

NOTICE OF PREVENTED PLANTING, OR DAMAGE OR LOSS

Multiple Peril Crop Insurance



INSURED NAME:		AGENCY CODE:		POLICY #:	
STREET AND/OR MAILING ADDRESS:		AGENCY NAME:		COUNTY:	
		STREET AND/OR MAILING ADDRESS:		CROP YEAR: CLAIM #:	
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
PHONE:		PHONE:		DATE RECEIVED:	
I am an agent, employee, or contractor affiliated with the Federal crop insurance program? <input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> Immediate inspection is requested. If checked, explain why. Why immediate inspection is needed.		
THIS IS A NOTICE OF: <input type="checkbox"/> Prevented Planting. <input type="checkbox"/> Replant. <input type="checkbox"/> Damage Only (at this time, it appears that the damage will exceed the guarantee) <input type="checkbox"/> Probable Loss			Insured's intentions (check one) <input type="checkbox"/> To Harvest <input type="checkbox"/> Crop will be direct marketed <input type="checkbox"/> Replant <input type="checkbox"/> Plant to another crop <input type="checkbox"/> Destroy <input type="checkbox"/> Unknown at this time <input type="checkbox"/> To chop/silage <input type="checkbox"/> Pasture <input type="checkbox"/> Hay <input type="checkbox"/> Leave for cover crop <input type="checkbox"/> Other (explain)		
Refer to the applicable Basic Provisions or Crop Provisions for more information regarding damage or loss notice reporting requirements.			NAU Country Insurance 7333 Sunwood Dr. NW Ramsey, MN 55303 1-800-942-6557		
Crop County	Cause of Damage	Date of Damage	Unit #	Acres	Harvest Date
FIELD INSPECTION			<input type="checkbox"/> CROP INSURANCE WITHDRAWAL OF CLAIM (check if withdrawing claim)		
Unit #	Sec - Twp - Rng	Crop	Planted Acres	Unplanted Acres	Final Use
If the Insured intends to replant and a replanting payment is applicable, is the acreage greater than 50 acres or the unit?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
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 record to determine production between units or production from insured/uninsured acreage. do you agree to follow your insurance providers written criteria and instructions to do this?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
REMARKS:					

see next page for RMA required statements

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Insured's Name:	Agency Code: Agency Name:	Policy #:
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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.

NON-DISCRIMINATION POLICY 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-3027usda-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.

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).

INSURED'S PRINTED NAME:	DATE	AGENT'S PRINTED NAME	CODE	DATE
INSURED'S SIGNATURE		AGENT'S SIGNATURE		Note: Agent's printed name and signature, are substantive only when the agent/AIP receives the notice from the insured by phone or e-mail.