American Agri-Business Insurance Co. (601)

Production and Yield Reporting Form

Name:		Agency:	
Street and/or Mailing Address:	Policy #:	Agent:	Agency Code:
City, State, Zip:	Identification:	Address:	
Phone:	Identification Type: SSN ☐ EIN ☐ RAN ☐	City, St, Zip:	
	Entity Type:	Phone:	
		B Fax:	
Email:		Email:	

Unit Line #	County Crop: Plan/Cov.Level:	Unit Line #	County Crop: Plan/Cov.Level:
FSA Farm/Tract/Field:	Insured Share:	FSA Farm/Tract/Field:	Insured Share:
Farm Name:	Block:	Farm Name:	Block:
Practice / Type:	Map Area:	Practice / Type:	Map Area:
Other Entities:	Insurability:	Other Entities:	Insurability:
Legal Description:		Legal Description:	

New Producer? ☐ Added Land P/T/V/? ☐ Add YA? ☐ SCO? ☐ STAX? ☐

Year	PQA-Prod	Production	RecType^	Acres	Yield	YE Opt Out	SRF	Solid Yield	PQA-Yield	QL	APH
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Year	PQA-Production	Production	Rec Type^	Acres	Yield	SRF	Solid Yield	PQA-Yield

RMA TYield:
Prior APH Yield:
Yield Limit:
Total (of Yield History):
Avg. Yield:
Preliminary Yield:

Required: ☐ Inspection ☐ Field Review Organic: ☐
Processor Number/Name and/or Number of Trees or Vines:
Organic Transitional: ☐

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^ Record Types: ***Harvested Production (A-H):*** A = Sold/Commercial Storage, B = Farm Stored/Measured by Insured, C = Pick/Daily Sales Records, D = Automated Yield Monitoring System, E = Farm Stored/Measured by Authorized Representative, F = Livestock Feeding Records, G = Field Harvest Records, H = Other ***Unharvested (I-K):*** I = Destroyed (ARPI Only), J = Put to Another Use (ARPI only), K = Production Appraised by AIP (ARPI Only L = Unreported Production (ARPI Only), M=Claim for Indemnitity, N=Appraisal(non-loss), O=UUF or third party damage, Z = Zero Planted Acres

 # Yield Types: A=Actual / B=Assigned Yield /C=Special TYield for added Prac-Type-Variety / E=80% TYield / F=Assigned Yield / H,I=Special TYield for New Producer / J=Temporary Actual / L=Special TYield for Added Land / N=90% of TYield / P=75% of Prev APH / R=Replicated Annual Yield / S=65% of TYield / T=Transitional Yield (TYield) / X=Forage for on-farm use / Z=Zero Acres Planted

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Unit Line # | **County Crop:** | **Plan/Cov.Level:**

FSA Farm/Tract/Field: | **Insured Share:**
Farm Name: | **Block:**
Practice / Type: | **Map Area:**
Other Entities: | **Insurability:**
Legal Description:

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Organic: ☐
Organic Transitional: ☐

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Remarks

☐ NEW PRODUCER CERTIFICATION STATEMENTS

By requesting new producer status for APH database establishment for the crop(s) and county(ies) identified above:

I certify that I have not produced the insured crop in the county for more than two APH crop years;

I certify that I was not a member of another insured entity as a substantial beneficial interest holder, which produced the insured crop in the county for more than two APH crop years;

I certify that any substantial beneficial interest holders for the policy in which new producer status is requested, have not produced the insured crop in the county for more than two APH crop years;

I understand that any mis-certification may result in recalculation of my yield guarantee, premiums and any applicable loss payments.

I understand that obtaining multiple Federal benefits for the same loss, 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.

I ☐ HAVE OR ☐ HAVE NOT broken native sod after February 7, 2014.

CERTIFICATION STATEMENT: I understand this form may be reviewed or audited and that information inaccurately reported or failure to retain records to support information on this form may result in a recomputation of the approved APH yield. 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 §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).

(Insured Signature) _____ Date _____

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 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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NONDISCRIMINATION STATEMENT

Non-Discrimination Policy

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

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 http://www.ascr.usda.gov/complaint filing cust.html, 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, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Persons with Disabilities

Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

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. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

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