

# Completion Instructions for the Grass Seed Underwriting Report

<u>ITEM</u>	<u>INFORMATION REQUIRED</u>
<b>Insured's Name</b>	The name of the insured applying for the coverage.
<b>State</b>	State name where insured forage production is located.
<b>County</b>	County name where insured forage production is located.
<b>Crop Year</b>	4-digit crop year, as defined in the policy.
<b>Policy Number</b>	Insured's policy number.
<b>Unit Number</b>	5-digit unit number.
<b>FSN/Field ID</b>	The FSA farm serial number (FSN)/Field ID.
<b>Legal Description Sec/Twp/Range</b>	The legal description; Section, Township, and Range where the grass seed production is located.
<b>Acres</b>	Total acres in field/subfield.
<b>Share</b>	Insured's share in the unit.
<b>Shareholder/Farm Name</b>	The name of the shareholder, if the insured's interest is less than 1.000 (100 percent.)
<b>Date Seeded Mo/Yr</b>	The month and year the acreage was seeded to grass seed.
<b>Area without Cover</b>	<p><b>Step 1:</b> Select representative samples from each field or subfield. If the field/subfield consists of: 0.1-10.0 acres, select a minimum of three samples; 10.1-40.0 acres, select a minimum of 4 samples; add one additional sample for each additional 40.0 acres (or fraction thereof) in the field/subfield.</p> <p><b>Step 2:</b> Select a sample size (area in square feet, e.g., 1 square foot or 2 square feet, etc.) for all samples in the field/subfield. Identify samples in representative areas throughout the field (examples of measuring devices are contained in the FCIC-25nnn Grass Seed Loss Adjustment Standards Handbook).</p> <p><b>Step 3:</b> Measure the dimensions of areas within the sampling device that are without ground cover, and that contain plants other than the insured type, in square inches. Determine the total area within the sampling device that is without ground cover by adding all the non-grass seed areas measured (both open areas) and areas covered by other species.</p> <p><b>Step 4:</b> Enter the total for each area sampled in a box within this item. Use multiple lines if more than three areas are sampled.</p>

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<u>ITEM</u>	<u>INFORMATION REQUIRED</u>
<b>% Area without Cover or in Other Species</b>	Divide each entry in the “Area without Cover or in Other Species” by the number of square inches within the sampling device. 1 sq. ft. = 144 sq. in. 2 sq. ft. = 288 sq. in. 3 sq. ft. = 432 sq. in. 4 sq. ft. = 576 sq. in. 5 sq. ft. = 720 sq. in. Enter the result to three decimal places.
<b>Crop Practice</b>	Enter irrigated or non-irrigated.
<b>Plants Other Than Forage</b>	List other significantly occurring plants, i.e., grasses, such as brome grass or orchard grass; or weeds, such as cheat grass or kochia.
<b>Uninsurable Acres</b>	MAKE NO ENTRY.
<b>Acres Seeded With Another Crop</b>	List the acreage that has been seeded with a crop other than the proposed insured crop.
<b>Remarks</b>	Sum the entries in item “% Area without Cover or in Other Species” and divide by the number of entries. Enter the result (percent ground coverage as determined earlier) in Remarks. Enter any special information that clarifies items on this form.
<b>Insured’s Signature</b>	The insured must sign this form.
<b>Date</b>	Date the insured signs this form.
<b>Agent’s Signature</b>	Signature of agent after the insured has signed.
<b>Agent’s Code</b>	Code number of Agent.
<b>Date</b>	Date the agent signs this form.

If the insured does not complete the Grass Seed Underwriting Report, or does not complete in an acceptable manner, Great American Insurance Company must obtain the required information or deny coverage for the crop year. If the crop is damaged prior to application or the date insurance should have attached, the insurance does not attach.



Crop Insurance Division

### Grass Seed Underwriting Report

Insured's Name \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Crop Year \_\_\_\_\_ Policy Number \_\_\_\_\_

Line No.	Unit Number	FSN/ Field ID	Legal Description Sec/Twp/Range	Acres	Share	Shareholder/Farm Name	Date Seeded Mo/Yr	Area without Cover or in Other Species	% Area without Cover or in Other Species	Crop Practice	Plants Other Than Grass Seed Plants
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											

Uninsurable Acres \_\_\_\_\_

Acres Seeded With Another Crop \_\_\_\_\_

Remarks \_\_\_\_\_

I certify the information provided above, to the best of my knowledge, to be true and complete and that it will be used to determine my loss, if any, to my insured crops. I understand that this Production Worksheet and supporting papers are subject to audit and approval by the company. I understand that this crop insurance is subsidized and reinsured by the Federal Crop Insurance Corporation, an agency of the United States. The information I have furnished on this form is complete and accurate. I understand that any false or inaccurate information may result in sanctions outlined in my policy and administrative, civil, and criminal sanctions under 18 U.S.C §§ 1006 and 1014, U.S.C. § 1506, 31 U.S.C. §§ 3729 and 3730 and other federal statutes.

Insured Signature \_\_\_\_\_ Date \_\_\_\_\_ Agent's Signature \_\_\_\_\_ Agent's Code \_\_\_\_\_ Date \_\_\_\_\_



## Grass Seed Underwriting Report

### COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made according to the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act, (7 U.S.C. 1501 et seq.) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Federal Crop Insurance Act (7 U.S.C. 1506), and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Risk Management Agency (RMA). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

The balance of the information requested is necessary for the insurance company and RMA to process this form to: provide insurance; provide reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The information furnished on this form will be used by Federal agencies, RMA employees, insurance companies, and contractors who require such information in the performance of their duties. The information may be furnished to: RMA contract agencies, employees and loss adjusters; reinsured companies; other agencies within the United States Department of Agriculture; The Department of Treasury including the Internal Revenue Service; the Department of Justice, or other Federal or State law enforcement agencies; credit reporting agencies and collection agencies; other Federal agencies as requested in computer matching programs; and in response to judicial orders in the course of litigation. The information may also be furnished to congressional representatives and senators making inquiries on your behalf. Furnishing the information required by this form is voluntary; however, failure to report the correct and complete information requested may result in rejection of this form; rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; and a unilateral determination of any monetary amounts due.

FALSE CLAIM STATEMENT – “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.”

### NONDISCRIMINATION STATEMENT

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.