



Crop Insurance Division

Added Land / New Crop / Practice / Type Request

Policy Number _____

Part I: INSURED'S INFORMATION				Part II: AGENT/AGENCY INFORMATION			
Name		Policy Number		Name			
State	County	Identification Number		Code Number			
Street or Mailing Address		Email		Email		Telephone Number	
City		State	Zip Code	Street or Mailing Address			
Insured is: <input type="checkbox"/> Landlord <input type="checkbox"/> Operator <input type="checkbox"/> Owner/Operator				City		State	Zip Code

Part III: CROP INFORMATION									
Unit No.	*FSA Farm/Tract/CLU/ Field Numbers	Legal Description Sec/TWP/ Range/Other Land Identifier	Added Land Cropland Acres	Existing Units Cropland Acres	Request Type** (E, S or B)	Crop(s)	Unit	Practice	Type/Class/ Variety
	1								
	2								
	1								
	2								
	1								
	2								
	1								
	2								

* An entry for the existing land and for the added land is needed for these columns. ** Added to an existing unit, enter "E" – added as a separate optional unit, enter "S" – added as a basic unit, enter "B"

Part IV SUBMISSION CHECKLIST (check all that apply)	
Documents	Included
Acceptable APH Databases and Production Reports for the current crop year.	<input type="checkbox"/>
Cropland acres, e.g., FSA 578 or 156 EZ for the current or previous crop year, or other documentation that indicates: cropland acres; legal description; ownership; share; cash rent or lease agreements.	<input type="checkbox"/>
FSA Aerial photos (farm boundaries clearly marked) with legal descriptions, FSN's and tract numbers as appropriate for both the added land and the existing land. Include a Highway map showing location of land for areas where section, township, range are not available.	<input type="checkbox"/>
APH Database from previous operator/tenant (only if the insured wishes APH yields to be considered for productivity comparisons).	<input type="checkbox"/>
A copy of the page(s) of the county Soil survey, with the exact location of the field(s) clearly marked.	<input type="checkbox"/>
Other:	<input type="checkbox"/>
If land is not being added for the current crop year, document the year the land was actually added to the operation and number of cropland acres added.	



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Part V: 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 VI: CERTIFICATION STATEMENT

I hereby request an RMA RO underwriting review to determine the appropriate APH calculation method(s) to calculate my insurance guarantee for land added to my operation or for a new crop/P/T being planted on land added in 2006 or later crop year. Insured crops for which this request is being made are listed in item III. I understand that crop(s) not included on the request will use variable T- Yields if applicable. "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).

Insured's Printed Name and Signature Date

Agent's Printed Name and Signature Date Code Number

AIP Representative's Printed Name and Signature Date