

Production and Yield Reporting Form

Name:			Agency:		
Street and/or Mailing Address: _____		Policy #: _____	Agent Address: _____		Agency Code: _____
City, State, Zip: _____		Identification: _____	City, St, Zip: _____		
Phone: _____		Identification Type: SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN <input type="checkbox"/>	Phone: _____		
		Entity Type: _____	B Fax: _____		
Email: _____			Email: _____		

Unit Line #	County Crop: Plan/Cov.Level:	Unit Line #	County Crop: Plan/Cov.Level:	Unit Line #	County Crop: Plan/Cov.Level:																						
FSA Farm/Tract/Field: Farm Name: _____ Insured Share: _____ Practice / Type: _____ Block: _____ Other Entities: _____ Map Area: _____ Legal Description: _____ Insurability: _____		FSA Farm/Tract/Field: Farm Name: _____ Insured Share: _____ Practice / Type: _____ Block: _____ Other Entities: _____ Map Area: _____ Legal Description: _____ Insurability: _____		FSA Farm/Tract/Field: Farm Name: _____ Insured Share: _____ Practice / Type: _____ Block: _____ Other Entities: _____ Map Area: _____ Legal Description: _____ Insurability: _____																							
New Producer? <input type="checkbox"/> Added Land P/T/V/? <input type="checkbox"/> Add YA? <input type="checkbox"/> SCO? <input type="checkbox"/> STAX? <input type="checkbox"/>		New Producer? <input type="checkbox"/> Added Land P/T/V/? <input type="checkbox"/> Add YA? <input type="checkbox"/> SCO? <input type="checkbox"/> STAX? <input type="checkbox"/>		New Producer? <input type="checkbox"/> Added Land P/T/V/? <input type="checkbox"/> Add YA? <input type="checkbox"/> SCO? <input type="checkbox"/> STAX? <input type="checkbox"/>																							
Year	Production	RecType^	Acres	Yield	YE Opt Out	SRF	Solid Yield	APH	Year	Production	RecType^	Acres	Yield	YE Opt Out	SRF	Solid Yield	APH	Year	Production	RecType^	Acres	Yield	YE Opt Out	SRF	Solid Yield	APH	
_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	
_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	
_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	
_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	
_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	
Year	Production	RecType^	Acres	Yield		SRF	Solid Yield		Year	Production	RecType^	Acres	Yield		SRF	Solid Yield		Year	Production	RecType^	Acres	Yield		SRF	Solid Yield		
_____	_____	_____	_____	_____		_____	_____		_____	_____	_____	_____	_____		_____	_____		_____	_____	_____	_____	_____		_____	_____		
RMA TYield:		Total (of Yield History):		RMA TYield:		Total (of Yield History):		RMA TYield:		Total (of Yield History):		RMA TYield:		Total (of Yield History):		RMA TYield:		Total (of Yield History):		RMA TYield:		Total (of Yield History):		RMA TYield:		Total (of Yield History):	
Prior APH Yield:		Avg. Yield:		Prior APH Yield:		Avg. Yield:		Prior APH Yield:		Avg. Yield:		Prior APH Yield:		Avg. Yield:		Prior APH Yield:		Avg. Yield:		Prior APH Yield:		Avg. Yield:		Prior APH Yield:		Avg. Yield:	
Yield Limit:		Preliminary Yield:		Yield Limit:		Preliminary Yield:		Yield Limit:		Preliminary Yield:		Yield Limit:		Preliminary Yield:		Yield Limit:		Preliminary Yield:		Yield Limit:		Preliminary Yield:		Yield Limit:		Preliminary Yield:	
Required: <input type="checkbox"/> Inspection <input type="checkbox"/> Field Review		Organic: <input type="checkbox"/>		Required: <input type="checkbox"/> Inspection <input type="checkbox"/> Field Review		Organic: <input type="checkbox"/>		Required: <input type="checkbox"/> Inspection <input type="checkbox"/> Field Review		Organic: <input type="checkbox"/>		Required: <input type="checkbox"/> Inspection <input type="checkbox"/> Field Review		Organic: <input type="checkbox"/>		Required: <input type="checkbox"/> Inspection <input type="checkbox"/> Field Review		Organic: <input type="checkbox"/>		Required: <input type="checkbox"/> Inspection <input type="checkbox"/> Field Review		Organic: <input type="checkbox"/>		Required: <input type="checkbox"/> Inspection <input type="checkbox"/> Field Review		Organic: <input type="checkbox"/>	
Processor Number/Name and/or Number of Trees or Vines:		Organic Transitional: <input type="checkbox"/>		Processor Number/Name and/or Number of Trees or Vines:		Organic Transitional: <input type="checkbox"/>		Processor Number/Name and/or Number of Trees or Vines:		Organic Transitional: <input type="checkbox"/>		Processor Number/Name and/or Number of Trees or Vines:		Organic Transitional: <input type="checkbox"/>		Processor Number/Name and/or Number of Trees or Vines:		Organic Transitional: <input type="checkbox"/>		Processor Number/Name and/or Number of Trees or Vines:		Organic Transitional: <input type="checkbox"/>		Processor Number/Name and/or Number of Trees or Vines:		Organic Transitional: <input type="checkbox"/>	

Please complete form signature block.

^ 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 Indemnity, 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



Production and Yield Reporting Form

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.

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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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 <https://www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form>, 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, Office of the Assistant Secretary for Civil Rights, 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, audiotope, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) 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.

Please complete form signature block.

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