



Farmers Mutual Hail
Insurance Company of Iowa

6785 Westown Parkway, West Des Moines, Iowa 50266

2023 Whole Farm Renewal Worksheet

Insured Information

Policy Number

ID Number

Entity Type

Name

Address

Address 2

State

County

Phone Number

Email Address

Agency Information

Name

Agency Code

Insurance Year

Address

Address 2

Phone Number

Email Address



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

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.

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

[illegible]



TOTAL EXPECTED REVENUE @ Sales Closing Date (SCD)		16				
TOTAL EXPECTED REVENUE				17		
TOTAL EXPECTED REVENUE @ SCD (Item 16 + Item 17)		18				
WHOLE FARM HISTORIC REVENUE (Higher of Item 19 or 20 from WFHR)		19				
TOTAL EXPECTED REVENUE @ Revised Reporting Date (RRD) (Item 17)				20		
APPROVED REVENUE (Lesser of item 16 and 19 @ SCD or item 19 and 20 @ RRD)		21A		21B		
APPROVED EXPENSES		22A		22B		

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

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To File a Program Complaint

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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



EXPECTED VALUE AND YIELD SOURCE DOCUMENT CERTIFICATION WORKSHEET 1 of 2

Code Number _____

Page _____ of _____



Farmers Mutual Hail
Insurance Company of Iowa

6785 Westown Parkway, West Des Moines, Iowa 50266

2018-NCIS 965_Rev 12-2018

EXPECTED VALUE AND YIELD SOURCE DOCUMENT CERTIFICATION WORKSHEET 2 of 2

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 2. COMMODITY INFORMATION

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

PART 3. COMBINED DIRECT MARKETING COMMODITY INFORMATION

16. Name of Market:			
Years Produced 17	Total Planted Acres 18	Revenue 19	22. Remarks
20. Average			
21. Expected Value per Acre			



YIELD AND REVENUE REPORT 1

2022-NCIS 963

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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YIELD AND REVENUE REPORT 2

2022-NCIS 963

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



YIELD AND REVENUE REPORT 3

2022-NCIS 963

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



YIELD AND REVENUE REPORT 4

2022-NCIS 963

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



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

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)

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WHOLE FARM REVENUE PROTECTION SIGNATURE

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2023 Whole Farm Note Sheet
