

COMPANY NAME:

ANNUAL FARM REPORT

1. IRS Accounting Method
 Cash Accrual

2. Insurance Year:

3. PRODUCER INFORMATION:

Name: _____
Type of Tax Entity

Address: _____

Phone Number: _____

SSN EIN

4. AGENCY INFORMATION:

Name: _____

Address: _____

Phone Number: _____

Policy Number: _____ Agent Code: _____

5. State(s):

County(ies):

6. Will any listed commodity also be insured under another insurance policy? If yes, list the commodity and contract number(s).

ADJUSTED GROSS REVENUE (AGR) REPORT

INTENDED COMMODITY REPORT

TOTAL VALUE BY COMMODITY

TAX YEAR 7	ALLOWABLE INCOME 8	ALLOWABLE EXPENSES 9	COMMODITY NAME/CODE 12A	NO. YEARS PRODUCED 13	INTENDED AMOUNT		TOTAL AMOUNT 15	EXPECTED VALUE 16	DOLLARS 17
					ACRES, ETC. 14A	YIELD 14B			
TOTAL	10A.	10B.							
AVERAGE	11A.	11B.	12B. TOTAL NUMBER COMMODITIES:				18. TOTAL EXPECTED INCOME:		
19A. INDEXED INCOME:		19B. APPROVED EXPENSES:		20. PRELIMINARY AGR:			21. APPROVED AGR: (Company use only)		

22 REPORT OF CHANGES:

Have there been any changes in tax entity or changes in crops/crop mix, intended use of a crop, marketing plans, ownership, business structure, size of operation, farming practice, type of farming activity, accounting methods, or any other change that alters farm income from the average (historic) income? If yes, describe this change(s) and its expected effect on adjusted gross revenue, by applicable commodity. (Explain in Narrative and on an attachment if necessary)

Narrative:

(Continued on Reverse)

22. REPORT OF CHANGES (Cont'd):

23. INTEGRATED/POST-PRODUCTION OPERATIONS: Am I involved in ANY post-production operations including other tax entities? YES NO . If yes, explain the extent below.

I certify that to the best of my knowledge and belief all of the information on this form is correct. I understand this form may be reviewed or audited and that information inaccurately reported or failure to retain records to support information on this form may result in a recomputation of the approved adjusted gross 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 false claims penalties (18 U.S.C.; §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729 and §3730) and any other applicable federal statutes.

24. PRODUCER'S SIGNATURE

DATE

25. REPRESENTATIVE'S SIGNATURE

DATE

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Agents, Loss Adjusters and Policyholders**

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