



Crop Insurance

Multiple Peril Crop Insurance
Request For Fall Planted Barley/Wheat/Canola Inspection
(Required In Counties With Spring Only Final Planting Dates)
Effective Crop Year ()

Policy Number

Part I: INSURED'S INFORMATION

Name, Type of Entity, Authorized Representative, Identification Number, Street or Mailing Address, City, State, Zip Code, Telephone Number

Part II: AGENT/AGENCY INFORMATION

Name, Agency Code Number, Telephone Number, Street or Mailing Address, City, State, Zip Code

Part III: CROP INFORMATION

Table with columns: Unit Number, Name of Crop (State, County), Type, Class, Etc., Fall Planted Acres, Practice, For Insurance Provider Use Only (Accepted Acres, Rejected Acres, Reason Rejected)

Part IV: The Small Grains Crop Provisions (7) (a) (2) (v) state: Whenever the Special Provisions designate only a spring final planting date, any acreage of fall planted barley and wheat is not insured unless you request such coverage and we agree in writing that the acreage has an adequate stand in the spring to produce the yield used to determine your production guarantee.

I request that my fall planted barley and / or wheat be inspected for insurability. I have read and understand the above provisions.

Insured's Signature Date Agent's Signature Date Agent's Code Number

See reverse side of this form for statement required by privacy Act of 1974, and Nondiscrimination Statement.

Part V: The accepted acreage of fall planted barley and/or wheat as indicated above has met the insurability requirements of the policy. Appraisal worksheets are on file.

Insurance Provider Authorized Representative Signature Date



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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, 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 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 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).