



Crop Insurance Division

Malting Barley Contracted and Sold Production Worksheet

Policy Number _____

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Name	Agency Name
Crop Year	State

Summary of Malting Barley Contracted and Sold as Malt			
Crop Year	Total Contracted Amount (bushels)	Total Production Sold as Malt (bushels)	Percent of Contracted Bushels Sold as Malt

The purpose of this form is to establish whether or not you are eligible for coverage under Option B of the Malting Barley Price and Quality Endorsement. This form should only be used if you are planning to plant malting barley and insure it under Option B. This form must be completed by the applicable sales closing date.

For at least one of the three crop years in which you planted malting barley immediately preceding the previous crop year, you must have had a malting barley contract(s) and produced and sold at least 75% of the contracted amount for the crop year such contract(s) were applicable. For example, to qualify for coverage under Option B for the 2011 crop year and you had a malting barley contract to produce 10,000 bushels in 2009; you must have produced and sold 7,500 bushels of 2009 crop year malting barley production in order to be able to use 2009 as a qualifying year for such coverage. In this example you must use one of the three most recent years prior to 2010 in which you planted malting barley to meet the qualification requirements.

You must attach a copy of your prior years malting barley contract(s) and acceptable production records showing the production being sold as malt for the year that you are using to support being eligible for coverage under Option B of the Malting Barley and Quality Endorsement.

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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; 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

GAINS MPCL E-18521 (1/1/11)