



MPCI Acreage Report

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

| | | | |
|-------------------|-------------------|-----------------------|--|
| Crop: | ST-County: | Acre Rpt Date: | <input type="checkbox"/> Zero Acreage |
| Crop Year: | Plan: | Options: | Coverage Level: |
| | | | Price: |
| | | | Acreage Type: |

| Line | Unit | Practice - Type FSN/PLSS - Farm Name | Legal Descriptions | APH Yield Options | Share Map Area | FSA Farm/Tract/Field | Reported Acres | Plant Date/PP | Multi Crop |
|------------------------|------|---|--------------------|---|--------------------------------------|----------------------|-------------------|------------------|---|
| Others Sharing: | | | | <input type="checkbox"/> Broadcast Seed | <input type="checkbox"/> Not Insured | | | | <input type="checkbox"/> 1st Crop <input type="checkbox"/> 2nd Crop <input type="checkbox"/> 3rd+Crop |

Additional Acreage

| County | Unit | Practice | Legal Descriptions | FSA Farm/Tract/Field | APH Yield | Reported Acres | Options | Plant Date | Share | Multi Crop |
|-----------------------------|-----------------|-------------|--------------------|----------------------|-----------|----------------|--------------------------------------|------------|-------|---|
| Crop | Map Area | Type | | | | | | | | <input type="checkbox"/> 1st Crop <input type="checkbox"/> 2nd Crop <input type="checkbox"/> 3rd+Crop |
| FSN/PLSS - Farm Name | | | | | | | <input type="checkbox"/> Not Insured | | | |

| County | Unit | Practice | Legal Descriptions | FSA Farm/Tract/Field | APH Yield | Reported Acres | Options | Plant Date | Share | Multi Crop |
|-----------------------------|-----------------|-------------|--------------------|----------------------|-----------|----------------|--------------------------------------|------------|-------|---|
| Crop | Map Area | Type | | | | | | | | <input type="checkbox"/> 1st Crop <input type="checkbox"/> 2nd Crop <input type="checkbox"/> 3rd+Crop |
| FSN/PLSS - Farm Name | | | | | | | <input type="checkbox"/> Not Insured | | | |

| County | Unit | Practice | Legal Descriptions | FSA Farm/Tract/Field | APH Yield | Reported Acres | Options | Plant Date | Share | Multi Crop |
|-----------------------------|-----------------|-------------|--------------------|----------------------|-----------|----------------|--------------------------------------|------------|-------|---|
| Crop | Map Area | Type | | | | | | | | <input type="checkbox"/> 1st Crop <input type="checkbox"/> 2nd Crop <input type="checkbox"/> 3rd+Crop |
| FSN/PLSS - Farm Name | | | | | | | <input type="checkbox"/> Not Insured | | | |



Additional Added Land Information Details:

If there are crop land acres being added to this existing farming operation for the current crop year, please indicate the total number of cropland acres being added: _____
 -If you are adding under 2000 total cropland acres to the farming operation, you are eligible for the Simple Average T-Yield.
 -If you are adding 2000 or more total cropland acres to the farming operation, you are only eligible for the Variable T-Yield.

Measurement Service: Y N

Remarks

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.

ANTI-REBATING CERTIFICATION – Policyholders
 I certify, for the crop year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, or given any benefit, including money, goods, or services for which payment is usually made, rebate, discount, abatement, credit, or reduction of premium, or any other valuable consideration, as an inducement to procure insurance or in exchange for purchasing this insurance policy after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a) (9) (B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any information on this form may subject me, and any person with a substantial beneficial interest in me, to sanctions, including but not limited to, criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 U.S.C. §1515 (h)) and all other applicable federal statutes.

ANTI-REBATING CERTIFICATION – Agents
 I certify, for the crop year indicated, that I have neither offered nor promised, directly or indirectly, any benefit, including money, goods, or services for which payment is usually made, rebate, discount, credit, reduction of premium, or any other valuable consideration to this person either as an inducement to procure insurance or in exchange for obtaining insurance after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any violation may subject me, and all agencies/companies I represent, to sanctions, including but not limited, to criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 USC §1515(h)) and all other applicable federal statutes.

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

CERTIFICATION STATEMENT: 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).
 I further certify that all of the lines in this document that have been left blank are reported to zero (0), and no liability will attach.

Insured:
 I have verified my identification number affixed to this Acreage Report is true and accurate.
 Yes No
 If the affixed identification number is not correct or you have not had an opportunity to verify your identification number please contact your agent and submit a Policy Change.

(Insured Signature) *Date*

Agent:
 I certify that I am responsible for establishing the approved APH yields that are used to calculate the production guarantees contained in this acreage report and that such approved APH yields are correct to the best of my knowledge.

Agent Printed Name *Agent Signature* *Date* *Agency Code*



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.

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.

