



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

# ARH APPLICATION/TRANSFER/CANCELLATION/PRODUCTION & YIELD/ACREAGE REPORT/ PRODUCER'S PRE-ACCEPTANCE WORKSHEET COMBINATION FORM

Date \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

APPLICANT'S/INSURED'S NAME:			AGENCY NAME:		AGENCY CODE:	CROP YEAR:								
STREET AND/OR MAILING ADDRESS:			ADDRESS:				POLICY NUMBER:							
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:	STATE:								
TELEPHONE NUMBER:	CELL:	EMAIL ADDRESS:	TELEPHONE: NUMBER:	AGENT EMAIL ADDRESS:			TYPE OF POLICY:							
IDENTIFICATION NUMBER:	ID NUMBER TYPE:	PERSON TYPE:	APPLICANT'S AUTHORIZED REPRESENTATIVE:				<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">NEW APPLICATION</td> <td style="width: 50%; text-align: center;">TRANSFER</td> </tr> <tr> <td style="text-align: center;">REINSTATE</td> <td style="text-align: center;">ADD CROP TO POLICY</td> </tr> <tr> <td style="text-align: center;">CANCELLATION</td> <td style="text-align: center;">POLICY CHANGES</td> </tr> </table>		NEW APPLICATION	TRANSFER	REINSTATE	ADD CROP TO POLICY	CANCELLATION	POLICY CHANGES
NEW APPLICATION	TRANSFER													
REINSTATE	ADD CROP TO POLICY													
CANCELLATION	POLICY CHANGES													
SPOUSE'S NAME:	SPOUSE'S ID NUMBER:	SPOUSE'S ID NUMBER TYPE:	PERSON TYPE:											
I am a limited resource farmer?		Yes	No	Is applicant insuring the tenant's share?		Yes	No							
Is applicant at least 18 years old?		Yes	No	Is applicant insuring the landlord's share?		Yes	No							

<b>OTHER CHANGES:</b>	Add/Change/Correct Insured's Authorized Representative	Correct Insured's Identification Number^	Correct Spelling of Insured's Name	Add or Remove "Added County" election
	Add or Remove SBI	Change/Correct Insured's Address	Correct SBI's Identification Number^	Correct Spelling of SBI's Name
				Other (explain in Remarks)

**SBI INFORMATION**—List all person(s) with a substantial beneficial interest in you as defined in the applicable policy provisions (including landlords or tenants insured under the applicant). If none, state NONE.  
See SSN/EN Reporting Form for additional space.

NAME	COMPLETE ADDRESS	PHONE NUMBER	IDENTIFICATION NUMBER	IDENTIFICATION NUMBER TYPE	PERSON TYPE

**CROP INFORMATION**

\* Subject to the provisions of the Federal Crop Insurance Act and the regulations issued under the Act, I hereby apply for insurance on my share of the crops as specified below for the crop year. I understand that my share of all the crop grown on the insurable land in the county (or state if the "all county" option is marked "yes") as of the acreage reporting date must be insured. I also understand that the location of land which is not insurable, premium rates, applicable deadlines, and production guarantees or amounts of insurance are on file and available for my inspection in my agent's office. I further understand that no insurance will be available on a crop unless this application is completed and filed prior to the sales closing date for the crop. I also further understand that, although insurance under this application is continuous from year to year, policy terms, production guarantee or amounts of insurance, and price elections may change from year to year. All changes will be available in my agent's office prior to the contract change date.

EFFECTIVE CROP YEAR	NAME OF CROP		TYPE	COVERAGE LEVEL	UNIT STRUCTURE (EU OR WF)	INTENDED ACRES
COUNTY	DESIGNATED COUNTY	PLAN	PRACTICE	% OF PRICE, PROJ. PRICE, AMT. OF INS. OR PROT. FACTOR	OPTIONS, ELECTIONS OR ENDORSEMENTS	

**REMARKS:**



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**CONDITIONS OF ACCEPTANCE:**

This application is accepted and insurance attaches in accordance with the policy unless: (1) The Federal Crop Insurance Corporation determines that, in accordance with the regulations, the risk is excessive; (2) any material fact is omitted, concealed or misrepresented in this application or in submission of this application; (3) you have failed to provide complete and accurate information required by this application; or (4) the answer to any of the following questions is "yes." An answer of "yes" to these questions does not automatically result in rejection of the application. For example, if you answer "yes" to question (a) but your debt was discharged in bankruptcy; the application would not be rejected.

- |     |    |     |  |
|-----|----|-----|--|
| YES | NO | (a) | Are you now indebted and the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?   |
| YES | NO | (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?   |
| YES | NO | (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?   |
| YES | NO | (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 Agricultural?   |
| YES | NO | (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? |
| YES | NO | (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. 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.

**CANCELLATION INFORMATION - To be completed only if cancelling insurance coverage without transferring to another Approved Insurance Provider (AIP):**

Yes, 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.

\_\_\_\_\_  
AIP Representative's Printed Name

\_\_\_\_\_  
AIP Representative's Signature

\_\_\_\_\_  
Date

**POLICY TRANSFER INFORMATION - To be completed only if cancelling previous policy and transferring the experience and insurance coverage from another Approved Insurance Provider (AIP):**

Yes, I hereby request cancellation of my crop insurance policy with (Ceding AIP Name and Policy Number) \_\_\_\_\_ for the crop(s) and crop year(s) shown above because I have either canceled my crop insurance or I 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.

\_\_\_\_\_  
Crops to be cancelled and transferred:

\_\_\_\_\_  
Crop Year of crops being cancelled and transferred:

Yes, I hereby authorize and direct the \_\_\_\_\_ 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 subsequent terminated for delinquent debt had this transfer not occurred, no coverage can be provided by the Assuming Approved Insurance Provider) **Producers Ag Insurance Group, Inc.**

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.

\_\_\_\_\_  
Name of Assuming Agent

\_\_\_\_\_  
Assuming Agent's Address, City, State, and Zip Code

\_\_\_\_\_  
Printed Name of AIP Representative Authorized to Accept Applications

\_\_\_\_\_  
Signature of AIP Representative Authorized to Accept Applications

\_\_\_\_\_  
Date of Acceptance

\_\_\_\_\_  
AIP Code

See Last Pages of ARH Application/Transfer/Cancellation/Yield & Revenue/Acreage Report/Producer's Pre-Acceptance Worksheet Combination Form for Required Statements.



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## PRODUCTION, REVENUE, AND YIELD REPORT

<b>County:</b> _____ <b>Crop:</b> _____									<b>County:</b> _____ <b>Crop:</b> _____																				
<b>Plan:</b> _____			<b>Coverage Level:</b> _____			<b>% of Price Election**:</b> _____			<b>Plan:</b> _____			<b>Coverage Level:</b> _____			<b>% of Price Election**:</b> _____														
<b>Unit / Unit Structure:</b> _____			<b>Type:</b> _____			<b>Practice:</b> _____			<b>Unit / Unit Structure:</b> _____			<b>Type:</b> _____			<b>Practice:</b> _____														
<b>T-Yield Map Area / Area Class:</b> _____			<b>Record Type:</b> _____			<b>AL / NC / P / T / TMA ~</b>			<b>T-Yield Map Area / Area Class:</b> _____			<b>Record Type:</b> _____			<b>AL / NC / P / T / TMA ~</b>														
<b>Processor # / Name:</b> _____			<b># of Trees or Vines:</b> _____			<b>Multi Crop Year Reporting Reason:</b> _____			<b>Processor # / Name:</b> _____			<b># of Trees or Vines:</b> _____			<b>Multi Crop Year Reporting Reason:</b> _____														
<b>Inspection Required?</b>			<b>Field Review Required?</b>			<b>Land in Other County?</b>			<b>Yes</b>			<b>No</b>			<b>Inspection Required?</b>			<b>Field Review Required?</b>			<b>Land in Other County?</b>			<b>Yes</b>			<b>No</b>		
YEAR	PRODUCTION	ACRES	AVG. YIELD	NET REV.	AVG. REV.	SHARE	100% REV.	DESC.	YEAR	PRODUCTION	ACRES	AVG. YIELD	NET REV.	AVG. REV.	SHARE	100% REV.	DESC.												
<b>Total</b>									<b>Total</b>																				
<b>Prior Yield</b>			<b>Prior Revenue</b>			<b>Approved Revenue</b>			<b>Prior Yield</b>			<b>Prior Revenue</b>			<b>Approved Revenue</b>														
<b>Preliminary Yield</b>			<b>Preliminary Revenue</b>			<b>Approved Yield</b>			<b>Preliminary Yield</b>			<b>Preliminary Revenue</b>			<b>Approved Yield</b>														
<b>T-Yield</b>			<b>T-Revenue</b>			<b>Yield Indicator</b>			<b>T-Yield</b>			<b>T-Revenue</b>			<b>Yield Indicator</b>														
<b>Comments / Remarks / Other Entity(ies) / Other Characteristics:</b>									<b>Comments / Remarks / Other Entity(ies) / Other Characteristics:</b>																				

## ACREAGE REPORT

<b>Reported Acres:</b> _____				<b>Acreage Type:</b> _____				<b>Reported Acres:</b> _____				<b>Acreage Type:</b> _____											
<b>Date Planting Completed:</b> _____				<b>Crush District</b> _____				<b>Frost Protection</b> _____				<b>Date Planting Completed:</b> _____				<b>Crush District</b> _____				<b>Frost Protection</b> _____			
<b>Insurability:</b>		<b>I</b>		<b>UI</b>		<b>Share:</b>		<b>Insurability:</b>		<b>I</b>		<b>UI</b>		<b>Share:</b>									
<b>Person(s) Sharing:</b> _____								<b>Person(s) Sharing:</b> _____															
<b>Legal Description***:</b> _____				<b>Field Location Identification:</b> _____				<b>Farm Name:</b> _____				<b>Legal Description***:</b> _____				<b>Field Location Identification:</b> _____				<b>Farm Name:</b> _____			
<b>Options, Elections or Endorsements:</b>								<b>Options, Elections or Endorsements:</b>															
<b>Measurement Service Requested?</b>		<b>Yes</b>		<b>No</b>		If yes, please provide the unit number(s) and the estimated acreage for which measurement service is requested.																	

**Legend:** \*\*Percentage Price Election, Projected Price or Amount of Insurance; \*\*\*Legal Description = Section, Township, Range, and Other Land Identifier (e.g. Spanish land grants, metes and bounds, etc.); ~Added Land / New Crop / Practice / Type / TMA; C = Claim Record; CRP = Conservation Reserve Program; IW = Insurance Waived; NBA = New Breaking Acreage; SR = Short Rate; UI - Uninsurable; UR = Unreported;

**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.

**Record Type Codes:** 01 = Prod. Sold / Commercial Storage; 05 = On Farm Storage; 10 = Farm Storage / Record Bin Management; 15 = Livestock Feeding Records; 22 = FSA Loan Record; 25 = Appraisal; 30 = Other; 35 = Pick Records

**Multi Crop Year Reporting Reason Codes:** 1) Certification for crop years not previously certified; 2) Correction; 3) Replacement of a temporary yield; 4) Replacement of assigned yield; 5) Certification by new insured; 6) Certification using another producer's history for new acreage; 7) Recertification for new actuarial offer; 8) Recertification for new unit structure; 9) Other

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PRODUCER'S PRE-ACCEPTANCE WORKSHEET											
LEGAL DESCRIPTION*	BLOCK OR FARM NAME	BLOCK OR PLOT #	MO - YEAR PLANTED OR SET OUT	ACRES	VARIETY	NUMBER OF PLANTS / TREES / VINES / BUSHES **	PLANT SPACING	DENSITY**	INTERPLANTED WITH ANOTHER CROP	PRACTICE IRR OR NI	ACREAGE TYPE
FSA FARM / TRACT / FIELD #		LINE #	MO - YEAR GRAFTED *****		TYPE		PLANTING PATTERN ***	PERCENT OF STAND		ROOTSTOCK ****	INSURABLE OR UNINSURABLE OR EXCLUDED
<b>TOTAL ACRES</b>					<b>TOTAL</b>						

\*Legal Description - Section, Township, Range, Other Land Identifier (e.g. Spanish land grants, metes and bounds, etc.); \*\*Not applicable to cranberries or lowbush blueberries; \*\*\*Planting Pattern - See Exhibit 18 of CIH; \*\*\*\*When applicable by crop policy: Arizona--California citrus crop, macadamia nuts, peaches, pistachio, plum, prune, stonefruit, walnuts and grapes; \*\*\*\*\*Includes dehorned, buckhorned, stumped, etc. as applicable to crop provision reporting requirements.

B = Hedgerow or Border Planting Pattern; D = Double Row Planting; O = Other; Q = Quincunx; H = Hexagonal Planting Pattern; S = Square Planting Pattern

Please check Yes or No for each question below.

Yes    No    Has damage (e.g., disease, hail, freeze) occurred to Trees/Vines/Bushes/Bog that will reduce the insured crop's production from previous crop years? If yes to disease, list type.

Yes    No    Have practices or production methods (e.g., removal, dehorning, grafting, transitioning to or from organic) been performed that will reduce the insured crop's production from previous crop years?

Yes    No    A. Is acreage transitioning from conventional to organic for the first year?

Yes    No    B. Is acreage changing from organic to conventional for the first year?

Yes    No    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

Yes    No    Is the current water supply (surface allotment/well) adequate to produce a normal crop for the crop year being certified above?

Yes    No    Is any of your crop direct marketed or vertically integrated?

**REMARKS:**



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### 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.

### YIELD EXCLUSION (YE) NOTE

An insured is only required to sign the APH database when the YE is elected and the insured has chosen to opt-out of excluding an actual yield(s) in eligible crop year(s). Any exclusion or opt out of exclusion of an actual yield(s) in eligible crop years in and APH database continues to apply in subsequent crop years unless the insured cancels the YE option by the SCD of the crop or notifies the AIP in writing by the PRD to change which actual yields are excluded or opted out of exclusion. If the insured chooses to no longer exclude an eligible crop year in an APH database by the PRD, the previously excluded actual yield(s) are used to calculate the APH yields.

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## 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](http://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](mailto: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.

### 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).

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

Applicant/Insured's Printed Name

Applicant/Insured's Signature

Date

Agent's Printed Name

Agent's Signature

Agent Code

Date