



**Farmers Mutual Hail**  
Insurance Company of Iowa

6785 Westown Parkway, West Des Moines, Iowa 50266

# Whole Farm Renewal Worksheet

## Insured Information

Policy Number

MPCI Crop

Whole Farm

Micro Farm

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

**Opt-Out**

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

**AIP Name:** Farmers Mutual Hail Insurance Company of Iowa

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

<b>1. PRODUCER INFORMATION</b>		<b>2. POLICY NUMBER</b>		<b>5. ADJUSTMENT CODES</b>	
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 _____					
<b>6. SCHEDULE F PART I REVENUE</b>					
<b>7. Line Number</b>	<b>Description</b>	<b>8. Amount on Schedule F</b>	<b>9. Revenue Adjustment Amount</b>	<b>Code</b>	<b>10. Allowable Revenue</b>
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					
<b>11. TOTAL SCHEDULE F PART I REVENUE</b>					
<b>12. ALLOWABLE REVENUE FOR TAX YEAR</b>					



# 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]



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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**

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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.

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



2018-NCIS 965\_Rev 10-2023

## PART 1. PRODUCER INFORMATION

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

[illegible]



**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

<b>1. Applicant's/Insured's Name</b>	<b>3. Policy Year</b>	<b>4. Agency Information</b>
		Name _____
		Address _____
		Telephone Number _____
<b>2. Policy Number</b>		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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2018-NCIS 965\_Rev 10-2023

## EXPECTED VALUE AND YIELD SOURCE DOCUMENT CERTIFICATION WORKSHEET 3 of 3

### PART 1. PRODUCER INFORMATION

<b>1. Applicant's/Insured's Name</b>	<b>3. Policy Year</b>	<b>4. Agency Information</b>
		Name _____
		Address _____
		Telephone Number _____
<b>2. Policy Number</b>		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	<b>22. Remarks</b>
<b>20. Average</b>				
<b>21. Expected Value per Acre</b>				



## 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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## 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
23. Remarks			<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

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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

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24. Applicant/Insured Signature and Date	25. Agent's Signature and Date
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## 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.)
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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	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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## PART I PRODUCER INFORMATION

## INVENTORIED COMMODITIES

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

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



## ACCOUNTS RECEIVABLE REPORT

### PART 1. PRODUCER INFORMATION

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

### 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)
		<b>10. TOTAL ACCOUNTS RECEIVABLE ADJUSTMENTS TO CLAIM</b>		



# 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.





## 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 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 Note Sheet