

Asiatic Citrus Canker (ACC) Underwriting Certificate
for the 2005 and Succeeding Crop Years

PART I: APPLICANT/INSURED/AGENT INFORMATION (To be completed by applicant/insured or agent)

Instructions: Fill in information for items 1 through 17. Upon completion, fax or mail to the appropriate Division of Plant Industry (DPI) office. Attach a plat map or aerial photograph of the crop location. Once the ACC Underwriting Certificate has been returned by DPI, submit it to the insurance company through the crop insurance agent. (See back side of form for additional information.)

(1) Applicant/Insured Name:		(2) Applicant/Insured Telephone Number:		
(3) Applicant/Insured Representative:		(4) Applicant/Insured Fax Number:		
(5) Applicant/Insured Mailing Address:	(6) County:	(7) Policy Number:		
(8) Crop Insurance Agent:	(9) Agent Mailing Address:			
(10) Agent Telephone Number:	(11) Agent Fax Number:			
(12) Return Certificate To:				
Applicant/Insured	Agent	via:	Fax	Mail

PART II: GROVE STATUS

(13) Section	(14) Twnshp	(15) Range	(16) Crop ¹	(17) Unit No.	(18) Grove Designation ²	(19) Insp. Req. Met? ³ Y, N, or NA	(20) Insp. Results ⁴ I, NI or NA	(21) Abandoned Y or No	For Company Use Only ⁵

PART III: DIVISION OF PLANT INDUSTRY (DPI) INFORMATION (To be completed by DPI only)

I certify that the information provided is true and correct to the best of my knowledge.

NOTES:

1. Completed by Agent: **Crop** (item 16), enter applicable crop name: Grapefruit, lemons, oranges, limes, and all other citrus. Enter “oranges” if the crop acreage includes early, midseason, late, or navel oranges. Enter “all other citrus” if the crop acreage includes temple oranges, tangerines, tangelos, or Murcotts.
 2. Completed by DPI: **Grove Designation** (item 18), enter “Q” if the trees are located in a quarantine zone, “B” if the trees are located in a buffer zone, and “N” if the trees are located in neither a quarantine or a buffer zone.
 3. Completed by DPI: **Insp. Req. Met** (item 19), enter “Y” or “N” to indicate if inspection requirements were met, or “NA” if not applicable.
 4. Completed by DPI: **Insp. Results** (item 20), enter “NI” if the trees are not infected or exposed; enter “I” if the trees are infected or exposed; or “NA” if not applicable.
 5. For Company Use Only: May be used by company underwriters to designate acreage as eligible or ineligible for ACC coverage.
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COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act, (7 U.S.C. 1501 et seq.) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Federal Crop Insurance Act (7 U.S.C. 1506), and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

The balance of the information requested is necessary for the insurance company and RMA to process this form to: provide insurance; provide reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The information furnished on this form will be used by Federal agencies, RMA employees, insurance companies, and contractors who require such information in the performance of their duties. The information may be furnished to: RMA contract agencies, employees and loss adjusters; reinsured companies; other agencies within the United States Department of Agriculture; The Department of Treasury including the Internal Revenue Service; the Department of Justice, or other Federal or State law enforcement agencies; credit reporting agencies and collection agencies; other Federal agencies as requested in computer matching programs; and in response to judicial orders in the course of litigation. The information may also be furnished to congressional representatives and senators making inquiries on your behalf. Furnishing the information required by this form is voluntary; however, failure to report the correct and complete information requested may result in rejection of this form; rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; and a unilateral determination of any monetary amounts due.

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