

Acresage Report

Rainfall Index
Multiple Peril Crop Insurance



Insured Information		Agency Information	Policy Number:	
Name: _____ ID #: _____	Crop Year: _____	Agency Code: _____	NAU Country Office:	
Address: _____ ID # Type: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	State: _____	Name: _____	Crop PRF/API/AF	Plan of Insurance (Rainfall/Vegetation)
City, State, Zip: _____	County: _____	Address: _____	Coverage Level	Productivity Factor
Person Type: _____ Phone #: _____		City, State, Zip: _____		
Authorized Representative: _____				

Grid ID	Type/Intended Use (Hayland/Grazing)	AF Commodity by FTF (If Applicable)	County	AF Planting Date/Growing Season
Crop	Total Insurable Acres/ # Colonies	Coverage Level/ Trigger Grid Index	Unit #	
Plan	Insured Acres by Grid ID/ # of Hives of ins. Col.	Productivity Factor	Index Interval	
			% of Value	
Shareholder	Insured's Share		Insured acres by Grid ID/Interval	

Farm/Tract/Field

Grid ID	Intended Use (Hayland/Grazing)	AF Commodity by FTF (If Applicable)	County	AF Planting Date/Growing Season
Crop	Type/Total Insurable Acres/ # Colonies	Coverage Level/ Trigger Grid Index	Unit #	
Plan	Insured Acres by Grid ID/ # of Hives of ins. Col.	Productivity Factor	Index Interval	
			% of Value	
Shareholder	Insured's Share		Insured acres by Grid ID/Interval	

Farm/Tract/Field

Grid ID	Intended Use (Hayland/Grazing)	AF Commodity by FTF (If Applicable)	County	AF Planting Date/Growing Season
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			% of Value	
Shareholder	Insured's Share		Insured acres by Grid ID/Interval	

Farm/Tract/Field

Remarks:

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Insured's Name:		Agency Code:		Policy #:	
		Agency Name:			
PRF Rainfall Index - Grazing			Annual Forage - Growing Season 1: planted July 16 - October 15		
Jan-Feb (625)	Mar-Apr (627)	May-Jun (629)	Jul-Aug (631)	Sep-Oct (633)	Nov-Dec (635)
Feb-Mar (626)	Apr-May (628)	Jun-Jul (630)	Aug-Sep (632)	Oct-Nov (634)	Dec-Jan (636)#
PRF Haying / Irrigated			Annual Forage - Growing Season 2: planted October 16 - January 15		
Jan-Feb (425)	Mar-Apr (427)	May-Jun (429)	Jul-Aug (431)	Sep-Oct (433)	Nov-Dec (435)
Feb-Mar (426)	Apr-May (428)	Jun-Jul (430)	Aug-Sep (432)	Oct-Nov (434)	
PRF Haying / Non-Irrigated			Annual Forage - Growing Season 3: planted January 16 - April 15		
Jan-Feb (525)	Mar-Apr (527)	May-Jun (529)	Jul-Aug (531)	Sep-Oct (533)	Nov-Dec (535)
Feb-Mar (526)	Apr-May (528)	Jun-Jul (530)	Aug-Sep (532)	Oct-Nov (534)	

*CAT **ND, SD

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 NAU Country and submit a Policy Change.

API Producer Certification

I certify:
The colonies noted above qualify as apiculture and the selected index intervals support the vegetation production necessary for 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..

<p>Insured Anti-Rebating Statement:</p> <p>" I certify, for the crop year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, 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. §§ 1509(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."</p>	<p>Agent Anti -Rebating Statement:</p> <p>"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."</p>
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I Have or Have not Broken native sod after February 7, 2014

Have Have Not

This statement only applies to all counties in Iowa, Minnesota, Montana, Nebraska, North Dakota & 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.

See next page for all RMA required statements

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Insured's Name:	Agency Code:	Policy #:
	Agency Name:	

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.

NONDISCRIMINATION POLICY STATEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.)

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 <https://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, by fax (202) 690-7442 or email at program.intake@usda.gov.

Persons with Disabilities
Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). 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. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA MULTIPLE BENEFIT CERTIFICATION STATEMENT

I understand that obtaining multiple Federal benefits for the same loss, such as 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 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).

Insured's Printed Name & Signature	Date	Signatures Applicable to:	Agent's Printed Name and Signature	Code Number	Date
Printed Name:		<input type="checkbox"/> Acreage Report	Printed Name:		
Signature:		<input type="checkbox"/> Rainfall Index Certification Statement	Signature:		
		<input type="checkbox"/> Ant-Rebating	Agent's Address		