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

2024 Whole Farm Renewal Worksheet

Insured Information

Policy Number

MPCI Crop

☐ Whole Farm ☐ Micro Farm

Check "Yes" if you want to exclude FCIC reinsured policies from becoming primary insurance ☐ **Yes**

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

Farmers Mutual Hail Insurance Company of Iowa

ALLOWABLE REVENUE WORKSHEET

2018-NCIS 986_Rev 01-2018

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

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	0.00			0.00
2	Sales of products you raised				0.00
3b	Taxable Cooperative distributions				0.00
4b	Taxable agricultural program payments			A	0
5a	CCC loans reported under election				0.00
5c	Taxable CCC loans forfeited				0.00
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)				0.00
8.1	Federal and state gasoline or fuel tax credit or refund				0.00
8.2	Income from bartering				0.00
8.3	Payments from buyers of commodities from bypassed acreage				0.00
8.4	Payments from marketing orders				0.00
8.5	Other commodity income not reported elsewhere				0.00
8.6					0.00
8.7					0.00
8.8					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
11. TOTAL SCHEDULE F PART I REVENUE		0.00	0.00		0
12. ALLOWABLE REVENUE FOR TAX YEAR					0

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Farmers Mutual Hail
Insurance Company of Iowa

2022-NCIS 977_Rev 11-2022

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.			0
b.			0
c.			0
d.			0
e.		0	0

10.	TOTAL	a.	0	b.	0
11.	SIMPLE AVERAGE	a.	0	b.	0
12.	REVENUE SUBSTITUTION	a.	0	b.	0
13.	REVENUE EXCLUSION	a.	0	b.	0
14.	REVENUE CUP	0			
15.	EXPANDED OPERATION				
16.	AVERAGE	a.	0	b.	

Approved Revenue from Previous Year (CUP Only)

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	0
20.	EXPANDED OPERATION AVERAGE	

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Farmers Mutual Hail Insurance Company of Iowa

2020-NCIS 983_Rev 10-2022

FARM OPERATION REPORT

AIP NAME Farmers Mutual Hail Insurance Company of Iowa

ADDRESS 6785 Westown Parkway West Des Moines, IA 50266-7732

1. INSURANCE YEAR

2. PRODUCER INFORMATION

Name _____ **Type of Tax Entity** _____

Address _____ **ID Number** _____

Phone Number _____

ID Type: ☐ SSN ☐ EIN ☐ RAN

3. AGENCY INFORMATION

Name _____

Address _____

Phone Number _____ **Agency Code** _____

Policy Number _____

4. STATE & COUNTY

4a. Did the county where the majority of the revenue is expected to be earned change within the policy year? ☐ Yes ☐ No

5. OTHER INSURANCE
List the commodity and policy number(s)

	INTENDED											REVISED					FINAL	
COMMODITY NAME 6	COMM CODE 7	RATE CODE 8	METHOD OF ESTABL. 9	YIELD 10	EXPECTED VALUE 11	EXPECTED REVENUE (10X11) 12	INTENDED QUANTITY 13A	COST/ BASIS AND/OR VALUE 13B	SHARE 13C	PERCENT PROD. TO SELL 13D	TOTAL EXPECTED REVENUE (12x13A – 13B) x 13C X 13D 13E	ACTUAL QUANTITY 14A	ACTUAL COST/BASIS AND/OR VALUE 14B	SHARE 14C	PERCENT PROD. TO SELL 14D	TOTAL EXPECTED REVENUE 14E	FINAL PRODUCTION 15A	FINAL REVENUE 15B
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		

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(Continued on Reverse Side)

Farmers Mutual Hail Insurance Company of Iowa

2020-NCIS 983_Rev 10-2022

FARM OPERATION REPORT CONTINUED...

INTENDED												REVISED					FINAL	
COMMODITY NAME 6	COMM CODE 7	RATE CODE 8	METHOD OF ESTABL. 9	YIELD 10	EXPECTED VALUE 11	EXPECTED REVENUE (10X11) 12	INTENDED QUANTITY 13A	BASIS AND/OR VALUE 13B	SHARE 13C	PERCENT PROD. TO SELL 13D	EXPECTED REVENUE (10x11A – 11B) x 11C X 13D 13E	ACTUAL QUANTITY 14A	ACTUAL COST/BASIS AND/OR VALUE 14B	SHARE 14C	PERCENT PROD. TO SELL 14D	TOTAL EXPECTED REVENUE 14E	FINAL TOTAL PRODUCTION 15A	FINAL REVENUE 15B
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		
						0					0					0		

TOTAL EXPECTED REVENUE @ Sales Closing Date (SCD)	16	0			
TOTAL EXPECTED REVENUE			17	0	0
TOTAL EXPECTED REVENUE	18	0			
WHOLE FARM HISTORIC REVENUE (Higher of Item 19 or 20 from WFHR)	19				
TOTAL EXPECTED REVENUE @ Revised Reporting Date (RRD) (Item 17)			20	0	
APPROVED REVENUE (Lesser of item 16 and 19 @ SCD or item 19 and 20 @ RRD)	21A	0	21B	0	
APPROVED EXPENSES	22A		22B		

23. NARRATIVE, EXPECTED VALUES AND REPORT OF CHANGES (Explain on an attachment if necessary.)

24. INTEGRATED/POST-PRODUCTION OPERATIONS: ( ) YES or ( ) NO (If YES, explain on an attachment.) (See Special Circumstances in Section 6.)

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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 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.

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**

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 1 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

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

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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 2 of 3

PART 1. PRODUCER INFORMATION

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

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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
2. Policy Number		Name _____ Address _____ Telephone 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	0.0	$ 0.00		
21. Expected Value per Acre		$0.00		

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Farmers Mutual Hail
Insurance Company of Iowa

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.)

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
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00

19. Replacement Yield	20. Expected Yield	21. Expected Value
	0.00	$ 0.00

23. Remarks

22. Record Type

- ☐ Farm Stored (measured by Insured/AIP)
- ☐ Pick/Daily Sales Records
- ☐ Yield Monitoring System
- ☐ Appraisal (non-loss)
- ☐ Field Harvest Record
- ☐ Claim for Indemnity
- ☐ Livestock Feeding Records
- ☐ Third-Party Record
- ☐ Direct Market
- ☐ 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

Farmers Mutual Hail
Insurance Company of Iowa

YIELD AND REVENUE REPORT 2

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 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	18. 100% Share Equivalent
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00

19. Replacement Yield	20. Expected Yield	21. Expected Value
	0.00	$ 0.00

23. Remarks

22. Record Type

- ☐ Farm Stored (measured by Insured/AIP)
- ☐ Pick/Daily Sales Records
- ☐ Yield Monitoring System
- ☐ Appraisal (non-loss)
- ☐ Field Harvest Record
- ☐ Claim for Indemnity
- ☐ Livestock Feeding Records
- ☐ Third-Party Record
- ☐ Direct Market
- ☐ Other

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24. Applicant/Insured Signature and Date	25. Agent's Signature and Date

Farmers Mutual Hail
Insurance Company of Iowa

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.)

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	18. 100% Share Equivalent
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00

19. Replacement Yield	20. Expected Yield	21. Expected Value
	0.00	$ 0.00

23. Remarks

22. Record Type

- ☐ Farm Stored (measured by Insured/AIP)
- ☐ Pick/Daily Sales Records
- ☐ Yield Monitoring System
- ☐ Appraisal (non-loss)
- ☐ Field Harvest Record
- ☐ Claim for Indemnity
- ☐ Livestock Feeding Records
- ☐ Third-Party Record
- ☐ Direct Market
- ☐ Other

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24. Applicant/Insured Signature and Date	25. Agent's Signature and Date

Farmers Mutual Hail
Insurance Company of Iowa

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 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	18. 100% Share Equivalent
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00
			0.00		$ 0.00	0%	$ 0.00

19. Replacement Yield	20. Expected Yield	21. Expected Value
	0.00	$ 0.00

23. Remarks

22. Record Type

- ☐ Farm Stored (measured by Insured/AIP)
- ☐ Pick/Daily Sales Records
- ☐ Yield Monitoring System
- ☐ Appraisal (non-loss)
- ☐ Field Harvest Record
- ☐ Claim for Indemnity
- ☐ Livestock Feeding Records
- ☐ Third-Party Record
- ☐ Direct Market
- ☐ Other

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24. Applicant/Insured Signature and Date	25. Agent's Signature and Date

Farmers Mutual Hail
Insurance Company of Iowa

2018-NCIS 976_Rev 09-2018

INVENTORY REPORT

PART I PRODUCER INFORMATION

AIP NAME: Farmers Mutual Hail Insurance Company of Iowa

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

1. IRS ACCOUNTING METHOD: ◯ Cash ◯ Accrual

2. POLICY YEAR:

3. PRODUCER INFORMATION

Name:

Address:

Phone Number:

Type of Tax Entity:

ID NUMBER:

ID Type: ☐ SSN ☐ EIN ☐ RAN

4. AGENCY INFORMATION

Name:

Address:

Phone Number: Agent Code:

Policy Number:

5. STATE:

COUNTY:

INVENTORIED COMMODITIES

	PART 2 BEGINNING INVENTORY (First Day of Insurance Period)		PART 3 BEGINNING INVENTORY (Value at End of Insurance Period)			PART 4 ENDING INVENTORY (Last Day of Insurance Period)				
COMMODITY NAME 6	LOCATION(S) 7	BEG. INVENT. (Tons, Bu., etc.) 8	VALUE ($/Unit) 9	COST OR BASIS 10	VALUE RECEIVED 11	LOCATION(S) 12	ENDING INVENTORY 13	AVERAGE VALUE 14	COST OR BASIS 15	NET VALUE 16
					0					0
					0					0
					0					0
					0					0
					0					0
					0					0
					0					0
					0					0
					0					0
					0					0
			17. TOTAL BEGINNING VALUE		0			18. TOTAL ENDING VALUE		0

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

19. INVENTORY ADJUSTMENT

Amount in Item 18 (0) – Amount in Item 17 (0) = (0) Inventory Adjustment. Enter this amount, (+) or (-) in Item 22 on the Claim for Indemnity.

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(See Reverse Side for Required Statements and Signature Blocks)

Farmers Mutual Hail
Insurance Company of Iowa

2022-NCIS 979_Rev 11-2022

ACCOUNTS RECEIVABLE REPORT

PART 1. PRODUCER INFORMATION

AIP NAME Farmers Mutual Hail Insurance Company of Iowa

ADDRESS 6785 Westown Parkway

West Des Moines, IA 50266-7732

1. INSURED'S NAME

2. POLICY NUMBER

3. POLICY YEAR

4. AGENCY INFORMATION

Name _____

Address _____

_____

Phone Number _____

Agent Code _____

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)
				0
				0
				0
				0
		10. TOTAL ACCOUNTS RECEIVABLE ADJUSTMENTS TO CLAIM		0

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(See Reverse Side for Required Statements and Signature Blocks)

Farmers Mutual Hail Insurance Company of Iowa

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

2018-NCIS 978_Rev 12-2018

MARKET ANIMAL AND NURSERY INVENTORY REPORT

PART 1 - PRODUCER INFORMATION

1. Applicant's/Insured's Name

2. Policy Number

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
				0	0						0	0		0
				0	0						0	0		0
				0	0						0	0		0
				0	0						0	0		0
				0	0						0	0		0
				0	0						0	0		0
				0	0						0	0		0
			23. Total Beginning Value		0							24. Total Ending Value Less Cost or Basis:		0

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

25. Adjustment: Amount in Item 24 (0) - Amount in Item 23(0) = Inventory Adjustment (0). Enter result, (+) or (-), in item 28 on the Claim for Indemnity Form.

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If Column 13 has a value, this needs to be added to the Farm Operation Report as Cost/Basis

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

WHOLE 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 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 polices 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 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).

(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 REVENUE PROTECTION SIGNATURE

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.

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

Whole Farm Note Sheet