



SIMPLIFIED CLAIMS PROCESS (SCP) REQUIREMENTS

2014 and Succeeding Crop Years

Farmers Mutual Hail Insurance Company of Iowa

6785 Westown Pkwy | West Des Moines, IA 50266 | 800.247.5248

Eligible Crops: barley, buckwheat, canning and processing sweet corn, canola, corn, cotton, dry beans, dry peas, green peas, flax, grain sorghum, oats, peanuts, popcorn, rapeseed, rice, rye, soybeans, sugar beets, sunflowers, and wheat.

Eligible Plans: APH, YP, RP and RP-HPE.

Criteria: All planted acreage in the unit must be harvested and the production must be sold or in commercial storage.

Limitations:

- Gross Indemnity (Insured's share) less than or equal to \$20,000 per optional unit and less than or equal to \$40,000 for basic, enterprise and whole farm units and prior to any revenue policy price adjustments.
- All planted acreage in unit must be harvested and no portion of crop may be left in the field.
- All harvested production must be delivered and third party written verification (settlement or summary sheets) must be provided.

Claims involving the following are NOT eligible:

- Farm stored production, even if weighed and returned to farm.
- Claims with only Prevented Planting, and Prevented Planting claims that have not been finalized prior to submitting of the SCP claim.
- Corrected claims.
- Delayed notices or delayed claims.
- Zero production reported.
- Production fed to livestock.
- Claims requiring a revised acreage report (unless it's a downward revision only).
- Claims involving Quality Adjustment issues other than test weight.
- Claims involving potential conflict of interest situations identified as Mandatory Reviews.
- Crops covered under a pilot program that has been in effect for two or fewer crop years.

Submission Requirements:

1. Completed and signed "Simplified Claims Process (SCP) Qualification and Notice of Loss" form.
2. 578 Producer Prints (which contains all farms) along with the aerial photos.
3. Settlement and/or summary sheet with all loads clearly marked as to which unit they came from.

NOTE: Agents are allowed to mail, e-mail scanned documents, or fax the SCP claim form and supporting documents to FMH but cannot in any way help the insured complete the SCP form and paperwork. For example: Load identification must be completed by the insured and not the agent.

Mailing Requirements:

- Mail in envelope provided by FMH with "MPCISimplifiedClaim" notation, or make such notation on an envelope and send to 6785 Westown Parkway, West Des Moines, IA 50266 or;
- E-mail MPCIClaims@fmh.com or;
- Fax documents to 515-282-1220

NOTE: Claims reported using SCP for which submission requirements are not met cannot be accepted as a SCP and will be assigned to an adjuster. Required information must be received by FMH by the later of October 15th for spring crops and July 15th for fall crops; or within 15 days of the date of notice, otherwise the claim may be assigned to an adjuster.

SIMPLIFIED CLAIMS PROCESS (SCP) FORM COMPLETION INSTRUCTIONS

1. Insured's name as shown on the most recent Policy Declaration.
2. Policy number from your most recent Policy Declaration.
3. Name of your crop insurance agent.
4. Enter your area code and phone number where you can be reached.
5. Enter Town/State where you reside.
6. Insured crop for which you are filing the loss (only one per form). If you have other insured crops you wish to file a SCP claim on, complete a separate SCP for each crop.
7. Crop year for which the claim is applicable.
8. Enter the County where the crop/unit is located (list only one per SCP form).
9. Enter the State where the crop/unit is located (list only one per SCP form).
10. Enter in each sub-block (e.g., 10a) any non-loss unit (for the crop listed in item 6) you have and the estimated production per-acre of the non-loss unit. If all of the units for the crop in item 6 are loss units, enter N/A.
11. Enter the unit number(s) of the crop for which you are claiming a loss, entered on separate lines.
12. Enter in 12a (Primary Cause of Loss), the insured cause of loss that contributed to greater than fifty percent of the damage of the crop and the percentage amount for the unit number listed on this line: e.g., excess precipitation; e.g., drought, 60%.
Enter in 12b (Secondary Cause of Loss), the insured cause that contributed to less than fifty percent of damage of the crop and the percentage amount for the unit number listed on this line; e.g., hail, 30%. If there is no Secondary Cause of Loss, leave blank.
13. Enter the month during which most of the insured damage (including progressive damage) occurred for the primary (item 13a) and Secondary (item 13b) Causes of Loss, if applicable, for the unit number on this line. Include the specific date where applicable as in the case of hail damage; e.g., June 15. If there was no Secondary Cause of Loss (item 13b), do not make an entry.
14. Harvest Completion Date. Enter the date the entire acreage on the unit listed on this line was harvested.
15. List the amount of production in bushels/lbs. harvested from the unit.
16. For the unit on this line, if you are sharing in the crop with another person and that person has crop insurance on this crop, enter "Yes". If the person does not have crop insurance on this crop, enter "No". If you do not know, enter "Do not know".
17. For the unit on this line, enter "Yes" if an Assignment of Indemnity is on file for the crop in item 6 for the crop year; otherwise, enter "No".
18. For the unit or partial unit on this line, enter "Yes" if a Transfer of Right to Indemnity is on file for the crop in item 6 for the crop year. If no Transfer of Right to Indemnity is on file, enter "No".
19. Check "Yes" only if ALL of the units you listed in item 11 have been harvested; otherwise, check "No". If you checked "No", list the unit numbers for the units listed in item 11 that have not been harvested.
20. Check "Yes" only if all of the production for ALL of the units you listed in item 11 above has been sold or commercially stored; otherwise, check "No". If you checked "No", list the unit numbers for any of the units that have not been sold or commercially stored.
21. Check "Yes" only if ALL crops insured under this policy (including the crop listed in item 6 above) have been harvested. If any crop has not been harvested, check "No".
If "No" was checked, list the crops not harvested.
22. Check "Yes" only if you anticipate or know if you have loss units for any other crop not listed in item 11 for the crop year; otherwise, check "No".
23. Check "Yes" if production from ANY of the loss units listed in item 11 above is farm-stored or has been fed, or saved for seed; otherwise, check "No".
If you checked "No", list the unit number(s) for which "No" applies.

24. Check "Yes" only if this is true for ALL units listed in item 11 above; otherwise, check "No".
Such documents must be attached to this form.
25. Check "Yes" only if this is true for all units listed in item 11; otherwise, check "No".
If "No" is checked, list the unit number of any unit listed in item 11 that does not have similar damage and explain why that particular unit does not have similar damage.
26. Check "Yes" or "No" as applicable.
27. Check "Yes" only if all acreage of your insured crop(s) in the county was reported on your acreage report; otherwise, check "No".
If you checked "No", list the unit or location where the acreage was not reported.
28. On the specific loss unit(s) listed in item 11 above, is your Summary of Coverage correct for:
- a. For all of the units listed in item 11, check "Yes" only if the share you reported on your acreage is correct for all of the units listed in item 11; otherwise, check "No".
If "No" is checked, list the unit number(s) for which "No" applies and explain why.
 - b. For all of the units listed in item 11, check "Yes" only if the legal description(s) and/or the FSA Farm Serial Numbers reported on your acreage report are carried for ALL of the units listed in item 11; otherwise, check "No".
If "No" is checked, list the unit number(s) for which "No" applies.
 - c. For all of the units listed in item 11, check "Yes" only if the practice(s) you actually carried out agrees with the practice(s) for ALL of the units listed in item 11; otherwise, check "No".
If "No" is checked, list the unit number(s) for which "No" applies.
 - d. For all of the units listed in item 11, check "Yes" only if the type or variety reported on your acreage report is correct for ALL of the units listed in item 11; otherwise, check "No".
If "No" is checked, list the unit number(s) for which "No" applies and enter the correct type or variety for each unit listed.
 - e. For all of the units listed in item 11, check "Yes" only if the total acreage for each unit listed in item 11 (if measured or re-measured) would be within 5% of what you reported on your acreage report; otherwise, check "No".
If you checked "No", list the units listed in item 11 for which "No" applies.
29. Pre-printed Statements above the insured's certification/signature blocks.
INSURED OR VERIFIER MAKES NO ENTRY
30. Insured's Signature and Date of Signature. The insured or the insured's authorized representative signs the form and enters the date signed.
31. Company Use ONLY: Verifier's Signature, Code #, and Signature Date
32. Page ____ of _____. Enter the page numbers (Example: Page 1 of 1, Page 1 of 2, Page 2 of 2, etc.).

SIMPLIFIED CLAIMS PROCESS (SCP) QUALIFICATION AND NOTICE OF LOSS

For proper service, you must fill in all blanks and answer all questions as completely as possible.

1 Insured's Name (Please Print)					2 Policy Number						
3 Agent			4 Insured's Telephone Number		5 Insured's Mailing or Street Address						
6 Crop (only one per form)			7 Crop Year	8 County where crop is grown (only one per form)		9 State where crop is grown (only one per form)					
10 Non-Loss (N-L) Units	10a N-L Unit	10b N-L Unit	10c N-L Unit	10d N-L Unit	10e N-L Unit	10f N-L Unit					
Estimated Production Per Acre	10a Est. Prod. Per Acre	10b Est. Prod. Per Acre	10c Est. Prod. Per Acre	10d Est. Prod. Per Acre	10e Est. Prod. Per Acre	10f Est. Prod. Per Acre					
Loss Unit #	Cause of Loss				Date of Damage		Harvest Completion Date	Production (Bu. Lbs. Etc.)	Companion Contract? Yes/No	Assignment of Indemnity? Yes/No	Transfer of Right to Indemnity? Yes/No
	Primary Cause	%	Secondary Cause	%	Primary Cause Date of Damage	Secondary Cause Date of Damage					
11	12a		12b		13a	13b	14	15	16	17	18

NOTE: PLEASE USE A SEPARATE FORM FOR ADDITIONAL LOSS UNITS

19 Has all acreage of the loss unit(s) listed in item 11 above been harvested? If "No", list the unit number(s) for which "No" applies:										Yes <input type="checkbox"/>	No <input type="checkbox"/>
20 Has all of the production from the loss unit(s) listed in item 11 above been sold or commercially stored? If you answered "No", list the applicable unit numbers meeting "No":										Yes <input type="checkbox"/>	No <input type="checkbox"/>
21 Have you completed harvest of all insurable acreage for all crops on your policy? (This includes the crop you listed above as well as any other crop you may have on your policy). If you answered "No", list the crops not harvested:										Yes <input type="checkbox"/>	No <input type="checkbox"/>
22 If you answered "No" to the above question, do you anticipate loss units for any other crop <u>not</u> listed in item 11 above for this crop year?										Yes <input type="checkbox"/>	No <input type="checkbox"/>
23 Has any production from any acreage from the units listed in item 11 above been farm stored, fed to livestock, or saved for seed? If "No", list the unit number(s) for which No applies:										Yes <input type="checkbox"/>	No <input type="checkbox"/>
24 Do you have third party written verification (i.e., summary/settlement sheets and not individual scale tickets) available for 100 percent of the production from all units listed in item 11 above? (This must include both landlord and tenant shares, when applicable).										Yes <input type="checkbox"/>	No <input type="checkbox"/>
25 Is damage for the loss unit(s) listed in item 11 similar to other farms in the area? If "No", list the unit(s) for which "No" applies and explain:										Yes <input type="checkbox"/>	No <input type="checkbox"/>
26 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 <input type="checkbox"/>	No <input type="checkbox"/>
27 Was all acreage of your insured crop(s) in the county, in which you have a share, reported by you on your acreage report? If "No", list the unit or location where the acreage was not reported:										Yes <input type="checkbox"/>	No <input type="checkbox"/>
28 On the specific loss unit(s) listed in item 11 above, is your Summary of Coverage correct for:											
a Your share? If "No", list the unit(s) and explain here:										Yes <input type="checkbox"/>	No <input type="checkbox"/>
b The legal description(s) and/or the FSA Farm number? If "No", list the unit(s) for which "No" applies:										Yes <input type="checkbox"/>	No <input type="checkbox"/>
c The practice actually carried out by you (i.e., if you reported your practice as irrigated, was water applied at the proper time and rate)? If "No", list the unit(s) for which "No" applies:										Yes <input type="checkbox"/>	No <input type="checkbox"/>
d The type or variety (if applicable)? If "No", list the unit(s) numbers for which "No" applies and enter the correct type or variety for each unit listed:										Yes <input type="checkbox"/>	No <input type="checkbox"/>
e The total acreage for each loss unit listed in item 11 above, will the acreage (if measured or re-measured) be within 5% of what you reported on your acreage report? If "No", list the unit(s) for which "No" applies:										Yes <input type="checkbox"/>	No <input type="checkbox"/>

29 This form serves as written verification of your notice of loss and as an aide in determining qualified insureds for the SCP. We may rely on the information you provide on (or attach to) this form in making material determinations in the preparation of your claim. Once this completed Notice of Loss Form and supporting documentation has been received by FMH, it will be determined whether or not your claim qualifies for the SCP. If it DOES qualify, the appropriate claim for indemnity form(s) will be prepared and may be sent to you for your signature if FMH determines when reviewing this information with you that a correction is needed. Otherwise, the signature on this SCP form will serve as the signature for each Claim for Indemnity form to which this information was transferred, and a copy will be mailed to you. The claim form(s) will contain all the necessary data and production information to complete your claim. If qualified, you will have your claim processed in the most expedient manner possible. You will not need to wait for an adjuster. The SCP is subject to an in-field review for compliance with established policies and procedures. If any of the unit(s) listed in item 11 above DOES NOT qualify for the SCP, you will be contacted by a claims representative to set up an appointment to adjust your loss on that or all units listed above.

Supporting documentation must be attached to this form and delivered to the address provided by your agent or insurance provider. You must attach either a copy of settlement sheet(s), summary sheet(s) or similar third party ledger(s) that accounts for all production from any crop unit you have listed above. Individual load tickets will not qualify. Individual loads on any settlement/summary sheet(s) must be clearly marked to indicate which unit they came from. If you have FSA or similar measurement service such as utilization of Global Positioning Systems, remote sensing devices, etc., for the current crop year, please attach copies and indicate who made the measurement. If you have met the requirements of precision farming and want to use those records to establish production, you must attach yield maps and planting and harvesting summary reports generated from the precision farm technology system. The per unit acreage used in calculating any indemnity will be the lesser of your reported acres or your actual planted acres. In all cases you must attach copies of maps identifying each field, crop and acreage by loss unit.

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; 7 U.S.C. § 1506; 31 U.S.C. §§ 3729 and 3730 and other federal statutes).				Company Use:					
Insured's Printed Name and Signature		Date		Verifier's Printed Name and Signature		Code#		Date	

COMPANY USE ONLY - - - - - SIMPLIFIED CLAIM COMPLIANCE REVIEW SUMMARY

<u>Unit</u>	<u>Crop</u>	<u>Indemnity Before</u>	<u>Indemnity After</u>	<u>Reason for Discrepancy</u>
Comments:				
Reviewer Name _____		Date Completed _____		

**COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT
Agents, Loss Adjusters and Policyholders**

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIP's contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

NONDISCRIMINATION STATEMENT

Non-Discrimination Policy

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.)

To File a Program Complaint

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Persons with Disabilities

Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

DISCLOSURE

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