



CLAM INVENTORY VALUE REPORT

49 East 4th Street, Suite 400
Cincinnati, OH 45202-3803

IF REVISED
REPORT
CHECK HERE

Contract Number	Crop Year
Date	

Insured's Name: _____
Street Address: _____
City, State, Zip: _____

Unit Number _____

Practice: STAGE 1							Practice: STAGE 2						
GPS Coords. for Lease, Parcel, Licensed Site I. D.	Date Seeded	Seed Size	Number Seeded	Survival Factor	Price	Stage 1 Inventory Value	GPS Coords. for Lease, Parcel, Licensed Site I. D.	Date Seeded	Seed Size	Number Seeded	Survival Factor	Price	Stage 2 Inventory Value
			x		x	=				x		x	=
STAGE 1 INVENTORY TOTAL							STAGE 2 INVENTORY TOTAL						

Practice: STAGE 3							Practice: STAGE 4						
GPS Coords. for Lease, Parcel, Licensed Site I. D.	Date Seeded	Seed Size	Number Seeded	Survival Factor	Price	Stage 3 Inventory Value	GPS Coords. for Lease, Parcel, Licensed Site I. D.	Date Seeded	Seed Size	Number Seeded	Survival Factor	Price	Stage 4 Inventory Value
			x		x	=				x		x	=
STAGE 3 INVENTORY TOTAL							STAGE 4 INVENTORY TOTAL						

Stage 1 Inventory Value	Stage 2 Inventory Value	Stage 3 Inventory Value	Stage 4 Inventory Value	Total Inventory Value	Share	Coverage Level	Amount of Insurance
	+		+		+		=
				x		x	=

(Enter the name of the individual or entity and the number of claims by stage)

(Enter the name of the individual or entity and the number of claims by stage)

(CAT ONLY) PREVIOUS YEAR'S SALES

I submit this report pursuant to the requirements of the Cultivated Clam Crop Insurance Provisions and certify to the best of my knowledge that it is correct.

I understand and agree that:

Only claims identified in the Cultivated Clam Crop Provisions Special Provisions of Insurance are insurable, providing all applicable requirements are satisfied. Indemnities will be based on the Inventory Value Report. Over reporting my inventory value for insurance purposes will cause me to overpay premium and will increase my crop year deductible. I cannot reduce my premium or crop year deductible by revising my Inventory Value Report downward for any reason except to correct clerical errors. If I under report my inventory value any indemnity will be prorated by an under report factor.

I have read and understand the terms of the Cultivated Clam Pilot Crop Insurance Provisions. My questions have been answered by my agent to my satisfaction. The information I have furnished on this form is complete and accurate.

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; 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

Code

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT

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.

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