



Crop Insurance Division
 49 East Fourth Street, Suite 400
 Cincinnati, Ohio 45202-3803

MULTIPLE PERIL CROP INSURANCE PRODUCTION CERTIFICATION WORKSHEET

Policy Number _____

Page _____ of _____

Part I: INSURED'S INFORMATION				Part II: AGENT/AGENCY INFORMATION			
Name			Type of Entity	Name			
Authorized Representative			Identification Number	Agency Code Number		Telephone Number	
Street or Mailing Address			Type of Identification Number (Check One) <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Assigned Number	Street or Mailing Address			
City	State	Zip Code	Telephone Number	City	State	Zip Code	

Unit Number	State	County	Name of Crop	Practice/Type/Variety	Unit Number	State	County	Name of Crop	Practice/Type/Variety			
Section, Township, Range or Other Land Identifier			New Producer <input type="checkbox"/> Added Land P/T/V <input type="checkbox"/>		Section, Township, and Range or Other Land Identifier			New Producer <input type="checkbox"/> Added Land P/T/V <input type="checkbox"/>				
			Crop Year Of History	Total Production				Crop Year Of History	Total Production	Acres	Yield	
FSA Farm Serial Number		Land Other County <input type="checkbox"/> Yes <input type="checkbox"/> No						FSA Farm Serial Number		Land Other County <input type="checkbox"/> Yes <input type="checkbox"/> No		
RMA T Yield	Other Entity(ies)							RMA T Yield	Other Entity(ies)			
Insured's Share	Name of Shareperson(s)							Insured's Share	Name of Shareperson(s)			
Processor Number/Name and/or Number Trees or Vines								Processor Number/Name and/or Number Trees or Vines				
Other (Remarks)								Other (Remarks)				

Record Type: 1 <input type="checkbox"/> Production Sold/Commercial Storage 2 <input type="checkbox"/> On Farm Storage, Recorded Bin Measurement 3 <input type="checkbox"/> Livestock Feeding Records 4 <input type="checkbox"/> FSA Loan Records 5 <input type="checkbox"/> Appraisals 6 <input type="checkbox"/> Other			Total (of yield history) Prior APH Yield Preliminary Yield (For Insurance Provider Use Only) Approved APH Yield		Record Type: 1 <input type="checkbox"/> Production Sold/Commercial Storage 2 <input type="checkbox"/> On Farm Storage, Recorded Bin Measurement 3 <input type="checkbox"/> Livestock Feeding Records 4 <input type="checkbox"/> FSA Loan Records 5 <input type="checkbox"/> Appraisals 6 <input type="checkbox"/> Other			Total (of yield history) Prior APH Yield Preliminary Yield (For Insurance Provider Use Only) Approved APH Yield	
Required: Field Review <input type="checkbox"/> Inspection <input type="checkbox"/>					Required: Field Review <input type="checkbox"/> Inspection <input type="checkbox"/>				

Part IV: 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 APH yield. 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 Signature	Date	Agent's Signature	Date	Agent's Code Number
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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.) (Act) 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 Act 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.

Your policy also specifies other information that must be provided. The principle purposes of this information are to provide insurance; 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 routine uses of this information include: (1) Referral to the appropriate agency, whether Federal, State, local or foreign including the Department of Justice, charged with the responsibility of investigating or prosecuting a violation of law, or of enforcing or implementing a statute, rule regulation or order issued pursuant thereto, of any record within this system when information available indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute or by rule, regulation or order issued pursuant thereto; (2) Disclosure to a court, magistrate or administrative tribunal, or to opposing counsel in a proceeding before a court, magistrate or administrative tribunal, of any record within the system that constitutes evidence on that proceeding, or which is sought in the course of discovery, to the extent that FCIC determines that the records sought are relevant to the proceeding; (3) Disclosure to a congressional office in response to any inquiry from the congressional office made at the request of that individual; (4) Disclosure to Approved Insurance Providers (AIP) for any purpose relating to the sale, service, and administration of the Federal crop insurance program and the policies insured under the authority of the Act; (5) Disclosure to other Federal agencies and contractors, cooperators, and partners of FCIC for the purpose of conducting research, development, analyses, and evaluation into all aspects relating to new and existing crop insurance programs and other risk management tools; (6) Disclosure to contractors or other Federal agencies to conduct research and analysis to identify patterns, trends, anomalies, instances and relationships of AIP's, agents, loss adjusters and policyholders that may be indicative of fraud, waste, and abuse; (7) Disclosure to AIPs, contractors, and other applicable Federal agencies to determine whether information has been accurately provided to FCIC and the AIPs and to determine compliance with program requirements; and (8) Disclosure to AIPs, contractors, cooperators, partners of FCIC, and other Federal agencies for any purpose relating to the sale, service, administration, analysis and evaluation of the Federal crop insurance program.

Furnishing other information is also voluntary. However, failure to report the information specified in your policy may result in rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; a unilateral determination of any monetary amounts due; or any remedy provided in the policy.

NONDISCRIMINATION STATEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

GAINS MPCL - F18164C (1-07)



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Part II: AGENT/AGENCY INFORMATION

Name			Type of Entity			Name				
Authorized Representative			Identification Number			Agency Code Number		Telephone Number		
Street or Mailing Address			Type of Identification Number (Check One) <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Assigned Number			Street or Mailing Address				
City		State	Zip Code		Telephone Number		City		State	Zip Code

Unit Number	State	County	Name of Crop	Practice/Type/Variety	Unit Number	State	County	Name of Crop	Practice/Type/Variety				
Section, Township, Range or Other Land Identifier			New Producer <input type="checkbox"/> Added Land P/T/V <input type="checkbox"/>		Section, Township, and Range or Other Land Identifier			New Producer <input type="checkbox"/> Added Land P/T/V <input type="checkbox"/>					
FSA Farm Serial Number		Land Other County <input type="checkbox"/> Yes <input type="checkbox"/> No	Crop Year Of History	Total Production	Acres	Yield	FSA Farm Serial Number		Land Other County <input type="checkbox"/> Yes <input type="checkbox"/> No	Crop Year Of History	Total Production	Acres	Yield
RMA T Yield	Other Entity(ies)						RMA T Yield	Other Entity(ies)					
Insured's Share	Name of Shareperson(s)						Insured's Share	Name of Shareperson(s)					
Processor Number/Name and/or Number Trees or Vines							Processor Number/Name and/or Number Trees or Vines						
Other (Remarks)							Other (Remarks)						

Record Type: 1 <input type="checkbox"/> Production Sold/Commercial Storage 2 <input type="checkbox"/> On Farm Storage, Recorded Bin Measurement 3 <input type="checkbox"/> Livestock Feeding Records 4 <input type="checkbox"/> FSA Loan Records 5 <input type="checkbox"/> Appraisals 6 <input type="checkbox"/> Other	Total (of yield history) Prior APH Yield Preliminary Yield (For Insurance Provider Use Only) Approved APH Yield	Record Type: 1 <input type="checkbox"/> Production Sold/Commercial Storage 2 <input type="checkbox"/> On Farm Storage, Recorded Bin Measurement 3 <input type="checkbox"/> Livestock Feeding Records 4 <input type="checkbox"/> FSA Loan Records 5 <input type="checkbox"/> Appraisals 6 <input type="checkbox"/> Other	Total (of yield history) Prior APH Yield Preliminary Yield (For Insurance Provider Use Only) Approved APH Yield
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Copy To: Agent

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