

GAINC MP/CI F-18298C (8/11)



## Multiple Peril Crop Insurance Forage Production Underwriting And Acreage Report for the \_\_\_\_\_ Crop Year

Policy Number \_\_\_\_\_

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Part I: APPLICANT'S INFORMATION	Part II: AGENT/AGENCY INFORMATION
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Name	Person Type	Name			
Authorized Representative	Identification Number	Code Number		Telephone 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		
City	State	Zip Code	Telephone Number	City	State      Zip Code

Is the Applicant insuring the Landlord/Tenant's share?    Yes    No

Part III: CROP (FORAGE PRODUCTION) INFORMATION	New Producer <input type="checkbox"/> Yes <input type="checkbox"/> No "I certify I have not produced the insured crop in the county for more than two years."
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State	County	New Producer	Plan	Cov. Level	Amount of Ins.	Options/Elections/Endts
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				

### Part IV: ACREAGE INFORMATION

Line #	Unit #	Type	Legals Desc/ Other Land ID			FSA Farm / Tract/Field#	APH Yield	Acres - Acreage Type* (see legend)	Date Seeded (mm/yy)	Insured Share	Shareholder /Farm Name	Plants Per Sq. Ft.			% Ground Cover			Plants Other Than Alfalfa
		Practice	Sec	Twp	Rng		Area (Map) Class					Alf	Clov	Oth	Alf	Clov	Oth	

<b>Uninsurable Acres</b>	<b>Acres Seeded with Another Crop</b>



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**Part V: ACREAGE TYPE LEGEND**

\*Acreage Type Legend: (1) Insured, (2) Insured-Acreage emerging from CRP initial crop year, (3) Insured - New Breaking, (4) Insured - New Breaking by WA, (5) Insured - New Breaking by WA, unable to substantiate acreage has previously been in production, (6) Prevented planting, (7) Uninsured, (8) Uninsurable, (9) Uninsurable due to 2nd crop provisions, (10) Uninsurable due to new breaking, (11) Uninsurable due to new breaking, insured unable to substantiate acreage has previously been in production, (12) Unreported acreage within same unit, (13) Unreported units, (14) Zero acreage report for unit, (15) Zero acreage report for county.

**Part VI: 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. 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.

**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.

**Part VII: 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 voidance 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).

Applicant's Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

"I certify that I am responsible for establishing the approved APH yields that are used to calculate the production guarantees contained in this acreage report and that such approved APH yields are correct to the best of my knowledge." (Substantive for those policies that use an approved APH yield to establish the guarantee)

Agent's Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Code Number \_\_\_\_\_

**Part VIII: REMARKS**

**Part IX: FOR COMPANY USE ONLY**

Field Review     Inspection