

GAIN5 MP(1) F:18461B (1/0/1-1)



Crop Insurance Division

## Agreement To Combine Optional Units Initial Crop Year \_\_\_\_\_

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

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Part I: INSURED'S INFORMATION				Part II: AGENT'S INFORMATION		
Name				Name		
Street or Mailing Address				Code Number		Telephone Number
City	State	Zip Code		Street or Mailing Address		
State	County			City	State	Zip Code

Part III: UNIT INFORMATION			
Applicable Crops	Units and Numbers Combined (Identify units by unit number)	Legal Description Sec/Twp/Range/Other Land Identifiers	FSA Farm/Tract/Field Number

**Part IV : STATEMENTS**

(A) This is a continuous agreement.

(B) Upon our verification and approval of this Agreement, we agree to combine the acreage and production history from separate APH databases for the combined optional units for the insured crop(s) listed, into a single APH database by practice, type, variety, or transitional yield map area, as applicable.

(C) By signing this Agreement, you agree to farm two or more optional units as a combined unit. Once approved, this option is continuous and remains in effect unless the crop's basic unit structure changes and those changes cause the combined unit structure to be invalid or if the crop's insurance policy is cancelled and continuity of insurance coverage is broken.

(D) The Agreement must be submitted to us on or before the production reporting date for the applicable crop(s) and approved by us to be effective for the crop year. If not submitted on or before the crop's production reporting date, the option (if approved) will be effective the succeeding crop year.

(E) The optional units being combined must be located in the same county and in separate sections, section equivalents or Farm Service Agency Farm Numbers (FSA FNs), whichever is applicable.

(F) The sections, section equivalents, or FSA FNs containing the optional units being combined must adjoin (lie next to or be in contact with each other). A copy of an aerial photograph or other map that clearly identifies the sections, section equivalents or FSA FNs containing the optional units being combined that demonstrates they adjoin must be attached.

(G) If you transfer a crop's policy on which the Agreement is in force to a different insurance agency/AIP, the Agreement transfers with the crop's policy and remains in effect and you are not permitted to separate the combined units into additional optional units. You must provide a copy of this Agreement to your new insurance agency/AIP. If the Agreement is not transferred and you divide the combined unit into optional units and the new insurance agency/AIP discovers that you have divided a combined unit listed on this agreement into optional units:

- (1) The acreage and production history from the separate optional unit APH databases will be combined according to this Agreement, beginning with the crop year that the combined units were separated; and
- (2) If any indemnities were paid on the optional units, the approved APH yield will be corrected for such crop years as indicated in a. above and the indemnity will be recalculated. If the recalculated indemnity is less than the indemnity that was paid when you violated the terms of this agreement, you must pay the AIP the difference.

(H) If the basic unit structure changes after this Agreement is approved, and the combined unit must be divided into more than one basic unit, you must notify us and recertify the acreage and production according to the land that is contained in each basic unit no later than the crop's production reporting date. If you fail to do so, we will assign yields for such crop years that have planted acreage for the applicable crops. The acreage and production and/or assigned yield applicable to the land contained in each basic unit will be used to establish separate APH databases for the new basic units.

GAINS MPCI F:18461B (10/11)



Crop Insurance Division

Agreement To Combine Optional Units
Initial Crop Year

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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 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