

NOTICE OF PREVENTED PLANTING OR DAMAGE OR LOSS

INSURED'S NAME, STREET AND/OR MAILING ADDRESS, CITY, STATE, ZIP CODE, AND TELEPHONE NUMBER	COMPANY NAME, ADDRESS AND TELEPHONE NUMBER	AGENT'S NAME, STREET AND/OR MAILING ADDRESS, CITY, STATE, ZIP CODE, AND TELEPHONE NUMBER
POLICY NUMBER	CLAIM NUMBER	BEST TIME TO CONTACT INSURED
I am an agent, employee, or contractor affiliated with Federal crop insurance program? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Refer to the applicable Basic Provision or Crop Provisions for more information regarding damage or loss notice reporting requirements.

CHECK ONE: This is a notice of prevented planting This is a notice of damage only (appears that production will exceed the guarantee at this time)
 This is a notice of probable loss Immediate inspection is requested. If checked, explain why: _____
(Why immediate inspection is needed)

CROP	CROP YEAR	UNIT NO	ACRES	LEGAL DESCRIPTION	EST. PRODUCTION	CAUSE OF DAMAGE	DATE OF DAMAGE	EXPECTED HARVEST DATE
INSURED'S INTENTION (Check one): <input type="checkbox"/> Graze (Only after Nov. 1) <input type="checkbox"/> Hay (Only after Nov. 1) <input type="checkbox"/> Plant a cover crop <input type="checkbox"/> Harvest <input type="checkbox"/> To chop/silage <input type="checkbox"/> Leave for cover <input type="checkbox"/> Destroy <input type="checkbox"/> Plant to another crop <input type="checkbox"/> Pasture <input type="checkbox"/> Hay <input type="checkbox"/> Direct Market Crop <input type="checkbox"/> Replant <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain): _____							If the Insured intends to replant and a replanting payment is applicable, is the acreage greater than 50 acres of the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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I request authorization to commingle production from two or more units or commingle production between insured and uninsured acreage within the same structure and to use my load records, structure markings, or combine monitor records to determine production between units or production from insured/uninsured acreage. Do you agree to follow your insurance provider's written criteria and instructions to do this? Yes No

I understand that authorization for commingling production must be received from my approved insurance provider before production can be commingled. I also understand that if authorization is given, my approved insurance provider will provide (or has provided) written criteria and instructions for the use of load or combine monitor records to separate such production, and if I fail to follow all instructions, my optional unit structure will be collapsed. _____ (Initial)

If you have less than 100% share, is the other share insured under a Federal crop insurance program? If so, list the person's name, name of AIP for which they carry a Federal crop insurance and policy number if known. Yes No Name AIP Policy Number

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

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 <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, 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).

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'S PRINTED NAME	INSURED'S SIGNATURE	DATE OF NOTICE

Complete if agent/AIP receives notice by phone or email.

AGENT'S PRINTED NAME	AGENT'S SIGNATURE	DATE OF NOTICE	CODE NUMBER