



YIELD AND REVENUE REPORT

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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