



Crop Insurance Division

Multiple Peril Crop Insurance Production Report For The _____ Crop Year

Policy Number _____

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

Part III: CROP INFORMATION											
Line No.	Unit Number	Name of State	Name of County			Line No.	Unit Number	Name of State	Name of County		
Name of Crop		Practice/Type	T-Yield Map Area/Other Characteristics			Name of Crop		Practice/Type	T-Yield Map Area/Other Characteristics		
Legal Description (Section/Township/Range/Other Land Identifier)			Map Area Classification			Legal Description (Section/Township/Range/Other Land Identifier)			Map Area Classification		
FSA Farm/Tract/Field Number		Insured's Share	<input type="checkbox"/> Added Land <input type="checkbox"/> New Crop <input type="checkbox"/> New Practice <input type="checkbox"/> New Type <input type="checkbox"/> New TMA			FSA Farm/Tract/Field Number		Insured's Share	<input type="checkbox"/> Added Land <input type="checkbox"/> New Crop <input type="checkbox"/> New Practice <input type="checkbox"/> New Type <input type="checkbox"/> New TMA		
Name of Other Person(s) Sharing in the Crop <small>(Business Name / Last Name First Name Middle Initial % Share)</small>			<input type="checkbox"/> New Producer I certify I have not produced the insured crop in the county for more than two years.			Name of Other Person(s) Sharing in the Crop <small>(Business Name / Last Name First Name Middle Initial % Share)</small>			<input type="checkbox"/> New Producer I certify I have not produced the insured crop in the county for more than two years.		
Processor Number/Name		Crop Year of History	Total Production	Acres	Yields and Descriptor	Processor Number/Name		Crop Year of History	Total Production	Acres	Yields and Descriptor
Number Trees/Vines						Number Trees/Vines					
Insurability						Insurability					
Other						Other					
Multi Crop Reporting Reason ¹						Multi Crop Reporting Reason ¹					
Record Type ²						Record Type ²					
Comments:						Comments:					

GAINS MP/CI - F-18164F (10/11)



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Part IV: REQUIRED STATEMENTS

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.

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.

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.

Part V: 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 avoidance of the policy, and in criminal or civil penalties (18 U.S.C. §1006 and §1014; U.S.C. §1506; U.S.C. §3729, §3730 and any other applicable federal statutes).

Insured's Printed Name and Signature

Date

Agent's Printed Name and Signature

Date

Code Number

Part VI: LEGEND

1Multi Crop Year Reporting Reason Legend: (1) Certification of crop years not previously certified, (2) Correction, (3) Replacement of temporary yield, (4) Replacement of assigned yields, (5) Certification by new insured, (6) Certification using another producer's history for new acreage, (7) Recertification for new actuarial offer, (8) Recertification for new unit structure, (9) Other

2Record Type Legend: (1) Production Sold/Commercial Storage, (2) Farm Stored Measured by Insured, (3) Pick/Daily Sales Records, (4) Automated Yield Monitoring System, (5) Farm-Stored Measured by Authorized Rep., (6)Livestock Feeding Records, (7) Claim for Indemnity, (8) Appraisal (non-loss), (9) Field Harvest Records, (10) Other