



Crop Insurance Division

Multiple Peril Crop Insurance Producer's Pre-Acceptance Worksheet

Policy Number _____

Applicant/Insured's Name:	Policy No.:	Unit No.:	Crop:	State:
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Section/Township/Range:	Crop Year:	County:	FSA FSN, Tract/Field Number:
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Block No.	Mo/Year Planted	Mo/Year Grafted	Acres	Variety	Type	Number of Plants	Planting Pattern	Plant Spacing	Percent Stand	Density	Practice IRR/NI	Insurable or Uninsurable	Spur or Nonspur
Totals:													

Has damage (e.g., disease, hail, freeze) occurred to Trees/Vines/Bushes/Bog that will reduce the insured crop's production from previous crop years?
 Yes No

Have practices or production methods (e.g., removal, dehorning, grafting, transitioning to organic) been performed that will reduce the insured crop's production from previous crop years?
 Yes No

Is the current water supply (surface allotment/well) adequate to produce a normal crop for the crop year being certified above?
 Yes No

For Florida Avocados Only: Do the trees have sufficient vigor to produce the average yield computed for this unit?
 Yes No

For Florida Avocados Only: Is the operator using organic or other unconventional farming practices?
 Yes No If yes, How long?



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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.

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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; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).

 Insured's Printed Name and Signature

Date