

Acreage Report

Insured's Name, Mailing and / or Street Address and Other Contact Information	Agency Name and Agent Contact Information	Crop Year	Policy Number
Phone: Email: ID Type and Number: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN Person Type: Signature Authorization(s):	Phone: Email: Underwriter:		
		State	
		Landlord / Tenant Insuring Other's Share: Is insured insuring the tenant's share? <input type="checkbox"/> Yes <input type="checkbox"/> No Is insured insuring the landlord's share? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse's Name: Spouse's ID Type and Number: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	Assignment of Indemnity:	<input type="checkbox"/> Added County? If yes, county(ies) added:	

Crop Summary

County	Crop(s) Covered NP = New Producer Z = Zero Acres - No detail lines printed	Plan	Type / Practice	Level	% of Price Election **	Option(s) Elected & Unit Structure Applied at Coverage
--------	--	------	-----------------	-------	------------------------	--

Crop Detail

County	Type	Unit / Unit Structure	Options, Elections or Endorsements	Acreage Type ~	Share	Reported Acres	Date Planting Completed
Crop / Plan	Practice		Approved APH Yield	Area Class.	Name of Other Person(s) Sharing in Crop		
							<input type="checkbox"/> PP <input type="checkbox"/> LP
FSN / Tract / Field #							
CLU Reported Acres							
Plant Date							

Farm Name:
Legal Description*:**
FSA Farm / Tract / Field#:

Legend: * Additional Exist, ** Percentage Price Election, Projected Price or Amt. of Insurance, *** Legal Description = Section, Township, Range & Other Land Identifiers (e.g. Spanish Land grants, metes & bounds, etc.)
 ~ Indicate type of acreage being reported, see list of Acreage Types under signature fields on last page.

A = Additional Price	E = Established Price	NS = Native Sod	PF = Prevented Planting +5%
BFR = Beginning Farmer / Rancher	IW = Insurance Waived	P = Precision Ag record exist	SFR = Short Rate

VFR = Veteran Farmer / Rancher

Insured's Name:
Agency Name:

Acreage Report

Crop Year:
Policy Number:

Crop Detail

County	Type	Unit / Unit Structure	Options, Elections or Endorsements	Acreage Type ~	Share	Reported Acres	Date Planting Completed
Crop / Plan	Practice		Approved APH Yield	Area Class.	Name of Other Person(s) Sharing in Crop		
							<input type="checkbox"/> PP <input type="checkbox"/> LP
FSN / Tract / Field #							
CLU Reported Acres							
Plant Date							
Farm Name:							
Legal Description***:							
FSA Farm / Tract / Field#:							
Comments / Remarks / Other:							

Legend: * Additional Exist, ** Percentage Price Election, Projected Price or Amt. of Insurance, *** Legal Description = Section, Township, Range & Other Land Identifiers (e.g. Spanish Land grants, metes & bounds, etc.)
 ~ Indicate type of acreage being reported, see list of Acreage Types under signature fields on last page.

A = Additional Price	E = Established Price	NS = Native Sod	PF = Prevented Planting +5%
BFR = Beginning Farmer / Rancher	IW = Insurance Waived	P = Precision Ag record exist	VFR = Veteran Farmer / Rancher
		SR = Short Rate	

Insured's Name:
Agency Name:

Acreage Report

Crop Year:
Policy Number:

Collection of Information And Data (Privacy Act) Statement Agents, Loss Adjusters and Policyholders

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on the 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, AIPs contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

Non-Discrimination Statement

In accordance with Federal 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, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). 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, etc.) should contact 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. To file a program discrimination complaint complete the USDA Program Discrimination Complaint Form, AD-3027, found online at www.usda.gov/oascr/filing-program-discrimination-complaint-usda-customer 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, S.W., Washington, D.C. 20250-9410; (2) fax: (202) 690-7422; or (3) email: program.intake@usda.gov

Advanced AgProtection

We do not disclose any nonpublic personal information about our individual policyholders or claimants to any affiliate or any nonaffiliated third party other than those permitted by law and only for the purpose of transacting the business of insurance coverage or claims for our policyholders. We do not sell any customer or policyholder information to mailing list companies or mass marketing companies. We treat our policyholder information as confidential.

Anti-Rebating Certification - Applicant / Insured Statement

I certify, for the crop year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, or given any benefit, including money, goods, or services for which payment is usually made, rebate, discount, abatement, credit, or reduction of premium, or any other valuable consideration, as an inducement to procure insurance or in exchange for purchasing this insurance policy after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other 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.

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 USC §1515(h)) and all other applicable federal statutes.

Legend: * Additional Exist, ** Percentage Price Election, Projected Price or Amt. of Insurance, *** Legal Description = Section, Township, Range & Other Land Identifiers
(e.g. Spanish Land grants, metes & bounds, etc.)
~ Indicate type of acreage being reported, see list of Acreage Types under signature fields on last page.
A = Additional Price **E** = Established Price **NS** = Native Sod **PF** = Prevented Planting +5% **VFR** = Veteran Farmer / Rancher
BFR = Beginning Farmer / Rancher **IW** = Insurance Waived **P** = Precision Ag record exist **SR** = Short Rate

Insured's Name:
Agency Name:

Acreage Report

Crop Year:
Policy Number:

USDA Multiple Benefit Certification Statement

I understand that obtaining multiple Federal benefits for the same loss, such as a Noninsured Crop Disaster Assistance Program (NAP) payment(s) and a Federal crop insurance indemnity, is prohibited by law. I certify that I have, or will disclose any other USDA 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.

Certification Statement

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to avoidance of the policy, and in criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).

I certify that I am responsible for establishing the approved APH yields that are used to calculate the production guarantees contained in this acreage report and that such approved APH yields are correct to the best of my knowledge.

Native Sod Statement

I HAVE or HAVE NOT broken native sod after February 7, 2014. For any native sod acreage broken after December 20, 2018, identify the year it was broken separately for each parcel: _____ . (Only applicable to the following states: Iowa, Minnesota, Montana, Nebraska, North Dakota and South Dakota.)

I understand that if I till native sod acreage, I will be assessed a reduction in yield guarantee and premium subsidy, these reductions apply in the crop year that my total native sod acreage tilled exceeds 5 acres in the county (cumulated across crops and crop years), and these reduction in benefits may be retroactively applied within a crop year.

Measurement Service Requested

Is measurement service being requested? Yes No If yes, please provide the unit number(s) and the estimated acreage for which measurement service is requested.

Organic Producer Certification Statement

I certify that I have an organic 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.

Direct Marketing Statement

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

(a) This notification to my agent must be made by the Acreage Reporting Date, or if my marketing plans change after the Acreage Reporting Date, no later than 15 days prior to harvest.

(b) The notification may either be in person or by telephone and must be certified in writing on the Marketing Certification within 15 days of notification.

(c) If I fail to timely provide the required certification and do not have acceptable production records, it may result in assigned yields in accordance with section 3(g) of the Common Crop Insurance Policy Basic Provisions (7 CFR § 457.8).

Precision Farming

I will be using Precision Farming: Yes No

Insured's Printed Name		Insured's Signature		Date
Agent's Printed Name	Code	Agent's Signature		Date

-Acreage Type - Identify whether acreage is:

- A = Insured by New Breaking WA (acreage previously in production)
- B = Insured New breaking under terms of policy (<5% & acreage previously in production)
- C = CRP acreage (automatically insured under terms of policy)
- D = Insured by New breaking WA (acreage never in production)
- E = Insured New breaking under terms of policy (<5% & acreage never in production)
- K = Insured - Unavoidable Uninsured Fire (UUF) or Third Party Damage

Uninsurable Reasons:

- B = Uninsurable new breaking first year no written agreement
- P = Unreported portion of insurable acres within the unit (i.e., under-reported acres)
- R = Unreported insurable unit - entire unit not reported
- S = Uninsurable Acres
- T = Uninsurable due to new breaking and insured cannot substantiate acreage has previously been in prod
- U = Uninsured Acreage
- W = Uninsurable - insurance waived due to 2nd crop provision