

APPLICATION/CHANGE/CANCEL AND TRANSFER FORM

Effective Crop Year:

Insurance Company of Iowa				Effective Crop Year:				— Р	Policy: Check "Yes" if you wa				insured		
6785 Westown Parkway West Des Moines, Iowa 50266										State:		coming primary insurance			
			Δ	Applicant/Insu	red Information								Agency Informat	ion	
Name o	f Applicant/Insured			ippiicairi, iiisa	Type of Identification Number Identification Number					Agency	/ Code		Phone Number		
					SSN EIN		ther				,				
In Care	Of								State of Inc	Agency	/ Name				
					state of it					1.192.113)					
Street o	Street or Mailing Address				Phone Number			Cell Pho	one Number		Street	or Mailing Address			
City, State and Zip Code					Email Address						City, St	ate and Zip Code			
Power c	of Attorney				Is applicant insuring	-			_	☐ No		cant at least 18 yea		No	
					1 1						authority to	insure their share.	List in SBI information.		
l ist spo	usal and all persons wit	h 10% or more interest	in the applica	nt Include Landl					(SBI) Information		al space is no	padad)			
List spo	usai ailu ali persoris wit	11 10% of filore interest		pe of	Identification	Tie. II Hone, s	state NONE	. (Attacii	1 3BI Reporting For	iii ii additioii	ai space is rie	eded.)			Landlord/
Name				tion Number	Number	Person Ty	rpe .			Complete A	Address (che	ck 🗌 below if s	ame as applicant)	Phone Number	Tenant
			SSN	EIN Other											
			SSN	EIN 🔲 Other											
			SSN	EIN Other											
		01	ther Policy C	hange	•				'		F	Reason for Canc	ellation		
_	ect Insured's Identificat		_	Correct Spelling		understand that if this form is not									
	ect Spelling of Insured's		_	_	insurance on such crop(s) will not be					of executed on or before the cancellation date for any crop year listed, the cancellation of become effective until the following crop year.					
Corre	ect SBI's Identification N	lumber		Add or Remove !	SBI				ıred's Request	☐ Mutual			etence, or Dissolution	Other	
Remark	s														
							Crop Info								
MPCI C	ounty	MPCI Crop		Canceled Coverage	Туре	Plan Type Current Change				-	Covera urrent	ge Level Change		Options, E or Endor	
ivii Ci C	ounty	Whole Farm	Micro Farm		Турс		Curr	CIIC	Change		urrent	Change	7011100	OI Elluoi:	Sements
			mero rann												
							Farm Info	ormatic	nn .						
Policy \	/oar:				Whole Farm Histor						Covers	ago Lovoli			
rolley	eai.				Yes No	ry Report ar	ilu iailii ta	x ioiiiis	attacheu:		Coverage Level:				
Current	t MPCI Carrier*														
carren	· mi ei euriei				Current MPCI Policy Number										
* If I hav	re identified a current N	IPCI carrier other than I	us Thereby sne	ecifically authoriz	e my current MPCI nr	ovider to rela	ease any ar	nd all info	ormation and/or d	ocumentatio	n requested	hyus			
IIIIIav	e identified a current w	ii ereamer outer than t	us, rricicby spe	centearly dutilions	e my current wir er pr	ovider to rei	case arry ar	ia ali iili	ormation and/or a	ocumentatio	mrequesteu	by us.			
The pol	icy should be written ui	nder the county with th	ne highest expe	ected revenue. L	ist all other farm locat	tion(s) here:									
Locatio	n of Farm Headquarte	ers:											Phone:		
Rate	State	Country	Rat			County		Rate	State		Court	Rate		Country	
Co.	State	County	Co			County		Co.	State		County	Co.	State	County	
				<u>' I </u>]					<u> </u>	<u> </u>	

Farmers Mutual Hail Insurance Company of Iowa 6785 Westown Parkway | West Des Moines, Iowa 50266

APPLICATION/CHANGE/CANCEL AND TRANSFER FORM

Policy:	
State:	

Applicant/Insured:

REQUEST FOR CANCELLATION (FOR INTERNAL USE ONLY)

To be	completed	only if	canceling	insurance	coverage	without	transferring	t
anoth	er Approved	Insuran	ce Provider	(AIP).				

Date
- Jule

REQUEST FOR CANCELLATION AND TRANSFER TO FARMERS MUTUAL HAIL

Yes, I request Cancellation of my previous policy and request transfer of experience and insurance coverage to Farmers Mutual Hail.

I hereby request cancellation of my insurance policy with my previous carrier listed below for the crop(s) and crop year(s) shown above because I have applied for insurance with Farmers Mutual Hail (FMH). I understand that if this form is not executed on or before the established cancellation date for any crop listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year. I hereby authorize and direct my previous carrier shown below to furnish any information relative to my insurance policy to FMH. I understand that if coverage for any crop(s) is now terminated or would have subsequently terminated for delinquent debt had this transfer not occurred, no coverage can be provided by FMH.

Previous Carrier	Previous Policy Number
	·

APPLICANT/INSURED'S SIGNATURE AUTHORITY

- Add authority for designated person(s) to sign crop insurance documents on behalf of the insured.
- By checking this box, I am authorizing all individuals listed as an SBI to also have authority as stated in the sentence below.

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 person(s) 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 Farmers Mutual Hail.

Print Signature	Authority Name(s)	

CONDITIONS OF ACCEPTANCE (Applies to federally-reinsured policies only)

This application is accepted and insurance attaches in accordance with the policy unless: (1) The Federal Crop Insurance Corporation (FCIC) determines that, in accordance with the regulations, the risk is excessive; (2) any material fact is omitted, concealed or misrepresented in this application or in the submission of this application; (3) you have failed to provide complete and accurate information required by this application; or (4) the answer to any of the following questions is "yes". An answer of yes to these questions does not automatically result in rejection of the application. For example, if you answer yes to (a) but your debt was discharged in bankruptcy, the application would not be rejected.

☐ Yes	□No	a) Are you now indebted and the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?
Yes	☐ No	b) Have you in the last five years been convicted under federal or state law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance?
☐ Yes	□ No	c) Have you ever had insurance coverage under the authority of the Federal Crop Insurance Act terminated for violations of the terms of the contract or regulations, or for failure to pay your delinquent debt?
Yes	☐ No	d) Are you disqualified or debarred under the Federal Crop Insurance Act, the regulations of the Federal Crop Insurance Corporation, or the United States Department of Agriculture?
Yes	□ No	e) Have you ever entered into an agreement with the Federal Crop Insurance Corporation or with the Department of Justice that you would refrain from participating in programs under the authority of the Federal Crop Insurance Act and that agreement is still effective?
☐ Yes	☐ No	f) Do you have like insurance on any of the above crop(s)?
☐ Yes	☐ No	g) I am involved in post production operations.
☐ Yes	☐ No	h) Do you meet all of the "Qualifying Person" requirements as defined in the policy?
Yes	☐ No	i) I request insurance coverage for my approved Whole Farm Revenue for the insurance year specified on my Whole Farm History Report

Unless otherwise noted by a "Yes" box being marked, the answers to questions a) through f) under Conditions of Acceptance are certified by my signature below as "No."

I understand that if coverage for any crop is currently terminated or would have subsequently terminated for indebtedness had this application been filed after the termination date, no coverage can be provided and I am ineligible for any benefits under the Federal Crop Insurance Act until the cause for termination is corrected.

We will notify you of rejection by depositing notification in the United States mail, postage paid, to the applicant's address. Unless rejected or the sales closing date has passed at the time you signed this application, insurance shall be in effect for the crop(s) and crop years specified and shall continue for each succeeding crop year, unless otherwise specified in the policy, until canceled, terminated or voided. The insurance contract, which includes the accepted application, is defined in the regulation published at 7 CFR chapter IV. No term or condition of the contract shall be waived or changed unless such waiver or change is expressly allowed by the contract and is in writing.

NON-DISCRIMINATION STATEMENT

Non-Discrimination Statement

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees and institutions participating in or administering USDA programs are prohibited from discriminating on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

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 www.usda.gov/oascr, 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, Center for Civil Rights Enforcement, 1400 Independence Avenue, S.W., Washinoton, D.C. 20250-9410 or email at program.intake@usda.gov.

Persons with Disabilities

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 690-0443 (voice and TDD) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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.

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, AIPs 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.

Farmers Mutual Hail Insurance Company of Iowa 6785 Westown Parkway | West Des Moines, Iowa 50266

APPLICATION/CHANGE/CANCEL AND TRANSFER FORM

Policy:	
State:	
Applicant/Insured:	

REQUIRED STATEMENT TO PROVIDE INSURANCE (FOR INTERNAL USE ONLY)

By submission of this form, we agree to provide crop insurance to this applicant for the crop(s) and crop year(s) specified in this application unless this form is not executed on or before the established cancellation date for any of the crops(s) shown, in which case insurance will be provided for such crop(s) for the following crop year.

FARMERS MUTUAL HAIL PIC CODE 072

	.,	· =					
Print Name of FMH Authorized Representative							
	Signature of FMH Authorized Representative	Date					

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. Sec. 1006 and Sec. 1014; 7 U.S.C. Sec. 1506; 31 U.S.C. Sec. 3729, Sec. 3730 and any other applicable federal statutes). (Applies to federally-reinsured policies only)

Tremminator dvir periantes (16 0.5.c. 50c. 1000 and 50c. 1014, 7 0.5.c. 50c. 1000, 51 0.5.c. 50c. 57 20, 50c. 57 20 and any other applicable redefan statutes). (Applies to redefanly remotine pointies only)								
Applicant/Insured's Printed Name		Agent's Printed Name	Agency Code					
Applicant/Insured's Signature	Signed Date	Agent's Signature	Signed Date					



ALLOWABLE REVENUE WORKSHEET

AIP Name:	Farmers Mutual Hail Insurance Company of Iowa			town Parkway West Des I				
1. PRODU	CER INFORMATION	2. PO	LICY NUMBER	5. ADJUS	ADJUSTMENT CODES			
NAME			A T.F.		A - Schedule F income specifically			
ADDRESS		3. ST		B - Cost o	excluded B - Cost of post-production operations C - Co-op distributions not directly			
		COU	NTY					
PHONE NU	IMBER	4. TA	X YEAR	related G - Net ga		commodity hedges		
TAX ENTIT				H - Not di	G - Net gain from commodity hedges H - Not directly related to production			
	ULE F PART I REVENUE			i - Other				
7. Line Number	Description		8. Amount on Schedule F	9. Revenue Adjustment Amount	Code	10. Allowable Revenue		
1a	Sales of livestock and other resale items				Α	0		
1b	Cost or other basis of livestock or other items on line 1				Α	0		
1c	Line 1 less line 2							
2	Sales of products you raised							
3b	Taxable Cooperative distributions							
4b	Taxable agricultural program payments				Α	0		
5a	CCC loans reported under election							
5c	Taxable CCC loans forfeited							
6b	Crop insurance proceeds and federal disaster payments				Α	0		
6d	Taxable deferral from prior year				Α	0		
7	Custom hire income				Α	0		
8	Other income (details below)							
8.1	Federal and state gasoline or fuel tax credit or refund							
8.2	Income from bartering							
8.3	Payments from buyers of commodities from bypassed ac	reage						
8.4	Payments from marketing orders							
8.5	Other commodity income not reported elsewhere							
8.6								
8.7								
8.8								
11. TOTAL	SCHEDULE F PART I REVENUE							
12. ALLOV	NABLE REVENUE FOR TAX YEAR		•	•				



ALLOWABLE REVENUE WORKSHEET 2018-NCIS 986_Rev 01-2018

1. PRODUCER INFORMATION NAME ADDRESS PHONE NUMBER TAX ENTITY TYPE			2. POLICY NUMBER 3. STATE COUNTY 4. TAX YEAR			5. ADJUSTMENT CODES A - Schedule F income specifically excluded B - Cost of post-production operations C - Co-op distributions not directly related G - Net gain from commodity hedges H - Not directly related to production I - Other		
6. SCHED 7. Line	ULE F PART I REVENUE		8. Amount on	9. Reve	enue	0.4.	10. Allowable	
Number	Description		Schedule F	Adjustment	Amount	Code	Revenue	
1a	Sales of livestock and other resale items					Α	0	
1b	Cost or other basis of livestock or other items on line 1					Α	0	
1c	Line 1 less line 2							
2	Sales of products you raised							
3b	Taxable Cooperative distributions							
4b	Taxable agricultural program payments					Α	0	
5a	CCC loans reported under election							
5c	Taxable CCC loans forfeited							
6b	Crop insurance proceeds and federal disaster payments					Α	0	
6d	Taxable deferral from prior year					Α	0	
7	Custom hire income					Α	0	
8	Other income (details below)							
8.1	Federal and state gasoline or fuel tax credit or refund							
8.2	Income from bartering							
8.3	Payments from buyers of commodities from bypassed act	reage						
8.4	Payments from marketing orders							
8.5	Other commodity income not reported elsewhere							
8.6								
8.7								
8.8								
44 TOTAL	COUEDINE E DADT I DEVENUE							
11. TOTAL	L SCHEDULE F PART I REVENUE							
12. ALLO\	WABLE REVENUE FOR TAX YEAR							



ALLOWABLE REVENUE WORKSHEET

AIP Name:	Farmers Mutual Hail Insurance Company of Iowa		Address: 6785 West		est Des N		
1. PRODU	ICER INFORMATION	z. PO	LICT NUMBER				
NAME		3. ST.	ATE		Sched - Sched		ome specifically
ADDRESS				E	3 - Cost o	f post-pr	roduction
		COU	NTY	C		distribut	tions not directly
PHONE N	UMBER	4. TA	X YEAR		related Net ga		commodity hedges
TAX ENTI				H	l - Not dir ∣ - Other	ectly rel	ated to production
	ULE F PART I REVENUE			1.	Other		
7. Line Number	Description		8. Amount on Schedule F	9. Reve Adjustment		Code	10. Allowable Revenue
1a	Sales of livestock and other resale items					Α	0
1b	Cost or other basis of livestock or other items on line 1					Α	0
1c	Line 1 less line 2						
2	Sales of products you raised						
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4b	Taxable agricultural program payments					Α	0
5a	CCC loans reported under election						
5c	Taxable CCC loans forfeited						
6b	Crop insurance proceeds and federal disaster payments					Α	0
6d	Taxable deferral from prior year					Α	0
7	Custom hire income					Α	0
8	Other income (details below)						
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8.3	Payments from buyers of commodities from bypassed acre	eage					
8.4	Payments from marketing orders						
8.5	Other commodity income not reported elsewhere						
8.6							
8.7							
8.8							
44 7074	L SCHEDULE E DART L DEVENUE						
11. IOTA	L SCHEDULE F PART I REVENUE						
12. ALLO	WABLE REVENUE FOR TAX YEAR						



ALLOWABLE REVENUE WORKSHEET

	Farmers Mutual Hail Insurance Company of Iowa		Address: 6785 Wes	town Parkway			
	ICER INFORMATION	2. PO	LICY NUMBER		5. ADJUS	TMENT	CODES
NAME			A T-F		A - Sched		come specifically
ADDRESS		3. ST			B - Cost o	f post-p	roduction
		COU	NTY		operat C - Co-op		tions not directly
PHONE NU	JMBER	4. TA	X YEAR		related	l	commodity hedges
TAX ENTIT					H - Not dir	ectly rel	lated to production
	ULE F PART I REVENUE				i - Other		
7. Line Number	Description		8. Amount on Schedule F	9. Re		Code	10. Allowable Revenue
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2	Sales of products you raised						
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4b	Taxable agricultural program payments					Α	0
5a	CCC loans reported under election						
5c	Taxable CCC loans forfeited						
6b	Crop insurance proceeds and federal disaster payments					Α	0
6d	Taxable deferral from prior year					Α	0
7	Custom hire income					Α	0
8	Other income (details below)						
8.1	Federal and state gasoline or fuel tax credit or refund						
8.2	Income from bartering						
8.3	Payments from buyers of commodities from bypassed acr	eage					
8.4	Payments from marketing orders						
8.5	Other commodity income not reported elsewhere						
8.6							
8.7							
8.8							
11. TOTAL	L SCHEDULE F PART I REVENUE						
12. ALLO\	WABLE REVENUE FOR TAX YEAR		1	1			



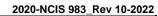
Farmers Mutual Hail Insurance Company of Iowa

ALLOWABLE REVENUE WORKSHEET

NP Name:	Farmers Mutual Hail Insurance Company of Iowa	AIP	Address: 6785 West	own Parkway West D	es Moines, L	A 50266-7732
1. PRODU	CER INFORMATION		LICY NUMBER	5. AD.	JUSTMENT (CODES
NAME				A - Sc	hedule F inc	ome specifically
ADDRESS		3. ST/	ATE		cluded st of post-p	roduction
ADDITEGO		COUN	ITY	ор	erations	
		4 TA	(YEAR		-op distribu ated	tions not directly
PHONE NU	IMBER		(ILAI	G - Ne	t gain from	commodity hedges ated to production
TAX ENTIT	Y TYPE			I - Otl		ated to production
	ULE F PART I REVENUE					
7. Line Number	Description		8. Amount on Schedule F	9. Revenue Adjustment Amo	Code	10. Allowable Revenue
1a	Sales of livestock and other resale items				Α	0
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1c	Line 1 less line 2					
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8.6						
8.7						
8.8						
11. TOTAL	SCHEDULE F PART I REVENUE					
12. ALLOV	VABLE REVENUE FOR TAX YEAR					



	W	HC	LE-FAR	RM HIS	STC	ORY REPORT		
AIP	NAME							
Add	lress							
1. PF	RODUCER INFORMATION					2. AGENCY INFORMAT	ION	
Nar	ne		Type of T	ax Entity	-	Name		
Add	dress			_	_	Address		_
						Phone Number		
ID.	No					Policy Number		
	ID. No. Type: SSN	□EII	N 🗆 RAN			Agent Code		
Pho	ne Number							
3. P	OLICY YEAR 4. IRS ACCOUNT	ING I		5. STATE		cou	NTY	
				_				
	6. TAX YEAR		7. ALLOWABLE R	EVENUE		8. INDEXED REVENUE	9.	ALLOWABLE EXPENSES
a.								
b.								
c.								
d.								
е.								
10.	TOTAL	a.			b.			
11.	SIMPLE AVERAGE	a.			b.			
12.	REVENUE SUBSTITUTION	a.			b.			
13.	REVENUE EXCLUSION	a.			b.			
14.	REVENUE CUP						Approve	ed Revenue from Previous Year (CUP Only)
15.	EXPANDED OPERATION							
16.	AVERAGE	a.			b.		c.	
17.	INDEXING: YES ☐ NO ☐		18. INSURAN					ION: CUP: C
			IIVIPURTANT:	considered	elected	ption is selected, the option d in determination of their wh	with fil nole-far	rm historic average.
19.	WHOLE-FARM HISTORIC AVERAGE	GE						
20.	EXPANDED OPERATION AVERAGE	GE_						





							FAR	M OP	ERA	NOITA	N REPO	ORT						
AIP NAME		Farmers	Mutual Hai	il Insura	nce Compa	ny of Iowa										1. IN	SURANCE YE	AR
ADDRESS					est Des Moi		66-7732											
2. PRODUC	CER INF							3. AGE	NCY INF	ORMATIO	N			4.	STATE &	COUNTY		
Name								Name										
Address					T	ype of Tax	Entity	Address	s					4:	a. Did the o	county where xpected to be	the majority of t	he
<u>-</u>														w	ithin the po	olicy year?	Yes	No
Phone Num	ber _					ID Numbe		Phone I	Number			Agency C	ode			INSURANC		
				ID	Туре: 🔲 S	SN DEIN	□RAN	Policy N								ounty unit points		
					INT	ENDED	1			T	I		RE	/ISED		- I	FINA	L
COMMODITY NAME	COMM	RATE CODE	METHOD OF ESTABL.	YIELD	EXPECTED VALUE	EXPECTED REVENUE (10X11)	INTENDED QUANTITY	COST/ BASIS AND/OR VALUE	SHARE	PERCENT PROD. TO SELL	TOTAL EXPECTED REVENUE (12x13A - 13B) x 13C X 13D	ACTUAL QUANTITY	ACTUAL COST/BASIS AND/OR VALUE	SHARE	PERCENT PROD. TO SELL	TOTAL EXPECTED REVENUE	FINAL PRODUCTION	FINAL REVENUE
6	7	8	9	10	11	12	13A	13B	13C	13D	13C X 13D 13E	14A	14B	14C	14D	14E	15A	15B



					F	ARM	OPE	RATIO	on R	EPO	RT CO	NTIN	UED					
					INTE	NDED							RE	/ISED			FINA	\L
COMMODITY NAME	COMM	RATE CODE	METHOD OF ESTABL.	YIELD	EXPECTED VALUE	EXPECTED REVENUE (10X11)	INTENDED QUANTITY	BASIS AND/OR VALUE	SHARE	PERCENT PROD. TO SELL	EXPECTED REVENUE (10x11A – 11B) x 11C X 13D	ACTUAL QUANTITY	ACTUAL COST/BASIS AND/OR VALUE	SHARE	PERCENT PROD. TO SELL	EXPECTED	FINAL TOTAL PRODUCTION	FINAL REVENUE
6	7	8	9	10	11	12	13A	13 <u>B</u>	13C	13D	13E	14A	14B	14C	14D	14E	15A	15B
												<u> </u>						
-																		
TOTAL EXI	PECTED	REVENU	E @ Sales	Closine	g Date (SCI))	<u> </u>			16								
TOTAL EXI					<u> </u>	<u>, </u>								17				
TOTAL EXI	PECTED	REVENU	E						18						<u> </u>			
WHOLE FA	RM HIS	TORIC RE	VENUE (H	ligher o	of Item 19 or	r 20 from W	FHR)		19									
TOTAL EXI	PECTE	REVENU	E @ Revis	ed Rep	orting Date	(RRD) (Iter	n 17)							20				
APPROVEI	APPROVED REVENUE (Lesser of item 16 and 19 @ SCD or item 19 and 20 @ RRD) 21A 21B																	
APPROVE	D EXPE	NSES							22A					22B				
23. NARRA	ATIVE, E	XPECTE	VALUES	AND R	EPORT OF	CHANGES	(Explain o	n an attach	nment if	necessary	/.)							
24 INTEG	4 INTEGRATED/POST-PRODUCTION OPERATIONS: () VES. or () NO. (If VES. explain on an attachment.) (See Special Circumstances in Section 6.)																	
24	24. INTEGRATED/POST-PRODUCTION OPERATIONS: () YES or () NO (If YES, explain on an attachment.) (See Special Circumstances in Section 6.)																	

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

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NONDISCRIMINATION STATEMENT

Non-Discrimination Statement

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees and institutions participating in or administering USDA programs are prohibited from discriminating on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

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 www.usda.gov/oascr, 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, Center for Civil Rights Enforcement, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or email at program.intake@usda.gov.

Persons with Disabilities

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 690-0443 (voice and TDD) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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.

I certify that to the best of my knowledge and belief all of the information on this form is correct. I understand that changes to intended commodities grown will result in changes to the insured revenue, premium rate, and indemnity. I understand the information on this form may be reviewed and audited. I understand that inaccurate information or my failure to retain or provide, upon request, records supporting the information on this form may result in denial of coverage, cancellation of my policy, ineligibility for indemnity, or recalculation of approved revenue. 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, §3730 and any other applicable federal statutes).

I understand that obtaining multiple Federal benefits, such as a Noninsured Crop Disaster Assistance Program (NAP) payment(s) and a Federal crop insurance indemnity, is prohibited by law. I certify that I have, or will disclose any other USDA benefit; including any NAP benefit, received for this crop. Failure to disclose the receipt of multiple Federal benefits, or failure to repay one of the multiple Federal benefits such as either the NAP benefit or the Federal crop insurance indemnity for the same crop, may result in my being disqualified from receiving Federal crop insurance benefits, as well as being ineligible for various programs administered by the Farm Service Agency for up to five (5) years

programs administered by the Farm Service Agency for up to five (5) years.			
23. APPLICANT'S/INSURED'S SIGNATURE @ SCD	DATE	24. AGENT'S SIGNATURE @ SCD	DATE
G		9	
			1
25. INSURED'S SIGNATURE @ RRD	DATE	26. AGENT'S SIGNATURE @ RRD	DATE
27 INCUDED: CICNATUDE @ EDD	DATE	20 ACENT'S SIGNATURE & ERR	DATE
27. INSURED'S SIGNATURE @ FRD	DAIE	28. AGENT'S SIGNATURE @ FRD	DATE
	•		

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E	EXPECTED VALUE AND YIELD SOURCE DOCUMENT CERTIFICATION WORKSHEET 1 of 3													
						R INFORMATION								
1. Applicant's	/Insured's Nan	ne		3.	Policy Year	4. Agency Informa	ation							
						Name								
						Address								
2. Policy Num	ber													
						Code Number								
				ΡΔΙ	RT 2 COMMOD	TY INFORMATIO	N							
Commodity	Commodity	Rate Code	Practice	Туре	Variety	Unit of Measure		Source	Expected	Source				
Name 5	Code 6	7	8	9	10	11	12	13	Expected Value 14	15				



2018-NCIS 965_Rev 10-2023

	EXPECTE	D VALU	E AND YIE	LD SO	URCE DOC	UMENT CE	RTIFICA	TION WORKS	HEET 2	2 of 3				
					PART 1. PRODUCE									
1. Applicant's	/Insured's Nan	10			3. Policy Year	4. Agency Informa	ation							
						Name								
						Address								
2. Policy Num	nber					Telephone Number								
						Code Number								
	PART 2. COMMODITY INFORMATION CONTINUED													
PART 2. COMMODITY INFORMATION CONTINUED Commodity Commodity Code 7 8 9 10 11 12 13 14 15 15 14 15 15 16 17 18 18 19 10 10 10 10 10 10 10														
<u> </u>									17					



6785 Westown Parkway, West Des Moines, Iowa 50266

2018-NCIS 965_Rev 10-2023

EXPEC	CTED VALUE AND	YIELD SO	DURCE D	OCUN	IENT CERTIFICATION WORKSHEET 3 of 3
			PART 1. PRO	DUCER I	NFORMATION
1. Applicant's/Insured's	Name		3. Policy Yea	r 4.	Agency Information
				Na	me
2 Policy Number				Add	dress
2. Policy Number				Tel	ephone Number
				Co	de Number
	P.A	RT 3. COMBIN	IED DIRECT N	// ARKETIN	IG COMMODITY INFORMATION
16. Name of Market:					
Years Produced 17	Total Planted Acres 18	Rever	nue	Exclude? Micro Farm only 5 yrs required	22. Remarks
20. Average					
21. Expected Value per Acre					



						YIELD A	ND REV	ENU	E REPO	ORT 1			20	22-NCIS 963 _Rev 11-2023
Part 1: Producer Info	ormation													
1. Name			2. Policy N	lumber	r		3. Policy Y	'ear			4. Agency Infor	mation (Name,	Addres	s, Phone No. & Code No.)
Part 2: Commodity I	nformati	ion	1											
5. Commodity		-	6. Commo	dity Co	ode	7. Rate Cod	е	8. 1	Practice		9. Type/Vario	ety	10. Unit of Measure	
11. Year Produced	12. To	tal Production	13. Acres		14. Av	erage Yield	15. Net li	ncome		16. Aver	rage Revenue	17. Insured S (enter as decin		18. 100% Share Equivalent
19. Replacement Yie	eld	20. Expected Yi	ield	21.	Expecto	ed Value		22		n Stored (m	neasured by Insur	ed/AIP)	□ c	laim for Indemnity
23. Remarks									☐ Yield	/Daily Sales I Monitorir raisal (non- I Harvest R	ng System ·loss)		□т	vestock Feeding Records hird-Party Record irect Market ther
information on this form n	may be revi	ewed and audited. I un ecalculation of approve	nderstand that ina ed revenue. I also	accurate underst	informat and that	ion or my failure failure to report o	to retain or proc completely and	vide, upo	n request, r	ecords suppor	ting the information of	on this form may res	sult in der	te, and indemnity. I understand the nial of coverage, cancellation of my nce of the policy, and in criminal or
24. Applicant/Insure	ed Signat	ure and Date					2!	5. Ag	ent's Signa	nture and D	ate			



						YIELD A	ND RE	VE	NUE REPO	ORT 2			20	022-NCIS 963 _Rev 11-2023
Part 1: Producer Info	ormation													
1. Name			2. Policy N	er		3. Policy	/ Yea	ar		4. Agency Info	rmation (Name,	Addres	ss, Phone No. & Code No.)	
Part 2: Commodity I	nformati	on												
5. Commodity			6. Commo	dity	Code	7. Rate Cod	e		8. Practice		9. Type/Var	iety	10. U	nit of Measure
11. Year Produced	12. To	tal Production	13. Acres		14. Av	erage Yield	15. Net	t Inc	come	16. Aver	age Revenue	17. Insured S	hare	18. 100% Share Equivalent
									T					
	· my knowle		e information on	this fo		ct. I understand th			Pick/ Pick/ Yield Appr	n Stored (m /Daily Sales I Monitorin raisal (non- I Harvest R grown will res	ng System ·loss) ecord sult in changes to the	insured revenue, pr	Temium ra	te, and indemnity. I understand the
policy, ineligibility for inde civil penalties (18 U.S.C. §1	emnity, or re 1006 and §1	ecalculation of approve 014; 7 U.S.C. §1506; 31	ed revenue. I also	unde	rstand that f	failure to report of	completely an al statutes).	nd ac	ccurately may result	in sanctions	under my policy, incl			nial of coverage, cancellation of my nce of the policy, and in criminal or
24. Applicant/Insure	ed Signat	ure and Date						25.	. Agent's Signa	iture and D	ate			



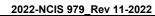
						YIELD A	ND REV	ENUE REPO	ORT 3			20	022-NCIS 963 _Rev 11-2023	
Part 1: Producer Inf	ormation	า												
1. Name		2. Poli	y Numb	oer		3. Policy Y	'ear		4. Agency Information (Name, Address, Phone No. & Code No.)					
Part 2: Commodity	Informat	ion	I									1 -		
5. Commodity		6. Commodity Code 7. Rate Coc			de 8. Practice			9. Type/Variety		10. Unit of Measure				
11. Year Produced	12. To	otal Production	13. Acı	es	14. A	verage Yield	15. Net I	ncome	16. Aver	age Revenue	17. Insured S	hare	18. 100% Share Equivalent	
19. Replacement Yi	eld	20. Expected Y	eld	21.	Expect	ed Value	•	22. Record	Туре		•			
									n Storad (m	neasured by Insur	od/AIB)	П	Claim for Indemnity	
22 Domorks									/Daily Sales	•	eu/Air)		ivestock Feeding Records	
23. Remarks													hird-Party Record	
								☐ Yield Monitoring System ☐ Appraisal (non-loss)					Direct Market	
									d Harvest R				Other	
Loortify that to the heat -	f my knavil	adae and helief all af the	informati-	on this f	arm is ser	et Lunderstand t	hat changes to !:				noured revenue		ite, and indemnity. I understand the	
information on this form	may be rev emnity, or r	iewed and audited. I un ecalculation of approve	derstand that d revenue. I	t inaccura also unde	ate informa erstand that	tion or my failure failure to report	to retain or pro completely and	vide, upon request, r	ecords suppor	ting the information o	n this form may res	sult in de	nial of coverage, cancellation of my nce of the policy, and in criminal or	
24. Applicant/Insur			. U.J.C. 93/2	, yu/ 3U c	and any Ulli	ci applicable lede		5. Agent's Signa	ature and D	ate				
	23.0.6.10							- 1.05 5 516110						



YIELD AND REVENUE REPORT 4 2022-NCIS 963 _Rev 11-2023														
Part 1: Producer Information														
1. Name		2. Policy Number				3. Policy Year				4. Agency Information (Name, Address, Phone No. & Code No.)				
Part 2: Commodity I	nformati	ion												
5. Commodity		6. Commodity Code 7. Rate Cod			de 8. Practice			9. Type/Variety		10. Unit of Measure				
11. Year Produced	12. To	otal Production	13. Acres		14. A	verage Yield	15. Net	Inco	ome	16. Aver	rage Revenue 17. Insured S		hare 18. 100% Share Equivalent	
	ī		1				<u> </u>			ı				
		_												
Replacement Yield							inter	22. Record Type Farm Stored (measured by Insured/AIP)					ivestock Feeding Records hird-Party Record Direct Market Other	
information on this form r policy, ineligibility for inde civil penalties (18 U.S.C. §1	may be revi emnity, or re 1006 and §1	iewed and audited. I un recalculation of approve 1014; 7 U.S.C. §1506; 31	nderstand that ir ed revenue. I als	naccurat o under	te informat rstand that	tion or my failure t failure to report o	to retain or pro completely and ral statutes).	rovide d acc	e, upon request, re curately may result	cords suppor in sanctions ι	ting the information ounder my policy, inclu	n this form may res	sult in der	nial of coverage, cancellation of my nce 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, §3730 and any other applicable federal statutes) 24. Applicant/Insured Signature and Date]	25. Agent's Signature and Date						



			IN	IVENTOR	Y REF	PORT						
				PART I PRODUCI	ER INFORM	ATION						
AIP NAME	Farmers Mutual Hail Insurance Company of Iowa											
ADDRESS	6785 Westown Parkway West Des Moines, IA 50266-7732											
							0	ash 🔲 Accr	uai			
3. PRODUCER INF	ORMATION				4. AGENC	Y INFORMATION			5. STATE			
Name					Name							
Address			Туре	of Tax Entity	Address							
		_							COUNTY			
Phone Number			I	D NUMBER	Phone Nur	nber	Age	nt Code				
_			ID Type: 🔲 S	SSN DEIN DRAN								
				INVENTORIED								
		NNING INVENTORY	_	BEGINNING INVE	NTORY	PART 4 ENDING INVENTORY						
COMMODITY		ATION(S) BEG. INVENT. VALUE COST OR VALUE LOCATION(S)			ENDING	AVERAGE	COST OR	NET				
NAME 6	7	(Tons, Bu., etc.) 8	(\$/Unit) 9	BASIS 10	RECEIVED 11	12	INVENTORY 13	VALUE 14	BASIS 15	VALUE 16		
	I	I	17. TOTAL BE	GINNING VALUE				18. TOTAL	ENDING VALUE			
		PART 5. IN		DJUSTEMENT (1	To be comp	leted ONLY if	a claim is file					
19. INVENTORY AD.	JUSTMENT							/				
Amount in Item 18 () -	- Amount in Item 17	() = () Inve	ntory Adjustment.	Enter this amou	unt, (+) or (-) in Ite	em 22 on the Clair	n for Indemnity		



	ACCOUNTS RECEIVABLE REPORT										
			PART 1. PRODUC	CER INFORMATION							
			1. INSURED'S NAME		4. AGENCY INFORMATION						
AIP NAME Farmers Mutual Hail Insurance Company of Iowa					Name						
ADDRESS 6785 Westown Parkway			2. POLICY NUMBER		Address						
ADDICESS STOCKHOOL AND											
West Des Moines, IA 50266-7732			3. POLICY YEAR		Phone Number						
					Agent Code						
			PART 2. ACCOU	NTS RECEIVABLE							
5. COMMODITY NAME 6. NAME AND A		6. NAME AND A	ADDRESS OF BUYER	7. BEGINNING AMOUNT	8. ENDING AMOUNT	9. BALANCE (Item 8- Item 7)					
				10. TO	OTAL ACCOUNTS RECEIVABLE ADJUSTMENTS TO CLAIM						



								PART			IATION				
			Address Phone Number Agent Code PART 2 - BREEDING LIVESTOCK												
MARKET A	NIMA	۱L								N	ame				
AND									A	Address					
		2. Polic	y Number												
REPOR	RT									P	hone Number				
REPORT															
										Δ	gent Code _				
Type of Animala ar	ı	SECTI/	ON A D	ECININING II	NIVENITO		- BREED	ING LIVESTO	CK	SECT	ION B. ENDIN	IC INVENTORY			
Type/Category 5			I												
•											•				
							RKET AN	NIMALS OR NU	IRSERY						
Types of Animals or Commodities										_					
Type/Category 8	Number 9	Average Weight/ Cont. Size	Average Value	Average Value/Unit	Total \$ Value	Actual Cost (Claims Only)	Value (Claims Only)		Weight/ Cont. Size	Value	Value/Unit				
		<u> </u>													
				Γotal Beginr Value	ning							24. Total Endi Cost or Ba			
			P	ART 4 - INVE	ENTORY	ADJUS	TMENT (t	o be complete	ONLY if a cl	aim is file	d)	I			
25. Adjustment: Amount in Item 24 () - Amount	in Item 2	3() =	= Invento	ory Adjus	tment (). Enter r	esult, (+) or (-)	in item 28 on t	he Claim for Ind	emnity Form.	



WHOIF FARM REVENUE PROTECTION SIGNATURE

Approved Insurance Provider	Insured	Policy #	Agency	Agency Code #
Farmers Mutual Hail Insurance Company of Iowa 6785 Westown Parkway West Des Moines, IA 50266-7732				
State/County				
By signing this form I am signing all of the following forms, if	applicable, which I agree are a	accurate and I agree to be bound thereby:		
- Whole-Farm Revenue Protection Application, Cancellation - WFRP Whole-Farm History Report	/Transfer of Experience			
- WFRP Farm Operation Report - WFRP Allowable Revenue Report				
- WFRP Inventory Report - WFRP Market Animal & Nursery Inventory Report				
- WFRP Accounts Receivable Report				
- WFRP Expected Value and Yield Source Document Certifi	cation			
- WFRP Yield and Revenue Report				
		CERTIFICATION STATEMENT to federally-reinsured polices only)		
I certify that to the best of my knowledge and belief all of the limited to voidance of the policy, and in criminal or civil penaltic				r my policy, including but not
(Insured Signature)	(Date)	(Agent Signature)	(Date)	(Agency Code)
		RMATION AND DATA (PRIVACY ACT) STATEM	ΛΕΝΤ	

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Page 1 of 2 WFRPSigConsent1222-F

6785 Westown Parkway, West Des Moines, Iowa 50266

