

**United States
Department of
Agriculture**



**Federal Crop
Insurance
Corporation**



**FCIC-24040-1
(11-2020)**

Document and Supplemental Standards Handbook

2021 and Succeeding Crop Years

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**UNITED STATES DEPARTMENT OF AGRICULTURE
RISK MANAGEMENT AGENCY
KANSAS CITY, MISSOURI 64133**

TITLE: 2021 DOCUMENT AND SUPPLEMENTAL STANDARDS HANDBOOK	NUMBER: FCIC 24040-1
EFFECTIVE DATE: 2021 and Succeeding Crop Years	ISSUE DATE: November 24, 2020
SUBJECT: 2021 Document and Supplemental Standards Handbook	OPI: Product Administration and Standards Division
	APPROVED: <i>/s/ John W. Underwood for</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 2021 and succeeding crop years.

SUMMARY OF CHANGES

Listed below are the changes to the FCIC 24040-1 Document and Supplemental Standards Handbook. Minor changes and corrections are not included in this listing. Affected forms must be modified to include these changes by December 31, 2020 and are effective for policies with a contract change date after the directive's publication.

REFERENCE	ISSUANCE	DESCRIPTION OF ADDITIONS, DELETIONS, CHANGES OR CLARIFICATIONS
Exhibit 17	24040-1	Added Coverage percentage to Crop information on SCO Endorsement
Exhibit 19	24040-1	Updated language in BFR/VFR Application related to using the previous producer's actual production history
Exhibit 67	24040-1	Added Sprinkler Irrigated Rice Endorsement Application
Exhibit 68	24040-1	Added Florida Fruit Tree Producer's Pre-Acceptance Worksheet

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This directive is effective on the date issued and will remain in effect until superseded or slip-sheeted.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 dated June 30, 2020, is slip-sheeted (FCIC 24040-1) effective for all crops with a contract change date of November 30, 2020.

Exhibit 16 - Application (Continued)

1 Other Information			
A	“Name of Previous AIP (if any)”		Substantive
B	“Policy Number under Previous AIP (if any)”		Substantive
C	<p>“List all person(s) with a substantial beneficial interest in you as defined in the applicable policy provisions (include landlords or tenants insured under the applicant). If none, state NONE.”</p> <p>Required Information: (Title and Items 1-6 are Substantive)</p> <ol style="list-style-type: none"> 1. Name 2. Address 3. Telephone number 4. Identification Number 5. Identification Number Type 6. Person Type 	<p>Note: Include a note regarding additional space if needed to complete lists, e.g., (See reverse side for additional space)</p>	Substantive
D	<p>“I grant the person(s) listed below the authority to sign any and all crop insurance documents on my behalf. I understand that by authorizing such persons to sign documents on my behalf I am legally bound by all terms and conditions of such documents and of the crop insurance contract. I also understand that granting the following person(s) the authority to sign on my behalf does not obligate that person(s) to the terms and conditions of my crop insurance contract. I further understand that this authorization may be revoked by me at any time upon written notice, signed and delivered to my Approved Insurance Provider.”</p>	<p>Note: Allow space for the applicant to list all person(s) designated to sign crop insurance documents on the applicant’s behalf.</p>	Non-Substantive
2 Required Statements			
A	Conditions of Acceptance Statements	Exhibit 2; See 3C above	Substantive
B	Certification Statement	Para. 502	Substantive
C	Privacy Act Statement	Para. 501	Substantive
D	Nondiscrimination Policy Statement	Para. 503	Substantive
3 Required Signatures			
A	"Applicant/Insured’s Printed Name, Signature and Date”		Substantive
B	“Agent’s Printed Name, Signature, Code Number and Date”		Substantive

Exhibit 17 - Supplemental Coverage Option Endorsement

Insured’s who wish to insure under the Supplemental Coverage Option (SCO) Endorsement may amend their policy by signing and submitting the SCO Endorsement Application, developed according to these standards on or before the SCD for the first crop year the insured wishes to elect the Endorsement.

1 Insured Information		
A	“Insured’s Name”	Substantive
B	“Underlying Policy Number”	Substantive
C	“Street and/or Mailing Address”	Substantive
D	“City and State”	Substantive
E	“Zip Code”	Substantive
F	“Identification Number”	Substantive
G	“Identification Number Type”	Substantive
2 Crop Information		
A	“County Name”	Substantive
B	“Crop(s)”	Substantive
C	“Crop Year”	Substantive
D	“Underlying Plan of Insurance”	Substantive
E	“Coverage Level”	Substantive
F	“SCO Plan of Insurance”	Substantive
G	“ARC Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No”	Substantive
H	“Coverage percentage”	Note: select from 50 percent to 100 percent. The default coverage percentage is 100 percent. Substantive
3 Terms and Conditions		
A	<p>“In addition to Section 3B (2) of the Basic Provisions, I hereby elect this Supplemental Coverage Option Endorsement, and by this election I understand:</p> <p>(1) I must have purchased a policy under the Common Crop Insurance Policy Basic Provisions and applicable Crop Provisions to elect this Endorsement and must also purchase this Endorsement with the same Approved Insurance Provider as my Common Crop Insurance Policy.</p> <p>(2) I may elect coverage under this Endorsement and the Farm Service Agency’s Agriculture Risk Coverage Program, but the same acreage of the crop cannot be covered under both programs.</p> <p>(3) I may elect coverage under this Endorsement and Stacked Income Protection Plan for the upland cotton, but the same acreage cannot be insured under both.</p> <p>(4) If at any time my Common Crop Insurance Policy for the crop is cancelled or terminated, coverage under this endorsement is automatically cancelled or terminated.</p> <p>(5) That by electing this Endorsement, it will continue from year to year unless I or you cancel or change my election by written notice on or before the cancellation date or my coverage is otherwise canceled or terminated under the terms of my policy.</p> <p>(6) Separate Administrative Fees will be assessed for each crop insured under this Endorsement.”</p>	Substantive
4 Required Statements		
A	Certification Statement	Para. 502 Substantive
B	Privacy Act Statement	Para. 501 Substantive
C	Nondiscrimination Policy Statement	Para. 503 Substantive
5 Required Signature		
A	“Insured’s Printed Name, Signature and Date”	Substantive
B	“Agent’s Printed Name, Signature, Code Number and Date”	Substantive

Exhibit 19 - BFR and VFR Application

A BFR/VFR Application is completed when an individual initially applies for BFR/VFR status; chooses to modify the crop year(s) of insurable interest exceptions for BFR; or to correct a previously submitted BFR/VFR Application. The BFR/VFR Application is required to be submitted by the applicable SCD. An AIP may have separate Applications for BFR/VFR or they may be combined.

1 Applicant Information																																						
A	“Applicant’s Name”	Substantive																																				
B	“Applicant’s Street and/or Mailing Address”	Substantive																																				
C	“City and State”	Substantive																																				
D	“Zip Code”	Substantive																																				
E	“Applicant’s Telephone Number”	Substantive																																				
F	“Crop Year”	Substantive																																				
G	“Applicant’s Identification Number”	Substantive																																				
H	“Applicant’s Identification Number Type”	Substantive																																				
2 Beginning Farmer/Rancher Certification																																						
A	<p>“I have produced the following crop(s) and/or livestock in the identified State(s)/County(ies) during the time periods provided:”</p> <table border="1"> <thead> <tr> <th colspan="6">DATES PRODUCING ANY CROP OR LIVESTOCK</th> </tr> <tr> <th>FROM (MM/YY)</th> <th>TO (MM/YY)</th> <th>TYPE OF CROP(S)/LIVESTOCK</th> <th>STATE/ COUNTY</th> <th>CROP YEAR</th> <th>USDA PROGRAM*</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>* Identify any USDA Agency/Program that you participated in for the crops/livestock”</p> <p>Note: More spaces are authorized to allow multiple States and Counties and time periods of producing crop(s) or livestock. AIPs must assist the applicant in identifying appropriate crop year for the dates producing the crop/livestock.</p>	DATES PRODUCING ANY CROP OR LIVESTOCK						FROM (MM/YY)	TO (MM/YY)	TYPE OF CROP(S)/LIVESTOCK	STATE/ COUNTY	CROP YEAR	USDA PROGRAM*																									Substantive
	DATES PRODUCING ANY CROP OR LIVESTOCK																																					
FROM (MM/YY)	TO (MM/YY)	TYPE OF CROP(S)/LIVESTOCK	STATE/ COUNTY	CROP YEAR	USDA PROGRAM*																																	
B	<p>“I request the following Beginning Farmer/Rancher authorized exclusions from consideration as crop years producing crop(s) or livestock. I certify that I was:”</p> <table border="1"> <thead> <tr> <th colspan="4">DATES OF EXCLUSION</th> </tr> <tr> <th>TYPE OF EXCLUSION</th> <th>FROM (MM/YY)</th> <th>TO (MM/YY)</th> <th>CROP YEAR(S)</th> </tr> </thead> <tbody> <tr> <td>Under Age 18</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Active Military</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>College</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Note: More spaces are authorized to allow multiple time periods of post-secondary studies or active duty in the U.S. Military. The spouse of an active duty military individual may exclude such time and include dates of exclusion in the active military type of exclusion above for individual person types. A BFR must only complete the dates for exclusion when the person is requesting previous crop/livestock insurable interest to be excluded.</p>	DATES OF EXCLUSION				TYPE OF EXCLUSION	FROM (MM/YY)	TO (MM/YY)	CROP YEAR(S)	Under Age 18				Active Military				College				Substantive																
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Exhibit 19 - BFR and VFR Application (Continued)

2 Beginning Farmer/Rancher Certification (continued)																																
C	<p>“I am/am not (circle one) requesting to use the actual production history from the previous producer for new acreage transferred to me.</p> <p>If I have elected to use the actual production history from the previous producer;</p> <ul style="list-style-type: none"> I will provide the required documentation to prove that I was previously involved in the decision making or the physical activities necessary to produce crop(s) or livestock, the documentation will also be specific as to which crop(s)/livestock that I was previously involved with, and I will identify whose actual production history will be used and the Farm/Tract and Field number of the acreage for the APH information being transferred.” 	Substantive																														
3 Additional Information																																
A	<p>To be completed by the AIP “Eligible Number of Crop Years the BFR applicant qualifies to receive BFR benefits ____ (____ for WFRP), this number includes the crop year of BFR Application.”</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">CROP YEARS CROP/LIVESTOCK PRODUCED</th> <th style="width: 20%;">NUMBER OF YEAR PRODUCING CROP/LIVESTOCK</th> <th style="width: 15%;">CROP YEARS EXCLUDED</th> <th style="width: 15%;">NUMBER OF YEARS EXCLUDED</th> <th style="width: 30%;">NUMBER OF YEARS WHEN DETERMINING BFR</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Total Years</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>More spaces are authorized to allow multiple States and Counties and time periods of producing crop(s) or livestock and multiple time periods of exclusion due to post-secondary studies or active duty in the U.S. Military.</p>	CROP YEARS CROP/LIVESTOCK PRODUCED	NUMBER OF YEAR PRODUCING CROP/LIVESTOCK	CROP YEARS EXCLUDED	NUMBER OF YEARS EXCLUDED	NUMBER OF YEARS WHEN DETERMINING BFR											Total Years					Substantive										
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Total Years																																
B	<p>“Comments”</p> <p>Note: Allow space for comments to be written on the form.</p>	Substantive																														
4 Veteran Farmer/Rancher Certification																																
A	<p>“I am a veteran, who served in the active military, naval, or air service in the Armed Forces and was discharged or released under conditions other than dishonorable in the Armed Forces.”</p>	Substantive																														
B	<p>“I have operated a farm in the identified State(s)/County(ies) less than 5 years during the time periods provided:”</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5" style="text-align: center;">DATES OPERATING A FARM</th> </tr> <tr> <th style="width: 15%;">FROM (MM/YY)</th> <th style="width: 15%;">TO (MM/YY)</th> <th style="width: 20%;">STATE/COUNTY</th> <th style="width: 10%;">CROP YEAR</th> <th style="width: 35%;">USDA PROGRAM*</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>* Identify any USDA Agency/Program that you participated in for crops/livestock”</p>	DATES OPERATING A FARM					FROM (MM/YY)	TO (MM/YY)	STATE/COUNTY	CROP YEAR	USDA PROGRAM*																					Substantive
DATES OPERATING A FARM																																
FROM (MM/YY)	TO (MM/YY)	STATE/COUNTY	CROP YEAR	USDA PROGRAM*																												
C	<p>“If qualifying for Veteran Farmer/Rancher based on being discharged within the past 5 years, date of first discharge from active duty: _____”</p>	Substantive																														

Exhibit 19 - BFR and VFR Application (Continued)

4 Veteran Farmer/Rancher Certification (continued)		
	<p>“I am/am not (circle one) requesting to use the actual production history from the previous producer for new acreage transferred to me.</p> <p>If I have elected to use the actual production history from the previous producer;</p> <ul style="list-style-type: none"> • I will provide the required documentation to prove that I was previously involved in the decision making or the physical activities necessary to produce crop(s) or livestock, the documentation will also be specific as to which crop(s)/livestock that I was previously involved with, and • I will identify whose actual production history will be used and the Farm/Tract and Field number of the acreage for the APH information being transferred.” 	Substantive
5 Beginning Farmer/Rancher Required Statements		
A	<p>“As provided by me on this form, I certify that I have not had an interest in any crop(s) or livestock for more than 5 crop years (10 years for WFRP), nationwide, excluding time periods that I was under the age of 18, in post-secondary studies or serving in active military service. I understand that an interest in crops or livestock includes an interest:</p> <ol style="list-style-type: none"> (1) as an individual; (2) as an interest holder of at least 10 percent interest in another person; and/or (3) of any person(s) with an interest of at least 10 percent in me. <p>I understand that any inaccurate certification will result in recalculation of my yield guarantees, administrative fee, premiums and any applicable loss payments.”</p>	Substantive
B	<p>“I understand that I must only complete one Application for BFR; no amendment is necessary unless I choose to cancel the benefits, correct a previously submitted form or amend my exceptions for consideration. I also understand that I must provide the Application for BFR to any other AIPs that I may have a policy with in the current or subsequent years.</p> <p>I understand that if at any time following this Application, any changes are made to the insured or substantial beneficial interest holder(s) to the policy, it may affect my eligibility for Beginning Farmer/Rancher benefits.</p> <p>I understand that if my policy has multiple substantial beneficial interest holders or is insuring a landlord/tenant’s share, all must qualify as Beginning Farmer/Ranchers for benefits to apply.”</p>	Substantive
6 Veteran Farmer/Rancher Required Statements		
A	<p>“As provided by me on this form, I certify that I</p> <ol style="list-style-type: none"> (1) have not operated a farm or ranch for more than five years; or (2) am a veteran who first obtained status as a veteran during the most recent five-year period. <p>(circle one)</p> <p>I understand that any inaccurate certification will result in recalculation of my yield guarantees, administrative fee, premiums and any applicable loss payments.”</p>	Substantive

Exhibit 19 - BFR and VFR Application (Continued)

6 Veteran Farmer/Rancher Required Statements (continued)		
	<p>“I understand that I must only complete one Application for VFR; no amendment is necessary unless I choose to cancel the benefits, correct a previously submitted form or amend my exceptions for consideration. I also understand that I must provide the Application for VFR to any other AIPs that I may have a policy with in the current or subsequent years.</p> <p>B I understand that if at any time following this Application, any changes are made to the insured or substantial beneficial interest holder(s) to the policy, it may affect my eligibility for Veteran Farmer/Rancher benefits.</p> <p>I understand that if my policy has multiple substantial beneficial interest holders, with the exception of a spouse, if applicable, or is insuring a landlord/tenant’s share, all must qualify as Veteran Farmer/Ranchers for benefits to apply.”</p>	Substantive
7 Additional Information		
A	“New <input type="checkbox"/> , Amended Application <input type="checkbox"/> , or Cancellation <input type="checkbox"/> .	Substantive
B	Certification Statement	Para. 502
C	Privacy Act Statement	Para. 501
D	Nondiscrimination Policy Statement	Para. 503
8 Other Information and Required Signatures		
A	“Applicant’s Printed Name, Signature, and Date”	Substantive
B	“Approved Insurance Provider’s (AIP) Name”	Substantive
B	“AIP Representative’s Name, Signature, and Date”	Substantive

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Exhibit 20 - Policy Cancellation

The Policy Cancellation is to be used if and when the insured decides to cancel insurance coverage and is not transferring coverage to another AIP.

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	“Insured’s Telephone Number”		Substantive
G	“Policy Number”		Substantive
H	“Identification Number”		Substantive
I	“Identification Number Type”		Substantive
J	“Person Type”		Substantive
K	“Spouse’s Name”		Substantive
L	“Spouse’s Identification Number”		Substantive
2 Crop Information			
A	“Effective Crop Year”		Substantive
B	“Crop”		Substantive
C	“State and County”		Substantive
D	“Options, Elections, or Endorsements”		Substantive
E	“Plan of Insurance”		Substantive
3 Cancellation Information			
A	“I hereby request cancellation of my crop insurance policy for the crop(s) and crop year shown on this cancellation. I understand that if this form is not executed on or before the cancellation date for any crop year listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year.”	Note: This statement must be placed within a box above the insured’s signature line and date.	Substantive
4 Required Statements			
A	Certification Statement	Para. 502	Substantive
B	Privacy Act Statement	Para. 501	Substantive
C	Nondiscrimination Policy Statement	Para. 503	Substantive
5 Required Signature			
A	“Insured’s Printed Name, Signature and Date”		Substantive
B	“AIP Authorized Representative’s Printed Name, Signature, and Date”		Substantive

Exhibit 67 – Sprinkler Irrigated Rice (SIR) Endorsement Application

The SIR Endorsement is continuous but requires an annual application to be completed to certify that all documentation requirements will be met for each year the SIR Endorsement is in effect.

I General Information		
A	“Insured’s Name”	Substantive
B	“Street Address”	Substantive
C	“City”	Substantive
D	“State”	Substantive
E	“Zip Code”	Substantive
F	“Phone Number”	Substantive
G	“Cell Phone Number”	Substantive
H	“Identification Number”	Substantive
I	“Identification Number Type”	Substantive
J	“Person Type”	Substantive
K	“Spouse’s Name”	Substantive
L	“Spouse’s Identification Number”	Substantive
M	“Policy Number”	Substantive
N	“Agency Name”	Substantive
O	“Agency Code”	Substantive
P	“Address”	Substantive
Q	“City”	Substantive
R	“State”	Substantive
S	“Zip Code”	Substantive
T	“Phone Number”	Substantive
U	“Insured’s Authorized Representative”	Substantive

Exhibit 67 – Sprinkler Irrigated Rice Endorsement Application (continued)

2 Required Certification Statements		
	<p>“I understand the policy requirements and my responsibilities outlined in the Sprinkler Irrigated Rice Endorsement and Special Provisions. Specifically the required:</p> <p>(1) Characteristics for the inbred or hybrid rice to be planted, shall be an appropriate inbred or hybrid rice variety that is:</p> <p style="padding-left: 20px;">(a) adapted for growing conditions found in the southern U.S. rice growing regions and that is a short to medium season maturity variety or hybrid. Late season maturity varieties of rice are not eligible for insurance when sprinkler irrigation is being used;</p> <p style="padding-left: 20px;">(b) disease resistant to “blast” disease (pyricularia grisea). Varieties that are moderately resistant, moderately susceptible or susceptible to “blast” are not eligible to be insured under this Endorsement; and</p> <p style="padding-left: 20px;">(c) a rice variety that has the grain quality potential equal to U.S. No. 1 as established by the USDA Federal Grain Inspection Service.</p> <p>A (2) Equipment to execute a sprinkler irrigation practice:</p> <p style="padding-left: 20px;">(a) with the capacity to deliver at least 7.5 gallons of water per minute per acre; and</p> <p style="padding-left: 20px;">(b) with the ability to complete one complete circle rotation per one 24-hour period and/or with the irrigation system capacity to ensure appropriate application uniformity over the irrigated areas in a timely fashion to meet the transpiration needs of rice.</p> <p>(3) Documentation that verifies:</p> <p style="padding-left: 20px;">(a) weekly inspections for nutrients, weeds, insects, and disease along with any action taken;</p> <p style="padding-left: 20px;">(b) fertilizer program executed; and</p> <p style="padding-left: 20px;">(c) irrigation practice, application events and amounts.</p> <p>(4) Planting Date and Late Planting: Planting dates are established by State. There is no late planting provision for sprinkler irrigated rice. Any rice planted under a sprinkler irrigation system after the stated final planting date is uninsurable.”</p>	Substantive
B	<p>“I understand that the company may ask to view all the needed documentation outlined above to determine the eligibility of insurance. I understand that I must follow the stated good farming practices outlined in the Certification Form and the Crop Insurance Handbook. If the outlined farming practices are not followed or the documentation of the farming practices are not available for review, I understand that my insurance coverage may be denied and the crop deemed to be uninsurable.”</p>	Substantive
C	<p>“Remarks”</p>	Substantive

Exhibit 67 – Sprinkler Irrigated Rice Endorsement Application (continued)

3 Good Farming Practice Requirements		
A	<p>“(1) As a producer of sprinkler irrigated rice, you must provide the company access to the equipment used to plant, care for, and harvest the crop, if requested.</p> <p>(2) Good farming practices are defined; therefore, they must be documented and available for review by the company at any time to determine insurability. The practices to be documented are:</p> <ul style="list-style-type: none">(a) Weekly inspection for weeds, disease and other problems.<ul style="list-style-type: none">(i) If issues are detected, you must take immediate and appropriate actions to remedy the issues.(ii) The actions taken shall be documented (dates and action taken) with field notes, photographs, etc.(b) Planting date and conditions. The rice crop is to be planted in:<ul style="list-style-type: none">(i) A clean seedbed either by no-till methods or following conventional tillage.(ii) Good soil moisture or shall be irrigated immediately after planting to provide good soil moisture for rice germination.(c) Planning and implementation of an effective weed control program.<ul style="list-style-type: none">(i) Dates and actions of the execution of the weed control program shall be recorded by a third-party agronomy scout or Certified Crop Advisor. The weed control program should include documentation of the schedule for herbicide treatment.(ii) Fields shall be inspected weekly by a third-party agronomy scout or Certified Crop Advisor.<ul style="list-style-type: none">(A) Inspection records shall be kept by the third-party agronomy scout or Certified Crop Advisor.(B) These records shall be made available to the company for the purposes of insurance adjustment or audit.(iii) All herbicides shall be used according to EPA label requirements and any state and/or local requirements.(d) Planning and implementation of an effective pesticide record keeping program.<ul style="list-style-type: none">(i) Dates and actions of the execution of the pesticide application and record keeping program shall be recorded by a third-party agronomy scout or Certified Crop Advisor.<ul style="list-style-type: none">(A) Fields shall be inspected weekly by a third-party agronomy scout or Certified Crop Advisor.(B) Records of inspection must include the recommendation of pesticide, the date, rate, and circumstances of the application.(ii) If a commercial applicator applies pesticides to the insured area, their application records shall be made available for the purposes of the insurance adjustment or audit.(iii) All pesticides shall be used according to EPA label requirements and any state and/or local requirements.(e) Planning and implementation of a fertilizer and nutrient management program.<ul style="list-style-type: none">(i) The fertilizer and nutrient management strategy shall be based on soil testing and targeted yield goals.(ii) Fertilizer application timing should be determined by crop condition and growth stage as determined by a third-party agronomy scout or Certified Crop Advisor.<ul style="list-style-type: none">(A) Weekly inspection records shall document crop growth stage and crop condition related to fertility.(B) These records shall be made available to the company, if requested, for the purposes of insurance adjustment or audit.(iii) If a commercial applicator is used for fertilizer application, their records shall be made available for the purposes of the insurance adjustment/auditor.	Substantive

Exhibit 67 – Sprinkler Irrigated Rice Endorsement Application (continued)

3 Good Farming Practice Requirements (continued)			
A	(f) Planning and implementation of a disease control program.		Substantive
	(i) Dates and actions of the execution of a disease control program shall be recorded by a third-party agronomy scout or Certified Crop Advisor.		
	(A) Fields shall be inspected at least weekly by a third-party agronomy scout or Certified Crop Advisor.		
	(B) Inspection records shall be kept by a third-party agronomy scout or Certified Crop Advisor.		
	(C) These records shall be made available to the company for the purposes of insurance adjustment or audit.		
	(ii) If a commercial applicator applies fungicides to the insured area, their application records shall be made available for the purposes of the insurance adjustment or audit.		
	(iii) All fungicides shall be used according to EPA label requirements and any state and/or local requirements.		
	(g) Planning and implementation of a water management program to meet the established evapotranspiration need of rice. You shall:		
	(i) Irrigate frequently, with light applications, to maintain appropriate water content in the effective root zone (i.e. top 6” – 8” of soil profile).		
	(A) The term “irrigate frequently” means that irrigation shall occur often enough to provide at least the minimum amount of water needed for normal growth; to include an accounting for rainfall and irrigation events so that soil water conditions in the effective root zone does not cause crop water stress on the rice being grown.		
(B) In the event of a loss, the Company may use the irrigation logs, rainfall reports and information from county extension offices or other third party agricultural services to determine if the level of irrigation is sufficient to be considered a “good farming practice”.			
(ii) Document irrigation applications. This documentation may be documented by a third-party agronomy scout, Certified Crop Advisor, or by digital means, such as flow meters or digital control panels purchased from the sprinkler equipment manufacturer.			
(A) Documentation shall include: irrigation dates, irrigation depth applied for each application, and rainfall dates and amounts from planting to maturity; to include field notes for any irrigation event that did not irrigate the entire field.			
(B) Documentation shall include: documentation of equipment inspection and water recommendations as recorded by a third-party agronomy scout or Certified Crop Advisor. For center pivot irrigation management, you should seek to keep the wheel tracks as dry as possible to minimize tire ruts and prevent the machine from getting stuck so that the proper application and timing are maintained during the growing season.			
(C) Your irrigation management practice should prevent irrigation runoff.”			
4 Required Signatures			
A	“Insured’s Printed Name, Signature and Date”		Substantive
B	“Agent’s Printed Name, Signature and Date”		Substantive
5 Required Statements			
A	Certification Statement	Para. 502	Substantive
B	Privacy Act Statement	Para. 501	Substantive
C	Nondiscrimination Policy Statement	Para. 503	Substantive

Exhibit 68 – Florida Fruit Tree Producer’s Pre-Acceptance Worksheet

This worksheet applies to the Dollar Plan for Florida Fruit Tree; refer to the CIH.

1 General Information		
A	“Applicant’s/Insured’s Name”	Substantive
B	“Applicant’s/Insured’s Street and/or Mailing Address”	Substantive
C	“City and State”	Substantive
D	“Zip Code”	Substantive
E	“Applicant’s/Insured’s Telephone Number”	Substantive
F	“Applicant’s/Insured’s Policy Number”	Substantive
G	“Crop Year”	Substantive
H	“County”	Substantive
I	“Agency Name”	Substantive
J	“Agency Street and/or Mailing Address”	Substantive
K	“Agency City and State”	Substantive
L	“Agency Zip Code”	Substantive
2 Crop Information		
	Note: Create a table that includes the following columns A-N.	
A	“Legal Description: ___ Section: ___ Township: ___ Range: ___ Other Land Identifier (e.g., Spanish land grants, metes and bounds, etc.):”	Substantive
B	“Unit Number”	Substantive
C	“Block Number”	Substantive
D	“Crop”	Substantive
E	“Type”	Substantive
F	“Date Set Out/Grafted”	Substantive
G	“Tree Age”	Substantive
H	“Trees per Acre”	Substantive
I	“Acres in Block”	Substantive
J	“Tree Spacing”	Substantive
K	“Tree Count”	Substantive
L	“Tree Stage”	Substantive
M	“Number of Trees”	Substantive
N	“Percent of Trees”	Substantive
O	“Stage Block Number”	Substantive

Exhibit 68 – Florida Fruit Tree Producer’s Pre-Acceptance Worksheet (continued)

3 Other Information																																																																	
A	<p>Create a grove location plat map to attach to the worksheet. The AIP can choose to develop the block map on a form separate from the report or use GPS in conjunction with aerial photos or satellite imagery and overlay with the information contained on the plat map. For example:</p> <p style="text-align: center;">Section: Grove 1</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td colspan="2" style="text-align: center;">Sub-grove 1A</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td colspan="2" style="text-align: center;">Sub-grove 1B</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>											Sub-grove 1A																											Sub-grove 1B																										Substantive
	Sub-grove 1A																																																																
	Sub-grove 1B																																																																
B	“Remarks”	<p>Note: Enter notes pertinent to the grove certification. Once the initial certification (worksheet and grove location plat map) has been provided, carryover insureds should self-certify in the remarks section of the original PAW that “No change for XXXX CY” has occurred with initials and date. If changes occur in any CY that alter the stage the stage-block designations or the number of trees in each stage block, the insured should note the revisions and their date in the remarks section.</p>	Substantive																																																														
4 Required Signatures																																																																	
A	Insured’s Printed Name, Signature and Date”		Substantive																																																														
B	“Inspector’s Printed Name, Signature and Date”		Substantive																																																														
C	“Inspector’s Code Number”		Substantive																																																														
D	“Date of Inspection”		Substantive																																																														
5 Required Statements																																																																	
A	Certification Statement	Para. 502	Substantive																																																														
B	Privacy Act Statement	Para. 501	Substantive																																																														
C	Nondiscrimination Policy Statement	Para. 503	Substantive																																																														

Loss Adjustment Forms

Exhibit 81 - Loss Adjustment Certification Form

This form must be titled “Certification Form” and should be completed and returned by the insured to the AIP within five days (or within the timeframe specified by the AIP) after all acreage in the unit has been put to another use, completion of replanting on the unit for replanting payments, or any action to which is certified as indicated by the form*. See the LAM for form completion instructions. The following statement must appear below the form title:

“Complete and mail this form within (5) days (or within the timeframe specified by your Approved Insurance Provider) after: (1) all acreage in the unit has been put to another use, (2) completion of replanting on the unit for replanting payment, (3) For nursery, all Zero Market Value (ZMV) plants on the unit have been destroyed, or (4) any action to which you have certified as stated on this form.”

1 General Information		
	Note: The following statement must appear below the form title:	
A	“Complete and mail this form within (5) days (or within the timeframe specified by your Approved Insurance Provider) after:	Substantive
	(1) All acreage in the unit has been put to another use,	
	(2) completion of replanting on the unit for replanting payment,	
	(3) for nursery, all Zero Market Value (ZMV) plants on the unit have been destroyed, or	
(4) any action to which you have certified as stated on this form.”		
B	“Insured’s Name”	Substantive
C	“Policy Number”	Substantive
D	“Date Originated”	Substantive
E	“Return To: (include Adjuster’s Name, AIP Name, Mailing Address, City, State, Zip code)”	Substantive
2 Crop Information		
A	“Crop Year”	Substantive
B	“Crop”	Substantive
C	“FSA Farm/Tract/Field Number”	Substantive
D	“Unit Number”	Substantive
E	“Unit Acres”	Substantive
3 Replant/Other Uses of Acreage Information		
	Note: Added the following Statement above the table.	
A	“Replant, destruction, or other use of acreage (plants for nursery) identified was completed on the date(s) shown.”	Substantive
	Note: Create a table with the following columns in the exact order listed below from left to right.	
B	“Field Identification Symbol (Plant Location for Nursery)”	Substantive
C	“Intended Use”	Substantive
D	“Acres (Number of Plants for Nursery)”	Substantive
E	“Actual Use”	Substantive
F	“Acres (Number of Plants for Nursery)”	Substantive
G	“Date”	Substantive
H	“Replant Cost per Acre”	Substantive
I	“Practice/Type or Class”	Substantive