

# MPCI Notice of Loss



INSURED NAME (PLEASE PRINT)	CROP YEAR	POLICY NUMBER
AGENCY NAME	PRODUCER CODE	TOWN

This Notice of Loss: \_\_\_\_\_ Replant  
 \_\_\_\_\_ Probable Loss

Immediate Inspection Required?  YES  NO  
 (i.e.: Insured does not intend to harvest any portion of the crop)

Crop	Unit	Sec/Twn/Rng	Date of Damage	Cause of Loss	Harvest Date

Note: Please use separate form for additional units

**If recommending claim to be considered under the Simplified Claims Process, please completely answer the following questions:**

- Has all acreage of all unit(s) for the crops listed above been harvested? \_\_\_\_\_  YES  NO
- Has all of the production from the unit(s) for which you are claiming a loss been sold or commercially stored? \_\_\_\_\_  YES  NO
- Has any production from any acreage involved with your claim been farm stored, fed to livestock, or saved for seed? \_\_\_\_\_  YES  NO
- Do you have third party written verification (i.e.: summary/settlement sheets) available for 100% of the production from all loss units being claimed? (This must include **both** landlord and tenant shares, when applicable.) \_\_\_\_\_  YES  NO
- Is damage similar to other farms in the area? \_\_\_\_\_  YES  NO
- If you have less than a 100% share in any loss unit, does the other party also carry crop insurance? \_\_\_\_\_  YES  NO
- Was all of the acreage of your insured crop(s) in the county, in which you have a share, reported by you on your acreage report? \_\_\_\_\_  YES  NO
- Are you or any member of your household directly associated with the Federal Crop Insurance Program (i.e.: agent, agency owner, loss adjuster, FCIC employee, Insurance provider employee or contractor)? \_\_\_\_\_  YES  NO
- On the specific unit(s) for which you are claiming a loss, is your Summary of Coverage correct for:**
  - Your share? \_\_\_\_\_  YES  NO
  - The legal description(s) and/or FSA farm serial number? \_\_\_\_\_  YES  NO
  - The practice is actually carried out by you (i.e.: If you reported your Practice as irrigated, was water applied at the proper time and rate)? \_\_\_\_\_  YES  NO
  - The type or variety (if applicable)? \_\_\_\_\_  YES  NO
  - The total acreage (is within 5% of what you originally reported)? \_\_\_\_\_  YES  NO

This form serves as written verification of your notice of loss and as an aide in determining qualified insureds for the Simplified Claims Process (SCP) Pilot. We may rely on the information you provide on this form, as well as the attached Simplified Claims Worksheet in making material determinations in the preparation of your claim. Once this completed Notice of Loss form and supporting documentation has been received by Great American Insurance, it will be determined whether or not your claim qualifies for the SCP. If qualified, your claim will be processed in the most expedient manner possible. You will not need to wait for an adjuster. Please Note: The SCP is subject to an in-field review for compliance to established policies and procedures. If your claim DOES NOT qualify for the SCP, you will be contacted in the near future by a claim Representative to set up an appointment to adjust your loss.

By signing below I certify that, to the best of my knowledge, the information provided (including all attachments) is true and complete and may be used when determining my loss, if any, to my insured crop(s). I understand that this form 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. 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; 7 U.S.C. §1506; 31 U.S.C. §§3729 and 3730 and other federal statutes.

Signed: \_\_\_\_\_  
 INSURED'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_