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Department of
Agriculture



Federal Crop
Insurance
Corporation



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Document and Supplemental Standards Handbook

2017 and Succeeding Crop Years

United States Department of Agriculture
Risk Management Agency
Kansas City, Missouri 64133

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EFFECTIVE DATE: 2017 and Succeeding Crop Years	ISSUE DATE: 10/27/2016
SUBJECT: 2017 Document and Supplemental Standards Handbook	OPI: Product Administration and Standards Division
	APPROVED:
	<i>/s/ Richard Flournoy</i> Deputy Administrator for Product Management

REASON FOR ISSUANCE

This handbook provides the official FCIC approved form standards and procedures for use in the sale and service of any eligible Federal crop insurance policy; required statements and disclosures; and the standards for submission and review of non-reinsured supplemental policies in accordance with the Standard Reinsurance Agreement for the 2017 and succeeding crop years.

SUMMARY OF CHANGES

The chart below identifies significant changes or modifications from prior issuances of the DSSH. Minor changes and corrections are not included in this listing. Affected forms must be modified to include these changes by December 31, 2016, and are effective for policies with a contract change date after the directive's publication.

REFERENCE	DESCRIPTION OF ADDITIONS, DELETIONS, CHANGES OR CLARIFICATIONS
TOC	Revised Incorrect Form Titles
Para. 506	Modified to allow for the 2017 and succeeding reinsurance years, new farmer certifications to be signed by the acreage reporting date.
Para. 604	Removed June 30, 2016, addition to the 2017 Conflict of Interest Disclosure regarding financial institutions
Exhibit 7	Revised for title to be consistent with Para. 506.
Exhibit 12	Removed June 30, 2016, addition to question 8 to be consistent with Para. 604.
Exhibit 38	Added Florida Citrus clarification to question 8.

CONTROL CHART

	TP Page(s)	TC Page(s)	Text Pages	Date	Directive Number
Remove	1-2	1-4	17-18 23-24 37-40 47-48 97-98 101-102	June 30, 2016	FCIC 24040
Insert	1-2	1-4	17-18 23-24 37-40 47-48 97-98 101-102	October 2016	FCIC 24040-01

FILING INSTRUCTIONS

This directive is effective on the date issued and will remain in effect until superseded or slip-sheeted. RMA will amend this directive to administer programs reinsured by FCIC under authority of the Federal Crop Insurance Act, 7 U.S.C. 1502 et. seq. FCIC-24040 Document and Supplemental Standards Handbook issued June 2015 are superseded by this directive.

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PART 5 GENERAL REQUIRED STATEMENTS AND DISCLOSURES

501 RMA Privacy Act Statement – Collection of Information and Data

The Privacy Act prohibits the disclosure of protected information absent the written consent of the individual. The Privacy Act statement is required for agents, loss adjusters and policyholders. This statement must be included on any form the person signs and a copy maintained by the AIP.

Protected information includes, but is not limited to, any personally identifiable information about a policyholder, agent, or loss adjuster; and information about the policyholder's farming operation or insurance policy. Such information is generally acquired from the policyholder, agent or loss adjuster, USDA, the Comprehensive Information Management System, or the insured's previous or current approved insurance provider or agent that is protected from disclosure by the Privacy Act, section 502(c) of the Federal Crop Insurance Act (Act), or any other applicable statute. This includes all hard copy or electronic information. See also, Para. 603

If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature of applicant/insured/agent/loss adjuster and the date at the time of collection. This process must be completed for each document that requires the Privacy Act statement. The AIP must be able to substantiate the statement was provided in accordance with the Privacy Act. If the AIP can substantiate with legal sufficiency the insured received and acknowledged these required statements by an alternative method, then such method is acceptable. See Exhibit 3.

502 RMA Certification Statement

The Certification Statement must be included on any form that the person signs which collects information from the person, such as the application, acreage report, etc. The certification statement is not applicable to appraisal worksheets. See Exhibit 2.

If a form standards contain a modified certification statement, such as the Individual Conflict of Interest Disclosure, this certification statement is not required, unless otherwise noted by the form standards.

503 RMA Non-Discrimination Statement

It is the AIPs' responsibility to ensure that standards, procedures, methods and instructions, as authorized by FCIC in the sale and service of crop insurance contracts, are implemented in a manner compliant with Title VI. The Non-discrimination Statement must be included on any form the person signs or provided to the person on a separate form in which the person signs and a copy maintained by the AIP. Additionally, applicable AIP marketing materials must also include a non-discrimination statement. Refer to Exhibit 4 for the Non-Discrimination Statements. The RMA and USDA Non-Discrimination Statement is available on the RMA public website at:

- (1) RMA Non-Discrimination Statement: <http://www.rma.usda.gov/web/nondiscrim.html>
- (2) Office of Assistant Secretary for Civil Rights: http://www.usda.gov/wps/portal/usda/usdahome?navtype=FT&navid=NON_DISCRIMINATION.

504 USDA Multiple Benefit Statement

AIPs must include the Multiple Benefit Statement on the acreage report. See Exhibit 5.

505 Native Sod

AIPs must provide the Native Sod Statement to insureds in the states of Iowa, Minnesota, Montana, Nebraska, North Dakota, and South Dakota, on or before the ARD for the current crop year. See Exhibit 6.

506 Conservation Compliance – Exception for Persons Who Began Farming for the First Time After June 1

A person (individual or legal entity) that began farming for the first time after June 1, must sign the applicable conservation compliance certification statement to be eligible for this one-time exception.

The certification statement must be signed by the earliest applicable **ARD** (the earliest applicable **ARD** for all their crop policies insured nationwide during the reinsurance year), except for transferees who are the beneficiaries of a Transfer of Coverage and Right to Indemnity or because of death, disappearance, or determined judicially incompetent, in which case the applicable conservation compliance certification statement must be completed by the transferee not later than 60 days after the transfer occurred.

The AIP must advise the insured that in order to qualify for the exemption, the insured is required to sign one of the applicable conservation compliance certification statements to qualify for the exemption. AIPs must maintain the signed certification statement in accordance with SRA record retention requirements.

507 Conditions of Acceptance Statement

The application is accepted and insurance attaches in accordance with the policy unless:

- (1) FCIC determines that, in accordance with the regulations, the risk is excessive;
- (2) Any material fact is omitted, concealed, or misrepresented in the application or in the submission of the application;
- (3) The applicant failed to provide complete and accurate information required by the application; or
- (4) An affirmative answer to any question appearing on the Conditions of Acceptance form.

508-600 (Reserved)

604 Conflict of Interest (COI) Disclosure Statements (Continued)

DISCLOSER IS AN AGENT		
Positive Responses to Questions in Disclosure	Prohibited Activity	Review Requirements
Discloser has a rental or leasing arrangement for land, buildings, or equipment with any insured.	Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.	Elective Review
Discloser is an owner/operator of a business or a commission based employee of a business, that provides goods or services related to farming operations (custom farming, tractor sales, etc., but excluding insurance services) for which the discloser receives revenue as the owner/operator or a direct commission as an employee with respect to any insured whose policy the discloser services for the AIP.	Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.	Elective Review
Discloser is an owner/operator of a business or a commission based employee of a business, that provides goods or services not related to farming operations, excluding insurance services, for which the discloser receives revenue as the owner/operator or direct commission as an employee with respect to any insured whose policy the discloser services for the AIP.	Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.	Elective Review
Discloser is a financial institution employee and part of the approval decision-making process of financial arrangements for any insured by the AIP.	Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.	Elective Review
Discloser has an agent compensation, barter, or financial arrangement (excluding those reported under question 8. above) with any insured by the Company.	Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.	Elective Review
Discloser has a business, familial, financial, or legal relationship that has not been identified above with any insured by the Company.	Sales agents, owners or employees of sales agencies, sales supervisors, or any relative of the same shall not be involved in the acceptance and verification of underwriting data associated with any crop insurance policy written by such person.	Elective Review

604 Conflict of Interest (COI) Disclosure Statements (Continued)

DISCLOSER IS AN ADJUSTER		
Positive Responses to Questions in Disclosure	Prohibited Activity	Review Requirements
Discloser performs both agent and loss adjustment activities, possibly for different AIPs.	AIP must ensure the Adjuster does NOT perform loss adjustment activities in same or adjoining counties as those in which the adjuster performs sales activities, <u>regardless</u> of whether contracted with the AIP or another AIP.	
Discloser has a share in a crop insured under any eligible crop insurance policy insured by the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.	Mandatory Review
Discloser has a relative with a substantial beneficial interest in any insurance policy insured by the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.	Mandatory Review
Discloser has power of attorney to act on behalf of an insured or is an authorized representative of an insured on any eligible crop insurance policy insured by the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.	Elective Review
Discloser has an ownership interest in a business (excluding stock in public corporations or entities in which the discloser owns less than a ten percent interest) with any insured by the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.	Elective Review
Discloser has a rental or leasing arrangement for land, buildings, or equipment with any insured.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.	Elective Review
Discloser is an owner/operator of a business or a commission based employee of a business, that provides goods or services related to farming operations (custom farming, tractor sales, etc., but excluding insurance services) for which the discloser receives revenue as the owner/operator or a direct commission as an employee with respect to any insured whose policy the discloser services for the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.	Elective Review
Discloser is a financial institution employee and part of the approval decision-making process of financial arrangements for any insured by the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.	Elective Review
Discloser has a business, familial, financial, or legal relationship that has not been identified above with any insured by the AIP.	Prohibited from conducting any loss adjustment activity on the associated crop insurance policy.	Elective Review

Conservation Compliance- Exception for Person Who Began Farming for the First Time After June 1

For the purposes of the conservation compliance statements, “farmed” means engaging in farming activities as an owner, operator, tenant, or sharecropper and excludes others who do not meet these requirements such as persons who solely participated in a farming operation as laborers or equipment operators. Information about identifying and transmitting data regarding persons who meet this exception is available in Appendix III.

1 General Information		
A	“Applicant/Insured Name”	Substantive
B	“Policy Number”	Substantive
C	“Agent’s Name”	Substantive
D	“Agent Code Number”	Substantive
E	“Crop Year”	Substantive
F	<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> “Check One <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D” </div> <div style="width: 50%;"> Note: Each certification statement must be on a separate form, unless the AIP elects to combine forms. Although a person may select any statement that is applicable, the person must only select one certification statement. These standards represent an all-in-one form. </div> <div style="width: 20%; text-align: center;"> Substantive/ Non- Substantive </div> </div>	
2 Conservation Compliance Statements		
The following statement applies to either an individual that has not previously farmed prior to June 1 proceeding the applicable reinsurance year or a legal entity in which none the SBIs of the legal entity have previously farmed prior to June 1 preceding the applicable reinsurance year.		
A	Statement A “By signing below, I certify that: I (name of individual or name of legal entity), hereafter referred to as (1) the policyholder, began farming for the first time on (month and day), 20__ ; The policyholder, if an individual, had no interest, as an individual or (2) legal entity, in any land or commodity subject to the Highly Erodible Land Conservation (HELC) or Wetland Conservation (WC) provisions prior to the date contained in paragraph (1); The policyholder, if a legal entity, has no substantial beneficial (3) interest holders, as defined in section 1 of the Common Crop Insurance Policy Basic Provisions (7 C.F.R. § 457.8), that farmed prior to the date contained in paragraph (1); The policyholder had no substantial beneficial interest, as defined in (4) 7 CFR Part 400, in any person who was subject to the HELC or WC provisions prior to the date contained in paragraph (1); The policyholder understands the Risk Management Agency and the (5) Farm Service Agency may review historical records to determine prior participation in any USDA program or prior interest in any land, crop or person that was subject to the HELC or WC provisions; The policyholder understands that if this certification is determined to (6) be false, the policyholder will be subject to sanctions under the policy, including but not limited to voidance of the policy, and the policyholder may be subject to criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable Federal statutes).”	Substantive

Conservation Compliance- Exception for Person Who Began Farming for the First Time After June 1 (Continued)

2 Conservation Compliance Statements (continued)			
B	Statement B	<p>The following statement applies to a newly formed legal entity in which at least one of the SBIs of the legal entity has farmed prior to June 1 preceding the applicable reinsurance year. For a newly formed legal entity to qualify for this exception, the legal entity must have been created for legitimate businesses purposes.</p>	Substantive
		<p>“By signing below, I, (name of individual), on behalf of (name of legal entity), hereafter referred to as the policyholder, certify that:</p> <p>(1) At least one substantial beneficial interest holder, as defined in section 1 of the Common Crop Insurance Policy Basic Provisions (7 C.F.R. § 457.8), in the legal entity has farmed prior to signing this certification;</p> <p>(2) The policyholder began farming for the first time on (month and day), 20__;</p> <p>(3) The policyholder was organized as a legal entity such as a joint venture, partnership, corporation, etc., for legitimate business reasons such that its assets and liabilities generate economic value regardless of USDA program benefits, and not to avoid legal mandates regarding USDA program benefits including, but not limited to, Highly Erodible Land Conservation (HELC) or Wetland Conservation (WC) provisions;</p> <p>(4) The policyholder understands the Risk Management Agency and the Farm Service Agency may review historical records to determine prior participation in any USDA program or prior interest in any land, crop or person that was subject to the HELC or WC provisions; and</p> <p>(5) The policyholder understands that if this certification is determined to be false, the policyholder will be subject to sanctions under the policy(s), including but not limited to voidance of the policy(s), and the policyholder may be subject to criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable Federal statutes)</p>	

Conservation Compliance- Exception for Person Who Began Farming for the First Time After June 1 (Continued)

2 Conservation Compliance Statements (continued)			
C	Statement C	(8) The policyholder understands that if this certification is determined to be false, the policyholder will be subject to sanctions under the policy, including but not limited to avoidance of the policy, and the policyholder may be subject to criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable Federal statutes)."	Substantive
D	Statement D	<p>The following statement applies to an individual (including a spouse) who may or may not have been part of another legal entity engaged in farming prior to July 1 proceeding the applicable reinsurance year, who was an SBI to a policyholder subject to the HELC or WC provisions, but who was not required to complete an AD-1026 by FSA as an affiliated person on or prior to June 1. Persons who received notification from the Risk Management Agency or the Farm Service Agency that form AD-1026 may not be on file with USDA are not eligible for this exception.</p> <p>"By signing below, I certify that:</p> <p>(1) I (name of individual), hereafter referred to as the policyholder, began farming as an individual for the first time on (month and day), 20__ ;</p> <p>(2) The policyholder has, or has previously held, a substantial beneficial interest, as defined in 7 CFR Part 400, in a person who was subject to the HELC or WC provisions prior to the date contained in paragraph (1), but was not previously required to sign form AD-1026;</p> <p>(3) The policyholder has not participated in the Federal crop insurance program as a primary insured in the 2015 reinsurance year, or subsequent reinsurance years as applicable, prior to signing this certification;</p> <p>(4) The policyholder has not received notification from the Risk Management Agency or the Farm Service Agency that form AD-1026 may not be on file with USDA certifying compliance with the highly erodible land conservation HELC and WC provisions;</p> <p>(5) The policyholder understands the Risk Management Agency and the Farm Service Agency may review historical records to determine prior participation in any USDA program or prior interest in any land, crop or person that was subject to the HELC or WC provisions; and</p> <p>(6) The policyholder understands that if this certification is determined to be false, the policyholder will be subject to sanctions under the policy, including but not limited to avoidance of the policy, and the policyholder may be subject to criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable Federal statutes)."</p>	Substantive
Required Signature and Statement			
A	"Applicant/Insured's Printed Name, Signature and Date"		Substantive
B	Privacy Act Statement	Exhibit 3	Substantive
C	Nondiscrimination Policy Statement	Exhibit 4	Substantive

Conflict of Interest

1 General Information					
A	"Name and address of the discloser"		Substantive		
B	"Identification Number of the discloser"		Substantive		
C	"Name and address of the approved insurance provider to which you are providing the disclosure statement, all Federal crop insurance servicing activities conducted on behalf of the Approved Insurance Provider, or any other approved insurance provider. For example: <input type="checkbox"/> Policy Sales <input type="checkbox"/> Loss Adjustment <input type="checkbox"/> Other (specify activity)"		Substantive		
D	Create a block for the following questions, include a Yes <input type="checkbox"/> No <input type="checkbox"/> option at the end of each question with instruction to check one. At the AIPs discretion, this form may include additional information.			Substantive	
		Yes	No		
	(1)	<input type="checkbox"/>	<input type="checkbox"/>		"Do you have a share in a crop insured under any eligible crop insurance contract insured by the AIP?"
	(2)	<input type="checkbox"/>	<input type="checkbox"/>		"Do any of your relatives have a substantial beneficial interest in any eligible crop insurance contract insured by the AIP?"
	(3)	<input type="checkbox"/>	<input type="checkbox"/>		"Do you have a power of attorney authorizing you to act as attorney-in-fact or are you an authorized representative of a policyholder with respect to any eligible crop insurance contract insured by the AIP?"
	(4)	<input type="checkbox"/>	<input type="checkbox"/>		"Do you have an ownership interest in a business (excluding stock in public corporations or entities in which you own less than a ten percent interest) with any policyholder insured by the AIP?"
	(5)	<input type="checkbox"/>	<input type="checkbox"/>		"Do you have a rental or leasing arrangement for land, buildings, or equipment with any policyholder insured by the AIP?"
	(6)	<input type="checkbox"/>	<input type="checkbox"/>		"Are you an owner/operator of a business or a commissioned based employee that provides goods or services related to farming operations (custom farming, tractor sales, etc., but excluding insurance services) for which you receive revenue as the owner/operator or a direct commission as an employee with respect to any policyholder insured by the AIP? "
	(7)	<input type="checkbox"/>	<input type="checkbox"/>		"Are you an owner/operator of a business or a commissioned based employee that provides goods or services not related to farming operations (excluding insurance services) for which you receive revenue as the owner/operator or a direct commission as an employee with respect to any policyholder insured by the AIP?"
	(8)	<input type="checkbox"/>	<input type="checkbox"/>		"Are you a financial institution employee and part of the approval decision-making process of financial arrangements for any policyholder insured by the AIP?"
	(9)	<input type="checkbox"/>	<input type="checkbox"/>		"Do you have an agent compensation, barter, or financial arrangement (excluding those reported under question 8 above) with any policyholder insured by the AIP?"
	(10)	<input type="checkbox"/>	<input type="checkbox"/>		"Do you have a business, familial, financial, or legal relationship that has not been identified above with any policyholder insured by the AIP?"
(11)	<input type="checkbox"/>	<input type="checkbox"/>	"Do you have a relative who works with the Federal crop insurance program, for the AIP, or any of its affiliates?"		

Conflict of Interest (Continued)

2 Required Statements		
A	"I, [INSERT DISCLOSER NAME] have been advised and agree to abide by the applicable conflict of interest rules of the Standard Reinsurance Agreement and its Appendices, and all applicable policies, and procedures."	Substantive
B	If a renewal COI the AIP may create a check box with the following statement: "No previously disclosed information has changed from the information contained in the 20XX disclosure"	Substantive
C	Privacy Act Statement	Exhibit 3 Substantive
D	"I certify that to the best of my knowledge all information provided is true and accurate, and that any false or inaccurate information may result in 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 any other applicable federal statutes or regulations."	Substantive
E	Nondiscrimination Policy Statement	Exhibit 4 Substantive
3 Required Signature		
A	"Discloser's Printed Name, Signature and Date"	Substantive

Request for RMA Assigned Identification Number

1 Required Statements			
A	“I certify that [INSERT NAME OF APPLICANT] has met all other program requirements under the authority of the Federal Crop Insurance Act (the Act) with the exception of providing a SSN/EIN.”	Note: This statement must appear above the AIP representative’s signature line	Substantive
B	Certification Statement	Exhibit 2	Substantive
C	Privacy Act Statement	Exhibit 3	Substantive
D	Nondiscrimination Policy Statement	Exhibit 4	Substantive

Request to Waive Administrative Fee for Limited Resource Farmer

The administrative fee for the Catastrophic Risk Protection Endorsement and additional coverage may be waived for insureds who qualify as a limited resource farmer. See GSH for further information regarding the waiver of administrative fees.

1 Insured Information		
A	“Insured’s Name”	Substantive
B	“Insured’s Authorized Representative”	Substantive
C	“Street and/or Mailing Address”	Substantive
D	“City and State”	Substantive
E	“Zip Code”	Substantive
F	“County”	Substantive
G	“Identification Number”	Substantive
H	“Identification Number Type”	Substantive
I	“Policy Number”	Substantive
2 Terms and Conditions		
A	“I, [INSURED’S NAME], request that the administrative fee be waived for the [YEAR] crop year.”	Note: The following statements are required. Substantive
B	“I certify that: ”	Substantive
	<input type="checkbox"/> “I am a person with direct or indirect gross farm sales not more than [DOLLAR AMOUNT] in each of the previous two years (to be increased starting in fiscal year 2004 to adjust for inflation using Prices Paid by Farmer Index as compiled by the National Agricultural Statistical Service (NASS); and a total household income at or below the national poverty level for a family of four, or less than 50 percent of county median household income in each of the previous two years, to be determined annually using Commerce Department Data; or” Note: See http://www.lrftool.sc.egov.usda.gov/ for the actual dollar amount adjusted for inflation. The Limited Resource Self Determination Tool may be used to determine if an insured qualifies as a limited resource farmer. Note: Insert applicable dollar amount as specified at http://www.lrftool.sc.egov.usda.gov/ ; <u>or this statement may be revised to state “...sales not more than the amount specified by the Natural Resource Conservation Service at http://www.lrftool.sc.egov.usda.gov/.”</u>	
	<input type="checkbox"/> “I was insured prior to the 2005 crop year, or was insured for the 2005 crop year for a crop with a contract change date prior to August 31, 2004, and administrative fees were waived for one or more of those crop years because I qualified as a limited resource farmer under the limited resource farmer definition in effect at the time, and that I remain qualified as a limited resource farmer under the definition that was in effect at the time the administrative fee was waived. If requested, I agree to provide records of income and acreage needed to document my qualification as a limited resource farmer.”	

RMA Regional Office Determined Yield Request (Continued)

2 Request Information (continued)		
I	“Type/Class/Variety”	Substantive
J	“Insured Share”	Substantive
K	“Name of Other Person(s) Sharing in the Crop”	Substantive
L	“Request Type (check one): <input type="checkbox"/> Category B Crop(s) <input type="checkbox"/> Category C Crop(s)	Substantive
M	“Reason for this Request:” (1) <input type="checkbox"/> “Master Yield (Category B Crop(s))” (2) <input type="checkbox"/> “Underage Crop (Category C Crop(s))” (3) <input type="checkbox"/> “Higher Yield Request (Category C Crop(s), Pecan Revenue)” (4) <input type="checkbox"/> “Change in Practice or Production Methods (Category C Crop(s), Pecan Revenue)” (5) <input type="checkbox"/> “High Variability Yield Adjustment (Category C Crop(s))” (6) <input type="checkbox"/> “Minimum Production Requirement (Category C Crop(s))” (7) <input type="checkbox"/> “Other When Authorized in writing by RMA for Category C ” (8) <input type="checkbox"/> “Productivity is Reduced (Category C Crop(s), Florida Citrus, Pecan Revenue)” (9) <input type="checkbox"/> “New Producer and Variable T-Yield Exception (Category B Crop(s))” (10) <input type="checkbox"/> “Irrigation Supply is Not Adequate (Category C Crop(s))”	Note: Create a checklist with the following columns for items (1)-(9). Instruct the requestor to select one of the reasons. Substantive
	N	“Explain Reason(s) for Regional Office Determined Yield Request”

RMA Regional Office Determined Yield Request (Continued)

1 Submission Documentation			
A	“Check all that apply”	Note: Create a checklist with the following columns for items (1)-(9) for supplemental documentation. All necessary supplemental documentation is contained in procedure. The instruction in item A is non-substantive.	Non-Substantive
B	(1) <input type="checkbox"/> “Application/Policy Confirmation” (2) <input type="checkbox"/> “Current APH Database, including Production Reports for unit(s)” (3) <input type="checkbox"/> “Copy of Production Records substantiating any Crop Provisions minimums that have been met – Category C Crops Only” (4) <input type="checkbox"/> “APH Block Production – Category C Crops Only” (5) <input type="checkbox"/> “Weighted Average Age/Density Worksheet(s) – Category C Crops Only” (6) <input type="checkbox"/> “Producer’s Pre-Acceptance Worksheet(s) – Category C Crops Only” (7) <input type="checkbox"/> “Perennial Crop Pre-Acceptance Inspection Report and Crop Addendum Worksheets – Category C Crops Only” (8) <input type="checkbox"/> “Master Yield Summary APH Database” (9) <input type="checkbox"/> “Other”		Substantive
2 Required Statements			
A	Certification Statement	Exhibit 2	Substantive
B	Privacy Act Statement	Exhibit 3	Substantive
C	Nondiscrimination Policy Statement	Exhibit 4	Substantive
3 Required Signatures			
A	“Insured’s Printed Name, Signature and Date”		Substantive
B	“AIP Authorized Representative’s Printed Name, Signature, and Date”		Substantive
C	“Agent’s Printed Name, Signature, Code Number and Date”		Substantive

