

6785 Westown Parkway, West Des Moines, Iowa 50266

Whole Farm Renewal Worksheet

Opt-Out

Insured Information			
Policy Number	MPCI Crop Whole Farm Mi	cro Farm	Mark "Opt-Out" if you want to exclude FCIC reinsured policies from becoming primary insurance
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		



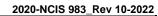
ALLOWABLE REVENUE WORKSHEET

2018-NCIS 986_Rev 01-2018

AIF Name.	CER INFORMATION		LICY NUMBER		5. ADJUS				
	CER INFORMATION	2. FU	LICT NUMBER						
NAME	-	3. ST	ATE		A - Schedi exclud		come specifically		
ADDRESS					B - Cost o	f post-p	roduction		
		COUN	NTY			distribu	tions not directly		
PHONE NU	IMBER	4. TA	X YEAR		related G - Net gai	in from	from commodity hedges		
TAX ENTIT					H - Not dir I - Other	ectly rel	lated to production		
	ULE F PART I REVENUE				i - Otilei				
7. Line Number	Description		8. Amount on Schedule F	9. Rev Adjustmen		Code	10. Allowable Revenue		
1a	Sales of livestock and other resale items					Α	0		
1b	Cost or other basis of livestock or other items on line 1					Α	0		
1c	Line 1 less line 2								
2	Sales of products you raised								
3b	Taxable Cooperative distributions								
4b	Taxable agricultural program payments					Α	0		
5a	CCC loans reported under election								
5c	Taxable CCC loans forfeited								
6b	Crop insurance proceeds and federal disaster payments					Α	0		
6d	Taxable deferral from prior year					Α	0		
7	Custom hire income					Α	0		
8	Other income (details below)								
8.1	Federal and state gasoline or fuel tax credit or refund								
8.2	Income from bartering								
8.3	Payments from buyers of commodities from bypassed acr	reage							
8.4	Payments from marketing orders								
8.5	Other commodity income not reported elsewhere								
8.6									
8.7									
8.8									
11. TOTAL	SCHEDULE F PART I REVENUE								
12. ALLOV	VABLE REVENUE FOR TAX YEAR								



		W	HC	<u>)LE-FAR</u>	<u>kM HIS</u>	STC	DRY REPORT	•
AIP	NAME							
Add	dress							
1. PF	RODUCER INFOR	MATION					2. AGENCY INFORMATI	ON
Nar	ne			Type of Ta	ax Entity		Name	
Add	dress					_		
							Phone Number	
ID.		Псем 1	□EIN					
Pho	ID. No. Typ ne Number		∐ EIN	N □RAN			Agent Code	
	OLICY YEAR	4. IRS ACCOUNT	ING N	METHOD	5. STATE		COU	NITV
3. F	OLICI TEAR		JAcci		5. STATE			NIT
						1		
	6. TAX Y	EAR	7	7. ALLOWABLE RI	EVENUE	<u> </u>	8. INDEXED REVENUE	
a.								_
b.								
C.								
d.								
е.						<u> </u>		
10.	TOTAL		a.			b.		
11.	SIMPLE AVERA	AGE	a.			b.		
12.	REVENUE SUB	STITUTION	a.			b.		
13.	REVENUE EXC	LUSION	a.			b.		
14.	REVENUE CUP							Approved Revenue from Previous Year (CUP Only)
15.	EXPANDED OP	ERATION						
16.	AVERAGE		a.			b.		
17.	INDEXING: YE	ES NO		18. INSURAN				CCLUSION: CUP: CUP:
				IMPORTANT:	If more than considered	elected	ption is selected, the option I in determination of their wh	with highest amount will be note-farm historic average.
19.	WHOLE-FARM	HISTORIC AVERAG	ЭE					
20.	EXPANDED OP	ERATION AVERAG	èΕ					





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



					F	ARM	OPE	RATIO	on R	EPO	RT CO	NTIN	UED					
					INTE	NDED							RE	/ISED			FINA	\L
COMMODITY NAME	COMM	RATE CODE	METHOD OF ESTABL.	YIELD	EXPECTED VALUE	EXPECTED REVENUE (10X11)	INTENDED QUANTITY	BASIS AND/OR VALUE	SHARE	PERCENT PROD. TO SELL	EXPECTED REVENUE (10x11A – 11B) x 11C X 13D	ACTUAL QUANTITY	ACTUAL COST/BASIS AND/OR VALUE	SHARE	PERCENT PROD. TO SELL	EXPECTED	FINAL TOTAL PRODUCTION	FINAL REVENUE
6	7	8	9	10	11	12	13A	13 <u>B</u>	13C	13D	13E	14A	14B	14C	14D	14E	15A	15B
												<u> </u>						
-																		
TOTAL EXI	PECTED	REVENU	E @ Sales	Closine	g Date (SCI))	<u> </u>			16								
TOTAL EXI					<u> </u>	<u>, </u>								17				
TOTAL EXI	PECTED	REVENU	E						18						<u> </u>			
WHOLE FA	RM HIS	TORIC RE	VENUE (H	ligher o	of Item 19 or	r 20 from W	FHR)		19									
TOTAL EXI	PECTED	REVENU	E @ Revis	ed Rep	orting Date	(RRD) (Iter	n 17)							20				
APPROVED REVENUE (Lesser of item 16 and 19 @ SCD or item 19 and 20 @ RRD) 21A 21B																		
APPROVE	D EXPE	NSES							22A					22B				
23. NARRA	23. NARRATIVE, EXPECTED VALUES AND REPORT OF CHANGES (Explain on an attachment if necessary.)																	
24 INTEG	RATED/	POST-PR	DDUCTION	I OPER	ATIONS: () YES or () NO (If	YFS expl	ain on a	n attachm	ent) (See Sn	ecial Circu	mstances in Se	ection 6	<u> </u>			
24	L <i>UI</i>	. 551-1 10		. U. LIN	,,,,o,,,, (, 0 01 (, (II	. =0, expi	um on a	. attaoriii	э, (осс ор	Josiai Oilou		3311311 3.)	•			

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

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
3			
			I
25. INSURED'S SIGNATURE @ RRD	DATE	26. AGENT'S SIGNATURE @ RRD	DATE
27 INCUDED/C CICNATUDE @ EDD	DATE	20 ACENTIC CICNATURE @ ERD	DATE
27. INSURED'S SIGNATURE @ FRD	DATE	28. AGENT'S SIGNATURE @ FRD	DATE
	·		•

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E	XPECTE	D VALUI	E AND YIE	LD SOL	JRCE DOC	UMENT CE	RTIFICA	TION WORKS	SHEET 1	of 3
						R INFORMATION				
1. Applicant's	/Insured's Nan	ne		3.	Policy Year	4. Agency Informa	ation			
						Name				
						Address				
2. Policy Num	ber									
						Code Number				
				ΡΔΙ	RT 2 COMMOD	TY INFORMATIO	N			
Commodity	Commodity	Rate Code	Practice	Туре	Variety	Unit of Measure		Source	Expected	Source
Name 5	Code 6	7	8	9	10	11	12	13	Expected Value 14	15



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	EXPECTE	D VALU	E AND YIE	LD SO	URCE DOC	UMENT CE	RTIFICA	TION WORKS	HEET 2	2 of 3
					PART 1. PRODUCE					
1. Applicant's	/Insured's Nan	10			3. Policy Year	4. Agency Informa	ation			
						Name				
						Address				
2. Policy Num	nber					Telephone Number				
						Code Number				
				PART 2.	COMMODITY INFO	RMATION CONT	INUED			
Commodity Name 5	Commodity Code	Rate Code 7	Practice 8	Type 9	Variety 10	Unit of Measure 11	Expected Yield 12	Source 13	Expected Value 14	Source 15
<u> </u>									17	



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EXPEC	TED VALUE AND	YIELD SO	DURCE D	OCU	MENT CERTIFICATION WORKSHEET 3 of 3
			PART 1. PRC	DUCER I	NFORMATION
1. Applicant's/Insured's	Name		3. Policy Yea	r 4.	Agency Information
				Na	me
O. Dallara Marachan				Ad	dress
2. Policy Number				Te	lephone Number
				Co	de Number
	P.A	RT 3. COMBIN	IED DIRECT N	//ARKETII	NG COMMODITY INFORMATION
16. Name of Market:					
Years Produced 17	Total Planted Acres 18	Rever	nue	Exclude? Micro Farm only 5 yrs required	, 22. Remarks
				-	
20. Average					
21. Expected Value per Acre					



					YIELD A	ND REV	ENUE REPO	ORT 1			20	22-NCIS 963 _Rev 11-2023
Part 1: Producer Info	ormation	1										
1. Name			2. Policy Nu	ımber		3. Policy Y	'ear		4. Agency Infor	mation (Name,	Addres	s, Phone No. & Code No.)
Part 2: Commodity I	nformati	ion	l .									
5. Commodity			6. Commod	lity Code	7. Rate Coo	le	8. Practice		9. Type/Vario	ety	10. U	nit of Measure
						i						
11. Year Produced	12. To	otal Production	13. Acres	14.	Average Yield	15. Net I	ncome	16. Aver	age Revenue	17. Insured S (enter as decin		18. 100% Share Equivalent
19. Replacement Yio	l <u> </u>	20. Expected Yi	eld	21. Expe	cted Value			n Stored (m	neasured by Insur	ed/AIP)	□ c	laim for Indemnity
23. Remarks							☐ Yield	/Daily Sales I Monitorin raisal (non- I Harvest R	ng System ·loss)		□т	vestock Feeding Records hird-Party Record irect Market
information on this form r policy, ineligibility for inde	may be revi mnity, or r	ewed and audited. I un ecalculation of approve	derstand that inac d revenue. I also ι	curate inforn inderstand th	nation or my failure at failure to report	to retain or pro completely and	Intended commodities vide, upon request, re	grown will resecords suppor	sult in changes to the i	on this form may res	emium ra	te, and indemnity. I understand the nial of coverage, cancellation of my nce of the policy, and in criminal or
civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes). 24. Applicant/Insured Signature and Date 25. Agent's Signature and Date												



					,	YIELD AI	ND REV	/ENL	JE REPC	ORT 2			20	22-NCIS 963 _Rev 11-2023
Part 1: Producer Info	ormation													
1. Name			2. Policy N	lumb	er		3. Policy	Year			4. Agency Infor	mation (Name,	Addres	s, Phone No. & Code No.)
Part 2: Commodity I	nformati	on	1											
5. Commodity			6. Commo	dity	Code	7. Rate Cod	e	8.	Practice		9. Type/Vario	ety	10. U	nit of Measure
11. Year Produced	12. To	tal Production	13. Acres		14. Ave	rage Yield	15. Net	Incom	е	16. Aver	age Revenue	17. Insured S	hare	18. 100% Share Equivalent
	Ī		İ				1			l I				
	· my knowle		e information on	this fo		I understand th		intended	Pick/ Pield Appr Field	n Stored (m /Daily Sales I Monitorin raisal (non- I Harvest Ro grown will res	ng System loss) ecord sult in changes to the i	nsured revenue, pre	Li T D C emium ra	te, and indemnity. I understand the
policy, ineligibility for inde civil penalties (18 U.S.C. §1	emnity, or re 1006 and §1	ecalculation of approve 014; 7 U.S.C. §1506; 31	ed revenue. I also	under	stand that fa	ilure to report c	ompletely and al statutes).	d accurat	tely may result	in sanctions (under my policy, includ			nial of coverage, cancellation of my nce of the policy, and in criminal or
24. Applicant/Insure	ed Signat	ure and Date						25. A _l	gent's Signa	iture and D	ate			



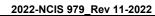
						YIELD A	ND REV	ENUE REPO	ORT 3			20	22-NCIS 963 _Rev 11-2023
Part 1: Producer Inf	ormation	า											
1. Name			2. Poli	y Numb	oer		3. Policy Y	'ear		4. Agency Infor	mation (Name,	Addres	ss, Phone No. & Code No.)
Part 2: Commodity	Informat	ion											
5. Commodity	IIIIOIIIIat	1011	6. Com	modity	Code	7. Rate Cod	ام	8. Practice		9. Type/Vari	atv.	10 11	nit of Measure
3. Commodity								o. Tractice		J. Type/ vari	Lty	10. Olik oli Wedsare	
11. Year Produced	12. To	otal Production	13. Ac	es	14. A	verage Yield	15. Net I	ncome	16. Aver	age Revenue	17. Insured S	hare	18. 100% Share Equivalent
					1				1				1
19. Replacement Yi	eld	20. Expected Yi	eld	21.	Expect	ed Value		22. Record					
									-	neasured by Insur	ed/AIP)		laim for Indemnity
23. Remarks									/Daily Sales				ivestock Feeding Records
									d Monitorir				hird-Party Record
									raisal (non-				Pirect Market
								☐ Field	d Harvest R	ecord			Other
information on this form policy, ineligibility for inde	may be rev emnity, or r	iewed and audited. I un ecalculation of approve	derstand that d revenue. I	it inaccura also unde	ate informa erstand that	tion or my failure failure to report	to retain or pro completely and	vide, upon request, r	ecords suppor	ting the information o	n this form may res	sult in de	te, and indemnity. I understand the nial of coverage, cancellation of my nce of the policy, and in criminal or
civil penalties (18 U.S.C. § 24. Applicant/Insur			LU.S.C. §372	9, 93/30 a	ına any oth	er applicable fede		5. Agent's Signa	ature and D	ate			
2-1. Applically lisur	cu Jigila	tare and Date						J. Agent 3 Signo	acare and D	uic			



YIELD AND REVENUE REPORT 4 2022-NCIS 963 _Rev 11-2023														
Part 1: Producer Info	ormation													
1. Name			2. Policy Number				3. Policy Year				4. Agency Information (Name, Address, Phone No. & Code No.)			
Part 2: Commodity I	nformati	on									l .			
5. Commodity			6. Commodity Code 7. Rate Cod			de 8. Practice			9. Type/Variety		10. U	10. Unit of Measure		
11. Year Produced	12. To	tal Production	13. Acres		14. Av	erage Yield	15. Net	t Ind	come	16. Aver	Average Revenue 17. Ir		hare	18. 100% Share Equivalent
	I		Ī											
19. Replacement Yield 20. Expected Yield 21. Expected Value 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 in information on this form may be reviewed and audited. I understand that inaccurate information or my failure to retain or pro												ivestock Feeding Records hird-Party Record Direct Market Other te, and indemnity. I understand the		
policy, ineligibility for inde civil penalties (18 U.S.C. §1	emnity, or re 1006 and §1	ecalculation of approve 014; 7 U.S.C. §1506; 31	ed revenue. I also	unde	rstand that	failure to report of	completely an al statutes).	nd ac	ccurately may result	in sanctions	under my policy, incl			nial of coverage, cancellation of my nce of the policy, and in criminal or
							25.	5. Agent's Signature and Date						



			IN	IVENTOR	Y REF	PORT				
				PART I PRODUC	ER INFORM	ATION				
AIP NAME	Farmers Mutua	al Hail Insurance C	company of low	<i>ı</i> a		1. IRS ACCOUNTING METHOD 2. POLICY YEAR				
ADDRESS	6785 Westown	Parkway West De	es Moines, IA 5	0266-7732				_		
							<u> </u>	ash		
3. PRODUCER INF	ORMATION				4 AGENC	Y INFORMATION			5. STATE	1
Name					Name				0.01,2	•
			Тур	e of Tax Entity	Address				-	
Address					Address				COUNTY	
_		_		D NUMBER	-				-	
Phone Number _			ID Type:	SSN DEIN DRAN			Age	nt Code	-	
			10 Турс.		Policy Nur					
	T		DART 2	INVENTORIED BEGINNING INVEI		IES I	DADT /	ENDING INVENTO	ov	
		GINNING INVENTORY of Insurance Period)		End of Insurance				ay of Insurance Peri		
COMMODITY NAME 6	LOCATION 7	BEG. INVENT. (Tons, Bu., etc.)	VALUE (\$/Unit) 9	COST OR BASIS 10	VALUE RECEIVED 11	LOCATION(S)	ENDING INVENTORY 13	AVERAGE C VALUE 14	OST OR BASIS 15	NET VALUE 16
	<u> </u>		17. TOTAL BE	GINNING VALUE				18. TOTAL END	NG VALUE	
		PART 5. II	NVENTORY A	DJUSTEMENT (To be comp	leted ONLY if	a claim is file	d.)		
19. INVENTORY AD					•					
Amount in Item 18 () – Amount in Item 17	7 () = () Inve	ntory Adjustment.	Enter this amou	ınt, (+) or (-) in Item 22	on the Clair	m for Indemnity



	ACCOUNTS RECEIVABLE REPORT										
	PART 1. PRODUCER INFORMATION										
			1. INSURED'S NAME		4. AGENCY INFORMATION						
AIP NAME Farmers Mutual Hail Insurance Company of Iowa					Name						
ADDRESS	6785 Westown Parkway	2. POLICY NUMBER		Address							
7.22.1.200	,										
	West Des Moines, IA 50266-7732	3. POLICY YEAR		Phone Number							
					Agent Code						
			PART 2. ACCOU	NTS RECEIVABLE							
5. COMMODITY NAME 6. NAME AND A			ADDRESS OF BUYER	7. BEGINNING AMOUNT	8. ENDING AMOUNT	9. BALANCE (Item 8- Item 7)					
				10. To	OTAL ACCOUNTS RECEIVABLE ADJUSTMENTS TO CLAIM						



								PART 1	- PRODUCE	R INFORI	MATION							
MARKET ANIMAL AND		1. Appli	cant's/Insur	ed's Na	me			3. Policy Ye		4. Agency Information								
									4	Address								
NURSERY INVENTORY		2. Policy	y Number															
REPORT									F	hone Number			<u>—</u>					
										4	gent Code _							
						PART 2	- BREED	ING LIVESTO	CK									
Type of Animals or Commodities				EGINNING II he insuranc						_	ION B – ENDINg day of the ins	IG INVENTORY						
Type/Category				Number	о ролос						Numbe							
5				6							1	7						
Types of Animals		SECTI	ON A - BI	ECININING II			RKET AN	IIMALS OR NU	RSERY	SEC.	TION B. ENDIN	IG INVENTORY						
or Commodities	modities First day of the insurance period					SECTION B - ENDING INVENTORY Last day of the insurance period												
Type/Category 8	Number 9		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	Averag Value 18	e Average Value/Unit 19	Total \$ Value 20	Cost or Basis 21	Net Value 22				
						<u> </u>												
				otal Beginn Value	ning							24. Total Endi Cost or Ba						
			P/	ART 4 - INVE	NTORY	ADJUS	TMENT (to	o be completed	ONLY if a cl	aim is file	ed)							
25. Adjustment: Amount in Item 24 () - Amount	in Item 23	3() =	Invento	ry Adjus	tment (). Enter i	esult, (+) or (-)	, in item 28 on t	he Claim for Inde	emnity Form.				



WHOIF FARM REVENUE PROTECTION SIGNATURE

Approved Insurance Provider	Insured	Policy #	Agency	Agency Code #						
Farmers Mutual Hail Insurance Company of Iowa 6785 Westown Parkway West Des Moines, IA 50266-7732										
State/County										
By signing this form I am signing all of the following forms, if	applicable, which I agree are a	accurate and I agree to be bound thereby:								
- 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 Certifi	cation									
- WFRP Yield and Revenue Report										
		CERTIFICATION STATEMENT to federally-reinsured polices only)								
I certify that to the best of my knowledge and belief all of the 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)						
		RMATION AND DATA (PRIVACY ACT) STATEM	ΛΕΝΤ							

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.

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WHOLE FARM REVENUE PROTECTION SIGNATURE

NON-DISCRIMINATION STATEMENT

Non-Discrimination Statement

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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.

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Whole Farm Note Sheet