



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

APPLICATION/CHANGE/CANCEL AND TRANSFER FORM

Effective Crop Year: _____

Policy: _____

State: _____

Mark "Opt-Out" if you want to exclude FCIC reinsured policies from becoming primary insurance

Opt-Out

Applicant/Insured Information			Agency Information	
Name of Applicant/Insured	Type of Identification Number <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other	Identification Number	Agency Code	Agency Phone Number
In Care Of	Person Type (Entity Type)	State of Inc	Agency Name	
Street or Mailing Address	Phone Number	Cell Phone Number	Street or Mailing Address	
City, State and Zip Code	Email Address		City, State and Zip Code	
Power of Attorney	Is applicant insuring the landlord/tenant's share? <input type="checkbox"/> Yes* <input type="checkbox"/> No		Is applicant at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*If yes, I am providing a Power of Attorney or Lease Agreement as evidence of my authority to insure their share. List in SBI information.				

Substantial Beneficial Interest (SBI) Information

List spousal and all persons with 10% or more interest in the applicant. Include Landlord/Tenant if applicable. If none, state NONE. (Attach SBI Reporting Form if additional space is needed.)

Name	Type of Identification Number	Identification Number	Person Type	Complete Address (check <input type="checkbox"/> below if same as applicant)	Phone Number	Landlord/Tenant
	<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other			<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other			<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other			<input type="checkbox"/>		<input type="checkbox"/>

Other Policy Change

- ☐ Correct Insured's Identification Number
- ☐ Correct Spelling of Insured's Name
- ☐ Correct SBI's Identification Number
- ☐ Correct Spelling of SBI's Name
- ☐ Add/Change Insured's Signature Authority
- ☐ Add or Remove SBI

Reason for Cancellation

I hereby request cancellation of my crop insurance policy for the crop(s) and crop year(s) 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.

☐ Insured's Request ☐ Mutual Consent ☐ Death, Incompetence, or Dissolution ☐ Other

Remarks

Crop Information

MPCI County	MPCI Crop	Canceled Coverage	Type	Plan		Coverage Level		% Price	Options, Elections, or Endorsements
				Current	Change	Current	Change		
	Whole Farm Micro Farm	<input type="checkbox"/>							

Farm Information

Policy Year:	Whole Farm History Report and farm tax forms attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Coverage Level:
Current MPCI Carrier*	Current MPCI Policy Number	

* If I have identified a current MPCI carrier other than us, I hereby specifically authorize my current MPCI provider to release any and all information and/or documentation requested by us.

The policy should be written under the county with the highest expected revenue. List all other farm location(s) here:

Location of Farm Headquarters:

Phone:

Rate Co.	State	County	Rate Co.	State	County	Rate Co.	State	County	Rate Co.	State	County
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		



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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., 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.

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.

REQUEST FOR CANCELLATION (FOR INTERNAL USE ONLY)

To be completed only if canceling insurance coverage without transferring to another Approved Insurance Provider (AIP).

Print Name of FMH Authorized Representative	
Signature of FMH Authorized Representative	Date

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
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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)



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

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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)			
Applicant/Insured's Printed Name		Agent's Printed Name	Agency Code
Applicant/Insured's Signature	Signed Date	Agent's Signature	Signed Date

AIP Name: Farmers Mutual Hail Insurance Company of Iowa

AIP Address: 6785 Westown Parkway West Des Moines, IA 50266-7732

1. PRODUCER INFORMATION		2. POLICY NUMBER		5. ADJUSTMENT CODES	
NAME _____		3. STATE COUNTY		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	
ADDRESS _____ _____					
PHONE NUMBER _____		4. TAX YEAR			
TAX ENTITY TYPE _____					
6. SCHEDULE F PART I REVENUE					
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			A	0
1b	Cost or other basis of livestock or other items on line 1			A	0
1c	Line 1 less line 2				
2	Sales of products you raised				
3b	Taxable Cooperative distributions				
4b	Taxable agricultural program payments			A	0
5a	CCC loans reported under election				
5c	Taxable CCC loans forfeited				
6b	Crop insurance proceeds and federal disaster payments			A	0
6d	Taxable deferral from prior year			A	0
7	Custom hire income			A	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 acreage				
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. ALLOWABLE REVENUE FOR TAX YEAR					

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12. ALLOWABLE REVENUE FOR TAX YEAR					

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1. PRODUCER INFORMATION		2. POLICY NUMBER		5. ADJUSTMENT CODES	
NAME _____		3. STATE COUNTY		A - Schedule F income specifically excluded	
ADDRESS _____ _____				B - Cost of post-production operations	
PHONE NUMBER _____		4. TAX YEAR		C - Co-op distributions not directly related	
TAX ENTITY TYPE _____				G - Net gain from commodity hedges	
				H - Not directly related to production	
				I - Other	

6. SCHEDULE F PART I REVENUE

[illegible]

AIP Name: Farmers Mutual Hail Insurance Company of Iowa

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1. PRODUCER INFORMATION		2. POLICY NUMBER		5. ADJUSTMENT CODES	
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8.8					
11. TOTAL SCHEDULE F PART I REVENUE					
12. ALLOWABLE REVENUE FOR TAX YEAR					



WHOLE-FARM HISTORY REPORT

AIP NAME _____

Address _____

1. PRODUCER INFORMATION

Name _____ Type of Tax Entity _____

Address _____

ID. No. _____

ID. No. Type: ☐ SSN ☐ EIN ☐ RAN

Phone Number _____

2. AGENCY INFORMATION

Name _____

Address _____

Phone Number _____

Policy Number _____

Agent Code _____

3. POLICY YEAR

4. IRS ACCOUNTING METHOD

☐ Cash ☐ Accrual

5. STATE

COUNTY

6. TAX YEAR

7. ALLOWABLE REVENUE

8. INDEXED REVENUE

9. ALLOWABLE EXPENSES

a.

b.

c.

d.

e.

10. TOTAL

a.

b.

11. SIMPLE AVERAGE

a.

b.

12. REVENUE SUBSTITUTION

a.

b.

13. REVENUE EXCLUSION

a.

b.

14. REVENUE CUP

Approved Revenue from Previous Year (CUP Only)

15. EXPANDED OPERATION

16. AVERAGE

a.

b.

c.

17.

INDEXING: YES ☐ NO ☐

18. INSURANCE OPTIONS: SUBSTITUTION: ☐ EXCLUSION: ☐ CUP: ☐

IMPORTANT: If more than one option is selected, the option with highest amount will be considered elected in determination of their whole-farm historic average.

19. WHOLE-FARM HISTORIC AVERAGE

20. EXPANDED OPERATION AVERAGE



FARM OPERATION REPORT

[illegible]



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NONDISCRIMINATION STATEMENT

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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, audiotope, 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.

23. APPLICANT'S/INSURED'S SIGNATURE @ SCD	DATE	24. AGENT'S SIGNATURE @ SCD	DATE
25. INSURED'S SIGNATURE @ RRD	DATE	26. AGENT'S SIGNATURE @ RRD	DATE
27. INSURED'S SIGNATURE @ FRD	DATE	28. AGENT'S SIGNATURE @ FRD	DATE



2018-NCIS 965 Rev 10-2023

PART 1. PRODUCER INFORMATION

<p>1. Applicant's/Insured's Name</p> <p>2. Policy Number</p>	<p>3. Policy Year</p>	<p>4. Agency Information</p> <p>Name _____</p> <p>Address _____</p> <p>Telephone Number _____</p> <p>Code Number _____</p>
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[illegible]



EXPECTED VALUE AND YIELD SOURCE DOCUMENT CERTIFICATION WORKSHEET 2 of 3

PART 1. PRODUCER INFORMATION

1. Applicant's/Insured's Name 2. Policy Number	3. Policy Year	4. Agency Information
		Name _____
		Address _____
		Telephone Number _____
		Code Number _____

PART 2. COMMODITY INFORMATION CONTINUED

Commodity Name 5	Commodity Code 6	Rate Code 7	Practice 8	Type 9	Variety 10	Unit of Measure 11	Expected Yield 12	Source 13	Expected Value 14	Source 15



Farmers Mutual Hail
Insurance Company of Iowa

6785 Westown Parkway, West Des Moines, Iowa 50266

2018-NCIS 965_Rev 10-2023

EXPECTED VALUE AND YIELD SOURCE DOCUMENT CERTIFICATION WORKSHEET 3 of 3

PART 1. PRODUCER INFORMATION

1. Applicant's/Insured's Name	3. Policy Year	4. Agency Information
		Name _____
		Address _____
		Telephone Number _____
2. Policy Number		Code Number _____

PART 3. COMBINED DIRECT MARKETING COMMODITY INFORMATION

16. Name of Market:

Years Produced 17	Total Planted Acres 18	Revenue 19	Exclude? Micro Farm only 5 yrs required	22. Remarks
20. Average				
21. Expected Value per Acre				



YIELD AND REVENUE REPORT 1

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.)
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Part 2: Commodity Information

5. Commodity		6. Commodity Code	7. Rate Code	8. Practice	9. Type/Variety	10. Unit of Measure	
11. Year Produced	12. Total Production	13. Acres	14. Average Yield	15. Net Income	16. Average Revenue	17. Insured Share (enter as decimal)	18. 100% Share Equivalent

19. Replacement Yield	20. Expected Yield	21. Expected Value	22. Record Type <input type="checkbox"/> Farm Stored (measured by Insured/AIP) <input type="checkbox"/> Pick/Daily Sales Records <input type="checkbox"/> Yield Monitoring System <input type="checkbox"/> Appraisal (non-loss) <input type="checkbox"/> Field Harvest Record <input type="checkbox"/> Claim for Indemnity <input type="checkbox"/> Livestock Feeding Records <input type="checkbox"/> Third-Party Record <input type="checkbox"/> Direct Market <input type="checkbox"/> Other
23. Remarks			

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).

24. Applicant/Insured Signature and Date	25. Agent's Signature and Date
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1. Name	2. Policy Number	3. Policy Year	4. Agency Information (Name, Address, Phone No. & Code No.)
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5. Commodity	6. Commodity Code	7. Rate Code	8. Practice	9. Type/Variety	10. Unit of Measure
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[illegible]

19. Replacement Yield	20. Expected Yield	21. Expected Value	22. Record Type
23. Remarks			<input type="checkbox"/> Farm Stored (measured by Insured/AIP) <input type="checkbox"/> Claim for Indemnity
			<input type="checkbox"/> Pick/Daily Sales Records <input type="checkbox"/> Livestock Feeding Records
			<input type="checkbox"/> Yield Monitoring System <input type="checkbox"/> Third-Party Record
			<input type="checkbox"/> Appraisal (non-loss) <input type="checkbox"/> Direct Market
			<input type="checkbox"/> Field Harvest Record <input type="checkbox"/> Other

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).

24. Applicant/Insured Signature and Date	25. Agent's Signature and Date
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YIELD AND REVENUE REPORT 3

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.)
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Part 2: Commodity Information

5. Commodity	6. Commodity Code	7. Rate Code	8. Practice	9. Type/Variety	10. Unit of Measure
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11. Year Produced	12. Total Production	13. Acres	14. Average Yield	15. Net Income	16. Average Revenue	17. Insured Share	18. 100% Share Equivalent

19. Replacement Yield	20. Expected Yield	21. Expected Value	22. Record Type	
23. Remarks			<input type="checkbox"/> Farm Stored (measured by Insured/AIP)	<input type="checkbox"/> Claim for Indemnity
			<input type="checkbox"/> Pick/Daily Sales Records	<input type="checkbox"/> Livestock Feeding Records
			<input type="checkbox"/> Yield Monitoring System	<input type="checkbox"/> Third-Party Record
			<input type="checkbox"/> Appraisal (non-loss)	<input type="checkbox"/> Direct Market
			<input type="checkbox"/> Field Harvest Record	<input type="checkbox"/> Other

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).

24. Applicant/Insured Signature and Date	25. Agent's Signature and Date
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2022-NCIS 963 _Rev 11-2023

1. Name	2. Policy Number	3. Policy Year	4. Agency Information (Name, Address, Phone No. & Code No.)
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5. Commodity	6. Commodity Code	7. Rate Code	8. Practice	9. Type/Variety	10. Unit of Measure
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[illegible]

19. Replacement Yield	20. Expected Yield	21. Expected Value	22. Record Type
			<input type="checkbox"/> Farm Stored (measured by Insured/AIP) <input type="checkbox"/> Claim for Indemnity
			<input type="checkbox"/> Pick/Daily Sales Records <input type="checkbox"/> Livestock Feeding Records
			<input type="checkbox"/> Yield Monitoring System <input type="checkbox"/> Third-Party Record
			<input type="checkbox"/> Appraisal (non-loss) <input type="checkbox"/> Direct Market
			<input type="checkbox"/> Field Harvest Record <input type="checkbox"/> Other
23. Remarks			

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 avoidance 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
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PART I PRODUCER INFORMATION

INVENTORIED COMMODITIES	
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INVENTORIED COMMODITIES

PART 5 INVENTORY ADJUSTMENT (To be completed ONLY if a claim is filed.)

PART 5. INVENTORY ADJUSTEMENT (To be completed ONLY if a claim is filed.)



ACCOUNTS RECEIVABLE REPORT

PART 1. PRODUCER INFORMATION

AIP NAME <u>Farmers Mutual Hail Insurance Company of Iowa</u> ADDRESS <u>6785 Westown Parkway</u> <u>West Des Moines, IA 50266-7732</u>	1. INSURED'S NAME	4. AGENCY INFORMATION Name _____ Address _____ _____ Phone Number _____ Agent Code _____
	2. POLICY NUMBER	
	3. POLICY YEAR	

PART 2. ACCOUNTS RECEIVABLE

5. COMMODITY NAME	6. NAME AND ADDRESS OF BUYER	7. BEGINNING AMOUNT	8. ENDING AMOUNT	9. BALANCE (Item 8- Item 7)
		10. TOTAL ACCOUNTS RECEIVABLE ADJUSTMENTS TO CLAIM		



MARKET ANIMAL AND NURSERY INVENTORY REPORT

PART 1 - PRODUCER INFORMATION

1. Applicant's/Insured's Name	3. Policy Year	4. Agency Information
		Name _____
		Address _____

		Phone Number _____
		Agent Code _____
2. Policy Number		

PART 2 – BREEDING LIVESTOCK

Type of Animals or Commodities	SECTION A – BEGINNING INVENTORY First day of the insurance period	SECTION B – ENDING INVENTORY Last day of the insurance period
Type/Category 5	Number 6	Number 7

PART 3 – MARKET ANIMALS OR NURSERY

Types of Animals or Commodities	SECTION A – BEGINNING INVENTORY First day of the insurance period							SECTION B - ENDING INVENTORY Last day of the insurance period						
Type/Category 8	Number 9	Average Weight/ Cont. Size 10	Average Value 11	Average Value/Unit 12	Total \$ Value 13	Actual Cost (Claims Only) 14	Net Value (Claims Only) 15	Number 16	Average Weight/ Cont. Size 17	Average Value 18	Average Value/Unit 19	Total \$ Value 20	Cost or Basis 21	Net Value 22
			23. Total Beginning Value									24. Total Ending Value Less Cost or Basis:		

PART 4 - INVENTORY ADJUSTMENT (to be completed ONLY if a claim is filed)

25. Adjustment:
Amount in Item 24 () - Amount in Item 23() = Inventory Adjustment (). Enter result, (+) or (-), in item 28 on the Claim for Indemnity Form.



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 accurate and I agree to be bound thereby:

- Whole-Farm Revenue Protection Application, Cancellation/Transfer of Experience
- WFRP Whole-Farm History Report
- 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 Certification
- WFRP Yield and Revenue Report

CERTIFICATION STATEMENT
(Applies to federally-reinsured policies only)

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 avoidance 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).

(Insured Signature)

(Date)

(Agent Signature)

(Date)

(Agency Code)

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

Whole Farm Note Sheet