

NOTICE OF PREVENTED PLANTING, OR DAMAGE OR LOSS

Multiple Peril Crop Insurance



NAME OF INSURED:			AGENCY CODE:			POLICY #			
ADDRESS:			AGENCY NAME:			COUNTY			
CITY:		STATE:	ZIP:	CITY:		STATE:	ZIP:	CROP YEAR LOSS #	
INSURED PHONE:			AGENCY 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.			
NOTICE TYPE: <input type="checkbox"/> This is a notice of Prevented Planting . <input type="checkbox"/> This is a notice of Replant . <input type="checkbox"/> This is a notice of damage only (appears that production will exceed the guarantee at this time) <input type="checkbox"/> This is a notice of probable loss .						Why immediate inspection is needed.			
Refer to the BP and the specific CP for more details on notice requirements for acreage prevented from planting and notice requirements for damage or loss requirements.						Insured's intentions <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)			
Crop County	Cause of Damage	Date of Damage	Unit #	Acres	Harvest Date	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 Federal crop insurance and policy number if known.			
						Explain:			
INSURED'S SIGNATURE FOR NOL				DATE		CROP INSURANCE WITHDRAWAL OF CLAIM Withdrawal Statement: "For the unit number(s) listed above, I withdraw this claim against the Approved Insurance Provider on this policy up to this date. I agree and understand that signing this withdrawal in no way changes the terms of the policy or affects any other loss that may subsequently occur."			
FIELD INSPECTION						INSURED'S SIGNATURE FOR WOC			
Unit #	Sec - Twp - Rng	Crop	Planted Acres	Unplanted Acres	Final Use	DATE			
						REMARKS:			
INSURED'S SIGNATURE FOR INSPECTION				DATE		ADJUSTER'S SIGNATURE		DATE	CODE

see next page for RMA required statments

NOTICE OF PREVENTED PLANTING, OR DAMAGE OR LOSS

Multiple Peril Crop Insurance



Insured's Name:

Agency Code:

Policy Number:

Agency Name:

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

Non-Discrimination Policy

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis 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 basis 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://ascr.usda.gov/complaint_filing_cust.html, or 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).