COMPANY NAME] hereby agrees that it shall keep private and not publish, use or disclose to any individual or entity, either directly or indirectly, any Protected Information, except that it may: (a) Use such information as necessary to perform its duties under the Standard Reinsurance Agreement, and in accordance with applicable procedures issued by the Risk Management Agency or the Federal Crop Insurance Corporation; (b) Disclose, or provide authorization to receive, such Protected Information only to its affiliates, employees or contractors who need such information in the performance of their duties and who have signed an Individual Non-Disclosure Statement or who are employed by an entity that has certified that its employees have signed Individual Non-Disclosure Statements; and (c) Disclose Protected Information pursuant to a subpoena, court order, statute, law, rule, regulation, or other similar requirement (a "Legal Requirement"). Prompt notice of such Legal Requirement shall be provided to the affected policyholders prior to its disclosure so they may seek an appropriate protective order or other appropriate remedy or waive compliance with the provisions of this Agreement."	Substantive
2	"[INSERT COMPANY NAME] further agrees that it shall keep secure all electronic and hard copy Protected Information."	Substantive
3	"[INSERT COMPANY NAME] agrees that the obligation to secure and not disclose any Protected Information shall continue in perpetuity. However, when the period during which records are required to be retained under the Standard Reinsurance Agreement has ended, Protected Information may be properly disposed of and destroyed."	Substantive
4	"[INSERT COMPANY NAME] certifies that it shall adhere to all security policies and rules provided by RMA in handling USDA information and systems."	Substantive
5	"[INSERT COMPANY NAME] certifies that it shall obtain from its affiliates, employees and contractors who are to receive any Protected Information from any source, including from policyholders, a properly executed Individual Non-Disclosure Statement or a certification from its contractors or affiliates that such contractors and affiliates have obtained an Individual Non-Disclosure Statement from all persons who will have access to any protected information and who are employed by or have a contract with the contractor or the affiliate."	Substantive
6	"[INSERT COMPANY NAME] understands that violation of this agreement may result in civil and criminal penalties under the Privacy Act or section 1770c of the Food Security Act of 1985 (7 U.S.C. § 2276c)."	Substantive

A. General Information (Continued)

Item #	Element	Substantive/ Non-Substantive
7	Include the following definitions. See GSH for applicable definitions. "For the purposes of this document: (a) Protected Information means… (b) RMA means… (c) USDA means…"	Substantive

B. Required Statement

Item #	Element	Substantive/ Non-Substantive
1	"By having its authorized representative sign below, [INSERT COMPANY NAME] acknowledges that it will adhere to all requirements for non-disclosure contained herein."	Substantive

C. Required Signature

Item #	Element	Substantive/ Non-Substantive
1	"AIP Officer Printed Name, Signature, and Date"	Substantive
2	"AIP Officer's Title"	Substantive

Exhibit 8 Individual Non-Disclosure Statement

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"I hereby agree that I shall keep private and not publish, use or disclose to any other individual or entity, either directly or indirectly, Protected Information, except that I may: (a) Make use of such information to the extent necessary in the performance of my duties, as required under the Standard Reinsurance Agreement, and in accordance with applicable procedures issued by the Risk Management Agency; (b) Disclose Protected Information only to employees or contractors of the approved insurance provider or its affiliates authorized to receive such information, and who have signed an Individual Non-Disclosure Statement; and (c) Disclose Protected Information pursuant to a subpoena, court order, statute, law, rule, regulation, or other similar requirement (a "Legal Requirement"). Prompt notice of such Legal Requirement shall be provided to the affected policyholders prior to its disclosure so they may seek an appropriate protective order or other appropriate remedy or waive compliance with the provisions of this Agreement."	Substantive
2	"I hereby agree that I shall keep secure all electronic and hard copy Protected Information and not provide access to any person not expressly authorized by the approved insurance provider or its affiliate to receive such information."	Substantive
3	"I agree that my obligation to secure and not disclose any Protected Information shall continue in perpetuity, which includes the time I am employed or under contract with an approved insurance provider and after I leave such employment or are no longer under contract. I understand that I may fulfill this obligation by properly destroying Protected Information for which retention requirements have ended."	Substantive
4	"I certify that I will adhere to all security policies and rules provided by RMA in handling USDA information and systems."	Substantive
5	"I understand that violation of this agreement may result in civil and criminal penalties under the Privacy Act or section 1770(c) of the Food Security Act of 1985 (7 U.S.C. § 2276c)."	Substantive

A. General Information (Continued)

Item #	Element	Substantive/ Non-Substantive
6	Include the following definitions. See the GSH for applicable definitions. "For the purposes of this document:" (a) Protected Information means… (b) Personally Identifiable Information means… (c) RMA means… (d) USDA means…	Substantive

B. Required Statement

Item #	Element	Substantive/ Non-Substantive
1	Privacy Act Statement **Note:** See Para. 501	Substantive

C. Required Signature

Item #	Element	Substantive/ Non-Substantive
1	"Individual's Printed Name, Signature, and Date"	Substantive
2	"Individual's Title or Position"	Substantive
3	"Name of affiliate or contractor, if applicable"	Substantive

Exhibit 9 Conflict of Interest

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Name and address of the discloser"	Substantive
2	"Identification Number of the discloser"	Substantive
3	"Name and address of the approved insurance provider to which you are providing the disclosure statement, all Federal crop insurance servicing activities conducted on behalf of the Approved Insurance Provider, or any other approved insurance provider. For example: (a) Policy Sales (b) Loss Adjustment (c) Other (specify activity)"	Substantive
4	Create a block for the following questions, include a Yes □ No □ option at the end of each question with instruction to check one. At the AIP's discretion, this form may include additional information. (a) "(1) Do you have a share in a crop insured under any eligible crop insurance contract insured by the AIP?" (b) "(2) Do any of your relatives have a substantial beneficial interest in any eligible crop insurance contract insured by the AIP?" (c) "(3) Do you have a power of attorney authorizing you to act as attorney-in-fact, are you an authorized representative of a policyholder, or an authorized signer with respect to any eligible crop insurance contract insured by the AIP?" (d) "(4) Do you have an ownership interest in a business (excluding stock in public corporations or entities in which you own less than a 10 percent interest) with any policyholder insured by the AIP?" (e) "(5) Do you have a rental or leasing arrangement for land, buildings, or equipment with any policyholder insured by the AIP?" (f) "(6) Are you an owner/operator of a business or a commissioned based employee that provides goods or services related to farming operations (custom farming, tractor sales, etc., but excluding insurance services) for which you receive revenue as the owner/operator or a direct commission as an employee with respect to any policyholder insured by the AIP?"	Substantive

A. General Information (Continued)

Item #	Element	Substantive/ Non-Substantive
4 (Cont.)	(g) "(7) Are you an owner/operator of a business or a commissioned based employee that provides goods or services not related to farming operations (excluding insurance services) for which you receive revenue as the owner/operator or a direct commission as an employee with respect to any policyholder insured by the AIP?" (h) "(8) Are you a financial institution employee and part of the approval decision-making process of financial arrangements for any policyholder insured by the AIP?" (i) "(9) Do you have an agent compensation, barter, or financial arrangement (excluding those reported under question 8. above) with any policyholder insured by the AIP?" (j) "(10) Do you have a business, familial, financial, or legal relationship that has not been identified above with any policyholder insured by the AIP?" (k) "(11) Do you have a relative who works with the Federal crop insurance program, for the AIP, or any of its affiliates?"	Substantive

B. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	"I, [INSERT DISCLOSER NAME] have been advised and agree to abide by the applicable conflict of interest rules of the Standard Reinsurance Agreement and its Appendices and all applicable policies and procedures."	Substantive
2	If a renewal COI, the AIP may create a check box with the following statement: "No previously disclosed information has changed from the information contained in the 20XX disclosure."	Substantive
3	Privacy Act Statement **Note:** See Para. 501	Substantive
4	"I certify that to the best of my knowledge all information provided is true and accurate and that any false or inaccurate information may result in administrative, civil and criminal sanctions under 18 U.S.C. §§ 1006 and 1014, 7 U.S.C. § 1506, 31 U.S.C. §§ 3729 and 3730, and any other applicable Federal statutes or regulations."	Substantive
5	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

C. Required Signature

Item #	Element	Substantive/ Non-Substantive
1	"Discloser's Printed Name, Signature, and Date"	Substantive

Exhibit 10 Individual Controlled Business Certification

This form utilized by the AIP must at a minimum include the following.

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Individual's Name"	Substantive
2	"Individual's Title or Position"	Substantive
3	"Identification Number"	Substantive

B. Certification Statement

Item #	Element	Substantive/ Non-Substantive
1	"For the [Insert the applicable reinsurance year] reinsurance year, beginning July 1, 20XX, and ended June 30, 20XX."	Substantive
2	"This certification is required for all individuals (including subagents) who receive compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit) for the sale of policies or plans of insurance reinsured by FCIC."	Substantive
3	Include the following definition. See GSH for applicable definitions. "Immediate Family means…"	Substantive
4	Include a check box for each option: "Please certify to the following as it applies to you. (a) I **did not** receive compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit), for the sale or service of policies or plans of insurance reinsured by FCIC for which I or an immediate family member (as defined) have a substantial beneficial interest. (b) I **did** receive compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit), for the sale or service of policies or plans of insurance reinsured by FCIC for which I or an immediate family member (as defined) have a substantial beneficial interest."	Substantive

B. Certification Statement (Continued)

Item #	Element	Substantive/ Non-Substantive
5	Include check box for each option: "If you did receive compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit), for the sale or service of policies or plans of insurance reinsured by FCIC for which you or your immediate family member have a substantially beneficial interest, please certify to the following as it applies to you: (a) The total amount of compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit), for the sale or service of policies or plans of insurance reinsured by FCIC for which I or an immediate family member (as defined) have a substantial beneficial interest, **does not** exceed 30 percent of the total compensation I have received for the sale or service of all FCIC policies or plans of insurance nor exceeds any applicable State specific limitation. (b) The total amount of compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit), for the sale or service of policies or plans of insurance reinsured by FCIC for which I or an immediate family member (as defined) have a substantial beneficial interest, **does** exceed 30 percent of the total compensation I have received for the sale or service of all FCIC policies or plans of insurance or exceeds any applicable State specific limitation."	Substantive

C. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	"I acknowledge that failure to timely provide the required certification, certification I am not in compliance with the requirements of this paragraph, or certification I am in compliance when I am not may result in disqualification and civil fines under section 515(h) of the Federal Crop Insurance Act."	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

D. Required Signature

Item #	Element	Substantive/ Non-Substantive
1	"Individual's Printed Name, Signature, and Date"	Substantive

Exhibit 11 Affiliate Controlled Business Certification

This form utilized by the AIP must at a minimum include the following.

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Affiliate's Name"	Substantive
2	"Officer or Owner's Title or Position"	Substantive

B. Certification Statement

Item #	Element	Substantive/ Non-Substantive
1	"For the [INSERT THE APPLICABLE REINSURANCE YEAR] reinsurance year, beginning July 1, 20XX, and ended June 30, 20XX."	Substantive
2	"The officer or owner of the affiliate who affixes their signature to this certification has the authority to sign on behalf of the affiliate and has been designated by the [INSERT THE NAME OF THE AIP] to receive all certifications required under section 508(a)(10(C) of the Federal Crop Insurance Act (Act)."	Substantive
3	Include a check box for each option: "I hereby certify that one of the following is true and accurate: (a) All individuals (including subagents), who received, directly, or indirectly, any compensation through the affiliate for the service or sale of any eligible crop insurance policy/contract in the above reference reinsurance year, have submitted certifications and all individuals certified that the total amount of compensation they received did not exceed the amount allowed under section 508(a)(10)(B) of the Act; or (b) One or more individuals are not in compliance with the requirements of section 508(a)(10)(B) of the Act because: (i) The individual did not submit an "Individual Controlled Business Certification"; (ii) The individual certified the total amount of compensation exceeded the amount allowed under section 508(a)(10)(B) of the Act; or (iii) The affiliate has discovered the individual incorrectly certified to being in compliance with the compensation limitation under section 508(a)(10)(B) of the Act."	Substantive

B. Certification Statemen (Continued)

Item #	Element	Substantive/ Non-Substantive
4	"If the affiliate has certified that one or more individuals are not in compliance with the requirement of section 508(a)(10)(B) of the Act, a list of all individuals not in compliance, separated into each of the 3 categories specified above must be provided to [INSERT THE NAME OF THE AIP] no later than [INSERT DEADLINE TO BE ESTABLISHED BY THE AIP]."	Substantive

C. Required Signature

Item #	Element	Substantive/ Non-Substantive
1	"Affiliate Officer's Printed Name, Signature, and Date"	Substantive
2	"Affiliate Officer's Title"	Substantive

Exhibit 16 Application

The Application is used to request insurance and must contain all the information required by the policy. If the required information is not contained on the Application, the Application is not acceptable, and insurance will not be provided. The standards below represent all Application elements for standards identified in the CIH and GSH. The AIP may use all terms for one Application type or only those standards that are applicable for the applicable policy (e.g., multiple Application types). A new Application or Policy Change is required to change coverage level, prices etc. See GSH for further information.

A. Applicant Information

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's Name"	Substantive
2	"Applicant's Authorized Representative"	Substantive
3	"Street and/or Mailing Address"	Substantive
4	"City and State"	Substantive
5	"Zip Code"	Substantive
6	"Applicant's Telephone Number"	Substantive
7	"Policy Number"	Substantive
8	"Identification Number"	Substantive
9	"Identification Number Type"	Substantive
10	"Person Type"	Substantive
11	"Spouse's Name"	Substantive
12	"Spouse's Identification Number"	Substantive
13	"Is applicant at least 18 years old? Yes □ No □"	Substantive
14	"Landlord/Tenant insuring other's share" **Note:** See Para. 411 and N/A for DRP policies.	Substantive/ Non-Substantive

B. Crop Information

Item #	Element	Substantive/ Non-Substantive
1	"Effective Crop Year"	Substantive
2	"Crop"	Substantive
3	"State and County"	Substantive
4	"Options, Elections, or Endorsements"	Substantive
5	"Percentage Price Election, Projected Price, Amount of Insurance, or Protection Factor" **Note:** Substitute "Productivity Factor" for RI Applications. AIPs may include only the applicable term for the appropriate plan of insurance.	Substantive
6	"Coverage Level"	Substantive
7	"Practice" **Note:** Item is only substantive if coverage level varies by practice.	Substantive/ Non-Substantive

B. Crop Information (Continued)

Item #	Element	Substantive/ Non-Substantive
8	"Type" **Note:** Item is only substantive if coverage level varies by type.	Substantive/ Non-Substantive
9	"Plan of Insurance"	Substantive
10	"Added County Election" **Note:** See Para. 410	Substantive/ Non-Substantive
11	"Designated County" (for added county election only) **Note:** See Para. 410	Substantive/ Non-Substantive
12	"Grid ID" **Note:** Item is only substantive for API and PRF Applications.	Substantive/ Non-Substantive
13	"Index Interval" **Note:** Item is only substantive for RI Applications.	Substantive/ Non-Substantive
14	"Percent of Value" **Note:** Item is only substantive for RI Applications.	Substantive/ Non-Substantive

C. Other Information

Item #	Element	Substantive/ Non-Substantive
1	"Name of Previous AIP (if any)"	Substantive
2	"Policy Number under Previous AIP (if any)"	Substantive
3	"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. Required Information: Name Address Telephone number Identification Number Identification Number Type Person Type" **Note:** Include a note regarding additional space if needed to complete lists (e.g., (See reverse side for additional space.)).	Substantive

C. Other Information (Continued)

Item #	Element	Substantive/ Non-Substantive
4	"I grant the person(s) listed below the authority to sign any and all crop insurance documents on my behalf. I understand that by authorizing such persons to sign documents on my behalf I am legally bound by all terms and conditions of such documents and of the crop insurance contract. I also understand that granting the following person(s) the authority to sign on my behalf does not obligate that person(s) to the terms and conditions of my crop insurance contract. I further understand that this authorization may be revoked by me at any time upon written notice, signed and delivered to my Approved Insurance Provider." **Note:** Allow space for the applicant to list all person(s) designated to sign crop insurance documents on the applicant's behalf.	Non-Substantive

D. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Conditions of Acceptance Statements **Note:** See Exhibit 4 and C3	Substantive
2	Certification Statement **Note:** See Para. 502	Substantive
3	Privacy Act Statement **Note:** See Para. 501	Substantive
4	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

E. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's Printed Name, Signature, and Date"	Substantive
2	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive

Exhibit 17 Supplemental Coverage Option Endorsement Application

Insureds who wish to insure under the SCO Endorsement may amend their policy by signing and submitting the SCO Endorsement Application, developed according to these standards on or before the SCD for the first crop year the insured wishes to elect the Endorsement.

A. Applicant/Insured Information

Item #	Element	Substantive/ Non-Substantive
1	"Applicant/Insured's Name"	Substantive
2	"Underlying Policy Number"	Substantive
3	"Street and/or Mailing Address"	Substantive
4	"City and State"	Substantive
5	"Zip Code"	Substantive
6	"Identification Number"	Substantive
7	"Identification Number Type"	Substantive

B. Crop Information

Item #	Element	Substantive/ Non-Substantive
1	"County Name"	Substantive
2	"Crop(s)"	Substantive
3	"Crop Year"	Substantive
4	"Underlying Plan of Insurance"	Substantive
5	"Coverage Level"	Substantive
6	"SCO Plan of Insurance"	Substantive
7	"Coverage percentage" **Note:** Select from 50 percent to 100 percent. The default coverage percentage is 100 percent.	Substantive

C. Terms and Conditions

Item #	Element	Substantive/ Non-Substantive
1	"In addition to Section 3(b)(2) of the Basic Provisions, I hereby elect this Supplemental Coverage Option Endorsement and by this election I understand: (a) I must have purchased a policy under the Common Crop Insurance Policy Basic Provisions and applicable Crop Provisions to elect this Endorsement and must also purchase this Endorsement with the same Approved Insurance Provider as my Common Crop Insurance Policy."	Substantive

C. Terms and Conditions (Continued)

Item #	Element	Substantive/ Non-Substantive
1 (Cont.)	"(b) I may elect coverage under this Endorsement and Stacked Income Protection Plan for the upland cotton, but the same acreage cannot be insured under both. (c) If at any time my Common Crop Insurance Policy for the crop is canceled or terminated, coverage under this endorsement is automatically canceled or terminated. (d) That by electing this Endorsement, it will continue from year to year unless I or you 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. (e) Separate Administrative Fees will be assessed for each crop insured under this Endorsement."	Substantive

D. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

E. Required Signature

Item #	Element	Substantive/ Non-Substantive
1	"Applicant/Insured's Printed Name, Signature, and Date"	Substantive
2	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive

Exhibit 18 STAX Application

Insureds who wish to insure under the STAX Plan of Insurance must sign and submit the STAX Application, developed according to these standards on or before the SCD for the first crop year the insured wishes to elect STAX.

A. Applicant Information

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's Name"	Substantive
2	"Applicant's Authorized Representative"	Substantive
3	"Street and/or Mailing Address"	Substantive
4	"City and State"	Substantive
5	"Zip Code"	Substantive
6	"Applicant's Telephone Number"	Substantive
7	"Policy Number"	Substantive
8	"Identification Number"	Substantive
9	"Identification Number Type"	Substantive
10	"Person Type"	Substantive
11	"Spouse's Name"	Substantive
12	"Spouse's Identification Number"	Substantive
13	"Is applicant at least 18 years old? □ Yes □ No"	Substantive
14	"Landlord/Tenant insuring other's share" **Note:** See Para. 411	Substantive

B. Crop Information

Item #	Element	Substantive/ Non-Substantive
1	"Crop"	Substantive
2	"Effective Crop Year"	Substantive
3	"State and County"	Substantive
4	"Companion Policy Plan of Insurance, if applicable"	Substantive
5	"Options, Elections, or Endorsements"	Substantive
6	"Coverage Range"	Substantive
7	"Practice" **Note:** Item is only substantive if coverage level varies by practice.	Substantive/ Non-Substantive
8	"Type" **Note:** Item is only substantive if coverage level varies by type.	Substantive/ Non-Substantive
9	"Area Loss Trigger"	Substantive
10	"STAX Plan of Insurance"	Substantive
11	"STAX Protection Factor"	Substantive
12	"Added County Election" **Note:** See Para. 410	Substantive/ Non-Substantive

B. Crop Information (Continued)

Item #	Element	Substantive/ Non-Substantive
13	"Designated County" (for added county election only) **Note:** See Para. 410	Substantive/ Non-Substantive
14	"SCO and/or ECO Coverage □ Yes □ No"	Substantive
15	"If yes, identify by APH Database whether SCO, ECO, or STAX applies. If land is added to this operation after the Sales Closing Date and reported on or before the Acreage Reporting Date, such acreage will be covered by □ SCO □ ECO □ STAX."	Substantive

C. Other Information

Item #	Element	Substantive/ Non-Substantive
1	"Name of Previous AIP (if any)"	Substantive
2	"Policy Number under Previous AIP (if any)"	Substantive
3	"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. Required Information: Name Address Telephone number Identification Number Identification Number Type Person Type" **Note:** Include a note regarding additional space if needed to complete lists (e.g., (See reverse side for additional space.)).	Substantive

D. Terms and Conditions

Item #	Element	Substantive/ Non-Substantive
1	"I may not elect coverage under this plan of insurance on the same acres I elect coverage for the Supplemental Coverage Option Endorsement (SCO) and/or the Enhanced Coverage Option (ECO) if I participate in the SCO and/or ECO.	Substantive

D. Terms and Conditions (Continued)

Item #	Element	Substantive/ Non-Substantive
1 (Cont.)	I may elect coverage under this plan of insurance and the Farm Service Agency's Agriculture Risk Coverage Program or Price Loss Coverage Program, but the same acreage of the crop cannot be covered under both programs. I understand that by signing this Application, the coverage under this plan of insurance it will continue from year to year unless I or you 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."	Substantive

E. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	"I grant the person(s) listed below the authority to sign any and all crop insurance documents on my behalf. I understand that by authorizing such persons to sign documents on my behalf I am legally bound by all terms and conditions of such documents and of the crop insurance contract. I also understand that granting the following person(s) the authority to sign on my behalf does not obligate that person(s) to the terms and conditions of my crop insurance contract. I further understand that this authorization may be revoked by me at any time upon written notice, signed and delivered to my Approved Insurance Provider." **Note:** Allow space for the applicant to list all person(s) designated to sign crop insurance documents on the applicant's behalf.	Non-Substantive
2	Conditions of Acceptance Statements **Note:** See Exhibit 4 and 3C	Substantive
3	Certification Statement **Note:** See Para. 502	Substantive
4	Privacy Act Statement **Note:** See Para. 501	Substantive
5	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

F. Required Signature

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's Printed Name, Signature, and Date"	Substantive
2	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive

Exhibit 19 BFR and VFR Application

A BFR/VFR Application is completed when an individual initially applies for BFR/VFR status; chooses to modify the crop year(s) of insurable interest exceptions for BFR; or to correct a previously submitted BFR/VFR Application. The BFR/VFR Application is required to be submitted on or before the applicable SCD. An AIP may have separate Applications for BFR/VFR or they may be combined.

A. Applicant Information

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's Name"	Substantive
2	"Applicant's Street and/or Mailing Address"	Substantive
3	"City and State"	Substantive
4	"Zip Code"	Substantive
5	"Applicant's Telephone Number"	Substantive
6	"Crop Year"	Substantive
7	"Applicant's Identification Number"	Substantive
8	"Applicant's Identification Number Type"	Substantive

B. Beginning Farmer/Rancher Certification

Item #	Element	Substantive/ Non-Substantive
1	"I have produced the following crop(s) and/or livestock in the identified State(s)/County(ies) during the time periods provided including any USDA Agency/Program that you participated in for the crops/livestock:" Create a table with the following column headers: "From (MM/YY)," "To (MM/YY)," "Type of Crop(s)/Livestock," "State/County," "Crop Year," and "USDA Program" **Note:** More spaces are authorized to allow multiple States and counties and time periods of producing crop(s) or livestock. AIPs must assist the applicant in identifying appropriate crop year for the dates producing the crop/livestock. See example table after item 3.	Substantive
2	"I request the following Beginning Farmer/Rancher authorized exclusions from consideration as crop years producing crop(s) or livestock. I certify that I was:" Create a table with the following column headers: "Type of Exclusion," "From (MM/YY)," "To (MM/YY)," and "Crop Year(s)," and the following row headers under Type of Exclusion: "Under Age 18," "Active Military," and "College"	Substantive

B. Beginning Farmer/Rancher Certification (Continued)

Item #	Element	Substantive/ Non-Substantive
2 (Cont.)	**Note:** More spaces are authorized to allow multiple time periods of post-secondary studies or active duty in the U.S. Military. The spouse of an active-duty military individual may exclude such time and include dates of exclusion in the active military type of exclusion above for individual person types. A BFR must only complete the dates for exclusion when the person is requesting previous crop/livestock insurable interest to be excluded. See example table after item 3.	Substantive
3	"I am/am not (circle one) requesting to use the actual production history from the previous producer for new acreage transferred to me. If I have elected to use the actual production history from the previous producer; (a) I will provide the required documentation to prove that I was previously involved in the decision making or the physical activities necessary to produce crop(s) or livestock, the documentation will also be specific as to which crop(s)/livestock that I was previously involved with; and (b) I will identify whose actual production history will be used and the Farm/Tract and Field number of the acreage for the APH information being transferred."	Substantive

Example Table for Item 1:

From (MM/YY)	To (MM/YY)	Type of Crop(s)/Livestock	State/County	Crop Year(s)	USDA Program

Example Table for Item 2:

Type of Exclusion	From (MM/YY)	To (MM/YY)	Crop Year(s)
Under Age 18			
Active Military			
College			

C. Beginning Farmer/Rancher Additional Information

Item #	Element	Substantive/ Non-Substantive
1	To be completed by the AIP "Eligible Number of Crop Years the BFR applicant qualifies to receive BFR benefits_____, this number includes the crop year of BFR Application." Create a table with the following column headers: "Crop Years Crop/Livestock Produced," "Number of Years Producing Crop/Livestock," "Crop Years Excluded," "Number of Years Excluded," "Number of Years when Determining BFR." **Note:** More spaces are authorized to allow multiple States and counties and time periods of producing crop(s) or livestock and multiple time periods of exclusion due to post-secondary studies or active duty in the U.S. Military. See example table after item 2.	Substantive
2	"Comments" **Note:** Allow space for comments to be written on the form.	Substantive

Example Table for Item 1:

Crop Years Crop/Livestock Produced	Number of Years Producing Crop/Livestock	Crop Years Excluded	Number of Years Excluded	Number of Year when Determining BFR
Total Years				

D. Veteran Farmer/Rancher Certification

Item #	Element	Substantive/ Non-Substantive
1	"I am a veteran, who served in the active military, naval, air, or space service in the Armed Forces and was discharged or released under conditions other than dishonorable in the Armed Forces."	Substantive
2	"I have operated a farm in the identified State(s)/County(ies) less than five years during the time periods provided including any USDA Agency/Program that you participated in for the crops/livestock:" Create a table with the following column headers: "From (MM/YY)," "To (MM/YY)," "State/County," "Crop Year," and "USDA Program" **Note:** See example table after item 4.	Substantive
3	"If qualifying for Veteran Farmer/Rancher based on being discharged within the past five years, date of first discharge from active duty: _____"	Substantive

D. Veteran Farmer/Rancher Certification (Continued)

Item #	Element	Substantive/ Non-Substantive
4	"I am/am not (circle one) requesting to use the actual production history from the previous producer for new acreage transferred to me. If I have elected to use the actual production history from the previous producer: (a) I will provide the required documentation to prove that I was previously involved in the decision making or the physical activities necessary to produce crop(s) or livestock, the documentation will also be specific as to which crop(s)/livestock that I was previously involved with; and (b) I will identify whose actual production history will be used and the Farm/Tract and Field number of the acreage for the APH information being transferred."	Substantive

Example Table for Item 2:

From (MM/YY)	To (MM/YY)	State/County	Crop Year	USDA Program

E. Beginning Farmer/Rancher Required Statements

Item #	Element	Substantive/ Non-Substantive
1	"As provided by me on this form, I certify that I have not had an interest in any crop(s) or livestock for more than 10 crop years, nationwide, excluding time periods that I was under the age of 18, in post-secondary studies or serving in active military service. I understand that an interest in crops or livestock includes an interest: (a) as an individual; (b) as an interest holder of at least 10 percent interest in another person; and/or (c) of any person(s) with an interest of at least 10 percent in me. I understand that any inaccurate certification will result in recalculation of my yield guarantees, administrative fee, premiums, and any applicable loss payments."	Substantive

E. Beginning Farmer/Rancher Required Statements (Continued)

Item #	Element	Substantive/ Non-Substantive
2	"I understand that I must only complete one Application for BFR; no amendment is necessary unless I choose to cancel the benefits, correct a previously submitted form or amend my exceptions for consideration. I also understand that I must provide the Application for BFR to any other AIPs that I may have a policy with in the current or subsequent years. I understand that if at any time following this Application, any changes are made to the insured or substantial beneficial interest holder(s) to the policy, it may affect my eligibility for Beginning Farmer/Rancher benefits. I understand that if my policy has multiple substantial beneficial interest holders or is insuring a landlord/tenant's share, all must qualify as Beginning Farmer/Ranchers for benefits to apply."	Substantive

F. Veteran Farmer/Rancher Required Statements

Item #	Element	Substantive/ Non-Substantive
1	"As provided by me on this form, I certify that I (circle one) (a) have not operated a farm or ranch for more than five years; or (b) am a veteran who first obtained status as a veteran during the most recent five-year period. I understand that any inaccurate certification will result in recalculation of my yield guarantees, administrative fee, premiums, and any applicable loss payments."	Substantive
2	"I understand that I must only complete one Application for VFR; no amendment is necessary unless I choose to cancel the benefits, correct a previously submitted form or amend my exceptions for consideration. I also understand that I must provide the Application for VFR to any other AIPs that I may have a policy with in the current or subsequent years.	Substantive

F. Veteran Farmer/Rancher Required Statements (Continued)

Item #	Element	Substantive/ Non-Substantive
2 (Cont.)	I understand that if at any time following this Application, any changes are made to the insured or substantial beneficial interest holder(s) to the policy, it may affect my eligibility for Veteran Farmer/Rancher benefits. I understand that if my policy has multiple substantial beneficial interest holders, with the exception of a spouse, if applicable, or is insuring a landlord/tenant's share, all must qualify as Veteran Farmer/Ranchers for benefits to apply."	Substantive

G. Additional Information and Required Statements

Item #	Element	Substantive/ Non-Substantive
1	"New □, Amended Application □, or Cancellation □"	Substantive
2	Certification Statement **Note:** See Para. 502	Substantive
3	Privacy Act Statement **Note:** See Para. 501	Substantive
4	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

H. Other Information and Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's Printed Name, Signature, and Date"	Substantive
2	"Approved Insurance Provider's (AIP) Name"	Substantive
3	"AIP Representative's Name, Signature, and Date"	Substantive

Exhibit 20 Policy Cancellation

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

A. Insured Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Insured's Authorized Representative"	Substantive
3	"Street and/or Mailing Address"	Substantive
4	"City and State"	Substantive
5	"Zip Code"	Substantive
6	"Insured's Telephone Number"	Substantive
7	"Policy Number"	Substantive
8	"Identification Number"	Substantive
9	"Identification Number Type"	Substantive
10	"Person Type"	Substantive
11	"Spouse's Name"	Substantive
12	"Spouse's Identification Number"	Substantive

B. Crop Information

Item #	Element	Substantive/ Non-Substantive
1	"Effective Crop Year"	Substantive
2	"Crop"	Substantive
3	"State and County"	Substantive
4	"Options, Elections, or Endorsements"	Substantive
5	"Plan of Insurance"	Substantive

C. Cancellation Information

Item #	Element	Substantive/ Non-Substantive
1	"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." **Note:** This statement must be placed within a box above the insured's signature line and date.	Substantive

D. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

E. Required Signature

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive
2	"AIP Authorized Representative's Printed Name, Signature, and Date"	Substantive

Exhibit 21 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.

A. Applicant Information

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's Name"	Substantive
2	"Applicant's Authorized Representative"	Substantive
3	"Street and/or Mailing Address"	Substantive
4	"City and State"	Substantive
5	"Zip Code"	Substantive
6	"Applicant's Telephone Number"	Substantive
7	"Policy Number"	Substantive
8	"Identification Number"	Substantive
9	"Identification Number Type"	Substantive
10	"Person Type"	Substantive
11	"Spouse's Name"	Substantive
12	"Spouse's Identification Number"	Substantive
13	"Is applicant at least 18 years old? Yes □ No □"	Substantive
14	"Landlord/Tenant insuring other's share" **Note:** See Para. 411	Substantive

B. Crop Information

Item #	Element	Substantive/ Non-Substantive
1	"Effective Crop Year"	Substantive
2	"Crop"	Substantive
3	"State and County"	Substantive
4	"Options, Elections, or Endorsements"	Substantive
5	"Percentage Price Election, Projected Price, Amount of Insurance, or Protection Factor" **Note:** Substitute "Productivity Factor" for RI Applications. AIPs may include the applicable term for the appropriate plan of insurance.	Substantive
6	"Coverage Level"	Substantive
7	"Practice" **Note:** Item is only substantive if coverage level varies by practice.	Substantive/ Non-Substantive
8	"Type" **Note:** Item is only substantive if coverage level varies by type.	Substantive/ Non-Substantive
9	"Plan of Insurance"	Substantive

B. Crop Information (Continued)

Item #	Element	Substantive/ Non-Substantive
10	"Added County Election" **Note:** See Para. 410	Substantive/ Non-Substantive
11	"Designated County" (for added county election only) **Note:** see Para. 410	Substantive/ Non-Substantive
12	"Grid ID" **Note:** Item is only substantive for API and PRF Applications.	Substantive/ Non-Substantive
13	"Index Interval" **Note:** Item is only substantive for RI Applications.	Substantive/ Non-Substantive
14	"Percent of Value" **Note:** Item is only substantive for RI Applications.	Substantive/ Non-Substantive

C. Required Language for Request

Item #	Element	Substantive/ Non-Substantive
1	"Part I I hereby request cancellation of my insurance policy with [INSERT CEDING AIP] 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."	Substantive
2	"Crop(s)" to be canceled and transferred"	Substantive
3	"Crop Year" of crops being canceled and transferred"	Substantive

D. Required Language to Authorize and Signatures

Item #	Element	Substantive/ Non-Substantive
1	"I hereby authorize and direct the [INSERT CEDING AIP 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 delinquent debt had this transfer not occurred, no coverage can be provided by the [ASSUMING AIP]."	Substantive
2	"Applicant's Printed Name, Signature, and Date"	Substantive
3	"Policy Number"	Substantive

E. Required Language to Provide Insurance and Signatures

Item #	Element	Substantive/ Non-Substantive
1	"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."	Substantive
2	"Name of Assuming Agent"	Substantive
3	"Assuming Agent's Address, City, State, and Zip Code"	Substantive
4	"Signature of Approved Insurance Provider Representative Authorized to Accept Applications"	Substantive
5	"Date of Acceptance by Assuming Approved Insurance Provider"	Substantive
6	"Assuming Approved Insurance Provider and Policy Issuing Company Code"	Substantive

F. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

Exhibit 22 Policy Change

This form is to be used to make changes to the insurance policy without creating a new Application. Some changes are required on or by a date specified in the policy. Some changes can be made at any time, such as changing an insured's physical address or adding an authorized representative (see GSH Para. 851).

A. Insured Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Insured's Authorized Representative"	Substantive
3	"State and County"	Substantive
4	"Policy Number"	Substantive
5	"Identification Number"	Substantive
6	"Identification Number Type"	Substantive
7	"Person Type"	Substantive
8	"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. Required Information: Name Address Telephone number Identification Number Identification Number Type Person Type" **Note:** Include a note regarding additional space if needed to complete lists (e.g., (See reverse side for additional space.)).	Substantive
9	"Added County Election" **Note:** See Para. 410	Substantive/ Non-Substantive
10	"Designated County" (for added county election only) **Note:** See Para. 410	Substantive/ Non-Substantive

B. Changes to Insurance Coverage

Item #	Element	Substantive/ Non-Substantive
1	"Change Insurance □" **Note:** Form completion procedures must provide instructions to check this box when appropriate.	Substantive
2	"Effective Crop Year"	Substantive
3	"Crop" **Note:** For identification purposes only, a crop cannot be added using a Policy Change.	Substantive
4	"Practice" **Note:** Item is only substantive if coverage level varies by practice.	Substantive/ Non-Substantive
5	"Type" **Note:** Item is only substantive if coverage level varies by type.	Substantive/ Non-Substantive
6	"Percentage Price Election, Projected Price, Amount of Insurance, or Protection Factor" **Note:** Substitute "Productivity Factor" for RI Applications. AIPs may include the applicable term for the appropriate plan of insurance.	Substantive
7	"Coverage Level"	Substantive
8	"Plan of Insurance" **Note:** Plan of insurance cannot be changed using a Policy Change between different plans of insurance that have different Basic Provisions.	Substantive
9	"Options, Elections, or Endorsements" **Note:** See Para. 413	Substantive
10	"Grid ID" **Note:** Item is only substantive for API and PRF Applications.	Substantive/ Non-Substantive
11	"Index Interval" **Note:** Item is only substantive for RI Policy Change.	Substantive/ Non-Substantive
12	"Percent of Value" **Note:** Item is only substantive for RI Policy Change.	Substantive/ Non-Substantive

C. Cancellations

Item #	Element	Substantive/ Non-Substantive
1	"Cancel Insurance □" **Note:** Form completion procedures must provide instructions to check this box when appropriate.	Substantive
2	"Effective Crop Year"	Substantive

C. Cancellations (Continued)

Item #	Element	Substantive/ Non-Substantive
3	"Crop"	Substantive
4	"Options, Elections, or Endorsements" **Note:** The AIP must meet the standards that are set forth in the policies, options and endorsements as issued by RMA (see Para. 413).	Substantive
5	"Practice"	Substantive
6	"Type"	Substantive
7	"Reasons for Cancellation" **Note:** Create item entries for Reason of Cancellation, similar to the example below. 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. **Example:** (Check One - Explain selection in remarks) □ Insured's Request □ Death, Incompetence, or Dissolution □ Mutual Consent □ Other	Substantive

D. Other Changes

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.

Item #	Element	Substantive/ Non-Substantive
1	"Add or remove SBI"	Substantive
2	"Add/change/correct insured's authorized representative"	Substantive
3	"Correct insured's identification number" **Note:** Provide instruction for the insured to enter previous identification number if item 3 is checked.	Substantive
4	"Correct spelling of insured's name"	Substantive
5	"Correct SBI's identification number" **Note:** Provide instruction for the insured to enter previous identification number if item 5 is checked.	Substantive
6	"Correct the spelling of the SBI's name"	Substantive

D. Other Changes (Continued)

Item #	Element	Substantive/ Non-Substantive
7	"Add authority for designated person(s) to sign crop insurance documents on behalf of the insured." "I grant the person(s) listed below the authority to sign any and all crop insurance documents on my behalf. I understand that by authorizing such persons to sign documents on my behalf I am legally bound by all terms and conditions of such documents and of the crop insurance contract. I also understand that granting the following person(s) the authority to sign on my behalf does not obligate that person(s) to the terms and conditions of my crop insurance contract. I further understand that this authorization may be revoked by me at any time upon written notice, signed and delivered to my Approved Insurance Provider." **Note:** Allow space for the insured to list all person(s) designated to sign crop insurance documents on the insured's behalf.	Non-Substantive
8	"Remove authority for designated person(s) to sign crop insurance documents on behalf of the insured." **Note:** Allow space for the insured to list all person(s) whose authority to sign crop insurance documents is removed.	Non-Substantive

E. Remarks

Item #	Element	Substantive/ Non-Substantive
1	Create a space to enter explanations and/or remarks	Substantive

F. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

G. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive
2	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive

A. Applicant/Insured's Information

Item #	Element	Substantive/ Non-Substantive
1	"Applicant/Insured's Name"	Substantive
2	"Applicant/Insured's Authorized Representative"	Substantive
3	"Applicant/Insured's Street and/or Mailing Address"	Substantive
4	"City and State"	Substantive
5	"Zip Code"	Substantive
6	"[YEAR] and Succeeding Crop Years"	Substantive
7	"Policy Number"	Substantive
8	"Identification Number"	Substantive
9	"Identification Number Type"	Substantive
10	"Person Type"	Substantive
11	"Spouse's Name"	Substantive
12	"Spouse's Identification Number"	Substantive

B. Other Person(s) Information

Item #	Element	Substantive/ Non-Substantive
1	"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. Required Information: Name Address Telephone number Identification Number Identification Number Type Person Type" **Note:** Include a note regarding additional space if needed to complete lists (e.g., (See reverse side for additional space.)).	Substantive

C. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Applicant/Insured's Printed Name, Signature, and Date"	Substantive
2	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive
3	"Agent's Street and/or Mailing Address"	Substantive

D. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

Exhibit 24 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. The standards below represent all Acreage Report elements for standards identified in the CIH and GSH. Acreage Report elements may be pre-populated by the AIP and verified by the insured when the applicable information has previously been provided to the AIP or is otherwise determined by the AIP. The AIP may use all terms for one Acreage Report type or only those standards that are applicable for the applicable policy (e.g., multiple Acreage Report types). See the GSH and CIH for further completion and Acreage Report instructions.

A. Insured Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Insured's Authorized Representative"	Substantive
3	"Street and/or Mailing Address"	Substantive
4	"City and State"	Substantive
5	"Zip Code"	Substantive
6	"Insured's Telephone Number	Substantive
7	"Policy Number"	Substantive
8	"Identification Number"	Substantive
9	"Identification Number Type"	Substantive
10	"Person Type"	Substantive
11	"Landlord/Tenant insuring other's share" **Note:** See Para. 411	Substantive
12	"Spouse's Name"	Substantive
13	"Spouse's Identification Number	Substantive
14	"Spouse's Identification Number Type"	Substantive

B. Crop Information

Item #	Element	Substantive/ Non-Substantive
1	"Crop Year"	Substantive
2	"Crop"	Substantive
3	"State and County"	Substantive
4	"MCEU Other County" **Note:** Item is only substantive when MCEU applies to the policy.	Substantive/ Non-Substantive
5	"MCEU Primary or Secondary County" **Note:** Item is only substantive when MCEU applies to the policy.	Substantive/ Non-Substantive
6	"Plan of Insurance"	Substantive
7	"Options, Elections, or Endorsements" **Note:** Item is non-substantive for API and PRF acreage reports only.	Substantive/ Non-Substantive
8	"Type"	Substantive

B. Crop Information (Continued)

Item #	Element	Substantive/ Non-Substantive
9	"Practice"	Substantive
10	"Unit Number"	Substantive
11	"Unit Structure Code" **Note:** Item is non-substantive for RI Acreage Reports only.	Substantive/ Non-Substantive
12	"Coverage Level"	Substantive
13	"Acreage Type" **Note:** Item is non-substantive for RI Acreage Reports only.	Substantive/ Non-Substantive
14	"Legal Description: _____ Section: _____ Township: _____ Range: _____ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):" **Note:** Item is non-substantive for RI Acreage Reports only.	Substantive/ Non-Substantive
15	"Field Location Identification" **Note:** See CIH Para. 1211	Substantive/ Non-Substantive
16	"Approved Yield" **Note:** Item is only substantive for those plans that use approved yields.	Substantive/ Non-Substantive
17	"Reported Acres" **Note:** Or "Number of Trees," "Number of Pounds," or "Insured Acres by Grid"	Substantive
18	Divide column and label "Whole" and "10ths or 100ths" underneath "Reported Acres/Number of Trees or Pounds"	Non-Substantive
19	"Measurement Service"	Substantive
20	"Insured's Share"	Substantive
21	"Name of Other Person(s) Sharing in the Crop"	Substantive
22	"Date Planting Completed" **Note:** Item is non-substantive for API and PRF acreage reports only.	Substantive/ Non-Substantive
23	"Area Classification" **Note:** Item is non-substantive for RI Acreage Reports only.	Substantive/ Non-Substantive
24	"Percentage Price Election, Projected Price, or Amount of Insurance, or Protection Factor"	Substantive
25	"Latitude and Longitude of the Point of Reference" **Note:** Item is only substantive for API and PRF Applications.	Substantive/ Non-Substantive

B. Crop Information (Continued)

Item #	Element	Substantive/ Non-Substantive
26	"Grid ID" **Note:** Item is only substantive for RI Applications.	Substantive/ Non-Substantive
27	"Intended Use" **Note:** Item is only substantive for RI Applications.	Substantive/ Non-Substantive
28	"Total Insurable Acres" **Note:** Item is only substantive for PRF: Total Insurable Acres of the crop in which the insured has a share.	Substantive/ Non-Substantive
29	"Total Number of Colonies in the U.S." **Note:** Item is only substantive for API. Total number of colonies in which the insured has a share.	Substantive/ Non-Substantive
30	"Total Number of Hives of Insured Colonies" **Note:** Item is only substantive for API. Number of Hives of insured colonies assigned to the Grid ID.	Substantive/ Non-Substantive
31	"Dual Use Option" **Note:** Item is only substantive for AF.	Substantive/ Non-Substantive
32	"Remarks"	Substantive

C. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	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
2	Substantive only for those policies that use an approved yield to establish the guarantee. Provide the following Certification Statement above the Agent's signature. "I certify that I am responsible for establishing the approved yields that are used to calculate the production guarantees contained in this acreage report and that such approved yields are correct to the best of my knowledge."	Substantive/ Non-Substantive

C. Required Statements (Continued)

Item #	Element	Substantive/ Non-Substantive
3	Substantive only for States subject to Native Sod provisions. Provide the following Statement above the Insured's signature for States subject to the Native Sod Provisions: "I □ HAVE or □ HAVE NOT broken native sod after February 7, 2014. For any native sod acreage broken after December 20, 2018, identify the year it was broken separately for each parcel: _____. I certify that I am responsible for establishing I have not broken native sod after February 7, 2014, and if I fail to timely provide acceptable documentation upon request, it may result in reduced premium subsidy and reduced yield in accordance with section 9(c) of the Common Crop Insurance Policy Basic Provisions." *** "I understand that if I till native sod acreage, these reductions apply in the crop year that my total native sod acreage tilled exceeds five acres in the county (cumulated across crops and crop years), and these reductions in benefits may be retroactively applied within a crop year."	Substantive/ Non-Substantive
4	Substantive for Apiculture Only. Provide the following Statements above the Insured's signature on Acreage Reports subject to the Apiculture Provisions: "The colonies noted above qualify as apiculture and the selected index intervals support the vegetation production necessary for the colonies." "To the best of my knowledge, the Grid ID accurately identifies the location of the insured acreage; and acreage assigned to each Grid ID is accurate."	Substantive/ Non-Substantive
5	Substantive for Annual Forage only. Provide the following Statement above the Insured's signature on Acreage Reports subject to the Annual Forage Provisions: "I certify that the acreage reported for the dual use option is intended to be grazed."	Substantive/ Non-Substantive
6	Substantive for Organic producers only. Provide the following Statement above the Insured's signature on Acreage Reports subject to the Organic Provisions: "I certify that I have an organic system plan, or organic certificate in place or that I have provided a written request for an updated plan or certificate to the certifying agent for all acreage reported as certified organic or transitional organic."	Substantive/ Non-Substantive

C. Required Statements (Continued)

Item #	Element	Substantive/ Non-Substantive
7	"I acknowledge that I must notify my agent if I intend to direct market any portion of the crop or if my production records are not from a disinterested third party. This notification to my agent must be made on or before the Acreage Reporting Date, or if my marketing plans change after the Acreage Reporting Date, no later than 15 days prior to harvest. The notification may either be in person or by telephone and must be certified in writing on the Marketing Certification within 15 days of notification. If I fail to timely provide the required certification and do not have acceptable production records, it may result in assigned yields in accordance with section 3(g) of the Common Crop Insurance Policy Basic Provisions." ***	Substantive
8	USDA Multiple Benefit Certification Statement **Note:** See Para. 504	Substantive
9	Certification Statement **Note:** See Para. 502	Substantive
10	Privacy Act Statement **Note:** See Para. 501	Substantive
11	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

D. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive
2	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive

Exhibit 25 Summary of Coverage (Schedule of Insurance)

This form is issued to the insured after the crop(s) is planted, reports their 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.

A. Insured Information

Items (9) through (13) are non-substantive if the Policy Confirmation (Declaration) is sent every year to the insured.

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Street and/or Mailing Address"	Substantive
3	"City and State"	Substantive
4	"Zip Code"	Substantive
5	"Insured's Telephone Number"	Substantive
6	"Policy Number"	Substantive
7	"Identification Number"	Substantive
8	"Identification Number Type"	Substantive
9	"Person Type"	Substantive/ Non-Substantive
10	"SBI's Name"	Substantive/ Non-Substantive
11	"SBI's Identification Number"	Substantive/ Non-Substantive
12	"SBI's Identification Number Type"	Substantive/ Non-Substantive
13	"SBI's Person Type"	Substantive/ Non-Substantive

B. Crop Information

Item #	Element	Substantive/ Non-Substantive
1	"Crop Insured"	Substantive
2	"Crop/Practice/Type"	Substantive
3	"Percentage Price Election, Projected Price, Amount of Insurance, or Protection Factor" **Note:** Substitute "Productivity Factor" for RI Applications. AIPs may include the applicable term for the appropriate plan of insurance.	Substantive
4	"Coverage Level"	Substantive
5	"Options, Elections, or Endorsements"	Substantive
6	"Effective Crop Year"	Substantive
7	"Plan of Insurance"	Substantive
8	"State and County"	Substantive

B. Crop Information (Continued)

Item #	Element	Substantive/ Non-Substantive
9	"Multi-County Enterprise Unit applies to county. Name of Other County" **Note:** Item is only substantive when MCEU applies to policy.	Substantive/ Non-Substantive
10	"Policy Number for Other County" **Note:** Item is only substantive when MCEU applies to policy.	Substantive/ Non-Substantive
11	"Total Guarantee of MCEU" **Note:** Item is only substantive when MCEU applies to policy.	Substantive/ Non-Substantive
12	"Guarantee or Amount of Coverage"	Substantive
13	"Liability"	Substantive
14	"Insured's Premium"	Substantive
15	"Insurable Acres" **Note:** Item is only substantive for RI.	Substantive/ Non-Substantive
16	"Insured Acres" **Note:** Item is only substantive for RI.	Substantive/ Non-Substantive
17	"Insured's Share" **Note:** Item is only substantive for RI.	Substantive/ Non-Substantive
18	"Grid ID" **Note:** Item is only substantive for RI.	Substantive/ Non-Substantive
19	"Index Interval" **Note:** Item is only substantive for RI.	Substantive/ Non-Substantive
20	"Trigger Grid Index" **Note:** Item is only substantive for RI.	Substantive/ Non-Substantive
21	"FSA Farm Number, Tract and Field" **Note:** Item is only substantive for RI.	Substantive/ Non-Substantive
22	"Policy Protection per Unit" **Note:** Item is only substantive for RI.	Substantive/ Non-Substantive
23	"Percent of Value" **Note:** Item is only substantive for RI.	Substantive/ Non-Substantive
24	"Intended Use"	Substantive

C. Agent Information

Item #	Element	Substantive/ Non-Substantive
1	"Agent's Name"	Substantive
2	"Agent's Street and/or Mailing Address"	Substantive
3	"Agent's City and State"	Substantive
4	"Agent's Zip Code"	Substantive

C. Agent Information (Continued)

Item #	Element	Substantive/ Non-Substantive
5	"Agent's Code Number"	Substantive
6	"Agent's Telephone Number"	Substantive

D. Other Information

Item #	Element	Substantive/ Non-Substantive
1	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 area plans of insurance) if the loss ratio in the State exceeds 1.20 or may otherwise change if required by the Standard Reinsurance Agreement. However, the amount of premium you are required to 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
2	"Date Issued"	Substantive
3	"Amount of Administrative Fee Due the Approved Insurance Provider"	Substantive
4	"Amount of Subsidy Paid by RMA"	Substantive

Exhibit 26 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.

A. Insured Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Street and/or Mailing Address"	Substantive
3	"City and State"	Substantive
4	"Zip Code"	Substantive
5	"Insured's Telephone Number"	Substantive
6	"Policy Number"	Substantive
7	"Identification Number"	Substantive
8	"Identification Number Type"	Substantive
9	"Person Type"	Substantive
10	"Spouse's Name"	Substantive
11	"Spouse's Identification Number"	Substantive
12	"SBI's Name"	Substantive
13	"SBI's Identification Number"	Substantive
14	"SBI's Identification Number Type"	Substantive
15	"SBI's Person Type"	Substantive

B. Crop Information

Item #	Element	Substantive/ Non-Substantive
1	"Crop Insured"	Substantive
2	"Crop/Practice/Type"	Substantive
3	"Percentage Price Election, Projected Price, Amount of Insurance, or Protection Factor" **Note:** Substitute "Productivity Factor" for RI Applications. AIPs may include the applicable term for the appropriate plan of insurance.	Substantive
4	"Coverage Level"	Substantive
5	"Options, Elections, or Endorsements"	Substantive
6	"Effective Crop Year"	Substantive
7	"Plan of Insurance"	Substantive
8	"State and County"	Substantive
9	"Grid ID" **Note:** Item is only substantive for RI Applications.	Substantive/ Non-Substantive
10	"Index Interval" **Note:** Item is only substantive for RI Applications.	Substantive/ Non-Substantive
11	"Percent of Value" **Note:** Item is only substantive for RI Applications.	Substantive/ Non-Substantive

C. Agent Information

Item #	Element	Substantive/ Non-Substantive
1	"Agent's Name"	Substantive
2	"Agent's Street and/or Mailing Address"	Substantive
3	"Agent's City and State"	Substantive
4	"Agent's Zip Code"	Substantive
5	"Agent's Code Number"	Substantive
6	"Agent's Telephone Number"	Substantive

Exhibit 27 Power of Attorney

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 COI requirements contained in the SRA (see the GSH).

A. Required Language

Item #	Element	Substantive/ Non-Substantive
1	"The undersigned does hereby make, constitute and appoint [INSERT NAME OF APPOINTEE] in the County of [INSERT COUNTY OF EXECUTION] and State of [INSERT STATE OF EXECUTION], 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 [INSERT POLICY 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: Making Application for insurance. Making crop acreage reports. Giving notice of damage or loss. Making claim for indemnity. Making policy change. Making transfers and cancellations. Providing program required production reports. 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] day of [MONTH], [YEAR]."	Substantive

B. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Witness's Printed Name, Signature, and Date"	Substantive
2	"Insured's Printed Name, Signature, and Date"	Substantive
3	"I hereby accept the foregoing appointment"	Substantive
4	"Appointee's Printed Name, Signature, and Date"	Substantive

C. Acknowledgement Block

Item #	Element	Substantive/ Non-Substantive
1	**Example:** Acknowledgement [For use by Notary Public] State of [INSERT STATE OF EXECUTION] County of [INSERT COUNTY OF EXECUTION] On this, the [DAY] day of [MONTH], [YEAR], before me a notary public, the undersigned officer, personally appeared [INSERT NAME OF INSURED], known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that [HE OR SHE] executed the same for the purposes therein contained. In witness hereof, I hereunto set my hand and official seal. **Note:** Use the acknowledgment block if required by the State where acknowledgment is taken. This statement appears only as an example acknowledgement statement. The AIP may use any similar statement it elects in accordance with State law. Any existing and/or executed Power of Attorney documents do not need to be revised. The acknowledgement may be modified for various person types, (e.g., corporation, partnership, LLC), to be contractually consistent with State law. Signatures of the insured and the appointee must be notarized when required by law. Witness signatures are not required, if notarized, unless otherwise required by State law.	Substantive/ Non-Substantive
2	"Notary Seal and Signature of Notary" **Note:** Substantive, as required by State law.	Substantive/ Non-Substantive

D. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Privacy Act Statement **Note:** See Para. 501	Substantive
2	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

Exhibit 28 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 the GSH).

A. Insured Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Insured's Authorized Representative"	Substantive
3	"Street and/or Mailing Address"	Substantive
4	"City and State"	Substantive
5	"Zip Code"	Substantive
6	"Policy Number"	Substantive
7	"Effective Crop Year"	Substantive

B. Terms and Conditions

Item #	Element	Substantive/ Non-Substantive
1	The assignment must read as follows: "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., [1ST CROP NAME AND COUNTY NAME] [2ND CROP NAME AND COUNTY NAME]" **Note:** The Name and Address of Creditor must be contained in the above statement unless listed on the form.	Substantive
2	"Conditions" (a) "This assignment will be binding upon the person(s) who succeed the insured's interest in the insurance policy." (b) "Indemnity payments made under the insurance policy will be subject to a deduction for any indebtedness due this Approved Insurance Provider by the insured." (c) "This assignment will not grant the Creditor any greater rights than originally held by the insured." (d) "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 forms as required by the insurance policy."	Substantive

B. Terms and Conditions (Continued)

Item #	Element	Substantive/ Non-Substantive
2 (Cont.)	(e) "The Approved Insurance Provider will determine the person(s) entitled to any indemnity payment(s) and the payment(s) will be by joint check, unless a single payee is agreed to by all assignees and the insured." (f) "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." **Note:** Followed by signatures of the Insured, Creditor and Witnesses if applicable, see Subpara. D for witness requirements. (g) "If the assignment is not canceled according to item (f), the assignment will cease at the end of the effective crop year."	Substantive
3	"This assignment was filed with the Approved Insurance Provider on [MONTH], [DAY], [YEAR] at [INSERT HOUR] a.m./p.m."	Substantive

C. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Privacy Act Statement **Note:** See Para. 501	Substantive
2	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

D. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive
2	"Creditor's Authorized Representative Printed Name, Signature, and Date"	Substantive
3	"Creditor's Authorized Representative's Telephone Number"	Substantive
4	"Witness Printed Name, Signature, and Date" **Note:** The insured's and/or Creditor's signature and date as provided in item D(1) and D(2) may require a Witness signature and date. See GSH Para. 852 for signature/witness requirements.	Substantive
5	"AIP's Authorized Representative Printed Name, Signature, and Date"	Substantive

Exhibit 29 Continuous Hail and Fire Exclusion Option

A. Insured Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Street and/or Mailing Address"	Non-Substantive

B. Crop Information

Item #	Element	Substantive/ Non-Substantive
1	"The Hail and Fire Exclusion Option applies to the following crop(s):"	Substantive
2	"State and County Where Insurance Attaches"	Substantive
3	"Policy Number"	Substantive
4	"First Effective Crop Year"	Substantive

C. Terms and Conditions

Item #	Element	Substantive/ Non-Substantive
1	"Hail and Fire will be excluded on a crop basis as insured causes of loss from your [ENTER 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)."	Substantive
2	"To exclude hail and fire insurance, for the first crop year of this option:" (a) "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." (b) "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."	Substantive

C. Terms and Conditions (Continued)

Item #	Element	Substantive/ Non-Substantive
2 (Cont.)	(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." (f) "The appraised amount of production is determined by: (i) Subtracting the crop insurance policy coverage level from 1.00; (ii) Subtracting the result of (a) from the percentage of hail and/or fire damage; (iii) Multiplying the result of (b) by the production guarantee per acre for the applicable crop insurance policy; and (iv) Dividing the result of (c) by the crop insurance policy coverage level percentage."	Substantive
3	"**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)	Non-Substantive

C. Terms and Conditions (Continued)

Item #	Element	Substantive/ Non-Substantive
3 (Cont.)	**Step 3:** 0.10 (excess percentage) × 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."	Non-Substantive
4	"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."	Substantive

D. Other Information

Item #	Element	Substantive/ Non-Substantive
1	"Information for the first-year hail and/or fire exclusion request." (a) "Hail and Fire Coverage Effective Date" (b) "Name of Hail and Fire Insurance Company(ies) and Policy Number(s)"	Substantive
2	"Name and Address of Approved Insurance Provider"	Substantive
3	"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." **Note:** This statement is required above the insured's signature line.	Substantive

E. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

F. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive
2	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive

Exhibit 30 Annual Request for Hail and Fire Exclusion Option

A. Insured Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Street and/or Mailing Address"	Non-Substantive

B. Crop Information

Item #	Element	Substantive/ Non-Substantive
1	"The Annual Request to Exclude Hail and Fire applies to the following crop(s):"	Substantive
2	"State and County Where Insurance Attaches"	Substantive
3	"Policy Number"	Substantive
4	"Effective Crop Year"	Substantive

C. Terms and Conditions

Item #	Element	Substantive/ Non-Substantive
1	"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."	Substantive
2	"For the effective crop year of this request:" (a) "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." (b) "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." (c) "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 computed based upon the projected price."	Substantive

C. Terms and Conditions (Continued)

Item #	Element	Substantive/ Non-Substantive
2 (Cont.)	(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." (f) "The appraised amount of production is determined by: (i) Subtracting the crop insurance policy coverage level from 1.00; (ii) Subtracting the result of (a) from the percentage of hail and/or fire damage; (iii) Multiplying the result of (b) by the production guarantee per acre for the crop insurance policy; and (iv) Dividing the result of (c) by the crop insurance policy coverage level percentage."	Substantive
3	"**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) × 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."	Non-Substantive
4	"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."	Substantive

D. Other Information

Item #	Element	Substantive/ Non-Substantive
1	"Information for the first-year hail and/or fire exclusion request." (a) "Hail and Fire Coverage Effective Date" (b) "Name of Hail and Fire Insurance Company(ies) and Policy Number(s)"	Substantive
2	"Name and Address of Approved Insurance Provider"	Substantive
3	"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." **Note:** This statement is required above the insured's signature line.	Substantive

E. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

F. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive
2	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive

Exhibit 31 High-Risk Land Exclusion Option

CCIP 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 or wish to insure their high-risk land at a lower level of coverage than their additional coverage policy (base policy) may execute a HRLEO on or before the applicable SCD with the same AIP from which their additional coverage was obtained. The HRLEO is elected on a policy basis and available for land located in high-risk areas identified in the actuarial documents. See CIH for further instruction regarding this option.

A. Insured's Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Street and/or Mailing Address"	Substantive
3	"City and State"	Substantive
4	"Zip Code"	Substantive
5	"Insured's Telephone Number"	Substantive
6	"Policy Number"	Substantive
7	"State and County"	Substantive
8	"Identification Number"	Substantive
9	"Identification Number Type"	Substantive

B. Crop Information

Item #	Element	Substantive/ Non-Substantive
1	"Crop(s)"	Substantive
2	"Crop Year"	Substantive
3	"Plan of Insurance or Percentage of Price"	Substantive

C. Terms and Conditions

Create check boxes for Items 2, 3, and 4 with instructions for the insured to select one.

Item #	Element	Substantive/ Non-Substantive
1	"I hereby elect this High-Risk Land Exclusion Option (HRLEO), and by this election I understand: (a) I must have purchased an additional coverage policy under the CCIP and applicable Crop Provisions (CP). (b) 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). This option only applies in those counties where high-risk land is specified.	Substantive

C. Terms and Conditions (Continued)

Item #	Element	Substantive/ Non-Substantive
1 (Cont.)	(c) That by signing this option 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. (d) If I transfer my policy to a different Approved Insurance Provider (AIP), a new HRLEO must be signed by me and submitted to the new AIP on or before the applicable SCD. (e) If I choose to exclude coverage for high-risk land under the base policy and not insure the high-risk land, those acres must be reported as uninsured acreage on the acreage report. Separate production records showing planted acreage and harvested production from the high-risk land not insured must also be maintained and reported by me on the production report. In the event of a loss on any insured unit, I must provide separate production records showing planted acreage and harvested production for any acreage which is excluded from crop insurance coverage under this option. (f) When high-risk land is insured on a separate CAT or high-risk policy: (i) it is considered a separate crop for: administrative fees, unit division, added land, and all other insurance purposes. For yield floor and variable T-Yield percentages, use the total number of years of actual/assigned yields by crop/county for both policies. (ii) The acreage and production from high-risk land insured on a CAT policy or high-risk policy must be reported. (A) The acreage of the crop planted on high-risk land insured on a separate policy must be reported on the acreage report for the policy insuring the high-risk land for each crop year. (B) Separate production reports and supporting records indicating planted acreage and harvested production for any high-risk land insured on a separate policy are required. (g) All other provisions of the policy not in conflict with this option are applicable.”	Substantive
2	“By electing this option, if I chose to exclude coverage for the high-risk land under the base policy and not insure the high-risk land on a separate policy, I understand that I am declining crop insurance coverage under the CCIP and the applicable CP for my high-risk land.”	Substantive

C. Terms and Conditions (Continued)

Item #	Element	Substantive/ Non-Substantive
3	"By electing this option, if I choose to insure high-risk land under a separate CAT policy. I understand: (a) The CAT coverage for the high-risk land will be for yield protection only, even if revenue coverage is elected for the base policy. (b) I will have a CAT policy for my high-risk land and a base policy for my non-high-risk land. (c) WAs are not authorized for any policies insured under CAT."	Substantive
4	"By electing this option, if I choose to insure my high-risk land on a high-risk policy if available in the actuarial documents, I understand: (a) I must select a coverage level greater than Catastrophic Risk Protection. (b) I will have two additional coverage policies, a base policy covering my non-high-risk land and a high-risk policy covering my high-risk land. (c) If my base policy is Yield Protection (YP), insurance for my high-risk policy is limited to a YP policy with a lower coverage level. (d) If I have a Revenue Protection (RP) policy, insurance for my high-risk land is limited to a RP policy with lower level of coverage or a YP policy with the same or lower coverage level. (e) If I have a Revenue Protection with Harvest Price Exclusion (RP-HPE) policy, insurance for my high-risk land is limited to a RP-HPE policy with lower level of coverage or a YP policy with the same or lower coverage level. (f) That any other options or endorsements elected on my base policy will continue under this option. (g) Unit structure is a separate choice for the base policy and high-risk policy and applicable qualifications must be separately met for each policy. Whole-farm units are not available on acreage that is provided crop insurance coverage under this option.	Substantive

C. Terms and Conditions (Continued)

Item #	Element	Substantive/ Non-Substantive
4 (Cont.)	(h) Written Agreements (WAs) are not available on acreage that is provided crop insurance coverage under this option, except for those WAs offering lower rates on the high-risk land and WAs for unrated land for that crop in that county that meet the following requirements: (i) that county must have the WA crop listed as an insurable crop in the county at standard rates; and (ii) the WA contains rates on the crop in excess of standard rates for the county."	Substantive

D. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

E. Required Signatured

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive
2	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive

Exhibit 32 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 GSH for further instruction regarding this form.

A. Transferor Information

Item #	Element	Substantive/ Non-Substantive
1	"Transferor's Name"	Substantive
2	"Transferor's Street and/or Mailing Address"	Substantive
3	"City and State"	Substantive
4	"Zip Code"	Substantive
5	"Policy Number"	Substantive
6	"Legal Description: _____ Section: _____ Township: _____ Range: _____ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"	Substantive

B. Crop Information

Item #	Element	Substantive/ Non-Substantive
1	"Crop(s)"	Substantive
2	"Crop Year"	Substantive
3	"Unit Number"	Substantive
4	"Is the entire insured acreage and the entire insured share on this unit being transferred? Yes □ No □"	Substantive
5	Statement (a) below may be used alone. If both statements are used the form should contain check boxes and 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 for the transferee(s)."	Substantive
6	"FSA Farm, Tract, Field Number" **Note:** Item is only substantive for RI.	Substantive/ Non-Substantive
7	"Grid ID" **Note:** Item is only substantive for RI.	Substantive/ Non-Substantive

B. Crop Information (Continued)

Item #	Element	Substantive/ Non-Substantive
8	"Index Interval" **Note:** Item is only substantive for RI.	Substantive/ Non-Substantive

C. Transferee Information

Item #	Element	Substantive/ Non-Substantive
1	"Transferee's Name"	Substantive
2	"Transferee's Street and/or Mailing Address"	Substantive
3	"City and State"	Substantive
4	"Zip Code"	Substantive
5	"Policy Number"	Substantive
6	"Transferee's Identification Number"	Substantive
7	"Transferee's Identification Number Type"	Substantive
8	"Person Type"	Substantive
9	"Acreage Transferred"	Substantive
10	"Share Transferred"	Substantive
11	"Effective Date of Transfer"	Substantive
12	"Nature of Transfer"	Substantive

D. Terms and Conditions

Item #	Element	Substantive/ Non-Substantive
1	"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:" (a) "Receipt by the Approved Insurance Provider of satisfactory evidence that said transfer occurred before the end of the insurance period; i.e.,: (1) the date harvest was completed on the unit; (2) the calendar date for the end of the insurance period; or (3) the date the entire crop on the unit was destroyed, as determined by the Approved Insurance Provider." (b) "The terms of the above-identified insurance contract, including any outstanding assignment of indemnity made by the transferor prior to the date of transfer." (c) "All other terms and provisions set forth herein."	Substantive
2	"The Approved Insurance Provider shall not be liable for any more indemnity than existed before the transfer occurred."	Substantive

D. Terms and Conditions (Continued)

Item #	Element	Substantive/ Non-Substantive
3	"The insurance policy of the transferor covers the share hereby transferred only to the end of the insurance period for the current crop year."	Substantive
4	"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 □"	Substantive
5	$_____ "Total premium on this unit"	Substantive
6	$_____ "Premium on acreage transferred"	Substantive
7	$_____ "Premium on retained acreage"	Substantive
8	$_____ "Premium paid with transfer"	Substantive

E. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	This statement must appear above the signature line. "I, [INSERT TRANSFEREE'S NAME], the Transferee, understand that all billing statements will only be issued to [INSERT TRANSFEROR'S NAME], the Transferor. Due process/Ineligibility notification letters will be issued to both the transferee and 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
2	Certification Statement **Note:** See Para. 502	Substantive
3	Privacy Act Statement **Note:** See Para. 501	Substantive
4	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

F. Require Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Transferor's Printed Name, Signature, and Date"	Substantive
2	"Transferee's Printed Name, Signature, and Date"	Substantive
3	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive

Exhibit 33 Withdrawal of Claim for Indemnity

A. Insured Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Claim Number"	Substantive
3	"Policy Number"	Substantive
4	"Crop(s)"	Substantive
5	"Unit Number(s)"	Substantive

B. Terms and Conditions

Item #	Element	Substantive/ Non-Substantive
1	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."	Substantive
2	"□ I am electing benefits under another USDA program."	Non-Substantive

C. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Privacy Act Statement **Note:** See Para. 501	Substantive
2	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

D. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive

Exhibit 34 Request for an RMA Assigned Identification Number

The Request for an RMA Assigned Identification Number form is applicable to insure individuals or individuals with an SBI in the insured, as defined in the applicable policy provisions and GSH procedures, that are not legally required to have an SSN or EIN number. Such individuals may be assigned an identification number that can be used for insurance purposes.

Individuals requesting an RMA Assigned Identification 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. See the GSH for documentation requirements for non-citizens and AIP instructions.

A. Applicant Information

Item #	Element	Substantive/ Non-Substantive
1	"[YEAR] and Succeeding Crop Years"	Substantive
2	"Applicant's Name"	Substantive
3	"Applicant's Street and/or Mailing Address"	Substantive
4	"City and State"	Substantive
5	"Zip Code"	Substantive
6	"State and County"	Substantive
7	"Policy Number (if applicable)"	Substantive
8	"Identification Number of Insured (if request is for SBI)"	Substantive
9	"Identification Number Type of Insured (if request is for SBI)"	Substantive
10	"Insured's Person Type (if request is for SBI)"	Substantive
11	"Documentation Type" **Note:** For example, Admitted for Permanent Residence, Admitted as a Refugee, Asylee, etc. Provide instruction to "include a brief list of all attached documentation (e.g., INS Form I-94)." See the GSH.	Substantive
12	"Is this request to renew a previously issued RMA Assigned Number? Yes □ No □"	Substantive
13	"If yes, list the previously issued RMA Assigned Number, the issue date and the expiration date."	Substantive

B. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's Printed Name, Signature, and Date"	Substantive
2	"Insured's Printed Name, Signature, and Date"	Substantive
3	"AIP's Authorized Representative's Printed Name, Signature, and Date"	Substantive
4	"AIP's Authorized Representative's Street and/or Mailing Address"	Non-Substantive
5	"AIP's Authorized Representative's Telephone Number"	Substantive

C. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	This statement must appear above the AIP representative's signature line. "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 an SSN/EIN."	Substantive
2	Certification Statement **Note:** See Para. 502	Substantive
3	Privacy Act Statement **Note:** See Para. 501	Substantive
4	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

Exhibit 35 Request to Waive Administration Fee for Limited Resource Farmer

The administrative fee for the Catastrophic Risk Protection Endorsement and additional coverage may be waived for insureds who qualify as a limited resource farmer. See GSH for further information regarding the waiver of administrative fees.

A. Insured Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Insured's Authorized Representative"	Substantive
3	"Street and/or Mailing Address"	Substantive
4	"City and State"	Substantive
5	"Zip Code"	Substantive
6	"County"	Substantive
7	"Identification Number"	Substantive
8	"Identification Number Type"	Substantive
9	"Policy Number"	Substantive

B. Terms and Conditions

The following statements are required.

Item #	Element	Substantive/ Non-Substantive
1	"I, [INSURED'S NAME], request that the administrative fee be waived for the [YEAR] crop year."	Substantive
2	"I certify that:" □ "I am a person with direct or indirect gross farm sales not more than [DOLLAR AMOUNT] 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; or" **Note:** Insert applicable dollar amount as specified at lrftool.sc.egov.usda.gov; or this statement may be revised to state "…sales not more than the amount specified by the Natural Resource Conservation Service at lrftool.sc.egov.usda.gov."	Substantive

B. Terms and Conditions (Continued)

Item #	Element	Substantive/ Non-Substantive
2 (Cont.)	□ "I was insured prior to the 2005 crop year, or was insured for the 2005 crop year for 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."	Substantive

C. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

D. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive
2	"AIP Representative's Printed Name, Signature, and Date"	Substantive

Exhibit 36 Unit Division Option

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

A. Insured Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Street and/or Mailing Address"	Substantive
3	"City and State"	Substantive
4	"Zip Code"	Substantive
5	"State and County"	Substantive
6	"Plan of Insurance"	Substantive
7	"Policy Number"	Substantive
8	"Crop Year"	Substantive

B. Terms and Conditions

Item #	Element	Substantive/ Non-Substantive
1	"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 years 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."	Substantive

B. Terms and Conditions (Continued)

Item #	Element	Substantive/ Non-Substantive
1 (Cont.)	(f) "For crop(s) requiring production reports, to retain such optional units, acceptable production reports must be filed on or before 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."	Substantive

C. Other Information

Create a table with the following columns (1) through (3).

Item #	Element	Substantive/ Non-Substantive
1	"Optional Units"	Substantive
2	"Descriptions of Designated Parcels of Land"	Substantive
3	"Acres"	Substantive
4	Include the following note below the table. "**Note:** A map identifying the above must be attached and numbered as ___ of ___ pages."	Substantive

D. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

E. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive
2	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive
3	"Verified by"	Substantive
4	"AIP Authorized Representative's Printed Name, Signature, and Date" **Note:** Affix item (3) above AIP Authorized Representative's Signature.	Substantive

Exhibit 37 New Producer Certification

The New Producer Certification is completed when an insured initially requests new producer status for APH database establishment. This form is non-substantive; however, if AIPs elect to use this form, all elements are substantive.

A. Insured Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Street and/or Mailing Address"	Substantive
3	"City and State"	Substantive
4	"Zip Code"	Substantive
5	"Telephone Number"	Substantive
6	"Policy Number"	Substantive
7	"State and County"	Substantive
8	"Crop Year"	Substantive
9	"Identification Number"	Substantive
10	"Identification Number Type"	Substantive
11	"SBI Identification Number"	Substantive
12	"SBI Identification Number Type"	Substantive

B. Crop Information

Item #	Element	Substantive/ Non-Substantive
1	"Crop"	Substantive
2	"Practice/Type"	Substantive

C. New Producer Certification Statement

Item #	Element	Substantive/ Non-Substantive
1	"I certify that I have not produced the insured crop in the county for more than two APH crop years. I certify that I was not a member of another insured entity as a substantial beneficial interest holder, which produced the insured crop in the county for more than two APH crop years. I certify that any substantial beneficial interest holders for the policy in which new producer status is requested, have not produced the insured crop in the county for more than two APH crop years."	Substantive
2	"Comments"	Substantive

D. Required Statements

Item #	Element	Substantive / Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

E. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive

Exhibit 38 Unit Division by Grid Option (UDGO)

Agents will prepare a UDGO and transmit to the AIP on or before the earliest ARD for all insured Category B crops with additional coverage in the insured's operation for the crop year (all applicable insured crops) for verification. See CIH for more information regarding the UDGO process.

A. Insured Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Street and/or Mailing Address"	Substantive
3	"City and State"	Substantive
4	"Zip Code"	Substantive
5	"State and County"	Substantive
6	"Policy Number"	Substantive
7	"Crop Year"	Substantive

B. Terms and Conditions

Item #	Element	Substantive/ Non-Substantive
1	"Upon our verification of this option, when your Federal Crop Insurance Policy(ies) permit optional units (OUs), they will be established by RMA Grid. The RMA Grid is based on the United States National Grid (USNG), by dividing each USNG polygon (approximately 6.2-mile by 6.2-mile) into 36 equal-sized polygons approximately 686 acres in size. These approximately 686-acre polygons are each identified with a unique Section Equivalent ID and will be considered section equivalent parcels of land legally identified by other methods of measure, in accordance with Federal Crop Insurance Corporation (FCIC) procedure for establishing OUs. The following terms and conditions apply:" (a) "You are allowed one Unit Division by Grid Option (UDGO) per county that covers all insured Category B crops with additional coverage in your operation for the crop year (all applicable insured crops). For all applicable insured crops, the UDGO elections must be made on or before the representative Sales Closing Date (SCD) for each applicable insured crop and submitted to us on or before the earliest ARD for all applicable insured crops before it is effective. For counties that have crop(s) with a fall or winter SCD and a spring SCD specified in the actuarial documents, the UDGO election may be changed on or before the earliest spring SCD for all applicable insured crops if there is no insured fall or winter planted acreage of any insured crop. If it is determined you have two or more UDGOs, the UDGO with the earliest date will be applicable to all crops, and the other UDGOs will be void."	Substantive

B. Terms and Conditions (Continued)

Item #	Element	Substantive/ Non-Substantive
1 (Cont.)	(b) "Each OU established under the UDGO will be comprised of the insurable cropland under the same basic unit (BU) considered to be within a Section Equivalent ID. Each field, which is defined by the Common Crop Insurance Policy, Basic Provisions (CCIP-BP) as all acreage of tillable land within a natural or artificial boundary (e.g., road, waterways, fences, etc.), will be assigned to a single Section Equivalent ID. Different planting patterns or planting different crops do not create separate fields. For fields that cross grid boundaries, the field will be assigned to the Section Equivalent ID in which the centroid of that field lies. All fields under the same BU having a centroid within the Section Equivalent ID will comprise the OU. OUs established by UDGO can further be divided by irrigated and non-irrigated acreage and acreage insured under an organic farming practice as provided in the CCIP-BP and as allowed in the applicable Crop Provisions (CP). You are not required to have OU structure when UDGO is elected and can still choose unit structure on a crop/county basis for the current crop year." (c) "For each OU, you must have acceptable records of acreage and production for the previous crop year and maintain records for the current crop year and succeeding crop years in which this option remains in effect." (d) "Upon our request, if you fail to provide to us such records, OUs created under this Option will revert to the BUs." (e) "Determination of your OUs will be made at the time you report your acreage of the insured crop." (f) "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 earliest cancellation date for all applicable insured crops. All other provisions of the policy not in conflict with this Option are applicable."	Substantive

C. Other Information

Create a table with columns for items (1) through (5). See an example table below item 7.

Item #	Element	Substantive/ Non-Substantive
1	"Basic Unit"	Substantive
2	"Optional Unit"	Substantive
3	"Section Equivalent ID Assigned to Optional Unit"	Substantive

C. Other Information (Continued)

Item #	Element	Substantive/ Non-Substantive
4	"List of Fields and Acres"	Substantive
5	"Total Acres for the Optional Unit"	Substantive
6	Include the following note below the table. "Note: A digitized map identifying the above, including each field and associated centroid, must be attached and numbered as _____ of _____ pages."	Substantive
7	"Policies with more than one AIP? Yes □ No □"	Substantive

Example Table: Below an example of the unit and field information recorded on the UDGO:

BASIC UNIT	OPTIONAL UNIT	SECTION EQUIVALENT ID ASSIGNED TO OPTIONAL UNIT	LIST OF FIELDS AND ACRES	TOTAL ACRES FOR THE OPTIONAL UNIT
0001	0001	TX-14RPV72-15	1 - 23.2, 2 - 49.4, 6 - 14.8, 7 - 112.8	200.2
	0002	TX-14RPV72-23	3 - 160.8, 4 - 110, 5 - 76.2	347

Note: A digitized map identifying the above, including each field and associated centroid, must be attached and numbered as _____ of _____ pages.

D. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

E. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive
2	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive
3	"Verified by" must be affixed above item (4)	Substantive
4	"AIP Authorized Representative's Printed Name, Signature, and Date"	Substantive

Exhibit 39 Assignment of Indemnity - Single Payee Agreement

Indemnity payments, when an Assignment of Indemnity applies, are made by joint check, unless all assignees and the insured agree in writing for electronic payments to be made to a single payee. This form may not be combined with the Assignment of Indemnity form. The Single Payee Agreement must be completed after the Assignment of Indemnity is executed and before any payment is issued where a single payee is preferred. See GSH Para. 852G for more information on the Single Payee Agreement.

A. Insured Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Insured's Authorized Representative"	Substantive
3	"Street and/or Mailing Address"	Substantive
4	"City and State"	Substantive
5	"Zip Code"	Substantive
6	"Policy Number"	Substantive
7	"Effective Crop Year"	Substantive
8	"Crop"	Substantive
9	"State and County"	Substantive

B. Assignee(s) Information

If there are more than two assignees, include a statement to provide more assignee information on a separate page or back of the form including a space for a signature line for each assignee similar to what is contained in the Required Signature section.

Item #	Element	Substantive/ Non-Substantive
1	"Assignee 1 Name"	Substantive
2	"Street and/or Mailing Address"	Substantive
3	"City and State"	Substantive
4	"Zip Code"	Substantive
5	"Assignee 2 Name"	Substantive
6	"Street and/or Mailing Address"	Substantive
7	"City and State"	Substantive
8	"Zip Code"	Substantive

C. Agreement and Payee Information

Item #	Element	Substantive/ Non-Substantive
1	"I understand that by signing this Assignment of Indemnity - Single Payee Agreement, I am agreeing to allow the Approved Insurance Provider to issue indemnity payments as electronic payments to the single payee shown below."	Substantive
2	"Payee"	Substantive

D. Terms and Conditions

Item #	Element	Substantive/ Non-Substantive
1	"The Insured or any of the Assignees may cancel this Single Payee Agreement. Cancellation of this Single Payee Agreement by the Insured or any of the Assignees during the crop year stated above will be accepted by the Approved Insurance Provider only upon notification in writing."	Substantive
2	"This Single Payee Agreement is automatically canceled when the Assignment of Indemnity is canceled or terminated."	Substantive
3	"If the number of Assignee(s) changes during the crop year stated above, this Single Payee Agreement is effectively canceled. If the Insured and all Assignee(s) want to have a single payee, a new Single Payee Agreement must be executed with all parties."	Substantive
4	"If a Transfer of Coverage and Right to an Indemnity occurs after this agreement is executed, this Single Payee Agreement is effectively canceled. If the Insured and all Assignee(s) want to have a single payee, a new Single Payee Agreement must be executed with all parties."	Substantive
5	"If the Insured or Assignee(s) want to change who the payee is that is stated in this Single Payee Agreement, it must be canceled, and a new Single Payee Agreement must be executed naming the new payee."	Substantive
6	"It is understood that if this Single Payee Agreement is canceled for any reason, any indemnity payment issued after cancellation will be a joint check."	Substantive

E. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Privacy Act Statement **Note:** See Para. 501	Substantive
2	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

F. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive
2	"Assignee 1's Printed Name, Signature, and Date"	Substantive
3	"Assignee 2's Printed Name, Signature, and Date"	Substantive
4	"AIP's Authorized Representative Printed Name, Signature, and Date"	Substantive

Exhibit 40–50 (Reserved)

Exhibit 51 RMA Regional Office Determined Yield Request

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Agent's Name"	Substantive
2	"Agent's Street and/or Mailing Address"	Substantive
3	"City and State"	Substantive
4	"Zip Code"	Substantive
5	"Agent Code Number"	Substantive
6	"Telephone Number"	Substantive
7	"Email"	Non-Substantive
8	"Insured Name (as shown on the Application)"	Substantive
9	"Insured's Street and/or Mailing Address"	Substantive
10	"City and State"	Substantive
11	"Zip Code"	Substantive
12	"State and County"	Substantive
13	"State"	Substantive
14	"Policy Number"	Substantive
15	"Crop Year"	Substantive
16	"Identification Number"	Substantive
17	"Identification Number Type"	Substantive
18	"Insured is (Check One): □ Landlord □ Operator □ Owner/Operator"	Substantive

B. Request Information

Create a table with the following columns in (2) through (13).

Item #	Element	Substantive/ Non-Substantive
1	"Provide the following information for the request:"	Substantive
2	"Legal Description: _____ Section: _____ Township: _____ Range: _____ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"	Substantive

B. Request Information (Continued)

Item #	Element	Substantive/ Non-Substantive
3	"Crop"	Substantive
4	"Unit Number"	Substantive
5	"Whole Acres"	Substantive
6	"Plant Date"	Substantive
7	"FSA Farm/Tract/Field Number"	Substantive
8	"Practice"	Substantive
9	"Type/Class/Variety"	Substantive
10	"Insured Share"	Substantive
11	"Name of Other Person(s) Sharing in the Crop"	Substantive
12	"Reason for this Request:" **Note:** Create a checklist with the following items (a) through (b)(ix). Instruct the requestor to select one of the reasons. (a) "Category B Crop(s)" (i) "Master Yield" (ii) "New Producer and Variable T-Yield Exception" (b) "Category C Crop(s), Florida citrus and Pecan Revenue" (i) "Alternate Bearing (Category C Crop(s))" (ii) "Downward Trending (Category C Crop(s))" (iii) "Change in Practice or Production Methods (Category C Crop(s), Pecan Revenue)" (iv) "Productivity is Reduced (Category C Crop(s), Florida citrus, Pecan Revenue)" (v) "Higher Yield Request (Category C Crop(s), Pecan Revenue)" (vi) "Irrigation Supply is Not Adequate (Category C Crop(s))" (vii) "Production Minimum Requirement (Category C Crop(s))" (viii) "Underage Crop (Category C Crop(s))" (ix) "Other When Authorized in writing by RMA (Category C Crop(s))"	Substantive

B. Request Information (Continued)

Item #	Element	Substantive/ Non-Substantive
13	"Explain Reason(s) for Regional Office Determined Yield Request (a) Produced the crop on a farming operation for more than two crop years, stopped farming ALL land in that farming operation and has produced the crop on entirely different land for two APH crop years or less, in the county (CIH 1731 (1)(a)). (b) Has NOT produced or shared in the crop, in the county, in the most recent 10 calendar years preceding the current crop year (11 calendar years for crops with a lag year). If the insured produced or shared in the crop for one or two years in the most recent 10 calendar years (11 calendar years for crops with a lag year), production reports must be filed for such crop years (CIH 1731 (1)(b)). (c) Other (explain)"	Substantive

C. Submission Documentation

Create a checklist with the following columns for items (2) through (10) for supplemental documentation. All necessary supplemental documentation is contained in procedure.

Item #	Element	Substantive/ Non-Substantive
1	"Check all that apply"	Non-Substantive
2	"Application/Policy Confirmation"	Substantive
3	"Current APH Database, including Production Reports for unit(s)"	Substantive
4	"Copy of Production Records substantiating any Crop Provision Production Minimum Requirement(s) that have been met - Category C Crops"	Substantive
5	"APH Block Production - Category C Crops"	Substantive
6	"Weighted Average Age/Density Worksheet(s) - Category C Crops"	Substantive
7	"Producer's Pre-Acceptance Worksheet(s) - Category C Crops, Florida citrus and Pecan Revenue"	Substantive
8	"Perennial Crop Pre-Acceptance Inspection Report - Category C Crops, Florida citrus and Pecan Revenue"	Substantive
9	"Master Yield Summary APH Database - Category B Crops"	Substantive
10	"Other" **Note:** Including other required documents per the current CIH.	Substantive

D. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

E. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive
2	"AIP Authorized Representative's Printed Name, Signature, and Date"	Substantive
3	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive

Exhibit 52 Production Report

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

A. Insured Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Street and/or Mailing Address"	Substantive
3	"City and State"	Substantive
4	"Zip Code"	Substantive
5	"Insured's Telephone Number"	Substantive
6	"Policy Number"	Substantive
7	"Crop Year"	Substantive
8	"Identification Number"	Substantive
9	"Identification Number Type"	Substantive
10	"Plan of Insurance"	Non-Substantive

B. Crop Information

Items (7) through (19) are required for the applicable crop year's production report. These items are not required for all crop years within the base period unless the insured reports production for multiple crop years. The AIP-developed form may have single crop year reporting, or the AIP may adapt these standards to allow for multiple crop year reporting, when applicable.

Item #	Element	Substantive/ Non-Substantive
1	"Crop"	Substantive
2	"Practice/Type/T-yield Map Area/Other Characteristics"	Substantive
3	"Unit Number"	Substantive
4	"Legal Description: _____ Section: _____ Township: _____ Range: _____ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"	Substantive
5	"Other Person(s)"	Substantive
6	"Other"	Substantive
7	"Record Type"	Substantive
8	"Processor Number/Name"	Substantive
9	"Number Trees or Vines"	Substantive

B. Crop Information (Continued)

Item #	Element	Substantive/ Non-Substantive
10	"Insurability"	Substantive
11	"FSA Farm/Tract/Field Number"	Substantive
12	"Cropland Acres"	Non-Substantive
13	"Crop Year of History"	Substantive
14	"Total Production"	Substantive
15	"Pre-Quality Total Production" or "Early Harvested Adjusted Total Production" **Note:** Item is only substantive if the Quality Loss Option is elected, or Early Harvest Adjustment is elected for sugar beets.	Substantive/ Non-Substantive
16	"Acres"	Substantive
17	"Yields"	Substantive
18	"Pre-Quality Actual Yield" or "Early Harvested Adjusted Actual Yield" **Note:** Item is only substantive if the Quality Loss Option is elected, or Early Harvest Adjustment is elected for sugar beets.	Substantive/ Non-Substantive
19	"Insured Share"	Non-Substantive
20	"Multi Crop Year Reporting Reason" **Note:** Provide instruction for the insured to indication the applicable reason they are reporting a crop year other than the most recent APH crop year.	Substantive
21	"New Producer I certify I have not produced the insured crop in the county for more than two years." **Note:** Non-Substantive if the New Producer Certification Form in Exhibit 37 is used, (i.e., the Insured (including the SBI) has produced the crop less than three years). (See the CIH.)	Substantive/ Non-Substantive
22	"Added Land/New Crop/Practice/Type/TMA"	Substantive
23	"State and County"	Substantive
24	"Area Classification"	Substantive

C. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

D. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive
2	"Comment"	Non-Substantive

Exhibit 53 Actual Production History Database

The production report(s) 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 yield.

A. Insured Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Street and/or Mailing Address"	Substantive
3	"City and State"	Substantive
4	"Zip Code"	Substantive
5	"Insured's Telephone Number"	Substantive
6	"Policy Number"	Substantive
7	"Crop Year"	Substantive
8	"Identification Number"	Substantive

B. Crop Information

For items (9) through (16), allow space to provide the appropriate years of the base period.

Item #	Element	Substantive/ Non-Substantive
1	"Crop"	Substantive
2	"Practice/Type/T-yield Map Area/Other Characteristics"	Substantive
3	"Unit Number"	Substantive
4	"State and County"	Substantive
5	"Legal Description: _____ Section: _____ Township: _____ Range: _____ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"	Substantive
6	"Other Person(s) Sharing in the Crop"	Substantive
7	"Other"	Substantive
8	"T-Yield"	Substantive
9	"FSA Farm/Tract/Field Number"	Substantive
10	"Crop Year of History"	Substantive
11	"Total Production"	Substantive
12	"Pre-Quality Total Production" or "Early Harvested Adjusted Total Production" **Note:** Item is only substantive if the Quality Loss Option is elected, or Early Harvest Adjustment is elected for sugar beets.	Substantive/ Non-Substantive

B. Crop Information (Continued)

Item #	Element	Substantive/ Non-Substantive
13	"Acres"	Substantive
14	"Yields"	Substantive
15	"Pre-Quality Actual Yield" or "Early Harvested Adjusted Actual Yield" **Note:** Item is only substantive if the Quality Loss Option is elected, or Early Harvest Adjustment is elected for sugar beets.	Substantive/ Non-Substantive
16	"Yield Descriptors"	Substantive
17	"Total"	Substantive
18	"Preliminary Yield"	Substantive
19	"Prior Yield"	Substantive
20	"Average Yield"	Substantive
21	"Adjusted Yield"	Substantive
22	"Rate Yield"	Substantive
23	"Approved Yield"	Substantive
24	"Yield Indicator"	Substantive
25	"Program Indicator" **Note:** Item is only substantive if new breaking or native sod is applicable.	Substantive/ Non-Substantive
26	"Required: □ Field Review □ Inspection"	Substantive

C. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Privacy Act Statement **Note:** See Para. 501	Substantive
2	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

D. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date" **Note:** Substantive if insured elects YE/YC opt out. An insured is only required to sign the APH database when YE/YC is elected and the insured has chosen to opt-out of excluding an actual yield(s) in eligible crop year(s), and/or elected for YC to not apply to the APH database.	Substantive/ Non-Substantive
2	"Comments"	Non-Substantive

Exhibit 54 Summary of Revenue History Database

For Pecan Revenue only, the Summary of Revenue History Database consists of all years of production, within the base period, reported by the insured and is used to calculate the approved SRH yield.

A. Insured Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Street and/or Mailing Address"	Substantive
3	"City and State"	Substantive
4	"Zip Code"	Substantive
5	"Insured's Telephone Number"	Substantive
6	"Policy Number"	Substantive
7	"Crop Year" **Note:** First- or second-year coverage module.	Substantive
8	"Identification Number"	Substantive
9	"Identification Number Type"	Substantive
10	"State and County"	Substantive

B. Crop Information

For items (7) through (12), allow space to provide the appropriate years of the base period. For items (14) through (18), ensure the rows directly follow the columns from items (7) through (12).

Item #	Element	Substantive/ Non-Substantive
1	"Practice/Type/Map Area/Other Characteristics"	Substantive
2	"Unit Number"	Substantive
3	"Legal Description: _____ Section: _____ Township: _____ Range: _____ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"	Substantive
4	"FSA Farm/Tract/Field Number"	Substantive
5	"Other Person(s) Sharing in the Crop"	Substantive
6	"T-Revenue"	Non-Substantive
7	"Crop Year of History"	Substantive
8	"Gross Sales"	Substantive
9	"Total Pound Production"	Non-Substantive
10	"Acres"	Substantive
11	"Yield in Pounds"	Substantive
12	"Average Gross Sales per Acre"	Substantive

B. Crop Information (Continued)

Item #	Element	Substantive/ Non-Substantive
13	"Yield Descriptor"	Substantive
14	"Total Number of Years"	Substantive
15	"Total Average Gross Sales per Acre"	Substantive
16	"Approved Average Revenue per Acre"	Substantive
17	"Yield Indicator"	Substantive
18	"Required PAIR"	Substantive
19	"Comments"	Substantive

C. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Privacy Act Statement **Note:** See Para. 501	Non-Substantive
2	Non-Discrimination Policy Statement **Note:** See Para. 503	Non-Substantive

Exhibit 55 Revenue Report

For Pecan Revenue, to collect the prior crop year(s)' production and gross sales from the insured for the prior two-year coverage module. The information contained in the revenue report is used to establish the approved SRH yield for the current coverage module. A revenue report is required at the beginning of a two-year coverage module.

A. Insured Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Street and/or Mailing address"	Substantive
3	"City and State"	Substantive
4	"Zip Code"	Substantive
5	"Insured's Telephone Number"	Substantive
6	"Policy Number"	Substantive
7	"Crop Year"	Substantive
8	"Identification Number"	Substantive
9	"Identification Number Type"	Substantive

B. Crop Information

Items (7) through (16) are required for the most recent two crop year's revenue report. These items are not required for all crop years within the base period unless the insured reports production for multiple crop years.

Item #	Element	Substantive/ Non-Substantive
1	"Practice/Type"	Substantive
2	"State and County"	Substantive
3	"Unit Number"	Substantive
4	"Legal Description: ___ Section: ___ Township: ___ Range: ___ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"	Substantive
5	"FSA Farm/Tract/Field Number"	Substantive
6	"Other Person(s) Sharing in the Crop"	Substantive
7	"Record Type"	Substantive
8	"Contract Number"	Substantive
9	"Number of Trees"	Substantive
10	"Insurability"	Substantive
11	"Gross Sales"	Substantive

B. Crop Information (Continued)

Item #	Element	Substantive/ Non-Substantive
12	"Total Pound Production"	Non-Substantive
13	"Acres"	Substantive
14	"Yield Descriptor"	Substantive
15	"Yield in Pounds"	Substantive
16	"Average Gross Sales per Acre"	Substantive
17	"Multi Crop Year Reporting Reason" **Note:** Provide instructions to indicate the applicable reason the insured is reporting crop years other than the most recent two crop years in the coverage module.	Substantive
18	"Added Acreage"	Substantive
19	"Comments"	Non-Substantive

C. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

D. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive

Exhibit 56 Agreement to Combine Optional Units

The Agreement to Combine Optional Units allows a producer to combine multiple optional units into one optional unit. See also the CIH.

A. Insured Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Street and/or Mailing Address"	Substantive
3	"City and State"	Substantive
4	"Zip Code"	Substantive
5	"Agent's Name"	Substantive
6	"Agent's Street and/or Mailing Address"	Substantive
7	"State and County"	Substantive
8	"Initial Crop Year"	Substantive
9	"Policy Number"	Substantive

B. Unit Information

Item #	Element	Substantive/ Non-Substantive
1	"Applicable Crops"	Substantive
2	"Units Numbers Combined (Identify units by unit number)"	Substantive
3	"Legal Description: ___ Section: ___ Township: ___ Range: ___ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"	Substantive
4	"FSA Farm/Tract/Field Number"	Substantive

C. Terms and Conditions

Item #	Element	Substantive/ Non-Substantive
1	"This is a continuous agreement." (a) "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."	Substantive

C. Terms and Conditions (Continued)

Item #	Element	Substantive/ Non-Substantive
1 (Cont.)	(b) "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 canceled and continuity of insurance coverage is broken." (c) "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." (d) "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." (e) "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." (f) "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: (i) 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	Substantive

C. Terms and Conditions (Continued)

Item #	Element	Substantive/ Non-Substantive
1 (Cont.)	(ii) If any indemnities were paid on the optional units, the approved 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." (g) "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."	Substantive

D. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

E. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive
2	"AIP Authorized Representative's Printed Name, Signature, and Date"	Substantive
3	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive

Exhibit 57 Producer's Pre-Acceptance Worksheet

The Producer's Pre-Acceptance Worksheet applies to Category C Crops; see the CIH for form completion instructions. Some standards below are crop specific; modify this worksheet in crop information to the specific Category C Crop.

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's/Insured's Name"	Substantive
2	"Applicant's/Insured's Policy Number"	Substantive
3	"Unit Number"	Substantive
4	"Crop"	Substantive
5	"State and County"	Substantive
6	"Legal Description: ___ Section: ___ Township: ___ Range: ___ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"	Substantive
7	"Crop Year"	Substantive
8	"FSA Farm/Tract/Field Number"	Substantive

B. Crop Information

Create a table for the following columns in (1) through (16).

Item #	Element	Substantive/ Non-Substantive
1	"Block Number"	Substantive
2	"Type"	Substantive
3	"Practice"	Substantive
4	"Variety"	Substantive
5	"Rootstock" **Note:** When applicable by crop policy: Arizona-California citrus crop, grapes, macadamia nuts, peaches, pistachio, plum, prune, stone fruit, and walnuts.	Substantive
6	"Month/Year Planted"	Substantive
7	"Month/Year Grafted" **Note:** Includes dehorned, buckhorned, stumped, etc. as applicable to crop provision reporting requirements.	Substantive

B. Crop Information (Continued)

Item #	Element	Substantive/ Non-Substantive
8	"Number of Plants" **Note:** Or, "number of trees, vines, bushes." This item is non-substantive for cranberries or lowbush blueberries.	Substantive/ Non-Substantive
9	"Plant Spacing"	Substantive
10	"Planting Pattern"	Substantive
11	"Interplanted with another crop" **Note:** This item is non-substantive for cranberries.	Substantive/ Non-Substantive
12	"Acres"	Substantive
13	"Density" **Note:** This item is non-substantive for cranberries or lowbush blueberries.	Substantive/ Non-Substantive
14	"Percent Stand" **Note:** Or "Estimated Percent Plant Cover" for cranberries or lowbush blueberries.	Substantive
15	"Insurable or Uninsurable"	Substantive
16	"Totals:" **Note:** Totals are for Acres and Number of Plants.	Substantive

C. Required Questions

Create a block for the following questions, include a Yes □ No □ option at the end of each question with instruction to check one.

Item #	Element	Substantive/ Non-Substantive
1	"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? If yes to disease, list type."	Substantive
2	"Have practices or production methods (e.g., removal, dehorning, grafting, transitioning to or from organic) been performed, or not performed, that will reduce the insured crop's production from previous crop years?" (a) "Is acreage transitioning from conventional to organic for the first year?" (b) "Is acreage changing from organic to conventional for the first year?"	Substantive

C. Required Questions (Continued)

Item #	Element	Substantive/ Non-Substantive
3	"Organic: has the acreage been affected by a Prohibited Substance (biological, chemical, or other agent) which results in a change in practice? If yes, select: □ Organic to Transitional □ Organic to Conventional"	Substantive
4	"Irrigation: is the current water supply (surface allotment/well) adequate to produce a normal crop for the crop year being certified above?"	Substantive
5	"Direct market or vertically integrated: identify if any of the crop will be direct marketed or required production records will be controlled by you or will not be from a disinterested third party (e.g., vertically integrated)."	Substantive

D. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

E. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's/Insured's Printed Name, Signature, and Date"	Substantive

Exhibit 58 Perennial Crop Pre-Acceptance Inspection Report

The Perennial Crop Pre-Acceptance Inspection Report is to be completed by the AIP. See the CIH for form completion instructions.

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's/Insured's Name"	Substantive
2	"Applicant's/Insured's Telephone Number"	Substantive
3	"Applicant's/Insured's Policy Number"	Substantive
4	"Applicant's/Insured's Street and/or Mailing Address"	Substantive
5	"City and State"	Substantive
6	"Zip Code"	Substantive
7	"State and County"	Substantive
8	"Name of Owner"	Substantive
9	"Name of Operator"	Substantive
10	"Crop"	Substantive
11	"Crop Year"	Substantive
12	"Unit Number"	Substantive
13	"Legal Description: ___ Section: ___ Township: ___ Range: ___ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"	Substantive
14	"FSA Farm/Tract/Field Number"	Substantive
15	"Location Description"	Substantive

B. Required Questions for Inspector to Complete

Item #	Element	Substantive/ Non-Substantive
1	"Number of years applicant/insured has operated this unit. If less than 3 years, include previous owner's name and address, if known."	Substantive
2	"Has this unit been insured in previous years? If yes, include the number of year's insured and prior policy number(s)."	Substantive
3	"Describe weed control measures used for the unit. Include a description of the orchard/vineyard/plantation/field/bog floor management: (e.g., sod, cover crop, etc.):"	Substantive
4	"Describe the fertilization program used for the unit. Include the applicant's/insured's method of monitoring soil fertility (e.g., soil analysis, foliar analysis, or both):"	Substantive

B. Required Questions for Inspector to Complete (Continued)

Item #	Element	Substantive/ Non-Substantive
5	"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
6	"Describe wildlife control measures:" **Note:** This item is only substantive when required by the crop provision reporting requirements.	Substantive/ Non-Substantive
7	"Describe in detail the use and placement of bees for pollination. Include type, quality, and location:"	Substantive
8	"Describe in detail the varieties being used as pollinizer(s). Include variety, location, quantity, density, and configuration:"	Substantive
9	"Is a tree/vine/bush/plant replacement program being carried out?"	Substantive
10	"Describe the trellis type and condition:"	Substantive
11	"Describe in detail the pruning practices used; date normally completed and indicate whether pruning is annual or biennial:"	Substantive
12	"Describe in detail the irrigation method and 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 Type of irrigation system"	Substantive
13	"Is the unit subject to above normal flood hazards? If so, explain:"	Substantive
14	"Describe the type of frost protection used including the average times used."	Substantive
15	"Are there soil limitations (i.e., slope, depth, drainage, pH., saline/alkali, toxicity, etc.)? If so, explain:"	Substantive
16	"What date is/was harvest complete(d) for the unit under normal conditions?"	Substantive
17	"Previous loss/damage history for the last four years: year, cause, extent, percent damage from previous year."	Substantive
18	"Remarks:"	Substantive

B. Required Questions for Inspector to Complete (Continued)

Item #	Element	Substantive/ Non-Substantive
19	"Type of mulch used and percent of bare surface covered:" **Note:** Item is only substantive for lowbush blueberries.	Substantive/ Non-Substantive
20	"Specific management practices utilized each year of operation on this bog:" **Note:** Create a table with items (a) and (b) as columns and items (c) through (j) as rows. This item is only substantive for cranberries. (a) "Management Practice" (b) "Year" (c) "Fertilization Program" (d) "Sanding Program" (e) "Insect Program" (f) "Weed Program" (g) "Fungicide Program" (h) "Drainage Program" (i) "Water Supply" (j) "Method of Harvest"	Substantive/ Non-Substantive
21	"Bog manager's prediction of expected yield of this bog for the next four years:" **Note:** This item is only substantive for cranberries.	Substantive/ Non-Substantive
22	"Describe the use of frost warning system for the bog:" **Note:** This item is only substantive for cranberries.	Substantive/ Non-Substantive
23	"Describe the presence or absence of a backup power source for irrigation system and type of system." **Note:** This item is only substantive for cranberries.	Substantive/ Non-Substantive
24	"Average number of times the frost protection system is used each year." **Note:** This item is only substantive for cranberries.	Substantive/ Non-Substantive
25	"List by Block: Time needed to flood bog and time needed to remove the water from the bog." **Note:** This item is only substantive for cranberries.	Substantive/ Non-Substantive

B. Required Questions for Inspector to Complete (Continued)

Item #	Element	Substantive/ Non-Substantive
26	"Describe the general condition of bog dikes and banks:" **Note:** This item is only substantive for cranberries.	Substantive/ Non-Substantive
27	"Describe sanding practices used, include the percentage of the bog sanded last year and the percentage of the bog sanded in the last five years." **Note:** This item is only substantive for cranberries.	Substantive/ Non-Substantive
28	"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." **Note:** This item is only substantive for cranberries.	Substantive/ Non-Substantive

C. Acreage/Inspection Information

Item #	Element	Substantive/ Non-Substantive
1	"Measured or determined acres of unit, total unit acreage insurable and uninsurable and method of measurement"	Substantive
2	"Measured or determined acres of unit and total unit acreage insurable"	Substantive
3	"Determine whether current observed conditions reconcile to prior records"	Substantive
4	"Percent Stand" **Note:** Create a table with items (a) through (f) as columns and items (g) through (k) as rows. (a) "Less than 50%" (b) "50–60%" (c) "61–70%" (d) "71–80%" (e) "81–90%" (f) "91–100%" (g) "Based on original planting pattern" (h) "Spaces occupied by live trees/vines/bushes/plants" (i) "Bearing trees/vines/bushes/bogs (percent stand)" (j) "Insurable Stand" (k) "Cranberries/lowbush blueberries (estimated percent plant cover)"	Substantive

C. Acreage/Inspection Information (Continued)

Item #	Element	Substantive/ Non-Substantive
5	"Determine the current Unit potential (Check One): □ Stable □ Declining □ Increasing"	Substantive
6	"Do trees/vines/bushes/plants have sufficient vigor to produce the preliminary APH yield computed for this unit? (Check One) □ Yes □ No"	Substantive
7	"Plant Vigor (Check One): □ Good □ Average □ Poor"	Substantive
8	"Determine if the rootstock variety is adaptable to the area and resistant to disease."	Substantive
9	"If applicable, provide inside bin measurements:"	Substantive
10	"Insurable acreage and tree/vine/bush/bog information: Verify and/or correct Producer's Pre-Acceptance Worksheet(s)"	Substantive
11	"Uninsurable acreage and tree/vine/bush/bog information: Verify and/or correct Producer's Pre-Acceptance Worksheet(s)."	Substantive
12	"Obtain and attach aerial photo(s)/map(s)."	Substantive
13	"Additional information and comments (attach additional sheets if necessary):"	Substantive
14	"Your evaluation of the management of the operation (check one and explain your choice if below average): □ Above Average □ Average □ Below Average"	Substantive
15	"Your evaluation of the orchard/vineyard/bog/grove conditions (check one and explain your choice if below average): □ Above Average □ Average □ Below Average"	Substantive
16	"Action Recommended (Check One): □ Acceptance □ RMA RO Determined Yield Request □ Rejection"	Substantive

D. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Adjuster Printed Named, Signature, and Date"	Substantive
2	"Adjuster Telephone Number and Contact Point"	Substantive
3	"Supervisor Printed Name, Signature, and Date"	Substantive
4	"Supervisor Telephone Number"	Substantive

Exhibit 59 Florida Citrus Fruit Producer's Pre-Acceptance Worksheet

This worksheet applies to the Dollar Plan for Florida Citrus Fruit (see the CIH).

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's/Insured's Name"	Substantive
2	"Applicant's/Insured's Street and/or Mailing Address"	Substantive
3	"City and State"	Substantive
4	"Zip Code"	Substantive
5	"Applicant's/Insured's Telephone Number"	Substantive
6	"Applicant's/Insured's Policy Number"	Substantive
7	"Legal Description: ____ Section: ____ Township: ____ Range: ____ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"	Substantive
8	"Crop Year"	Substantive
9	"State and County"	Substantive

B. Crop Information

Create a table for the following columns in (1) through (17).

Item #	Element	Substantive/ Non-Substantive
1	"Block Number"	Substantive
2	"Unit Number"	Substantive
3	"Crop"	Substantive
4	"Date Set Out/Grafted"	Substantive
5	"Month/Year Topworked/Buckhorned"	Substantive
6	"Type"	Substantive
7	"Number of Trees"	Substantive
8	"Number of Trees Topworked/Buckhorned"	Substantive
9	"Planting Pattern"	Substantive
10	"Acres in Block"	Substantive
11	"Tree Spacing"	Substantive
12	"Percent Stand"	Substantive
13	"Number of Trees per Acre"	Substantive
14	"Practice"	Substantive
15	"Insurable or Uninsurable"	Substantive

B. Crop Information (Continued)

Item #	Element	Substantive/ Non-Substantive
16	"Totals:" **Note:** Acres in block and number of trees per acre.	Substantive
17	"Estimated Production Boxes"	Substantive

C. Orchard Information

The following questions are to be completed by the insured with the assistance of the AIP representative. Create a list of the following questions and instruct the insured to check/circle either "Yes" or "No" and fill in the blank, where applicable.

Item #	Element	Substantive/ Non-Substantive
1	"Date of Last Inspection"	Substantive
2	"Has the dollar amount of insurance for the insured crop been previously adjusted due to a reduction of the crop's production potential?"	Substantive
3	"Has an adjustment been applied to the crop's insurable acres resulting in a comparable reduction in yield?"	Substantive
4	"Has damage (e.g., disease, hail, freeze) occurred to the trees that will reduce the insured crop's production?"	Substantive
5	"Have cultural practices or production methods (e.g., heavy pruning, transitioning to organic) been performed that will reduce the insured crop's production?"	Substantive
6	"Have trees been removed, buckhorned, topworked or replaced with uninsurable trees resulting in a change of the original plant stand for any reported insurable acreage?"	Substantive

D. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

E. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's/Insured's Printed Name, Signature, and Date"	Substantive

Exhibit 60 Florida Citrus Fruit Perennial Crop Pre-Acceptance Inspection Report

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

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's/Insured's Name"	Substantive
2	"Applicant's/Insured's Telephone Number"	Substantive
3	"Applicant's/Insured's Street and/or Mailing Address"	Substantive
4	"City and State"	Substantive
5	"Zip Code"	Substantive
6	"State and County"	Substantive
7	"Policy Number"	Substantive
8	"Name of Owner"	Substantive
9	"Name of Operator"	Substantive
10	"Crop Year"	Substantive
11	"Date Set Out/Grafted"	Substantive
12	"Month/Year Topworked/Buckhorned"	Substantive
13	"Planting Pattern"	Substantive
14	"Legal Description: ___ Section: ___ Township: ___ Range: ___ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"	Substantive

B. Individual Citrus Grove Data

Create a table for the following columns in (1) through (12).

Item #	Element	Substantive/ Non-Substantive
1	"Type"	Substantive
2	"Unit Number"	Substantive
3	"Block Number"	Substantive
4	"Acres in Block"	Substantive
5	"Tree Spacing"	Substantive
6	"Number of Trees"	Substantive
7	"Number of Trees per Acre"	Substantive
8	"Tree Age in Years"	Substantive
9	"Insurable Condition"	Substantive
10	"Estimated Production Boxes"	Substantive

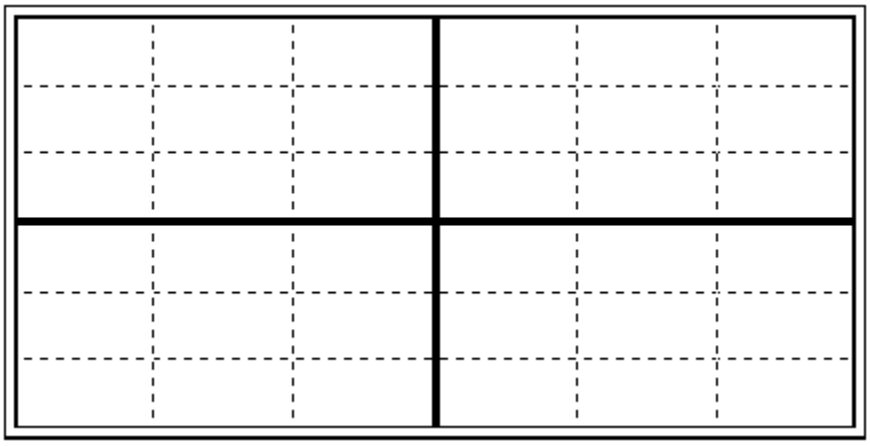
B. Individual Citrus Grove Data (Continued)

Item #	Element	Substantive/ Non-Substantive
11	"Tree Condition"	Substantive
12	"Totals:"	Substantive
13	"Excluded Acreage" **Note:** Include the following instruction: "Enter an (1) for Production less than 100 boxes per acre; enter (2) if trees are not of insurable age."	Substantive
14	"Fresh Fruit Records Verification"	Substantive

C. Other Information

Item #	Element	Substantive/ Non-Substantive
1	Create a Block Map (example below). **Note:** At minimum, map should be 8 rows by 8 columns. The AIP can choose to develop the block 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.	Substantive

Block Map Example:



D. Required Questions

The following questions are to be completed by the insured with the assistance of the AIP representative. Create a list of the following questions and instruct the insured to check/circle either "Yes" or "No" and fill in the blank, where applicable.

D. Required Questions (Continued)

Item #	Element	Substantive/ Non-Substantive
1	"Has the dollar amount of insurance for the insured crop been previously adjusted due to a reduction of the crop's production potential? If yes, list block(s) and explain:"	Substantive
2	"Has an adjustment been applied to the crop's insurable acres resulting in a comparable reduction in yield? If yes, list block(s) and explain:"	Substantive
3	"Has damage (e.g., disease, hail, freeze) occurred to the trees that will reduce the insured crop's production? If yes, list block(s) and explain:"	Substantive
4	"Have cultural practices or production methods (e.g., buckhorning, transitioning to organic) been performed that will reduce the insured crop's production? If yes, list block(s) and explain:"	Substantive
5	"Have trees been removed, buckhorned, topworked or replaced with uninsurable trees resulting in a change of the original plant stand for any reported insurable acreage? If yes, list block(s) and explain:"	Substantive
6	"Describe weed control measures used for the unit. Include a description of the orchard floor management: (e.g., sterile/sod/cover crop)"	Substantive
7	"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
8	"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
9	"Is a tree replacement program being carried out?"	Substantive
10	"If applicable, is fumigation used in the replacement program?"	Substantive
11	"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
12	"Is the unit subject to above normal flood hazards? If so, explain:"	Substantive

D. Required Questions (Continued)

Item #	Element	Substantive/ Non-Substantive
13	"Are there soil limitations (i.e., slope, depth, drainage, Ph, saline/alkali, toxicity)? If so, explain:"	Substantive
14	"Does producer perform crop protection according to Citrus Health Management Area (CHMA) guidelines (Check One): □ Yes □ No. If yes, list CHMA District."	Substantive

E. Acreage/Inspection Information

Item #	Element	Substantive/ Non-Substantive
1	"Determine whether current observed conditions reconcile to prior records"	Substantive
2	"Percent Stand by Block" **Note:** Create a table with items (a) through (f) as columns and items (g) through (j) as rows: (a) "Less than 50%" (b) "50–60%" (c) "61–70%" (d) "71–80%" (e) "81–90%" (f) "91–100%" (g) "Based on original planting pattern" (h) "Spaces occupied by live trees" (i) "Bearing trees (percent stand)" (j) "Insurable Stand"	Substantive
3	"Determine the current unit potential (Check One): □ Stable □ Declining □ Increasing"	Substantive
4	"Measured or determined acres of unit and total unit acreage insurable"	Substantive
5	"Do trees have sufficient vigor to produce the amount of insurance computed for this unit? (Check One) □ Yes □ No"	Substantive
6	"Plant Vigor (Check One): □ Good □ Average □ Poor"	Substantive
7	"Verify and/or correct Producer's Pre-Acceptance Worksheet(s)."	Substantive
8	"Attach aerial photo(s)/map(s)"	Substantive

E. Acreage/Inspection Information (Continued)

Item #	Element	Substantive/ Non-Substantive
9	"Additional information and comments (attach additional sheets if necessary):"	Substantive
10	"Your evaluation of the management of the operation (Check One): □ Above Average □ Average □ Below Average"	Substantive
11	"Your evaluation of the grove conditions (Check One): □ Above Average □ Average □ Below Average"	Substantive
12	"Action Recommended (Check One): □ Acceptance □ RMA RO Determined Yield Request □ Rejection"	Substantive

F. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Inspector's Printed Name, Signature, and Date"	Substantive
2	"Inspector's Code Number"	Substantive
3	"Date of Inspection"	Substantive
4	"Supervisor Printed Name, Signature, and Date"	Substantive
5	"Supervisor Telephone Number"	Substantive

G. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

Exhibit 61 Weighted Average Age/Density Worksheet

See the CIH for form completion instructions.

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's/Insured's Name"	Substantive
2	"State"	Substantive
3	"County"	Substantive
4	"Crop"	Substantive
5	"Practice"	Substantive
6	"Type"	Substantive
7	"Variety/Other"	Substantive
8	"Crop Year"	Substantive
9	"Unit Number"	Substantive
10	"Policy Number"	Substantive
11	"Legal Description: ___ Section: ___ Township: ___ Range: ___ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"	Substantive
12	"FSA Farm/Tract/Field Number"	Substantive

B. Crop Information

Create a table for the following columns in (1) through (12). Develop a Row for Totals for (6) Density × (7) Acres and (3) Set Out Year × (7) Acres.

Item #	Element	Substantive/ Non-Substantive
1	"Block"	Substantive
2	"Month/Year"	Substantive
3	"Set Out Year"	Substantive
4	"Acres"	Substantive
5	"Set Out Year Extensions"	Substantive
6	"Density"	Substantive
7	"Acres"	Substantive
8	"Density Extensions"	Substantive
9	"Totals:"	Substantive
10	"Weighted Average Set Out Year"	Substantive
11	"Weighted Average Density"	Substantive
12	"Transitional Yield"	Substantive

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's/Insured's Name"	Substantive
2	"State"	Substantive
3	"County"	Substantive
4	"Crop Year"	Substantive
5	"Policy Number"	Substantive

B. Crop Information

Item #	Element	Substantive/ Non-Substantive
1	"Line Number"	Substantive
2	"Unit Number"	Substantive
3	"FSA Farm/Tract/Field Number"	Substantive
4	"Legal Description: ___ Section: ___ Township: ___ Range: ___ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"	Substantive
5	"Acres"	Substantive
6	"Share"	Substantive
7	"Shareholder/Farm Name"	Substantive
8	"Date Seeded M/D/YY"	Substantive
9	"Percentage of Ground Cover" (a) "Alfalfa" (b) "Clover" (c) "Other"	Substantive
10	"Forage Stems Per Sq. Ft." (a) "Alfalfa" (b) "Clover" (c) "Other" **Note:** Item is only substantive when percent ground cover is 60 percent or more.	Substantive/ Non-Substantive

B. Crop Information (Continued)

Item #	Element	Substantive/ Non-Substantive
11	"Forage Plants per Sq. Ft." (a) "Alfalfa" (b) "Clover" (c) "Other" **Note:** Item is only substantive when percent ground cover is less than 60 percent.	Substantive/ Non-Substantive
12	"Crop Practice"	Substantive
13	"Plants Other than Alfalfa"	Substantive
14	"Uninsurable Acres"	Substantive
15	"Acres Seeded with Another Crop"	Substantive
16	"Remarks:"	Substantive

C. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's/Insured's Printed Name, Signature, and Date"	Substantive
2	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive

D. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

Exhibit 63 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 (see the CIH).

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Agent's Name"	Substantive
2	"AIP Name"	Substantive
3	"Seed Company Name"	Substantive
4	"Facility/Plant Location"	Substantive
5	"Seed Company Representative"	Substantive

B. Crop Information

Create a table with the following items for columns.

Item #	Element	Substantive/ Non-Substantive
1	"Insured Name"	Substantive
2	"State and County of Insured Crop"	Substantive
3	"Number of Acres"	Substantive
4	"Hybrid Identification"	Substantive
5	"Crop"	Substantive
6	"Type"	Substantive
7	"Practice"	Substantive

C. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive
2	"AIP Representative's Printed Name, Signature, and Date"	Substantive

In accordance with the instructions in the CIH, AIPs are to provide a copy of the following Irrigated Practice Guidelines to all insureds for whom the irrigated practice may apply.

These guidelines are provided to enable insureds to properly report planted or perennial acreage insured under an irrigated practice consistent with their crop insurance policy. It is 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.

A. Definitions

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

Item #	Element	Substantive/ Non-Substantive
1	"**Adequacy of Irrigation Facilities:** 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."	Substantive
2	"**Efficient Irrigation:** Carrying out a good irrigation practice using a lesser amount of irrigation water than historically applied, but still achieving the irrigated APH yield by implementing enhanced management practices to increase efficiency of irrigation water use. Enhanced management practices to increase efficiency of irrigation water use include, but are not limited to, the following: (a) Irrigation Method - Employing an irrigation water distribution technique or technology that has demonstrated greater efficiency (e.g., converting gravity flood irrigation to a center pivot or underground drip tape). (b) Converting high pressure impact sprinklers to low pressure impacts under center pivot irrigation. (c) Soil Moisture Monitors - Using soil moisture monitor output to set the schedule and amount of irrigation water applied."	Substantive
3	"**Good Irrigation Practice:** The Application of adequate water in an acceptable manner, at the proper times, to allow production of a normal crop which is often identified as the approved yield for crops."	Substantive

A. Definitions (Continued)

Item #	Element	Substantive/ Non-Substantive
4	"**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: (a) are under the control of the insured; or (b) routinely deliver water only to acreage which is owned or operated by the insured. A center pivot system is considered irrigation equipment and facilities."	Substantive
5	"**Irrigation Water Supply:** The water source and means for supplying irrigation water, not including equipment or facilities. This includes the water source and dams, canals, ditches, pipelines, etc., which contain the water for movement from the water source to the acreage that: (a) are not under the control of the insured; or (b) routinely deliver water to acreage in addition to that which is owned or operated by the insured."	Substantive
6	"**Reasonable Expectation of Adequate Water:** The insured had no reason to know at the time coverage began the amount of irrigation water may be limited or reduced. No reasonable expectation exists if the insured knew, or had reason to know, the amount of irrigation water may be reduced before coverage begins."	Substantive
7	"**Water Source:** The source from which water is made available. This includes wells, lakes, reservoirs, streams, aquifers, etc."	Substantive

B. Requirements

Item #	Element	Substantive/ Non-Substantive
1	"For planted or perennial acreage to be insured under an irrigated practice, the insured must: (a) be able to document and demonstrate that there is a reasonable expectation of adequate water (see Subpara. C); (b) be able to document and demonstrate good irrigation practices; (c) be able to demonstrate that they have adequate irrigation equipment and facilities;	Substantive

B. Requirements (Continued)

Item #	Element	Substantive/ Non-Substantive
1 (Cont.)	(d) provide verifiable documentation to their AIP on or before the ARD that the irrigation water supply has replenished after a failure of the irrigation water supply prevented the insured from planting or the insured had a failure of irrigation water supply; and (e) keep separate production records for acreage insured under an irrigated practice from acreage insured under a practice other than irrigated (or with no practice applicable) and uninsured acreage."	Substantive

C. Determination of Reasonable Expectation of Adequate Water

Item #	Element	Substantive/ Non-Substantive
1	"Factors to be considered (applicable to both the AIP and the insured) when determining and documenting whether a reasonable expectation of adequate water existed include, but are not limited to the following: (a) Most recent 10-year historical average of available water and any applicable forecasting data from a credible authority responsible for monitoring and forecasting such conditions such as Irrigation Districts, State Department of Water Resources, Bureau of Reclamation, Water Boards, etc. **Examples:** Current Federal, State, or local water district allocations, historical inflows, current water levels, expected inflows resulting from snowpack, expected rainfall, etc.; (b) Water supply availability, quality and usage; (c) Pump efficiency and capacity; (d) Water requirements (amount and timing) for all irrigated crops; (e) Water rights available to the insured (primary, secondary, urban versus agricultural use, etc.); (f) Contingency plans to handle water shortages; (g) Acres to be irrigated; (h) Ownership of the water source including the legal entitlement or rights to the water (State or Federal versus landowner or other private party);	Substantive

C. Determination of Reasonable Expectation of Adequate Water (Continued)

Item #	Element	Substantive/ Non-Substantive
1 (Cont.)	(i) Meters, measuring devices and methods used to monitor good irrigation practice; (j) Soil types, soil moisture levels and pre-plant irrigation needs; (k) Water conservation methods, devices used and plans utilized (if applicable); (l) Past crop planting history and tillage methods; (m) Supplemental water availability and usage including return flow or any precipitation which would normally be received, after insurance attaches; (n) Recommendations from local Cooperative Extension Service (CES), National Resource Conservation Service (NRCS), or other source recognized by CES or NRCS to be an expert in the area regarding irrigation and crop production; (o) Decreased water allocation resulting from the diversion of water for environmental, public use or priority, or other reasons; and **Note:** Not an insurable cause of loss (COL) unless the diversion is made necessary due to an insured COL. (p) Management practices used or to be used to carry out efficient irrigation, as applicable."	Substantive

D. Failure to Qualify or Carry Out a Good Irrigation Practice

Item #	Element	Substantive/ Non-Substantive
1	"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."	Substantive

D. Failure to Qualify or Carry Out a Good Irrigation Practice (Continued)

Item #	Element	Substantive/ Non-Substantive
2	"Failure to carry out a good irrigation practice on acreage properly insured under the irrigated practice will result in an appraisal for uninsured causes on such acreage, unless: (a) the failure was caused by unavoidable failure of the irrigation water supply after insurance attached; or (b) failure or breakdown of the irrigation equipment or facilities due to an insured COL, provided all reasonable efforts to restore the irrigation equipment facilities to proper working order within a reasonable amount of time, unless the AIP determines it is not practical to do so. **Note:** Cost will not be considered when determining whether it is practical to restore the equipment or facilities."	Substantive
3	"If a loss is evident, any reported acreage qualifying as an irrigated practice at the time insurance attaches cannot be revised to a non-irrigated practice after the acreage reporting date, even if liability stays the same or decreases or if the insured failed to carry out a good irrigation practice."	Substantive

E. Prevented Planting Coverage

Item #	Element	Substantive/ Non-Substantive
1	"Insureds may be eligible for a prevented planting payment for acreage historically grown under an irrigated practice for which the insured had no reasonable expectation of adequate water on or before the final planting date (or within the late planting period, if applicable). This applies even if the acreage could have been planted with a non-irrigated practice and the insured elects not to plant, provided all other prevented planting provisions have been met, including that an insured COL must have occurred within the PP insurance period."	Substantive
2	"Insureds must provide, upon the AIP's request, documentation of the factors which were considered in reporting that there was no reasonable expectation of adequate water for the acreage reported as prevented planting under an irrigated practice."	Substantive

Exhibit 65 Grass Seed Underwriting Report

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's/Insured's Name"	Substantive
2	"State"	Substantive
3	"County"	Substantive
4	"Crop Year"	Substantive
5	"Policy Number"	Substantive

B. Crop Information

Item #	Element	Substantive/ Non-Substantive
1	"Grass Seed Type"	Substantive
2	"Unit Number"	Substantive
3	"FSA Farm/Tract/Field Number"	Substantive
4	"Legal Description: ___ Section: ___ Township: ___ Range: ___ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"	Substantive
5	"Acres"	Substantive
6	"Share"	Substantive
7	"Other Person(s) Sharing in the Crop"	Substantive
8	"Date Seeded M/D/YY"	Substantive
9	"Area Without Cover or in Other Species"	Substantive
10	"Percent Area Without Cover or in Other Species"	Substantive
11	"Crop Practice"	Substantive
12	"Plants Other than Grass Seed Type"	Substantive
13	"Uninsurable Acres"	Substantive
14	"Acres Seeded with Another Crop"	Substantive
15	"Remarks:"	Substantive

C. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's/Insured's Printed Name, Signature, and Date"	Substantive
2	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive

D. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

Exhibit 66 Forage Seed Underwriting Report

A. General Information

Item #	Element	Substantive/Non-Substantive
1	"Applicant's/Insured's Name"	Substantive
2	"State and County"	Substantive
3	"Agent Information"	Substantive
4	"Policy Number"	Substantive
5	"Crop Year"	Substantive

B. Crop Information

Item #	Element	Substantive/Non-Substantive
1	"Unit Number"	Substantive
2	"Map Field ID"	Substantive
3	"FSA Farm/Tract/Field Number"	Substantive
4	"Legal Description: ___ Section: ___ Township: ___ Range: ___ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"	Substantive
5	"Acres"	Substantive
6	"Type"	Substantive
7	"Date Planted M/D/YY"	Substantive
8	"Practice"	Substantive
9	"Stand Count per Square Foot"	Substantive
10	"Official Use Only"	Substantive

C. Required Signatures

Item #	Element	Substantive/Non-Substantive
1	"Applicant or Self-Certified (Circle One)/Printed Name, Signature, and Date"	Substantive
2	"Inspector Printed Name, Signature, and Date"	Substantive

D. Required Statements

Item #	Element	Substantive/Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

Exhibit 67 Sprinkler Irrigated Rice (SIR) Endorsement Application

The SIR Endorsement is continuous but requires an annual application to be completed to certify that all documentation requirements will be met for each year the SIR Endorsement is in effect.

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Applicant/Insured's Name"	Substantive
2	"Street Address"	Substantive
3	"City"	Substantive
4	"State"	Substantive
5	"Zip Code"	Substantive
6	"Phone Number"	Substantive
7	"Cell Phone Number"	Substantive
8	"Identification Number"	Substantive
9	"Identification Number Type"	Substantive
10	"Person Type"	Substantive
11	"Spouse's Name"	Substantive
12	"Spouse's Identification Number"	Substantive
13	"Policy Number"	Substantive
14	"Agency Name"	Substantive
15	"Agency Code"	Substantive
16	"Address"	Substantive
17	"City"	Substantive
18	"State"	Substantive
19	"Zip Code"	Substantive
20	"Phone Number"	Substantive
21	"Applicant/Insured's Authorized Representative"	Substantive

B. Required Certification Statements

Item #	Element	Substantive/ Non-Substantive
1	"I understand the policy requirements and my responsibilities outlined in the Sprinkler Irrigated Rice Endorsement and Special Provisions. Specifically, the required: (a) Characteristics for the inbred or hybrid rice to be planted, shall be an appropriate inbred or hybrid rice variety that is: (i) adapted for growing conditions found in the southern U.S. rice growing regions and that is a short to medium season maturity variety or hybrid. Late season maturity varieties of rice are not eligible for insurance when sprinkler irrigation is being used;	Substantive

B. Required Certification Statements (Continued)

Item #	Element	Substantive/ Non-Substantive
1 (Cont.)	(ii) disease resistant to "blast" disease (pyricularia grisea). Varieties that are moderately resistant, moderately susceptible, or susceptible to "blast" are not eligible to be insured under this Endorsement; and (iii) a rice variety that has the grain quality potential equal to U.S. No. 1 as established by the USDA Federal Grain Inspection Service. (b) Equipment to execute a sprinkler irrigation practice: (i) with the capacity to deliver at least 7.5 gallons of water per minute per acre; and (ii) with the ability to complete one complete circle rotation per one 24-hour period and/or with the irrigation system capacity to ensure appropriate application uniformity over the irrigated areas in a timely fashion to meet the transpiration needs of rice. (c) Documentation that verifies: (i) weekly inspections for nutrients, weeds, insects and disease along with any action taken; (ii) fertilizer program executed; and (iii) irrigation practice, application events and amounts. (d) Planting Date and Late Planting: Planting dates are established by State. There is no late planting provision for sprinkler irrigated rice. Any rice planted under a sprinkler irrigation system after the stated final planting date is uninsurable."	Substantive
2	"I understand that the company may ask to view all the needed documentation outlined above to determine the eligibility of insurance. I understand that I must follow the stated good farming practices outlined in the Certification Form and the Crop Insurance Handbook. If the outlined farming practices are not followed or the documentation of the farming practices are not available for review, I understand that my insurance coverage may be denied and the crop deemed to be uninsurable."	Substantive
3	"Remarks"	Substantive

C. Good Farming Practice Requirements

Item #	Element	Substantive/ Non-Substantive
1	"(1) As a producer of sprinkler irrigated rice, you must provide the company access to the equipment used to plant, care for and harvest the crop, if requested."	Substantive
2	"(2) Good farming practices are defined; therefore, they must be documented and available for review by the company at any time to determine insurability. The practices to be documented are: (a) Weekly inspection for weeds, disease, and other problems. (i) If issues are detected, you must take immediate and appropriate actions to remedy the issues. (ii) The actions taken shall be documented (dates and action taken) with field notes, photographs, etc. (b) Planting date and conditions. The rice crop is to be planted in: (i) clean seedbed either by no-till methods or following conventional tillage. (ii) Good soil moisture or shall be irrigated immediately after planting to provide good soil moisture for rice germination. (c) Planning and implementation of an effective weed control program. (i) Dates and actions of the execution of the weed control program shall be recorded by a third-party agronomy scout or Certified Crop Advisor. The weed control program should include documentation of the schedule for herbicide treatment. (ii) Fields shall be inspected weekly by a third-party agronomy scout or Certified Crop Advisor. (A) Inspection records shall be kept by the third-party agronomy scout or Certified Crop Advisor. (B) These records shall be made available to the company for the purposes of insurance adjustment or audit. (iii) All herbicides shall be used according to EPA label requirements and any State and/or local requirements.	Substantive

C. Good Farming Practice Requirements (Continued)

Item #	Element	Substantive/ Non-Substantive
2 (Cont.)	(d) Planning and implementation of an effective pesticide record keeping program. (i) Dates and actions of the execution of the pesticide application and record keeping program shall be recorded by a third-party agronomy scout or Certified Crop Advisor. (A) Fields shall be inspected weekly by a third-party agronomy scout or Certified Crop Advisor. (B) Records of inspection must include the recommendation of pesticide, the date, rate and circumstances of the application. (ii) If a commercial applicator applies pesticides to the insured area, their application records shall be made available for the purposes of the insurance adjustment or audit. (iii) All pesticides shall be used according to EPA label requirements and any State and/or local requirements. (e) Planning and implementation of a fertilizer and nutrient management program. (i) The fertilizer and nutrient management strategy shall be based on soil testing and targeted yield goals. (ii) Fertilizer application timing should be determined by crop condition and growth stage as determined by a third-party agronomy scout or Certified Crop Advisor. (A) Weekly inspection records shall document crop growth stage and crop condition related to fertility. (B) These records shall be made available to the company, if requested, for the purposes of insurance adjustment or audit. (iii) If a commercial applicator is used for fertilizer application, their records shall be made available for the purposes of the insurance adjustment/auditor. (f) Planning and implementation of a disease control program.	Substantive

C. Good Farming Practice Requirements (Continued)

Item #	Element	Substantive/ Non-Substantive
2 (Cont.)	(i) Dates and actions of the execution of a disease control program shall be recorded by a third-party agronomy scout or Certified Crop Advisor. (A) Fields shall be inspected at least weekly by a third-party agronomy scout or Certified Crop Advisor. (B) Inspection records shall be kept by a third-party agronomy scout or Certified Crop Advisor. (C) These records shall be made available to the company for the purposes of insurance adjustment or audit. (ii) If a commercial applicator applies fungicides to the insured area, their application records shall be made available for the purposes of the insurance adjustment or audit. (iii) All fungicides shall be used according to EPA label requirements and any State and/or local requirements. (g) Planning and implementation of a water management program to meet the established evapotranspiration need of rice. You shall: (i) Irrigate frequently, with light applications, to maintain appropriate water content in the effective root zone (i.e., top 6"–8" of soil profile). (A) The term "irrigate frequently" means that irrigation shall occur often enough to provide at least the minimum amount of water needed for normal growth; to include an accounting for rainfall and irrigation events so that soil water conditions in the effective root zone does not cause crop water stress on the rice being grown. (B) In the event of a loss, the Company may use the irrigation logs, rainfall reports and information from county extension offices or other third-party agricultural services to determine if the level of irrigation is sufficient to be considered a "good farming practice."	Substantive

C. Good Farming Practice Requirements (Continued)

Item #	Element	Substantive/ Non-Substantive
2 (Cont.)	(ii) Document irrigation applications. This documentation may be documented by a third-party agronomy scout, Certified Crop Advisor, or by digital means, such as flow meters or digital control panels purchased from the sprinkler equipment manufacturer. (A) Documentation shall include: irrigation dates, irrigation depth applied for each application and rainfall dates and amounts from planting to maturity; to include field notes for any irrigation event that did not irrigate the entire field. (B) Documentation shall include: documentation of equipment inspection and water recommendations as recorded by a third-party agronomy scout or Certified Crop Advisor. For center pivot irrigation management, you should seek to keep the wheel tracks as dry as possible to minimize tire ruts and prevent the machine from getting stuck so that the proper application and timing are maintained during the growing season. (C) Your irrigation management practice should prevent irrigation runoff."	Substantive

D. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Applicant/Insured's Printed Name, Signature, and Date"	Substantive
2	"Agent's Printed Name, Signature, and Date"	Substantive

E. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

Exhibit 68 Florida Fruit Tree Producer's Pre-Acceptance Worksheet

The Florida Fruit Tree Producer's Pre-Acceptance Worksheet applies to the Dollar Plan for Florida Fruit Tree (see the CIH).

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's/Insured's Name"	Substantive
2	"Applicant's Insured's Street and/or Mailing address"	Substantive
3	"City and State"	Substantive
4	"Zip Code"	Substantive
5	"Applicant's/Insured's Telephone Number"	Substantive
6	"Applicant's/Insured's Policy Number"	Substantive
7	"Crop Year"	Substantive
8	"County"	Substantive
9	"Agency Name"	Substantive
10	"Agency Street and/or Mailing Address"	Substantive
11	"Agency City and State"	Substantive
12	"Agency Zip Code"	Substantive

B. Crop Information

Create a table that includes the following columns (1) through (15).

Item #	Element	Substantive/ Non-Substantive
1	"Legal Description: ___ Section: ___ Township: ___ Range: ___ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"	Substantive
2	"Unit Number"	Substantive
3	"Block Number"	Substantive
4	"Crop"	Substantive
5	"Type"	Substantive
6	"Date Set Out/Grafted"	Substantive
7	"Tree Age"	Substantive
8	"Trees per Acre"	Substantive
9	"Acres in Block"	Substantive
10	"Tree Spacing"	Substantive
11	"Tree Count"	Substantive
12	"Tree Stage"	Substantive
13	"Number of Trees"	Substantive

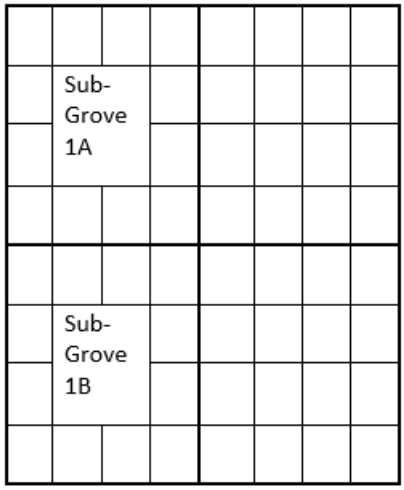
B. Crop Information (Continued)

Item #	Element	Substantive/ Non-Substantive
14	"Percent of Trees"	Substantive
15	"Stage Block Number"	Substantive

C. Other Information

Item #	Element	Substantive/ Non-Substantive
1	Create a grove location plat map to attach to the worksheet. The Insured or AIP can choose to develop the block 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. See example after Item 2.	Substantive
2	"Remarks" **Note:** Enter notes pertinent to the grove certification. Once the initial certification (worksheet and grove location plat map) has been provided, carryover insureds should self-certify in the remarks section of the original PAW that "No change for XXXX CY" has occurred with initials and date. If changes occur in any CY that alter the stage the stage-block designations or the number of trees in each stage block, the insured should note the revisions and their date in the remarks section.	Substantive

Example: Section: Grove 1



D. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Applicant's/Insured's Printed Name, Signature, and Date"	Substantive
2	"Inspector's Printed Name, Signature, and Date"	Substantive
3	"Inspector's Code Number"	Substantive
4	"Date of Inspection"	Substantive

E. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

Exhibit 69 Marketing Certification

The Marketing Certification is required annually and must be completed by insureds that intend to direct market any portion of their crop or when acceptable verifiable production records are required, but these records do not exist because records are controlled by the insured or are not from a disinterested third party, because they, or a person related to them, generates the supporting records (e.g., vertically integrated). See the CIH for further completion and certification instructions.

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Street and/or Mailing Address"	Substantive
3	"City"	Substantive
4	"State"	Substantive
5	"Zip Code"	Substantive
6	"Insured's Telephone Number"	Substantive
7	"Crop Year"	Substantive
8	"Policy Number"	Substantive
9	"State"	Substantive
10	"County"	Substantive
11	"Identification Number"	Substantive
12	"Identification Number Type"	Substantive
13	"Agency Name"	Substantive
14	"Agency Code"	Substantive
15	"Agent Name"	Substantive
16	"Agent Street and/or Mailing Address"	Substantive
17	"Agent City"	Substantive
18	"Agent State"	Substantive
19	"Agent Zip Code"	Substantive
20	"Agent Telephone Number"	Substantive

B. Crop Information

Item #	Element	Substantive/ Non-Substantive
1	"Crop"	Substantive
2	"State and County"	Substantive
3	"Plan of Insurance"	Substantive
4	"Type"	Substantive
5	"Practice"	Substantive
6	"Unit Number"	Substantive

B. Crop Information (Continued)

Item #	Element	Substantive/ Non-Substantive
7	"Legal Description: _____ Section: _____ Township: _____ Range: _____ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"	Substantive
8	"FSA Farm, Tract, Field Number"	Substantive
9	"Field Location Name"	Non-Substantive
10	"Expected Harvest Date"	Substantive
11	"Remarks"	Substantive

C. Definitions

Item #	Element	Substantive/ Non-Substantive
1	"Direct Marketing - The sale of the insured crop directly to consumers without the intervention of an intermediary such as a wholesaler, retailer, packer, processor, shipper, buyer, or broker. Production records are controlled exclusively by the policyholder. Examples of direct marketing include selling through an on-farm or roadside stand, a farmer's market, or permitting the general public to enter the acreage for the purpose of harvesting or picking all or a portion of the crop. Only the portion of the crop sold directly to consumers will be considered direct marketed."	Substantive
2	"Disinterested Third Party - A person that does not have any familial relationship (parents, brothers, sisters, children, spouse, grandchildren, aunts, uncles, nieces, nephews, first cousins, or grandparents, related by blood, adoption or marriage, are considered to have a familial relationship) with you or who will not benefit financially from the sale of the insured crop. Persons who are authorized to conduct quality analysis in accordance with the Crop Provisions are considered disinterested third parties unless there is a familial relationship."	Substantive
3	"Production Record - A written record that documents your actual production reported on the production report. The record must be an acceptable verifiable record or an acceptable farm management record as authorized by FCIC procedures."	Substantive

C. Definitions (Continued)

Item #	Element	Substantive/ Non-Substantive
4	"Verifiable Record - A contemporaneous record from a disinterested third party that substantiates your actual production reported on the production report. The record must be a document or evidence from a disinterested third party that is accurate and can be validated or verified."	Substantive

D. General Information Regarding Records

Item #	Element	Substantive/ Non-Substantive
1	"The types of records listed below may be considered acceptable production records. Acceptable records may vary by crop policy. Discuss your crop's acceptable record requirements with your insurance provider prior to reporting your production report for the applicable crop year. Generally, disinterested third-party records are required to verify information reported by you on the production report; however, completion of this form when records do not exist from a disinterested third party, allows you to provide acceptable records that are not from a disinterested third party."	Substantive
2	"In addition to the requirements provided by each type of acceptable production record, acceptable production records must: (a) Be legible. (b) Support your production report in accordance with your crop policy (e.g., by unit, practice, type, other characteristics, or other reporting requirements applicable). (c) Contain production for the applicable crop year being reported by you. (d) Be in the applicable unit of measure for production (e.g., bins, bags, lugs, etc.) in accordance with your crop policy. (e) Not be production summaries or estimates of production, or summaries or totals that do not identify crop and/or quantity by crop (e.g., hourly pick records, cash boxes, etc.) unless allowed by the crop policy."	Substantive

D. General Information Regarding Records (Continued)

Item #	Element	Substantive/ Non-Substantive
3	"We may also request additional records or information to verify your production report. For example, you may be requested to provide a statement of your internal control procedures and processes. The statement must substantiate how your policy's production is kept separate from the production of other producers whose crop(s) are handled or marketed through the same operation, packing or processing facility or marketing channel."	Substantive

E. Acceptable Production Records (acceptability depends upon crop policy, discuss with your insurance provider)

Item #	Element	Substantive/ Non-Substantive
1	"Production Commercially Sold or Stored: The following records, or similar records, are acceptable: (a) Gin Records; (b) Ledger Sheets; (c) Load Summaries; (d) Marketing Outlet Records; (e) Processor Records; (f) Buyer Records; (g) Distiller Records; (h) First Handler Records; (i) Warehouse Receipts; (j) Elevator Receipts; (k) Settlement Sheets; (l) Storage Facility Records; (m) Packer Records; (n) Broker Records; or (o) Boiler House Records."	Substantive

E. Acceptable Production Records (acceptability depends upon crop policy, discuss with… (Continued)

Item #	Element	Substantive/ Non-Substantive
2	"The following items must be contained on each acceptable record. Please note that if items (a) through (i) are not provided on the acceptable record, the insured must annotate this information on the record or provide this information separately: (a) crop; (b) quantity of production that can be converted to the proper unit of measure, if necessary; (c) name of insured; (d) date of transaction; (e) name of warehouse, elevator, marketing outlet, storage facility, processor, packer, buyer, broker, distiller, boiler house or first handler, etc., as applicable; (f) the unit number, block number, or location of the production; (g) practice, type or other information as required by your crop policy; (h) crop year commodity was produced; and (i) planting period from which production was produced, if actuarial documents designate separate planting periods for the crop."	Substantive
3	"Pick Records (Piece Rate): (a) Must include all of the following to be acceptable. (i) The name of the person(s) paid by you for the harvest of the crop; (ii) The applicable type, practice or other information required by your policy for the applicable crop year; (iii) The pick date and location of the crop; and (iv) The price paid per volume and the price paid must be on the basis of the insurable unit of measure and weight. When applicable, the volumes of the field containers must be provided (e.g., bins) and any applicable volume/weight of the pieces picked;	Substantive

E. Acceptable Production Records (acceptability depends upon crop policy, discuss with… (Continued)

Item #	Element	Substantive/ Non-Substantive
3 (Cont.)	(b) If requested, verifiable proof of payment to the picker(s) for the harvesting of the crop must be provided. Supporting records may include: (i) Copy of canceled check(s) to picker with the bank's stamp of payment. (ii) Copy of payments made to Social Security Administration for tax payments made on behalf of picker(s). (iii) Other proof of payment to the picker, (e.g., paid invoice, other bank certification of payment). (iv) Copies of all pick records for the applicable crop year. When applicable, the copies must be of the actual daily running tallies of production harvested by each picker and location."	Substantive
4	"Machine Harvest Records: Must include all of the following to be acceptable: (a) The insured's name; (b) The name of the crop; (c) The date of harvest; (d) The unit number or the location of the production; (e) Crop year; (f) The practice, type, or other information in accordance with your crop policy; and (g) The quantity of weighed production."	Substantive
5	"Certified Scale Weight Records: Must include all of the following to be acceptable: (a) The insured's name; (b) The name of the crop; (c) The date of harvest;	Substantive

E. Acceptable Production Records (acceptability depends upon crop policy, discuss with… (Continued)

Item #	Element	Substantive/ Non-Substantive
5 (Cont.)	(d) The unit number or the location of the production; (e) Crop year; (f) The practice, type, or other information in accordance with your crop policy; and (g) The quantity/weighed production."	
6	"Sales Records (Direct Marketing): Must include the following to be acceptable: (a) Contemporaneous daily sales register: (i) The records must specify or be supported by receipts that specify, the crop, quantity/weight sold, grade (when available to the insured) and amount received; and (ii) If requested, these records must be supported by tax forms or other receipts verifying income from the sale of the crop; or (b) Transaction Summary: In lieu of daily sales records, you may provide a transaction summary of sales (seasonal or annual) for the applicable crop year being reported from an electronic point of sale system. Transaction summary of sales records must be contemporaneous and meet all the following to be acceptable: (i) The records must specify the crop, quantity/weight sold, grade (when available to the insured) and amount received through credit card or cash transactions for the identified crop; (ii) Must provide a legend when codes are used to differentiate insured crops from other items sold through the point of sale system; (iii) A Summary sheet of sales (seasonal or annual) must only be reported for the applicable crop year; and (iv) If requested, these records must be supported by tax forms or other receipts verifying income from the sale of the crop. When the summary of sales does not match the tax forms, your insurance provider may request a breakdown of daily sales."	Substantive

E. Acceptable Production Records (acceptability depends upon crop policy, discuss with… (Continued)

Item #	Element	Substantive/ Non-Substantive
7	"FSA or CCC Verified Documents: Document must provide evidence of production that was determined and verified by an authorized representative of FSA or CCC. This does not include insured's certifications of production or estimates of production. The FSA or CCC must have verified the existence of the production."	Substantive

F. The following allowable records, or other records not specified, may be used in conjunction with your acceptable production records to substantiate your production report:

Item #	Element	Substantive/ Non-Substantive
1	"Pre-harvest Appraisal: (a) Is an appraisal conducted by an AIP to determine potential production for acreage that has not been harvested on the unit, or policy, as applicable. (b) Will be used in conjunction with your own acceptable production records. (c) May be requested by you on this form if: (i) You direct market your crop, have acceptable production records and you need a pre-harvest appraisal to assist in production reporting by allocating your acceptable production records to the applicable actual production history (APH) database. (ii) You do not market to a disinterested third party and your insurance provider determines intermediary records do not contain all information required by the applicable crop policy for production reporting. (d) Your policy may require an appraisal, and you must notify your insurance provider, in accordance with your policy. (e) Your insurance provider may elect to conduct an appraisal, when applicable, (e.g., unharvested acreage)."	Substantive

F. The following allowable records, or other records not specified, may be used in…(Continued)

Item #	Element	Substantive/ Non-Substantive
2	"Tax Records: Tax records alone are not considered acceptable production records because they are not generally on the same basis as the information required on a production report. However, your insurance provider or USDA may use tax records in combination with other records for verification, for example to identify income and production derived from the sale or verification of payments made to pickers when pick records are provided."	Substantive

G. Required Statements

For items (1) through (4), form completion procedures must provide instructions to check boxes when appropriate.

Item #	Element	Substantive/ Non-Substantive
1	"I certify that I intend to direct market my crop and will have production records that meet the criteria above, separated by the applicable insurable APH database."	Substantive
2	"I certify that I intend to direct market my crop and will have production records that meet the criteria above; however, my records will not be available by the applicable insurable APH database. I request a pre-harvest appraisal to use in conjunction with my acceptable production records to allocate my production by APH database and I will notify my insurance provider at least 15 days prior to harvest."	Substantive
3	"I certify some or all of the production records will be from an intermediary (e.g., wholesaler, retailer, packer, processor, shipper, buyer, or broker) controlled by me or a non-disinterested third party and I will have production records that meet the criteria above."	Substantive
4	"I certify some or all of the production records will be from an intermediary (e.g., wholesaler, retailer, packer, processor, shipper, buyer, or broker) controlled by me or a non-disinterested third party and my records will not meet the criteria above. I request a pre-harvest appraisal to use in conjunction with my intermediary production records to facilitate production reporting by APH database and I will notify my insurance provider at least 15 days prior to harvest. I understand that my insurance provider must approve this request."	Substantive

G. Required Statements (Continued)

Item #	Element	Substantive/ Non-Substantive
5	"If I fail to timely provide the required notification, and do not have acceptable production records, it may result in assigned yields in accordance with section 3(g) of the Common Crop Insurance Policy Basic Provisions or indemnity reductions in accordance with my policy." ***	Substantive
6	"I understand this notification will not fulfill my requirement to provide a notice of loss in case of crop damage."	Substantive
7	Certification Statement **Note:** See Para. 502	Substantive
8	Privacy Act Statement **Note:** See Para. 501	Substantive
9	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

H. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive
2	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive
3	"AIP Authorized Representative's Name, Signature, and Date" **Note:** Substantive when item G(4) is requested.	Substantive/ Non-Substantive

In accordance with CIH Para. 1161D, AIPs must provide a copy of the following Organic Practices Guidelines to all insureds for whom the Organic Certified (OC) or Organic Transitional (OT) practices may apply.

These guidelines are provided to enable insureds to properly report planted or perennial acreage insured under an organic practice consistent with their crop insurance policy. It is important that these guidelines be utilized to document whether, at the time insurance attaches, insureds are aware of what is required to properly report and insure their crop under an organic practice. The guidelines, in their entirety, are substantive and are to be given to the insured.

A. Definitions

The following definitions are provided to facilitate a uniform understanding of the standards and guidelines for insuring acreage under the Organic Certified (OC) and Organic Transitional (OT) practices.

Item #	Element	Substantive/ Non-Substantive
1	"**Buffer Zone:** Acreage designated in your organic system plan that separates agricultural commodities grown under organic farming practices from those grown under conventional farming practices. A buffer zone must be sufficient in size or other features, as stated in the National Organic Program published in 7 CFR part 205, to prevent or minimize the possibility of unintended contact by prohibited substances or organisms applied to adjacent land acres with an area that is part of the certified organic farming operation."	Substantive
2	"**Organic Certified / Certification**: A determination made by a certifying agent that a production or handling operation complies with the Organic Foods Production Act of 1990 (7 U.S.C. 6502) and the regulations, which is documented by a certificate of organic operation in accordance with 7 CFR part 205."	Substantive
3	"**Conventional Farming Practice**: A system or process that is necessary to produce an agricultural commodity, excluding organic farming practices."	Substantive
4	"**Certifying Agent:** A private or governmental entity accredited by the USDA Secretary of Agriculture for the purpose of certifying a production, processing, or handling operation as organic."	Substantive
5	"**Organic INTEGRITY Database:** A database maintained by the National Organic Program. INTEGRITY Database located at organic.ams.usda.gov/integrity/ lists organic transitional and organic certified operations and contains up-to-date and accurate information about operations that are permitted to sell products bearing an organic designation. Being listed as Transitional or Certified in INTEGRITY indicates you have an organic system plan and meet requirements for insuring acreage under an organic transitional system plan or organic system plan."	Substantive

A. Definitions (Continued)

Item #	Element	Substantive/ Non-Substantive
6	"**Organic Crop:** An agricultural commodity that is organically produced, consistent with section 2103 of the Organic Foods Production Act of 1990 (7 U.S.C. 6502)."	Substantive
7	"**Organic Farming Practice:** A system of plant production practices used on organic acreage and transitional acreage to produce an organic crop that is approved by a certifying agent in accordance with 7 CFR part 205."	Substantive
8	"**Organic Standards:** Standards in accordance with the Organic Foods Production Act of 1990 (7 U.S.C. 6501 et seq.) and 7 CFR part 205."	Substantive
9	"**Organic System Plan:** A written plan, in accordance with the National Organic Program published in 7 CFR part 205, that describes the organic farming practices that you and a certifying agent agree upon annually or at such other times as prescribed by the certifying agent."	Substantive
10	"**Sustainable Farming Practice:** A system or process for producing an agricultural commodity, excluding organic farming practices, that is necessary to produce the crop and is generally recognized by agricultural experts for the area to conserve or enhance natural resources and the environment."	Substantive
11	"**Transitional Acreage:** Acreage in transition to organic where organic farming practices are being followed, but the acreage does not yet qualify as certified organic acreage."	Substantive

B. Requirements

Item #	Element	Substantive/ Non-Substantive
1	"For acreage to be insured under a certified organic or transitional practice: (a) The practice must be specified in the actuarial documents; or (b) Coverage is allowed by written agreement – see section 18 of the Common Crop Insurance Policy, Basic Provisions for requirements.	Substantive

B. Requirements (Continued)

Item #	Element	Substantive/ Non-Substantive
1 (Cont.)	In addition, you must have: (c) For certified organic acreage, a written certification (an organic certificate) in effect and directly received from a certifying agent indicating the name of the person certified, effective date of certification, certificate number, types of commodities certified, and name and address of the certifying agent (a certificate issued to a tenant may be used to qualify a landlord or other similar arrangement). A certificate issued from the National Organic Program's Organic INTEGRITY Database (or successor certificate reporting tool) is acceptable. (d) For transitional acreage, an organic system plan documenting the use of practices that would result in certified organic status and that includes the record information as described in (c) above, or written documentation from a certifying agent indicating that an organic system plan is in effect for the acreage. **Exception:** If you do not meet the requirements in (a) or (b), you must provide documentation that you have requested, in writing, written certification for organic system plan on or before the Acreage Reporting Date (ARD). Your certificate or plan must be in effect prior to the earlier of the end of the insurance period or when coverage ends as provided in section 11(b) of the Common Crop Insurance Policy, Basic Provisions. Acreage will remain insured under the practice reported on the ARD. However, if you have a loss and do not have a certificate or plan in place at the time the claim is finalized, then your acreage will be insured under the practice for which it qualifies. (e) For certified organic and transitional acreage, records from the certifying agent showing the specific location of each field of certified organic, transitional, buffer zone, and acreage not maintained under organic management. (f) If you claim a loss on any acreage insured under an organic farming practice, you must provide the AIP with copies of the records required above."	Substantive

C. Important Consideration for the Organic Practice in the Event of Damage or Loss

Item #	Element	Substantive/ Non-Substantive
1	"Insurance is provided only to protect against unavoidable, naturally occurring events. A list of the covered naturally occurring events is contained in the applicable Crop Provisions. Coverage and Documentation: (a) You must provide the AIP with copies of the records required for certified organic and transitional organic acreage listed in accordance with your policy and Subpara. B requirements above. (b) The AIP will verify insurability, practice, and, if applicable: (i) that your reported acreage agrees with the acreage shown on the certifier's records for certified acres and the organic system plan or written documentation issued by a certifier if you only have transitional acreage; (ii) the exact field locations of certified organic, transitional, and buffer zone acreage; (iii) the exact field location of acreage not maintained under organic management (i.e., crops grown under conventional or sustainable farming practices); (iv) rotation requirements, fertilization methods, insect, disease, and weed control methods, etc.; and (v) whether you have followed good farming practices for the type/practice insured (see Subpara. D below). (c) In accordance with the Common Crop Insurance Policy, Basic Provisions, if you have a loss and do not have an organic certificate or an organic system plan in place at the time the claim is finalized, then the acreage will be insured under the practice for which it qualifies. (d) If acreage qualifies as certified organic or transitional on or before the ARD, and the certification is subsequently revoked or suspended by the certifying agent, or the certifying agent does not consider the acreage as transitional for the remainder of the crop year, the acreage will remain insured under the reported practice for which it qualified at the time the acreage was reported."	Substantive

C. Important Consideration for the Organic Practice in the Event of Damage or Loss (Continued)

Item #	Element	Substantive/ Non-Substantive
2	"Uninsurable Causes of Loss: (a) failure to follow recognized Good Farming Practices (GFP) for the type/practice of the insured crop; (b) any loss due to failure to comply with the organic standards will be considered an uninsured cause of loss (COL); (c) contamination by application or drift of prohibited substances onto land on which crops are grown using organic farming practices will not be an insured peril on any certified organic, transitional, or buffer zone acreage; and (d) other causes of loss which are not covered as listed in the Common Crop Insurance Policy, Basic Provisions and Crop Provisions for your policy."	Substantive

D. Good Farming Practices

Item #	Element	Substantive/ Non-Substantive
1	"The purpose of the GFP provisions is to ensure that your production methods do not adversely affect the quantity or quality of the production. This applies to any practice that could affect the amount and quality of the crop, from ground preparation through harvest. In the case of perennials, this applies to practices from post-harvest of the previous crop year through harvest of the current crop year that could affect the amount and quality of the crop. You are responsible for establishing that the farming practice in question constitutes a GFP. All GFP evaluations, including decisions made by the AIP and determinations made by the Risk Management Agency (RMA), must be in accordance with the GFP provisions. Specifically, the production methods you use must: (a) allow the insured crop to make normal progress toward maturity; (b) produce at least the yield used to determine the production guarantee or amount of insurance, including any adjustments for late planted acreage; (c) not reduce or adversely affect the yield; and (d) be regarded as generally recognized GFP by organic agricultural experts for the area.	Substantive

D. Good Farming Practices (Continued)

Item #	Element	Substantive/ Non-Substantive
1 (Cont.)	Approved Agricultural Experts include personnel whose research or occupation is related to the specific crop, and practice, in the region for which such expertise is sought, have demonstrated expertise in the production practice in question, and does not have a personal or financial interest in the insured or the crop. Approved Agricultural Experts for the organic industry include, but are not limited to: (a) the Appropriate Technology Transfer for Rural Areas National Sustainable Agriculture Information Service www.attra.ncat.org; (b) the Sustainable Agriculture Research and Education organization, www.sare.org; or (c) USDA Accredited Certifying Agents (ACA). These are third party agents who certify operations under USDA organic standards. A list of ACAs is available in the Certifier Locator on the Agricultural Marking Service website www.ams.usda.gov. For additional information regarding Approved Agricultural Experts, contact your AIP. If a person does not qualify as an expert, based on the information in Subpara. 21A of the GFP Handbook, persons certified through other programs may be recognized as agricultural experts by RMA if their research or occupation is related to the specific crop and practice, in the region for which such expertise is sought, and has demonstrated expertise in the production practice in question. To obtain approval for such persons, contact RMA's Deputy Administrator for Insurance Services by email to rma.rmsd@usda.gov."	Substantive

E. Contract Pricing

Item #	Element	Substantive/ Non-Substantive
1	"The Contract Price Addendum (CPA) allows you to insure your crop at the contract price if you are a certified organic or transitional producer with a written contract from a buyer on or before the ARD.	Substantive

E. Contract Pricing (Continued)

Item #	Element	Substantive/ Non-Substantive
1 (Cont.)	This allows you to qualify for a Federal crop insurance guarantee that more closely reflects the actual value of the certified organic or transitional crop. Where available, you have the choice to use either the contract price or the published RMA price as the crop insurance projected price or price election. Availability - For a listing of crops see the Contract Price Eligibility by Commodity at www.rma.usda.gov/about-crop-insurance/fact-sheets/contract-price-eligibility-commodity. For contract pricing availability for a particular commodity type or practice, please follow the prompts on RMA's Actuarial Information Browser at aibpf-rma.fpac.usda.gov/apps/ActuarialInformationBrowser/CropCriteria.aspx and see the 'Prices' tab. Information on how to apply the CPA is in (a)–(c) below: (a) For contract pricing and availability for a particular commodity type or practice, follow the prompts on RMA's Actuarial Information Browser. See the "Prices" tab. When a contract price code of "yes" exists on the Prices tab for the crop, type, and practice, you may use a contract price to determine your insurance guarantee. (b) For commodities insured using the Commodity Exchange Price Provisions (CEPP), CPA information can be found in the CEPP. (c) For commodities that do not use the CEPP to determine prices, contract pricing information can be found in the Special Provisions. Please ask your crop insurance agent for a copy of the Special Provisions for the insured crop. If a commodity type or practice allows or requires the use of a contract price through the Crop Provisions or Special Provisions, the CPA is not applicable. To be eligible for contract pricing, you must elect the contract pricing option on or before the sales closing date and provide a copy of the contract to your crop insurance agent on or before the ARD. Unless changed by you, contract pricing coverage continues as your selection as long as your insurance policy remains active."	Substantive

Exhibit 71–80 (Reserved)

Exhibit 81 Certification Form

This form must be titled "Certification Form" and should be completed and returned by the insured to the AIP within five days (or within the timeframe specified by the AIP) after all acreage in the unit has been put to another use, completion of replanting on the unit for replanting payments, or any action to which is certified as indicated by the form. See the LAM for form completion instructions.

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	The following statement must appear below the form title: "Complete and mail this form within five days (or within the timeframe specified by your Approved Insurance Provider) after: (a) all acreage in the unit has been put to another use, (b) completion of replanting on the unit for replanting payment*, (c) For NVS, all Dead/Zero Market Value (ZMV) plants on the unit have been destroyed, or (d) any action to which you have certified as stated on this form."	Substantive
2	"Insured's Name"	Substantive
3	"Policy Number"	Substantive
4	"Date Originate"	Substantive
5	"Return to: (include Adjuster's Name, AIP Name, Mailing Address, City, State, Zip Code)"	Substantive

B. Crop Information

Item #	Element	Substantive/ Non-Substantive
1	"Crop Year"	Substantive
2	"Crop"	Substantive
3	"FSA Farm/Tract/Field Number"	Substantive
4	"Unit Number"	Substantive
5	"Unit Acres"	Substantive

C. Replant/Other Uses of Acreage Information

Item #	Element	Substantive/ Non-Substantive
1	Add this statement above the table. "Replant, destruction, or other use of acreage (plants for NVS) identified was completed on the date(s) shown."	Substantive

C. Replant/Other Uses of Acreage Information (Continued)

Item #	Element	Substantive/ Non-Substantive
2	Create a table with the following columns in the exact order listed below from left to right. (a) "Field Identification Symbol (Plant Location for NVS)" (b) "Intended Use" (c) "Acres (Number of Plants for NVS)" (d) "Actual Use" (e) "Acres (Number of Plants for NVS)" (f) "Date" (g) "Replant Cost per Acre" (h) "Practice/Type or Class"	Substantive
3	Create one row for the following: "Totals"	Substantive
4	Allow additional space for, or provide a separate form for: "Remarks:"	Substantive
5	Insert the following footnote. "*Refer to the crop policy qualifications for replanting payments."	Substantive

Example Table for C:

"Replant, destruction, or other use of acreage (plants for NVS) identified was completed on the date(s) shown."

Field Identification Symbol (Plant Location for NVS)	Intended Use	Acres (Number of Plants for NVS)	Actual Use	Acres (Number of Plants for NVS)	Date	Replant Cost per Acre	Practice/Type or Class
Totals							

*Refer to the crop policy qualifications for replanting payments.

Remarks:

D. Required Loss Adjustment Statements

Include a list of the following required certification statements. The AIP has the discretion of either creating an individual certification form and affixing one of the appropriate loss adjustment statements below, as required by procedure, or creating the multiple statement list on a single form as shown below and providing instruction to the loss adjuster/AIP representative. All statements are Substantive and must appear in its entirety. The AIP is not to instruct the loss adjuster/AIP representative to handwrite any of the statements below to a form that the insured must sign. The statements are to appear either as a single statement on the certification form; therefore, generating multiple certification forms, or as a general certification form containing a checklist of the statements listed below.

If a list is created the loss adjuster/AIP representative must check those applicable required statements in accordance with loss adjustment procedures.

Item #	Element	Substantive/ Non-Substantive
1	"I certify that the damaged acreage cannot be mechanically harvested with normal harvest equipment and will not be harvested. If the crop is harvested after this certification, I understand I may be subject to the misrepresentation provisions in the crop insurance policy."	Substantive
2	"I certify that the acreage in Unit [INSERT UNIT NUMBER] will not be harvested and that the acreage will be put to the use as stated in [insert appropriate item location] when there is sufficient soil moisture. I understand the acreage will not be reappraised by the AIP."	Substantive
3	"I certify that the damaged acreage that cannot be mechanically harvested with normal harvest equipment will not be harvested and if the acreage is gleaned it will be gleaned by the organization shown in the narrative of the claim form (or other USDA approved charitable organizations) and the insured will not receive any compensation from the organization. If I harvest the crop after this certification or receive compensation from the charitable organization, I understand I may be subject to the misrepresentation provisions in the crop insurance policy."	Substantive

E. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

E. Required Statements (Continued)

Item #	Element	Substantive/ Non-Substantive
4	Include this statement above the insured's signature. "I understand that the information on this form may be used for processing the claim which I previously signed."	Substantive

F. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive
2	"Loss Adjuster's Printed Name, Signature, Code Number, and Date"	Substantive

G. Other Information

Item #	Element	Substantive/ Non-Substantive
1	Include the following checklist and title "For Office Use Only." This check list should appear next to the Loss Adjuster's Signature. □ "Accepted" □ "Rejected" □ "Second Inspection"	Substantive

Exhibit 82 Self-Certification Replant Worksheet

This form must be titled "Self-Certification Replant Worksheet." This worksheet can be used only: (1) when the AIP authorizes its use, (2) for authorized crops listed in the LAM and (3) when the acreage of the authorized crop to be replanted is 100 acres or less for a unit and the unit acreage qualifies for a replanting payment in accordance with the policy/endorsement replanting provisions. See the LAM for further completion instructions.

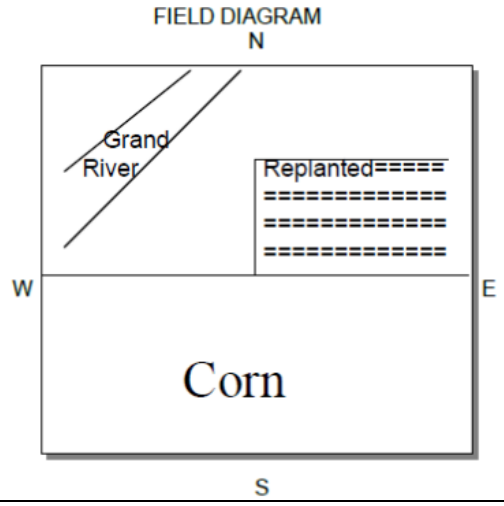
A. General Information

Item #	Element	Substantive/ Non-Substantive
1	The following statement must appear below the form title: "The Self-Certification Replant Worksheet may be used when the acreage to be replanted is 100 acres or less for the unit. Per the policy provisions, in order to qualify for a replant payment, the number of acres to be replanted must be at least the lesser of 20 acres or 20% of the insured planted acreage for the unit (as determined on the final planting date or within the late planting period if a late planting period is applicable). The potential for the acres to be replanted must not exceed the amount stated in the crop policy. A replant payment may be made only once on the acreage in the same location for the same crop year. Complete and mail this form within five days (or within the timeframe specified by your Approved Insurance Provider) after completion of replanting on the unit for replanting payment. If the crop provisions specify a replanting payment is based on actual cost, attach copies of receipts for replanting expenses actually incurred for the replanted acreage (those expenses you actually paid or are liable for). (Refer to your crop policy qualification for replanting payments)."	Substantive
2	"Insured's Name"	Substantive
3	"Policy Number"	Substantive
4	"Claim Number"	Substantive

B. Crop Claim Information

Item #	Element	Substantive/ Non-Substantive
1	"Crop Year"	Substantive
2	"Crop"	Substantive
3	"Share"	Substantive
4	"Unit Number"	Substantive
5	"FSA Farm/Tract/Field Number"	Substantive
6	"Unit Acres"	Substantive
7	"Replanted Acres"	Substantive

B. Crop Claim Information (Continued)

Item #	Element	Substantive/ Non-Substantive
8	"Legal Description: ___ Section: ___ Township: ___ Range: ___ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"	Substantive
9	"Cause of Damage"	Substantive
10	"Date of Damage"	Substantive
11	"Original Plant Date"	Substantive
12	"Replant Date"	Substantive
13	"Field Diagram" **Note:** Create an area for a field diagram allowing substantial room for a sketch of the field and replant acreage. The AIP has discretion on whether to provide a separate form for this sketch. Add the instruction in item (14) to the field diagram.	Substantive
14	"Draw the field where the crop is planted. Shade the area actually replanted." **Example:** (example is non-substantive)  	Substantive/ Non-Substantive
15	"Indicate the practice/type utilized" **Note:** Provide a checklist with two columns titled "Original" and "Replanted" of the following practice/types: (a) "Drilled"	Substantive

B. Crop Claim Information (Continued)

Item #	Element	Substantive/ Non-Substantive
15 (Cont.)	(b) "Broadcast" (c) "Airplane-seeded" (d) "Rowed" (e) "Dry Bean Type" (f) "Tillage Method" **Note:** Provide instruction to write-in tillage method used for original and replant acreage. (g) "Other" **Note:** Provide instruction to write in a practice/type if not listed.	Substantive
16	"My estimated yield potential for the damaged acres, before replanting, was _____ BU./Tons/Lbs./Cwt. (circle one) per acre." **Note:** Provide instruction to answer the question.	Substantive
17	"Is damage on your farm similar to other farms in the area? Yes □ No □" **Note:** Provide instruction to answer the question.	Substantive
18	"The following represents my actual replant costs as: _____ Landlord _____ Tenant _____ Owner/Operator" **Note:** Instruct that the Insured's total actual costs to replant acreage includes only the dollar amount the insured has paid or is liable to pay.	Substantive

C. Other Information

Provide instruction for the reviewer to check when attached or accompanies the Self-Certification Replant Worksheet.

Item #	Element	Substantive/ Non-Substantive
1	"Special Report"	Substantive
2	"Reviewer's Remarks"	Substantive
3	"Reviewer Code and Date"	Substantive

C. Other Information (Continued)

Item #	Element	Substantive/ Non-Substantive
4	"Actual/Replant Acres" **Note:** Provide instruction for the reviewer to enter "O.K." if the reviewer verifies the field or subfield was initially planted timely and that the number of acres actually replanted agrees with the entry of the total number of replanted acres.	Substantive
5	"Date of Damage" **Note:** Provide instruction for the reviewer to enter "O.K." if the reviewer verifies the date of damage agrees with the date entered above.	Substantive
6	"Cause of Damage" **Note:** Provide instruction for the reviewer to enter "O.K." if the reviewer verifies that the type or practice used agrees with the type/practice entry above.	Substantive
7	"Replant Practice"	Substantive
8	"Did the acreage appear to qualify? Yes □ No □"	Substantive
9	"Actual Cost" **Note:** Provide instruction for the reviewer to enter "O.K." if the reviewer verifies that the insured or the insured's authorized representative that the total cost incurred by the insured for the replanting operation is the same as entered above.	Substantive

D. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

D. Required Statements (Continued)

Item #	Element	Substantive/ Non-Substantive
4	Include this statement above the insured's signature. "I understand the certified information will be used to determine my replanting payment, if any, for damage to the above crop. I also understand that this Worksheet and supporting papers are subject to audit and approval by the insurance provider and that my signature herein authorizes the insurance provider to process a replanting payment in accordance with the terms of my insurance contract."	Substantive

E. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive
2	"Loss Adjuster's Printed Name, Signature, Code Number, and Date"	Substantive

Exhibit 83 Claim Checklist

This form must be titled "Claim Checklist." It is recommended that the AIP provides this or a similar checklist to loss adjusters for completion during each loss inspection. The AIP has the discretion to develop a similar checklist that has been modified to fit their region and the crops insured. See the LAM for more information and completion instructions regarding this form.

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Non-Substantive
2	"Policy Number"	Non-Substantive
3	"Claim Number"	Non-Substantive
4	"Crop(s) - Units"	Non-Substantive

B. Claim Information

Create a checklist for the following questions, include a Yes □ No □ option at the end of each question with instruction to check one and explain, as appropriate.

Item #	Element	Substantive/ Non-Substantive
1	"Insured Present"	Non-Substantive
2	"Insurable Entity Verified"	Non-Substantive
3	"Timely Notice"	Non-Substantive
4	"Share Verified"	Non-Substantive
5	"Companion Contract Verified (if applicable)"	Non-Substantive
6	"Legal Description Verified"	Non-Substantive
7	"Practice(s) Insurability Verified"	Non-Substantive
8	"Insurable Type/Variety Verified"	Non-Substantive
9	"Unit/Unit Division Verified"	Non-Substantive
10	"Planting Dates Verified"	Non-Substantive
11	"Risk Area Verified"	Non-Substantive
12	"Insurable Causes of Loss"	Non-Substantive
13	"Similar Damage"	Non-Substantive
14	"Reasonable APH"	Non-Substantive
15	"Insurable Acreage"	Non-Substantive
16	"Sharing Interests"	Non-Substantive
17	"Options/Endorsements"	Non-Substantive
18	"Review Previous Report"	Non-Substantive
19	"Previous Appraisals"	Non-Substantive
20	"Quality Adjustment Eligibility Verified"	Non-Substantive
21	"Acreage Determined/Method"	Non-Substantive
22	"Acreage Replanted"	Non-Substantive
23	"Replanting Payment"	Non-Substantive
24	"Certification Form"	Non-Substantive
25	"Sold Production Verified"	Non-Substantive

B. Claim Information (Continued)

Item #	Element	Substantive/ Non-Substantive
26	"Farm-Stored Production Verified"	Non-Substantive
27	"Commingled Production"	Non-Substantive
28	"Fed Production Verified"	Non-Substantive
29	"Other Names/Entities for Production Verified"	Non-Substantive
30	"All Production Accounted For"	Non-Substantive
31	"Unusual/Controversial Circumstances"	Non-Substantive
32	"Reviewed Completed Claim with Insured or Insured's Representative"	Non-Substantive
33	"Obtained Signatures"	Non-Substantive
34	"Second Crop Acreage"	Non-Substantive
35	"Signatures"	Non-Substantive
36	"Other"	Non-Substantive

C. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Loss Adjuster's Printed Name, Signature, Code Number, and Date" **Note:** Obtaining a signature is optional unless otherwise instructed by the AIP; however, it is recommended that adjusters sign the form to facilitate necessary follow-up actions.	Non-Substantive

AIP and insured participation in SCP are voluntary. All SCP claims must be completed on a form developed by the AIP that captures all the required loss information from the insured. The AIP is also responsible for developing comprehensive completion instructions for the insured to complete the SCP form. See the LAM for authorized crops and other information pertaining to SCP criteria, see also LAM Exhibit 17.

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Policy Number"	Substantive
3	"Agent Name"	Substantive
4	"Insured's Telephone Number"	Substantive
5	"Insured's Street and/or Mailing Address"	Substantive
6	"City and State"	Substantive
7	"Zip Code"	Substantive
8	"Crop (only one per form)"	Substantive
9	"Crop Year"	Substantive
10	"County Where Crop Is Grown (only one per form)"	Substantive
11	"Non-Loss (N-L) Units and Establish Production Per Acre"	Substantive
12	"Loss Unit Number"	Substantive
13	"Cause of Loss" (a) "Primary Cause/Percentage" (b) "Secondary Cause/Percentage"	Substantive
14	"Date of Damage" (a) "Primary Cause Date of Damage" (b) "Secondary Cause Date of Damage"	Substantive
15	"Harvest Completion Date"	Substantive
16	"Companion Contract Yes □ No □"	Substantive
17	"Assignment of Indemnity Yes □ No □"	Substantive
18	"Transfer of Right to an Indemnity Yes □ No □"	Substantive

B. Loss Information

Create a checklist with the following questions and instruct to answer Yes □ No □, allow additional space for explanation where applicable. All questions are substantive.

Item #	Element	Substantive/ Non-Substantive
1	"Has all acreage of the loss units listed in [INSERT LOCATION ON THE FORM THE LOSS UNIT NUMBER INFORMATION IS REFERENCED] been harvested? If no, list the unit numbers(s) for which "No" applies."	Substantive

B. Loss Information (Continued)

Item #	Element	Substantive/ Non-Substantive
2	"Has all of the production from the loss unit(s) listed in [INSERT LOCATION ON THE FORM THE LOSS UNIT NUMBER INFORMATION IS REFERENCED] been sold or commercially stored? If you answered no, list the applicable unit number for which "No" applies."	Substantive
3	"Have you completed harvest of all insurable acreage for all crops on your policy? (This includes the crop you listed above as well as any other crop you may have on your policy). If no, list the crops not harvested."	Substantive
4	"If you answered no to the above question, do you anticipate loss units for any crop not listed in [INSERT LOCATION ON THE FORM THE LOSS UNIT NUMBER INFORMATION IS REFERENCED] for this crop year?"	Substantive
5	"Has any production from any acreage from the units listed in [insert location on the form the loss unit number information is referenced] been farm stored, fed to livestock, or saved for seed? If Yes, list the unit number(s) for which "Yes" applies."	Substantive
6	"Do you have third party written verification (i.e., summary /settlement sheets) available for 100 percent of the production from all unites listed in [INSERT LOCATION ON THE FORM THE LOSS UNIT NUMBER INFORMATION IS REFERENCED] above? (This must include both landlord and tenant shares, when applicable)."	Substantive
7	"Is the damage for the loss units listed in [INSERT LOCATION ON THE FORM THE LOSS UNIT NUMBER INFORMATION IS REFERENCED] similar to other farms in the area? If no, list the unit(s) for which "No" applies and explain:"	Substantive
8	"Are you or any member of your household directly associated with the Federal Crop Insurance program (i.e., agent, agency owner, loss adjuster, FCIC employee, insurance provider employee or contractor)?"	Substantive
9	"Was all acreage of your insured crop(s) in the county, in which you have a share, reported by you on your acreage report? If no, list the unit or location where the acreage was not reported."	Substantive
10	"On the specific loss unit(s) listed in [INSERT LOCATION ON THE FORM THE LOSS UNIT NUMBER INFORMATION IS REFERENCED] above, is your Summary of Coverage for: (a) Your share? If no, list the unit(s) and explain: (b) The legal description(s) and/or FSA farm number? If no, list the unit(s) for which "No" applies. (c) The practice actually carried out by you (i.e., If you reported your practice is irrigated, was water applied at the proper time and rate)? If no, list the unit(s) for which "No" applies.	Substantive

B. Loss Information (Continued)

Item #	Element	Substantive/ Non-Substantive
10 (Cont.)	(d) The type or variety (if applicable)? If no, list the unit(s) for which "No" applies and enter the correct type or variety for each unit listed. (e) The total acreage for each loss unit listed in [INSERT LOCATION ON THE FORM THE LOSS UNIT NUMBER INFORMATION IS REFERENCED] If no, list the unit(s) for which "No" applies. (f) Will the acreage (if measured or re-measured) be within five (5) percent of what you reported on your acreage report? If no, list the unit(s) for which "No" applies."	Substantive

C. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive
4	Simplified Claims Qualification Process Statement "This form serves as written verification of your notice of loss and as an aide in determining qualified insureds for the SCP. We may rely on the information you provide on (or attach to) this form in making material determinations in the preparation of your claim.	Substantive

C. Required Statements (Continued)

Item #	Element	Substantive/ Non-Substantive
4 (Cont.)	Once this completed Notice of Loss form and supporting documentation has been received by [INSERT AIP NAME], it will be determined whether or not your claim qualifies for the SCP. If it does qualify, the appropriate claim for indemnity form(s) will be prepared and may be sent to you for your signature if the insurance provider determines when reviewing this information with you that a correction is needed. Otherwise, the signature on this SCP form will serve as the signature for each Claim for Indemnity form to which this information was transferred, and a copy will be mailed to you. The claim form(s) will contain all the necessary data and production information to complete your claim. If qualified, you will have your claim processed in the most expedient manner possible. You will not need to wait for an adjuster. The SCP is subject to an infield review for compliance with established policies and procedures. If any of the unit(s) listed in [INSERT LOCATION ON THE FORM THE LOSS UNIT NUMBER INFORMATION IS REFERENCED] does not qualify for SCP, you will be contacted by a claims representative to set up an appointment to adjust your loss on that or all units listed above. Supporting documentation must be attached to this form and delivered to the address provided by your agent or insurance provider. You must attach either a copy of settlement sheet(s), summary sheet(s), or similar third-party ledger(s) that accounts for all production from any crop unit you have listed above. Individual load tickets will not qualify. Individual loads on any settlement/summary sheet(s) must be clearly marked to indicate which unit they came from. If you have FSA or similar measurement service for determining acreage, such as Global Positioning Systems, remote sensing devices, etc., for the current crop year, please attach copies and indicate who made the acreage measurement. If you have met the requirements of precision farming and are allowed to use those records to establish production, you must attach yield maps and planting and harvesting summary reports generated from the precision farming technology system. The per unit acreage used in calculating any indemnity will be the lesser of your reported acres or your actual planted acres. In all cases you must attach copies of maps identifying each field, crop and acreage by loss unit.”	Substantive

D. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	“Insured’s Printed Name, Signature, and Date”	Substantive
2	“AIP Verifier’s Printed Name, Signature, Code Number, and Date”	Substantive

Exhibit 85 Loss Adjustment Notice of Damage or Loss

The Notice of Damage or Loss is used to record loss and provide notice to the AIP for planted acres. These standards may be combined with the Notice of Prevented Planting if the form is utilized to record the notice. See the LAM for form completion instructions.

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Insured's Street and/or Mailing Address"	Substantive
3	"City and State"	Substantive
4	"Zip Code"	Substantive
5	"Insured's Telephone Number"	Substantive
6	"Best Time to Contact: [INSERT TIME] AM/PM"	Non-Substantive
7	"Policy Number"	Substantive
8	"Claim Number"	Non-Substantive
9	"Agent's Name"	Substantive
10	"Agent's Street and/or Mailing Address"	Substantive
11	"Agent's City and State"	Substantive
12	"Agent's Zip Code"	Substantive
13	"Agent's Telephone Number"	Substantive

B. Crop Information

Item #	Element	Substantive/ Non-Substantive
1	"Crop Year"	Substantive
2	"Crop"	Substantive
3	"Unit Number"	Substantive
4	"Acres"	Non-Substantive
5	"Legal Description: _____ Section: _____ Township: _____ Range: _____ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):" **Note:** See associated required statement in item D(4) below. This statement is Substantive when this item appears on the form.	Substantive
6	"Date of Damage"	Substantive
7	"Cause of Damage"	Substantive
8	"Estimated Production"	Non-Substantive
9	"Expected Harvest Date"	Non-Substantive

C. Notice Information

Item #	Element	Substantive/ Non-Substantive
1	Include the following instruction: "Refer to the applicable Basic Provision or Crop Provisions for more information regarding damage or loss notice reporting requirements."	Non-Substantive
2	"This is a notice of: □ Damage Only: At this time, it appears that the production will exceed the guarantee. □ Probable Loss. □ Immediate Inspection Requested. If checked, explain why in the comments section."	Substantive
3	"If you have less than 100% share, is the other share insured under a Federal crop insurance program? If so, list the person's name, AIP and policy number, if known."	Substantive
4	"Insured Intends to: (Check One) □ Harvest □ To Chop/Silage □ Leave for Cover □ Destroy □ Plant to Another Crop □ Pasture □ Hay □ Direct Market Crop □ Replant □ Unknown □ Other, Explain in the comments section"	Substantive
5	"If the Insured intends to replant and a replanting payment is applicable, is the acreage greater than 100 acres of the unit? Yes □ No □ (Check One)"	Substantive

C. Notice Information (Continued)

Item #	Element	Substantive/ Non-Substantive
6	"I request authorization to commingle production from two or more units or commingle production between insured and uninsured acreage within the same structure. I understand that authorization for commingling production must be received from my approved insurance provider before production can be commingled. I also understand that if authorization is given, my approved insurance provider will provide (or has provided) written criteria and instructions for the use of structure markings, load, combine monitor, or other acceptable records to separate such production. If I fail to follow all instructions, my optional unit structure will be collapsed into a basic unit. Do you agree to follow your insurance provider's written criteria and instructions to do this? □ Yes □ No (Check One)"	Substantive

D. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive
4	"I am an agent, employee, or contractor affiliated with the Federal crop insurance program. □ Yes □ No (Check One)" **Note:** Include instruction for insured to complete.	Substantive

E. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date of Notice"	Substantive
2	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive

Exhibit 86 Loss Adjustment Notice of Prevented Planting

The Notice of Prevented Planting is used to record loss and provide notice to the AIP for acres that were prevented from being planted. These standards may be combined with the Notice of Damage or Loss if the form is utilized to record the notice. See the LAM for form completion instructions.

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Insured's Street and/or Mailing Address"	Substantive
3	"City and State"	Substantive
4	"Zip Code"	Substantive
5	"Insured's Telephone Number"	Substantive
6	"Best Time to Contact: [INSERT TIME] AM/PM"	Non-Substantive
7	"Policy Number"	Substantive
8	"Claim Number"	Non-Substantive
9	"Agent's Name"	Substantive
10	"Agent's Street and/or Mailing Address"	Substantive
11	"Agent's City and State"	Substantive
12	"Agent's Zip Code"	Substantive
13	"Agent's Telephone Number"	Substantive

B. Crop Information

Item #	Element	Substantive/ Non-Substantive
1	"Crop Year"	Substantive
2	"Crop"	Substantive
3	"Unit Number"	Non-Substantive
4	"Acres"	Non-Substantive
5	"Legal Description: _____ Section: _____ Township: _____ Range: _____ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):"	Substantive
6	"Date of Damage"	Substantive
7	"Cause of Damage"	Substantive

C. Notice Information

Item #	Element	Substantive/ Non-Substantive
1	Include the following instruction: "Refer to the applicable Basic Provision or Crop Provisions for more information regarding damage or loss notice reporting requirements."	Substantive
2	"If you have less than 100% share, is the other share insured under a Federal crop insurance program? If so, list the person's name, AIP and policy number, if known."	Substantive
3	"Insured intends to: (Check One) □ Plant a Cover Crop □ Destroy □ Plant to Another Crop □ Graze □ Hay □ Unknown □ Other, explain in the comments section"	Substantive

D. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive
4	"I am an agent, employee, or contractor affiliated with the Federal crop insurance program. □ Yes □ No (Check One)" **Note:** Include instruction for insured to complete.	Substantive

E. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date of Notice"	Substantive
2	"Agent's Printed Name, Signature, Code Number, and Date"	Substantive

Exhibit 87 Growing Season Inspection Report

Growing Season Inspections (GSIs) are done as a part of quality assurance and may be done in conjunction with a Pre-Harvest Inspection. See the LAM for form completion instructions.

A. General Information

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Name"	Substantive
2	"Policy Number"	Substantive
3	"Crop Year"	Substantive
4	"Crop"	Substantive
5	"Unit Number"	Substantive
6	"Acres"	Substantive
7	"Share"	Substantive
8	"Practice"	Substantive
9	"Appraised Potential"	Substantive
10	"Companion Contract □ Yes □ No"	Substantive
11	"Field Identification"	Substantive
12	"Planting/Replanting Date" **Note:** Provide space to enter both dates if applicable and to add additional dates by field.	Substantive
13	"Narrative"	Substantive

B. Required Questions

Item #	Element	Substantive/ Non-Substantive
1	"What kind of tillage methods has the insured carried out?"	Substantive
2	"What kind of weed control practices are being carried out?"	Substantive
3	"Has current soil test(s) been taken on any of the insured acreage? If yes, record the date of test and test results. If all of the information cannot be obtained, explain."	Substantive
4	"How does the crop inspected compare with those in the general area? If the condition of the crop being inspected differs from those in the general area, document differences."	Substantive
5	"What fertilizer program is being followed? Record the type of program used. If all of the information cannot be obtained, explain."	Substantive
6	"What insecticide/pesticide program is being followed? Record the type of program used. If all the information cannot be obtained, explain."	Substantive
7	"Weather Conditions?"	Substantive
8	"Is an irrigated practice insured on the crop unit being inspected?"	Substantive
9	"Type of Irrigation System and Average Times Used."	Substantive
10	"Is the irrigation system adequate? Yes □ No □ (Check One). If no, explain."	Substantive

B. Required Questions (Continued)

Item #	Element	Substantive/ Non-Substantive
11	"Is the irrigation water adequate? Yes □ No □ (Check One). If no, explain."	Substantive
12	"Should the insured's farming operation be inspected at a later date? Yes □ No □ (Check One). Please explain why or why not."	Substantive
13	"Comments"	Substantive

C. Required Statements

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502	Substantive
2	Privacy Act Statement **Note:** See Para. 501	Substantive
3	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

D. Required Signatures

Item #	Element	Substantive/ Non-Substantive
1	"Insured's Printed Name, Signature, and Date"	Substantive
2	"Loss Adjuster's Printed Name, Signature, Code Number, and Date"	Substantive

Exhibit 101 Request for Actuarial Change

See the WAH for more information on the request for actuarial change and WAH Exh. 7 for an example. See Para. 409 as it pertains to addresses and requirements.

A. General Information

The general information section should be included first on the form but does not need to have the general information designation. Include check boxes for Items 4, 5, and 6.

Item #	Element	Substantive/ Non-Substantive
1	"Insurance Plan"	Substantive
2	"Coverage Level"	Substantive
3	"Request Type Code"	Substantive
4	"Renewal Request"	Substantive
5	"New Request"	Substantive
6	"Producer Requests a Multi-Year WA, if applicable"	Substantive
7	"Crop Year"	Substantive
8	"All applicable information below must be completed, along with attaching any required documentation, before submitting to RMA/RO."	Substantive
9	"Agency or Service Office Name and Address"	Substantive
10	"Agent Code"	Substantive
11	"Phone"	Substantive
12	"Agent Email"	Substantive
13	"Approved Insurance Provider Name and Address"	Substantive
14	"AIP Code"	Substantive
15	"Phone"	Substantive
16	"AIP Field Office Distribution List Email"	Substantive

B. Producer's Information

Item #	Element	Substantive/ Non-Substantive
1	"Producer's Name and Address (as shown on the application)"	Substantive
2	"State"	Substantive
3	"County"	Substantive
4	"Policy Number"	Substantive
5	"Identification Number"	Substantive
6	"Type: □ SSN □ EIN □ RAN □ BIA"	Substantive
7	"Producer is: □ Landlord □ Operator □ Owner/Operator"	Substantive

B. Producers Information (Continued)

Item #	Element	Substantive/ Non-Substantive
8	Statement (a) or statement (b) may be used. If statement (a) is used, the appendix requirements are contained in Subpara. F. (a) "Identification and information on the land on which the actuarial change is requested (see appendix)." (b) "Identification and information on the land on which the actuarial change is requested: (1) line number; (2) FSA FN, Tract number, and Field number; (3) section, township, range and subsection; (4) name of crop; (5) whole acres; (6) practice; (7) type; (8) sub-county area; (9) producer's insured share; and (10) name of other person(s) sharing crop."	Substantive
9	"Explanation of requested actuarial change. Be specific and provide reasons which support this actuarial change. If additional space is needed, attach a separate page to this form containing the producer's name, State, county, and policy number. For UA type WA requests only, identify the request numbers of any existing WUAs."	Substantive

B. Producers Information (Continued)

Item #	Element	Substantive/ Non-Substantive
10	"Land identified on which the actuarial change is requested: (a) Has been in crop production for _____ years. (b) Has been operated _____ years by the present operator. (c) Comprises an entire unit? Yes_____ No ____ (d) If no, what other land is included in the unit? (section/township/range, FSA FN/Tract/Field, and or farm location) (e) Has the crop been planted? Yes ____ No ____ (f) Is a High-Risk Land Exclusion Option in effect? Yes ___ No ___"	Substantive
11	"Any other applicable information (thoroughly describe any land improvements such as, drainage, levee elevation, pump capacities, etc.). If additional space is needed attach a separate page to this form. Where a, b, c, or d is applicable, list the line number from item 6 for which the required information is applicable. (a) Date land cleared or reclamation complete: (b) If irrigated: water source and method of irrigation. (c) If irrigated: Is there a reasonable expectation of receiving adequate water to carry out a good irrigation practice for acreage reported under the irrigated practice? Yes _____ No_____ (d) Dry bean variety:"	Substantive
12	"Do any pending losses for the requested crop and acreage exist? If so, explain (if additional space is needed attach a separate page to this form):"	Substantive
13	"Note: A request is not considered timely received unless legible minimum documentation is included."	Substantive

C. Request Checklist

A checklist showing what is required for renewal requests and initial requests may be provided along with the request form.

Item #	Element	Substantive/ Non-Substantive
1	"Renewal Requests: (SCD deadline for all WA types except NL, see WAH for NL renewal deadline) _____Completed, signed, and dated Request for Actuarial Change form (required for all types). Separate forms and supporting documentation must be submitted by county. _____The current year's completed APH, if applicable. _____For perennial crops, when required by the CIH for the crop requesting a WA, a PAIR and Producer's PAW."	Non-Substantive
2	"Initial Requests: See the WAH for the deadlines, minimum supporting documentation, and detailed information."	Non-Substantive

D. Producer Acceptance Statements

Item #	Element	Substantive/ Non-Substantive
1	"I have read and understand the following: (a) I will have the option to accept or reject any written agreement approved by the Federal Crop Insurance Corporation (FCIC) based on this request for actuarial change. I cannot pick and choose which terms of the written agreement to accept or reject. (b) I agree that I must accept the written agreement by the expiration date, or the written agreement will be rejected. (c) I agree that if I submit multiple Request for Actuarial Change forms, regardless of when the forms are submitted, for the same condition or for the same crop (e.g., to insure corn on ten legal descriptions where there are no actuarial documents in the county or the request is to change the premium rates from the high-risk rates), they may be treated as one request by FCIC and I will have the option of accepting or rejecting the written agreement in its entirety. I cannot reject some terms and conditions of the written agreement and accept others.	Substantive

D. Producer Acceptance Statements (Continued)

Item #	Element	Substantive/ Non-Substantive
1 (Cont.)	(d) If a crop inspection is required, I agree my written agreement will be rejected by FCIC, or some fields will not be insurable if: (1) The crop inspection of the planted acreage by the Approved Insurance Provider (AIP) determined the crop's potential is less than 90 percent of the yield used to determine the production guarantee or the amount of insurance; (2) I fail to sign and accept the written agreement on or before the earlier of the first date of the appraisal or the expiration date; or (3) The AIP has failed to comply with all applicable crop inspection procedures. (e) If this request is denied or is not accepted by FCIC or the AIP, the written agreement is not approved by FCIC, I reject the written agreement under paragraph (a) above, I do not accept the written agreement by the expiration date specified in the written agreement or as provided in (d), or the written agreement is not timely returned to the Risk Management Agency and I am unable to establish that I complied with all deadlines, I agree that: (1) If insurance is available in the county for the crop, I must accept the rate and coverage from the policy and actuarial documents; or (2) If this request is to initially establish a rate and coverage not otherwise available in the county, no insurance will be provided. (f) I agree that regardless of the determinations described in paragraph (e), I cannot cancel my policy after the cancelation date. (g) I agree that a written agreement is not effective until signed by FCIC. (h) I agree that I am bound by the preceding statements in any administrative review, mediation, or appeal related to this request for a written agreement."	Substantive

E. Required Statements and Signatures

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502, the certification statement must appear above the producer's signature	Substantive
2	"Signature of Producer"	Substantive
3	"Date"	Substantive
4	"Print Producer's Name"	Substantive
5	The following statement must appear above the insurance agent's signature: "I have reviewed the above information and to the best of my knowledge and belief it represents accurate information."	Substantive
6	"Signature of Agent"	Substantive
7	"Date"	Substantive
8	"Print Agent's Name"	Substantive
9	The following statement must appear above the AIP/Company representative's signature: "I recommend that the requested actuarial change be approved."	Substantive
10	"Signature of AIP/Company Representative"	Substantive
11	"Date"	Substantive
12	"Print AIP/Company Representative"	Substantive
13	Privacy Act Statement **Note:** See Para. 501	Substantive
14	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

F. Appendix

The following are only substantive if statement (a) is used for item B(8). Create a table with the following columns (2) through (16).

Item #	Element	Substantive/ Non-Substantive
1	"Provide the following information for the land on which the actuarial change is requested."	Substantive/ Non-Substantive
2	"Line No."	Substantive/ Non-Substantive
3	"FSA FN"	Substantive/ Non-Substantive

F. Appendix (Continued)

Item #	Element	Substantive/ Non-Substantive
4	"FSA Tract No."	Substantive/ Non-Substantive
5	"FSA Field No."	Substantive/ Non-Substantive
6	"Sec."	Substantive/ Non-Substantive
7	"Township"	Substantive/ Non-Substantive
8	"Range"	Substantive/ Non-Substantive
9	"Sub Sec."	Substantive/ Non-Substantive
10	"Name of Crop"	Substantive/ Non-Substantive
11	"Whole Acres"	Substantive/ Non-Substantive
12	"Prac."	Substantive/ Non-Substantive
13	"Type"	Substantive/ Non-Substantive
14	"Sub County Area"	Substantive/ Non-Substantive
15	"Insured Share"	Substantive/ Non-Substantive
16	"Name of Other Person(s) Sharing Crop"	Substantive/ Non-Substantive
17	"Producer Name"	Substantive/ Non-Substantive
18	"Policy Number"	Substantive/ Non-Substantive
19	"State"	Substantive/ Non-Substantive
20	"County"	Substantive/ Non-Substantive
21	"Note: A request is not considered timely received unless legible minimum documentation is included."	Substantive/ Non-Substantive

Exhibit 102 Non-Irrigated Corn Grain Request (TC) Worksheet

See WAH Exh. 8 for an example of the Non-Irrigated Corn Grain Request Worksheet.

A. General Information

The general information section should be included first on the form but does not need to have the general information designation.

Item #	Element	Substantive/ Non-Substantive
1	"Producer's Name"	Substantive
2	"Policy Number"	Substantive
3	"State"	Substantive
4	"County"	Substantive
5	"Other Information"	Substantive

B. Producer's Data

Create a table with the following columns (2) through (9) with numbered headers. See an example of the table below the elements.

Item #	Element	Substantive/ Non-Substantive
1	"Producer's Data (include only non-irrigated corn acreage and production):"	Substantive
2	"Most Recent 3 or 4 Years of Corn Planted By Year (Minimum 3 Years)"	Substantive
3	"County Planted Acres"	Substantive
4	"Acres Harvested as Grain"	Substantive
5	"Acres Appraised as Grain"	Substantive
6	"Acres Harvested or Appraised as Silage, or Grazed"	Substantive
7	"Percent Grain of Total"	Substantive
8	"Producer's County Wide Grain Production"	Substantive
9	"Producer's County Wide Grain Yield"	Substantive

Example:

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8
Most Recent 3 or 4 Years of Corn Planted By Year (Minimum 3 Years)	County Planted Acres	Acres Harvested as Grain	Acres Appraised as Grain	Acres Harvested or Appraised as Silage, or Grazed	Percent Grain of Total	Producer's County Wide Grain Production	Producer's County Wide Grain Yield

C. Worksheet Instructions

Item #	Element	Substantive/ Non-Substantive
1	"Instructions for filling out this worksheet:"	Substantive
2	"Column 1: Crop year of acreage and production. For a more detailed description, see the Written Agreement Handbook procedure for TC written agreements."	Substantive
3	"Column 2: All non-irrigated corn acreage planted in the county for the year. This should equal the total of columns 3, 4, and 5."	Substantive
4	"Column 3: All corn acreage harvested as grain, including ear corn for the crop year. Note: If the acreage was both appraised and harvested as grain, put the acreage in this column only (see column 4 instructions below)."	Substantive
5	"Column 4: All acreage appraised as grain for the crop year and not harvested as grain."	Substantive
6	"Column 5: All acreage harvested or appraised as silage or grazed for the crop year (that is not in columns 3 or 4)."	Substantive
7	"Column 6: Add columns 3 and 4 together, then divide by column 2, then multiply by 100 to get percent grain."	Substantive
8	"Column 7: Total bushels of grain harvested and appraised in the county for the crop year."	Substantive
9	"Column 8: Divide column 7 by the sum of columns 3 and 4 (round to whole bushels)."	Substantive

D. Required Statements and Signatures

Item #	Element	Substantive/ Non-Substantive
1	Certification Statement **Note:** See Para. 502, the certification statement must appear above the producer's signature.	Substantive
2	"Signature of Producer"	Substantive
3	"Date"	Substantive
4	Privacy Act Statement **Note:** See Para. 501	Substantive
5	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive

Exhibit 103 Crop Never Planted Certification Statement

For XC Type WAs, a signed certification statement is required if:

(1) the producer has not previously planted the requested crop in the county or area; or

(2) the producer has not planted the crop in the county or area within the most recent 10 crop years and is not using any years outside of the most recent 10 crop years to qualify for a WA.

A. Certification Statement

Provide the producer instruction to mark either statement and fill in the crop and county in the spaces provided.

Item #	Element	Substantive/ Non-Substantive
1	"I certify that:"	Substantive
2	"_____ I have never planted _____ in _____ County or the area; or"	Substantive
3	"_____ I have not planted _____ in _____ County or the area within the last 10 crop years."	Substantive

B. Required Statements and Signature

Item #	Element	Substantive/ Non-Substantive
1	"Signature of Producer"	Substantive
2	"Date"	Substantive
3	Privacy Act Statement **Note:** See Para. 501	Substantive
4	Non-Discrimination Policy Statement **Note:** See Para. 503	Substantive