



Producers Ag Insurance Group®
2025 South Hughes, Suite 200, Amarillo, TX 79109

ACREAGE REPORT

Date _____ Page _____ of _____

INSURED'S NAME:			AGENCY:		AGENCY CODE:	CROP YEAR/POLICY NUMBER:			
STREET AND/OR MAILING ADDRESS:			ADDRESS:			STATE/COUNTY:			
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:	CROP(S):			
INSURED'S TELEPHONE NUMBER:		CELL:	TELEPHONE NUMBER:				PLAN OF INSURANCE:		
IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER TYPE:	PERSON TYPE:	INSURED'S AUTHORIZED REPRESENTATIVE:					COVERAGE LEVEL:	
SPOUSE'S NAME			LANDLORD / TENANT INSURING OTHER'S SHARE:					% OF PRICE ELECTION**:	
SPOUSE'S IDENTIFICATION NUMBER:	SPOUSE'S IDENTIFICATION NUMBER TYPE:	SPOUSE'S PERSON TYPE:	Is Insured insuring the tenant's shares?		YES	NO			
			Is Insured insuring the landlord's share?		YES	NO			

COUNTY	TYPE	UNIT NUMBER	LEGAL DESCRIPTION ***	FIELD LOCATION IDENTIFICATION ****	FARM NAME	APPROVED APH YIELD	OPTIONS, ELECTIONS, OR ENDORSEMENTS	REPORTED ACRES	INSURED SHARE	NAME OF OTHER PERSON(S) SHARING IN CROP
CROP/PLAN	PRACTICE	UNIT STRUCTURE CODE				AREA CLASSIFICATION	ACREAGE TYPE~	DATE PLANTING COMPLETED		

REMARKS:

LEGEND: **Percentage Price Election, Projected Price or Amount of Insurance, ***Legal Description = Section, Township, Range & Other Land Identifiers (e.g. Spanish Land grants, metes & bounds, etc.), ****For further reporting instructions on reporting Field Location Identifications see CIH Para. 1211
~Indicate type of acreage being reported, see list of Acreage Types under signature fields on last page.

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

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT Agents, Loss Adjusters and Policyholders

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIP's contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

NON-DISCRIMINATION STATEMENT

Non-Discrimination Statement:

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

To File a Program Complaint:

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or email at program.intake@usda.gov.

Persons with Disabilities:

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program 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.

Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email.

PRODUCERS AG INSURANCE GROUP PRIVACY NOTICE

The Producers Ag Insurance Group (ProAg Group) is committed to respecting the individual privacy of our policyholders and their significant beneficial interest owners (Customers). We collect nonpublic personal information about Customers from information we receive from them such as information provided on applications or other forms, which may include name, address and social security numbers and from third parties such as a consumer reporting agency. To serve our customers and to service our business our employees have access to Customers personal information in the course of doing their jobs and we may share or disclose non-public personal information about the Customers to affiliates within the ProAg Group or with non affiliated third parties with whom we have a contractual relationship such as agencies within the United States Department of Agriculture, with your insurance agent and other insurance companies or with banks where a written permission to transfer such information has been granted by the policyholder. We may also share non-public personal information with affiliates and with non-affiliated third parties as permitted by law. The ProAg Group will not sell or share your personal information with anyone for purposes unrelated to our business functions with out our offering to the Customer the opportunity to "opt-out" or to "opt-in" as required by law.

ANTI-REBATING CERTIFICATION - APPLICANT / INSURED STATEMENT

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

ANTI-REBATING CERTIFICATION - AGENT STATEMENT

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

USDA MULTIPLE BENEFIT CERTIFICATION STATEMENT

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

CERTIFICATION STATEMENT

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

NATIVE SOD

I HAVE / HAVE NOT broken native sod after February 7, 2014. (Only for states of Iowa, Minnesota, Montana, Nebraska, North Dakota, and South Dakota)

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

MEASUREMENT SERVICE REQUESTED?

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

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

Acreage Type - Identify whether acreage is: A = New breaking insurable by WA and insured is able to substantiate the acreage has previously been in production; B = New breaking insured under the terms of the policy (e.g. less than 5%) and insured is able to substantiate the acreage has previously been in production; C = CRP acreage (automatically insured under terms of policy); D = Insured - New breaking acreage insured by NB WA and the insured is unable to substantiate the acreage has previously been in production; E = Insured - New breaking acreage insured in accordance with the terms of the policy (e.g. less than 5%) and the insured is unable to substantiate the acreage has previously been in production; G = Insured - Native sod acreage insured under the terms of the policy; H = Insured - Native sod acreage insured under the terms of the Special Provisions; I = Insured - Native sod acreage insured by WA; J = Acreage elected under the ARC program that is ineligible for SCO benefits when the producer choses SCO for the crop in the county; K = Insured - Unavoidable Uninsured Fire or Third Party Damage.

Uninsurable Reasons: B = Uninsurable new breaking first year no written agreement; C = Nationwide Total Insurable Colonies for Apiculture (1191) by Ins Plan Code, Rainfall Index, Veg Index; D = Uninsurable - Native sod acreage not insured by Special Provisions or WA; E = Practice with zero coverage range for STAX only; H = High Risk Land excluded from the policy and not insured; I = Total Insurable Acres for PRF (0088) or Total Insurable Colonies for Apiculture (1191); J = Ineligible for SCO coverage: producer elected ARC at FSA; N = No Acreage History; 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; X = Acreage Not planted on the entire Unit; Z = Acreage Not planted in the entire County.