



Whole-Farm Revenue Protection Combination Form

Issued by Producers Agriculture Insurance Company

5601 Interstate 40 W., Suite 204
Amarillo, TX 79106
Phone: (754) 553-2603
Fax: (701) 137-2099

Renewal Policy

Date _____

Applicant / Insured's Name, Mailing or Street Address and Other Contact Information	Agency Name and Agent Contact Information	Policy 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:		
		State / County	
		Did the county where the majority of revenue is expected to be earned change within the policy year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Type of Policy: <input type="checkbox"/> New <input type="checkbox"/> Add Crop to Policy <input type="checkbox"/> Policy Changes <input type="checkbox"/> Transfer <input type="checkbox"/> Cancellation <input type="checkbox"/> Reinstate	
	State of Incorporation (applicable to LLCs and Corporations only):	I am a limited resource farmer: <input type="checkbox"/> Yes <input type="checkbox"/> No Is applicant at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Substantial Beneficial Interest (SBI) Reporting

***Substantial beneficial interest - An interest held by any person of at least 10% in you. The spouse of any individual applicant or individual insured will be presumed to have a substantial beneficial interest in the applicant or insured unless the spouses can prove they are legally separated or otherwise legally separate under the applicable State dissolution of marriage laws. The total of all SBIs' shares may exceed 100 percent. 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.

SBI Holder Name	Complete Address	Phone	ID Type and Number	Person Type
			<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	
			<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	
			<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	
			<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	

Crop Information

Effective Policy Year	Taxes Filed	Fiscal Year Begin Date (MM / YYYY)	Fiscal Year End Date (MM / YYYY)	Coverage Level	IRS Accounting Method
	<input type="checkbox"/> Calendar <input type="checkbox"/> Early Fiscal <input type="checkbox"/> Late Fiscal				<input type="checkbox"/> Cash <input type="checkbox"/> Accrual

Other Changes: (as indicated above) <input type="checkbox"/> Add or remove SBI <input type="checkbox"/> Add / change / correct insured's authorized representative <input type="checkbox"/> Change / correct insured's address	<input type="checkbox"/> Correct SBI's identification number ^ <input type="checkbox"/> Correct insured's identification number ^ <input type="checkbox"/> Correct spelling of insured's name	<input type="checkbox"/> Correct spelling of SBI's name <input type="checkbox"/> Other (Explain in Remarks)	Reasons for Cancellation: <input type="checkbox"/> Insured's Request <input type="checkbox"/> Death, Incompetence or Dissolution <input type="checkbox"/> Mutual Consent <input type="checkbox"/> Other (Explain in Remarks)
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Other Insurance (AIP Code - Policy - State - County - Commodity - Plan(Livestock)):

Yes Check "Yes" if you want to exclude FCIC reinsured policies from becoming primary insurance.

Remarks:

Legend: ^ If correcting an insured's or SBI's identification number, provide previous insured's or previous SBI's identification number.
 ** A completed Power of Attorney form must be submitted with the initial application.
 BFR = Beginning Farmer / Rancher VFR = Veteran Farmer / Rancher
 ***The total of all SBIs' shares may exceed 100 percent. Example: M, Inc. is owned by S&W Partnership. S&W Partnership is owned by two individuals, each with 50 percent ownership in S&W Partnership. Therefore, the SBIs for M, Inc., would include S&W Partnership at 100 percent, and both individuals with ownership in S&W partnership at 50 percent each, for a total SBI percentage of 200 percent.



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I understand that: (a) my approved revenue for the five years in the whole-farm history period and my expected revenue for the current year may be adjusted as required under the terms of the WFRP policy, and that such adjustments may affect the amount of insured revenue and any indemnity; (b) no insurance will be provided unless this application and all required forms are completed and filed on or before the SCD for the policy year in which I am requesting WFRP coverage; and (c) although insurance under this application is continuous from year to year, policy terms, premium rates, and the amount of revenue insured may change from year to year.

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 the submission of this application; (3) you have failed to provide complete and accurate information required by this application; (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 this 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 regulation, 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 Agriculture?
- 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 (SCD) has passed at the time you signed this application, insurance will be in effect for the policy year specified and will continue for each succeeding policy year, unless otherwise specified in the policy, until cancelled, terminated or voided. No terms 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.

Policy Cancellation Information - To be completed only if cancelling insurance coverage without transferring to another Approved Insurance Provider (AIP): I hereby request cancellation of my WFRP insurance policy shown on this cancellation. I understand that if this form is not executed on or before the cancellation date listed, the cancellation of my WFRP insurance will not become effective until the following policy year.

AIP Authorized Representative's Printed Name	AIP Authorized Representative's Signature	Date
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Policy Transfer Information - To be completed only if cancelling previous policy and transferring the experience and insurance coverage from another Approved Insurance Provider (AIP):

I hereby request cancellation of my WFRP insurance policy with _____ (Ceding AIP Name and Policy Number)

for the (Policy year of policy cancelled and transferred) because I have applied for insurance with another AIP, I understand that if this form is not executed on or before the established cancellation date, the cancellation of my WFRP insurance will not become effective until the following policy year.

 Policy year of policy cancelled and transferred

By submission of this form, we agree to provide WFRP insurance to this applicant for the policy year specified above unless this form is not executed on or before the established cancellation date, in which case WFRP insurance will be provided for the following policy year.

Name of Assuming Agent	Assuming Agent's Address, City, State and Zip
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Print Name of AIP Representative Authorized to Accept Applications	Signature of AIP Representative Authorized to Accept Applications	Date of Acceptance	AIP Code
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Signature Authorization

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. The authority granted under this provision: a) is applicable only to the insured person and insured commodities reported on this Application and does not extend to any other policy or person; b) terminates upon (i) our receipt of a new Application for the commodities reported on this Application, (ii) voidance or termination of the policy for any reason, including dissolution, death, disappearance or judicially declared incompetence of the grantor, (iii) legal separation or divorce if the authorized person is a spouse of the insured person; and c) does not extend to changing plans of insurance or applying for new coverage, including but not limited to, adding a new crop to an existing policy. It is your sole responsibility to notify any other persons that have authority to sign on your behalf, including persons authorized to act on your behalf under a power of attorney, that you are granting authority to other person(s) to sign crop insurance documents. You shall be liable for all damages that result from your authorizing more than one person to act on your behalf with respect to your multiple-peril crop insurance policy. In accepting your application and the grant of authority contained therein ProAg does not waive or vary any federal or state law. ProAg will not be held liable if the granting of authority under this Signature Authorization language is determined to be invalid under state or federal law or is superseded by any grant of authority under a valid power of attorney.

I extend the above grant of authority, subject to all terms and conditions above, to all SBI holders listed on this application without needing to list them in this section.

Legal Name	Last 4 SSN

Note: If you only want certain SBI holders to have signing authority, they should be listed above. However, all SBI holders must be listed in the appropriate section of this application; listing a person in this section does not satisfy the application's requirement to list all SBI holders.

I hereby revoke the authority to sign crop insurance documents on behalf of the insured that was previously granted to the following person(s):

Legal Name	Last 4 SSN
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

By signing below, I authorize the Company to offset from any indemnity or prevented planting payment any and all unbilled and payable premium and fees. Check here only if you do NOT authorize such offset.



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Farm Operation Report Section

Tax Year	Fiscal Year Begin Date	Fiscal Year End Date	Coverage Level
<input type="checkbox"/> Calendar <input type="checkbox"/> Early Fiscal <input type="checkbox"/> Late Fiscal			

Intended										Revised				Final						
Commodity Name (Code) (Rate Code) Commodity Description	Method of Establishment	Expected Yield / Avg. Wgt.	X	Expected Value	=	Expected Revenue	X	Intended Quantity	-	Cost / Basis and / or Value	X	Share % Prod.^	=	Total Expected Revenue	Actual Quantity	Actual Cost / Basis and / or Value	Share Actual %~	Total Expected Revenue	Total Final Production	Final Revenue
			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
			X		=		X		-		X		=							
Total															Total			Total		
Whole-Farm Historic Average Revenue (from WFRP History Report)																				
Approved Revenue at SCD															Approved Revenue at RRD					
Lesser of Total Expected Revenue or Whole-Farm Historic Average Revenue																				

Narrative, Expected Values, and Report of Changes (Explain on an attachment if necessary):

Yes No Expanded Operation+? If yes, please provide documentation indicating the operation is expanding. (See Section 71 (3) & 72(3) of the WFRP Handbook).

Yes No Integrated / Post-production Operations? If yes, explain on an attachment. (See Special Circumstances in Part 6 of the WFRP Handbook).

Other Insurance (AIP Code - Policy - State - County - Commodity - Plan(Livestock)):

Legend: ^ = Percent Produced to Sell ~ = Actual Percent Produced to Sell * = For Micro Farm, MAKE NO ENTRY + = For Micro Farm, mark No



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Expected Value and Yield Source Document Certification Worksheet Section - Commodity Information

Commodity Name (Code) (Rate Code)	Practice	Variety	Unit of Measure	Expected Yield	Source	Expected Value	Source
	Type						

Combined Direct Marketing Commodity or Micro Farm Information

Name of Market: _____

Years Produced	Total Planted Acres	Revenue	Exclude	Remarks	
Average					
Expected Value per Acre					



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Whole-Farm History Report Section

Tax Year	Allowable Revenue	Indexed Revenue
Total		
Simple Average		
Revenue Substitution		
Revenue Exclusion		
Revenue Cup		
* Expanded Operation Average		
Average		

Use the indexing average? Yes No

Insurance Options: Substitution Exclusion Cup

Important: If more than one option is selected, the option with highest amount will be considered elected in determination of their whole-farm historic average.

Whole-Farm Historic Average		
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Whole-Farm Historic Average = Higher of Average Allowable Revenue, Indexed Average Revenue (if applicable), Expanded Operation Adjusted Revenue (if applicable) OR Revenue Cup (if elected).

Legend: * = For Micro Farm, MAKE NO ENTRY



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Inventory Report Section

Inventoried Commodities										
Commodity Name	Beginning Inventory					Ending Inventory				
	First Day of the Insurance Period		Value End of Insurance Period			Last Day of the Insurance Period				
	Location(s)	Beginning Inventory (Unit of Measure)	Value (Dollars)	Cost or Basis	Value Received (Dollars)	Location(s)	Ending Inventory (Unit of Measure)	Average Value (Dollars)	Cost or Basis	Net Value (Dollars)
Total Beginning Value						Total Ending Value				

Inventory Adjustment (To be completed ONLY if a claim is filed)
 Adjustment: Total Ending Value - Total Beginning Value = Inventory Adjustment. Enter the Total Inventory Adjustment (+) or (-):



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Accounts Receivable Report Section

Accounts Receivable				
Commodity Name	Name and Address of Buyer	Beginning Amount (Dollars)	Ending Amount (Dollars)	Balance (Ending Amount - Beginning Amount)
Total Accounts Receivable Adjustments to Claim				



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Market Animal and Nursery Inventory Report Section

Breeding Livestock Only

Types of Animals or Commodities (Type / Category)	Beginning Inventory: First Day of the Insurance Period				Ending Inventory: Last Day of the Insurance Period			
	Number				Number			

Market Animals and Nursery

Types of Animals or Commodities (Type / Category)	Beginning Inventory: First Day of the Insurance Period							Ending Inventory: Last Day of the Insurance Period							
	Number	Average Weight or Container Size	Average Value	Average Value per Unit	Total Dollar Value	Actual Cost (Claims Only)	Net Value (Claims Only)	Number	Average Weight or Container Size	Average Value	Average Value per Unit	Total Dollar Value	Cost or Basis	Net Dollar Value	
Total Beginning Value								Total Ending Value							

Inventory Adjustment (To be completed ONLY if a claim is filed)

Inventory Adjustment = Total Ending Value - Total Beginning Value (Enter result, (+) or (-), in the Market Animal and Nursery Adjustment item on the Claim for Indemnity Form.)



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Allowable Revenue Worksheet Section

Adjustment Codes		Tax Year
A Schedule F income specifically excluded	G Net gain from commodity hedges	
B Cost of post-production operations	H Not directly related to production	
C Co-op distributions not directly related	I Other	

Schedule F Part I - for cash basis taxpayers (accrual taxpayers use Part III)

Line Number	Schedule F Part I (Cash) or III (Accrual) Revenue	Amount on Schedule F	Revenue Adjustment Amount	Code	Allowable Revenue per Item
1c or 37	Sales of livestock and other resale items, less the cost or basis of such items				
2 or 37	Sales of livestock, produce, grains and other products you raised				
3b or 38b	Taxable cooperative distributions			C	
4b or 39b	Taxable agricultural program payments			A	XXXXX
5a or 40a	Commodity Credit Corporation (CCC) loans reported under election			A	XXXXX
5c or 40c	Taxable CCC loans forfeited				
6b and 6d or 41	Crop insurance proceeds and federal crop disaster payments			A	XXXXX
7 or 42	Custom hire (machine work) income			A	XXXXX
8 or 43	Other income, including federal and state gasoline or fuel tax credit or refund				
	Federal and State gasoline or fuel tax credit or refund				
	Income from Bartering				
	Payments from buyers of commodities for bypassed acreage				
	Payments from marketing orders				
	Other commodity income not reported elsewhere				
Total Schedule F Part I or III Revenue					
			Allowable Revenue for Tax Year		



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Applicant / Insured's Name				Agency and Agent Name				Policy Year	Policy Number

YIELD AND REVENUE REPORT													
5. Commodity		6. Commodity Code		7. Rate Code		8. Practice		9. Type / Variety		10. Unit of Measure			
11. Year Produced	12. Total Production	13. Acres	14. Average Yield	15. Net Revenue	16. Average Revenue	17. Insured's Share	18. 100% Share Equivalent Revenue						
19. Replacement Yield		20. Expected Yield		21. Expected Value		22. Record Type		<input type="checkbox"/> Farm Stored-measured by the insured / AIP <input type="checkbox"/> Appraisal (non-loss) <input type="checkbox"/> Livestock Feeding Records <input type="checkbox"/> Other:				<input type="checkbox"/> Pick / Daily Sales Record <input type="checkbox"/> Field Harvest Record <input type="checkbox"/> Third-Party Records	
						<input type="checkbox"/> Yield Monitoring System <input type="checkbox"/> Claim for Indemnity <input type="checkbox"/> Direct Market							

Remarks:

5. Commodity		6. Commodity Code		7. Rate Code		8. Practice		9. Type / Variety		10. Unit of Measure			
11. Year Produced	12. Total Production	13. Acres	14. Average Yield	15. Net Revenue	16. Average Revenue	17. Insured's Share	18. 100% Share Equivalent Revenue						
19. Replacement Yield		20. Expected Yield		21. Expected Value		22. Record Type		<input type="checkbox"/> Farm Stored-measured by the insured / AIP <input type="checkbox"/> Appraisal (non-loss) <input type="checkbox"/> Livestock Feeding Records <input type="checkbox"/> Other:				<input type="checkbox"/> Pick / Daily Sales Record <input type="checkbox"/> Field Harvest Record <input type="checkbox"/> Third-Party Records	
						<input type="checkbox"/> Yield Monitoring System <input type="checkbox"/> Claim for Indemnity <input type="checkbox"/> Direct Market							

Remarks:



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YIELD AND REVENUE REPORT

5. Commodity		6. Commodity Code		7. Rate Code		8. Practice		9. Type / Variety		10. Unit of Measure		
11. Year Produced	12. Total Production	13. Acres		14. Average Yield		15. Net Revenue		16. Average Revenue		17. Insured's Share		18. 100% Share Equivalent Revenue
19. Replacement Yield		20. Expected Yield		21. Expected Value		22. Record Type						
						<input type="checkbox"/> Yield Monitoring System <input type="checkbox"/> Claim for Indemnity <input type="checkbox"/> Direct Market		<input type="checkbox"/> Farm Stored-measured by the insured / AIP <input type="checkbox"/> Appraisal (non-loss) <input type="checkbox"/> Livestock Feeding Records <input type="checkbox"/> Other:		<input type="checkbox"/> Pick / Daily Sales Record <input type="checkbox"/> Field Harvest Record <input type="checkbox"/> Third-Party Records		

5. Commodity		6. Commodity Code		7. Rate Code		8. Practice		9. Type / Variety		10. Unit of Measure		
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19. Replacement Yield		20. Expected Yield		21. Expected Value		22. Record Type						
						<input type="checkbox"/> Yield Monitoring System <input type="checkbox"/> Claim for Indemnity <input type="checkbox"/> Direct Market		<input type="checkbox"/> Farm Stored-measured by the insured / AIP <input type="checkbox"/> Appraisal (non-loss) <input type="checkbox"/> Livestock Feeding Records <input type="checkbox"/> Other:		<input type="checkbox"/> Pick / Daily Sales Record <input type="checkbox"/> Field Harvest Record <input type="checkbox"/> Third-Party Records		

Remarks:



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Anti-Rebating Certification - Applicant / Insured

I certify, for the policy 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.

Anti-Rebating Certification - Agent Statement

I certify, for the policy 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.

USDA Multiple Benefit Certification Statement

I understand that obtaining multiple Federal benefits, 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.

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.

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.



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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, 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.

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) 690-7442; or (3) email: program.intake@usda.gov.

Certification Statements

Application, Policy Cancellation, Policy Transfer, Policy Change, Producer's Pre-Acceptance Worksheet

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).

Expected Value and Yield Source Document Certification Worksheet, Market Animal and Nursery Inventory Report

I certify that to the best of my knowledge and belief all of the information on this form is correct. I understand the information on this form may be reviewed and audited, and used to determine my loss, if any, for the policy listed above. I understand that inaccurate information or my failure to retain or provide, upon request, records supporting the information on this form may result in denial of coverage, cancellation of my policy, ineligibility for indemnity, or recalculation of insured revenue. 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).

Whole - Farm History Report, Inventory Report, Accounts Receivable, Allowable Revenue Worksheet

I certify that to the best of my knowledge and belief all of the information on this form is correct. I understand the information on this form may be reviewed and audited. I understand that inaccurate information or my failure to retain or provide, upon request, records supporting the information on this form may result in denial of coverage, cancellation of my policy, ineligibility for indemnity, or recalculation of insured revenue. 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).

Farm Operation Report, Yield and Revenue Report

I certify that to the best of my knowledge and belief all of the information on this form is correct. I understand that changes to intended commodities grown will result in changes to the insured revenue, premium rate, and indemnity. I understand the information on this form may be reviewed and audited. I understand that inaccurate information or my failure to retain or provide, upon request, records supporting the information on this form may result in denial of coverage, cancellation of my policy, ineligibility for indemnity, or recalculation of approved revenue. 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).

Signatures are for (select one) Sales Close Date Revised Reporting Date Final Reporting Date

Applicant / Insured's Printed Name	Applicant / Insured's Signature	Date
Agent's Printed Name	Code	Agent's Signature
AIP Representative's Printed Name	AIP Representative's Signature	Date