



UNIT DIVISION OPTION

This is a continuous Option. Refer to item 7 of this Option.

INSURED'S NAME:	CONTRACT NUMBER:
ADDRESS:	CROP YEAR:
	COUNTY:
INSURANCE PLAN: MPC1	REQUEST TYPE: UA

Upon our verification of this option, we agree to amend the definition of OPTIONAL UNITS when your Federal Crop Insurance Policy(ies) permit optional units by section subject to the following terms and conditions:

1. You are allowed one Option per county that covers all applicable insured crops. The Option must be submitted to us on or before the applicable acreage reporting date for the crop before it is effective for that crop. If it is determined you have two or more Options, the Option with the earliest date will be applicable to all crops and the other Option(s) will be void.
2. You must aggregate legally identifiable parcels of land into parcels that contain a minimum of 640 acres. The aggregation of parcels for optional units will be established at the time you complete and sign this Option. Optional units are established on the attached sketch map(s).
3. For each optional unit you MUST have available written verifiable records of acreage and production for the previous crop year and maintain records for the current crop year.
4. Upon our request, if you fail to provide to us such records, optional units created under this Option will revert to the basic unit(s).
5. Determination of your optional units will be made at the time you report your acreage of the insured crop.
6. For crop(s) requiring production reports, to retain such optional units, acceptable production reports must be filed annually for each optional unit.
7. This Option may be canceled by either you or us for any succeeding crop year by giving written notice on or before the cancellation date for the crop year.
8. All other provisions of the policy not in conflict with this Option are applicable.

Insured's Signature

Date

Representative's Signature And Code Number

Date

Verified By: (AIP Authorized Signature)

Date

The information I have furnished on this form is complete and accurate. I understand that any false or inaccurate information may result in the sanctions outlined in my policy and administrative, civil, and criminal sanctions under 18 U.S.C. §§ 1006 and 1014, 7 U.S.C. § 1506, 31 U.S.C. §§ 3729 and 3730 and other federal statutes.

