





|  <div>Crop Insurance Serviced by: <input type="checkbox"/> RAIN AND HAIL L.L.C. <input type="checkbox"/> RAIN AND HAIL INSURANCE SERVICE, L.L.C.</div> | | | | | Policy No. _____ | | State _____ | | Date _____ | | Page _____ of _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------|--|------------------|---|--|--------------------------------|---------------------------|--|---------------|-------------------------------|---------------------|-------------|------|------------------|------------------|-----------------------|----------------------------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Whole-Farm Revenue Protection (WFRP) Application/Cancellation/Transfer/Policy Change Reporting Form | | | | | For _____ and succeeding years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant/Insured Information | | | | Spousal Person Information | | | Agency/Agent Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APPLICANT/INSURED NAME | | | | SPOUSE'S NAME | | SPOUSE'S IDENTIFICATION NUMBER | | No Spouse <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET MAILING ADDRESS | | | | Signature Authorization: I grant the person(s) listed below the authority to sign any and all crop insurance documents on my behalf. I understand that by authorizing such persons to sign documents on my behalf I am legally bound by all terms and conditions of such documents and of the crop insurance contract. I also understand that granting the following person(s) the authority to sign on my behalf does not obligate that person(s) to the terms and conditions of my crop insurance contract. I further understand that this authorization may be revoked by me at any time upon written notice, signed and delivered to my Approved Insurance Provider. | | | AGENCY NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | | | | | | | STATE | | ZIP CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TELEPHONE NUMBER | | | | | | | MOBILE NUMBER | | EMAIL ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET OR MAILING ADDRESS | | | | APPLICANT/INSURED AUTHORIZED REPRESENTATIVE | | | STREET OR MAILING ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | | | | STATE | | ZIP CODE | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TELEPHONE NUMBER | | | | MOBILE NUMBER | | EMAIL ADDRESS | | EMAIL ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IDENTIFICATION NUMBER | | ID NUMBER TYPE <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN | | PERSON TYPE | | STATE OF INCORP. | | TELEPHONE NUMBER | | MOBILE NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | AGENCY CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Form Action Requested (check all that apply): <input type="checkbox"/> New Applicant <input type="checkbox"/> Transfer <input type="checkbox"/> Coverage Change <input type="checkbox"/> Cancellation <input type="checkbox"/> Policy Change <input type="checkbox"/> Initial Farm Operation Report (FOR) <input type="checkbox"/> Revised FOR <input type="checkbox"/> Final FOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Forms Attached (check all that apply): <input type="checkbox"/> Whole-Farm History Report <input type="checkbox"/> Farm Operation Report <input type="checkbox"/> Schedule F Tax Form <input type="checkbox"/> Inventory Report <input type="checkbox"/> Market Animal and Nursery Inventory Report <input type="checkbox"/> Accounts Receivable and Accounts Payable Report <input type="checkbox"/> Allowable Revenue and Expenses Worksheet <input type="checkbox"/> Substitute Schedule F <input type="checkbox"/> Producer's Pre-Acceptance Worksheet (PAW) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Changes: <input type="checkbox"/> Correct the spelling of insured's name <input type="checkbox"/> Remove Signature Authorization <input type="checkbox"/> Change/correct Insured's address <input type="checkbox"/> Add/change/correct insured's authorized representative <input type="checkbox"/> Correct insured's identification number <input type="checkbox"/> Correct SBI's identification number <input type="checkbox"/> Correct the spelling of SBI's name <input type="checkbox"/> Add Signature Authorization | | | | | | | | Is the applicant at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO IRS Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual Type of Filer: <input type="checkbox"/> Fiscal <input type="checkbox"/> Calendar If Fiscal: <input type="checkbox"/> Early <input type="checkbox"/> Late (8/1 or later) If Fiscal, beginning date is: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APPLICATION INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STATE | | STATE CODE | | COUNTY | | COUNTY CODE | | EFFECTIVE INSURANCE YEAR | | COVERAGE LEVEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | LOCATION OF FARM HEADQUARTERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I request insurance coverage for my approved Whole-Farm Revenue for the insurance year specified on my Whole-Farm History Report <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REMARKS/OTHER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Policy Loss Payee and Address: _____ Crop: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SBI INFORMATION - List all persons with a substantial beneficial interest (10% or more) in the insured/applicant as defined in the applicable policy provisions (include landlords or tenants insured under the applicant). If none, state NONE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>SBI Request</th><th>Name</th><th>Complete Address</th><th>Telephone Number</th><th>Identification Number</th><th>Identification Number Type</th><th>Person Type</th></tr><tr><td><input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> UPDATE</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN</td><td></td></tr><tr><td><input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> UPDATE</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN</td><td></td></tr><tr><td><input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> UPDATE</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN</td><td></td></tr><tr><td><input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> UPDATE</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN</td><td></td></tr><tr><td><input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> UPDATE</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN</td><td></td></tr><tr><td><input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> UPDATE</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN</td><td></td></tr></table> | | | | | | | | | | | | SBI Request | Name | Complete Address | Telephone Number | Identification Number | Identification Number Type | Person Type | <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> UPDATE | | | | | <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN | | <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> UPDATE | | | | | <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN | | <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> UPDATE | | | | | <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN | | <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> UPDATE | | | | | <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN | | <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> UPDATE | | | | | <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN | | <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> UPDATE | | | | | <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN | |
| SBI Request | Name | Complete Address | Telephone Number | Identification Number | Identification Number Type | Person Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Crop Insurance Serviced by: <input type="checkbox"/> RAIN AND HAIL L.L.C. <input type="checkbox"/> RAIN AND HAIL INSURANCE SERVICE, L.L.C. | | Policy No. | State | Date | Page | of |
| Whole Farm Revenue Protection (WFRP) Application/Cancellation/Transfer/Policy Change Reporting Form | | | | For _____ and succeeding years | | | | |
| CANCELLATION INFORMATION: I hereby request cancellation of my WFRP insurance policy shown on this cancellation. I understand that if this form is not executed on or before the cancellation date listed, the cancellation of my WFRP insurance will not become effective until the following insurance year. | | | | REASON FOR CANCELLATION: <input type="checkbox"/> Mutual Consent <input type="checkbox"/> Insured's Request <input type="checkbox"/> Death, Incompetence or Dissolution <input type="checkbox"/> Other _____ | | | | |
| TRANSFER INFORMATION: Part I: I hereby request cancellation of my WFRP insurance policy with (Ceding Approved Insurance Provider Name) _____ for the (Insurance year of policy cancelled and transferred) _____ because I have applied for insurance with another Approved Insurance Provider. I understand that if this form is not executed on or before the established cancellation date, the cancellation of my WFRP insurance will not become effective until the following crop year. I hereby authorize and direct the Ceding Approved Insurance Provider shown above to furnish any information relative to my insurance policy to the Assuming Approved Insurance Provider specified under Part II. I understand that if coverage for any crop(s) is now terminated or would have subsequently terminated for delinquent debt had this transfer not occurred, no coverage can be provided by the assuming Approved Insurance Provider. | | | | Part II: By submission of this form, we agree to provide WFRP insurance to this applicant for the insurance year specified on this application unless this form is not executed on or before the established cancellation date, in which case WFRP insurance will be provided for the following insurance year. Assuming AIP and Policy Issuing Company Code _____ Signature of AIP Representative Authorized to Accept Applications _____ Date _____ | | | | |
| A) CONDITIONS OF ACCEPTANCE STATEMENT: This application is accepted and insurance attaches in accordance with the policy unless: (1) The Federal Crop Insurance Corporation determines that, in accordance with the regulations, the risk is excessive; (2) any material fact is omitted, concealed or misrepresented in this application or in the submission of this application; (3) you have failed to provide complete and accurate information required by this application; or (4) the answer to any of the following questions is "yes." An answer of "yes" to these questions does not automatically result in rejection of the application. For example, if you answer "yes" to question (a) but your debt was discharged in bankruptcy, the application would not be rejected. Yes No <input type="checkbox"/> <input type="checkbox"/> (a) Are you now indebted, and the debt is delinquent, for insurance coverage under the Federal Crop Insurance Act? <input type="checkbox"/> <input type="checkbox"/> (b) Have you in the last five years been convicted under federal or state law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance? <input type="checkbox"/> <input type="checkbox"/> (c) Have you ever had insurance coverage under the authority of the Federal Crop Insurance Act terminated for violation of the terms of the contract or regulations, or for failure to pay your delinquent debt? <input type="checkbox"/> <input type="checkbox"/> (d) Are you disqualified or debarred under the Federal Crop Insurance Act, the regulations of the FCIC, or the USDA? <input type="checkbox"/> <input type="checkbox"/> (e) Have you ever entered into an agreement with the FCIC or with the Department of Justice that you would refrain from participating in programs under the authority of the Federal Crop Insurance Act and that agreement is still effective? <input type="checkbox"/> <input type="checkbox"/> (f) Do you have like insurance on any of the above crop(s)? | | | | C) USDA MULTIPLE BENEFIT CERTIFICATION STATEMENT: 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. D) FARM OPERATION REPORT CERTIFICATION STATEMENT: I certify that to the best of my knowledge and belief all of the information on this form is correct. I understand that changes to intended commodities grown will result in changes to the insured revenue, premium rate, and indemnity. I understand the information on this form may be reviewed and audited. I understand that inaccurate information or my failure to retain or provide, upon request, records supporting the information on this form may result in denial of coverage, cancellation of my policy, ineligibility for indemnity, or recalculation of approved revenue. 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). E) ANTI-REBATING STATEMENT FOR APPLICANT/INSURED STATEMENT: I certify, for the insurance 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. F) ANTI-REBATING STATEMENT FOR AGENT STATEMENT I certify, for the insurance 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 understand that if coverage for any crop is currently terminated or would have subsequently terminated for indebtedness had this application been filed after the termination date, no coverage can be provided and I am ineligible for any benefits under the Federal Crop Insurance Act until the cause for termination is corrected. We will notify you of rejection by depositing notification in the United States mail, postage paid, to the applicant's address. Unless rejected or the sales closing date has passed at the time you signed this application, insurance will be in effect for the insurance year specified and will continue for each succeeding insurance year, unless otherwise specified in the policy, until canceled, terminated or voided. No term or condition of the contract shall be waived or changed unless such waiver or change is expressly allowed by the contract and is in writing. | | | | G) 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 http://www.ascr.usda.gov/complaint_filing_cust.html , 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, 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). H) 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. | | | | |
| I certify that the information and answers on this application are correct to my knowledge and belief; that none of the reasons for rejection in items 1 through 4 of the 'Conditions of Acceptance' apply; and that I am aware of and understand the requirements of the Collection of Information and Data (Privacy Act), as well as all other provisions contained on this application. I personally guarantee payment of the total premium and any applicable administrative fees (premium not applicable to CAT coverage). I understand that: (a) my approved revenue and approved expenses for the five years in the whole-farm history period and my expected revenue for the current year may be adjusted as required under the terms of the WFRP policy, and that such adjustments may affect the amount of insured revenue and any indemnity; (b) no insurance will be provided unless this application and all required forms are completed and filed on or before the sales closing date for the insurance year in which I am requesting WFRP coverage; and (c) although insurance under this application is continuous from year to year, policy terms, premium rates, and the amount of revenue insured may change from year to year. | | | | PROMISSORY NOTE On or before _____ the Undersigned, in consideration of the issuance of the policy shown above, hereby agrees to pay, at 9200 Northpark Drive, Suite 300, Johnston, Iowa 50131, to the order of the Company the total premium and applicable administrative fees, all as allowed by law. The Undersigned agrees to pay the maximum amount of interest on the total unpaid premium after such due dates plus reasonable costs of collection and attorney fees, all as allowed by law as stated in 7 CFR 457.8 and consents to the Iowa Court jurisdiction and venue. The Undersigned agrees and acknowledges that the Company may deduct any and all amounts owed under this policy or any other policy, whether or not due, from any loss payable to you under this policy. Native Sod: (IA, MN, MT, NE, ND, SD ONLY) I _____ HAVE _____ HAVE NOT broken native sod after February 7, 2014. | | | | |
| Applicant/Insured's Printed Name | | Licensed Agent's Printed Name | | Code | | | | |
| Applicant/Insured's Signature | | Licensed Agent's Signature | | Date | | | | |
| Date | | Date | | | | | | |

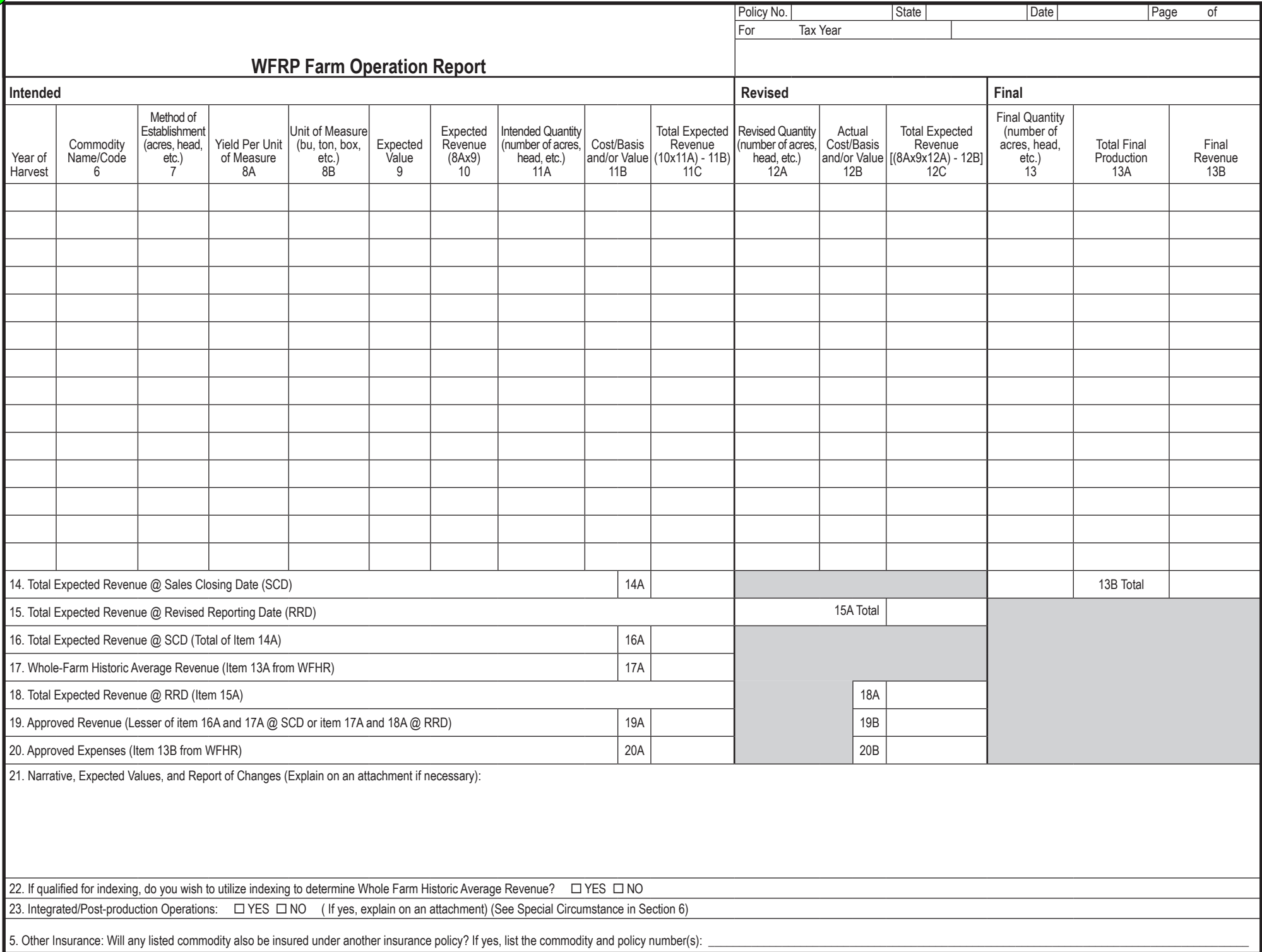
1 PERSON TYPE

- | | | |
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| A - Public Schools | G - Receiver or Liquidator | S† - Spousal/Married |
| B - Trust-Bureau of Indian Affairs (BIA) and Indian Tribe Ventures | H - Public Agency State/Local Government | T - Irrevocable Trust |
| C - Corporations | I - Individuals | U - Undivided Interest (CAT only) |
| D - Estates | J - Joint Operations/Joint Ventures/Co-Ownerships | X - Individual Operating as a Business |
| E - Non-Profit or Tax Exempt Organizations | P - Partnerships | Y - Limited Liability Company |
| F - Transfer of Rights to Indemnity (SBI only) | R - Revocable Trust | |

† Enter the spouse's information on the front of the 5200 form in the Spousal Person Information section. If not married, check the "No Spouse" box.
For all insured persons other than "S", list all persons or entities with 10 percent or more interest in the applicant on the Social Security Number (SSN) and Employer Identification Number (EIN) Reporting Form (RH-5034).



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|--|---|------------------------|-----------------------------|------|--|--|--|------------------------|-----------------------------|------|--|------|----|--|--|--|
| WFRP Allowable Revenue and Expenses Worksheet | | | | | | Policy No. | | State | | Date | | Page | of | | | |
| | | | | | | For | | Tax Year | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Allowable Revenue Worksheet | | | | | | Allowable Expenses Worksheet | | | | | | | | | | |
| 5. Adjustment Codes: A = Schedule F income specifically excluded B = Cost of post-production operations C = Co-op distributions not directly related G = Net gain from commodity hedges H = Not directly related to production I = Other | | | | | | 5. Adjustment Codes: A = Schedule F expenses specifically excluded B = Cost of post-production operations H = Not directly related to production I = Other | | | | | | | | | | |
| 6. Schedule F Part I (cash) or Part III (accrual) Revenue | | | | | | 6. Schedule F Part II Expenses | | | | | | | | | | |
| 7. Line Number | Description | Amount on Schedule F 8 | Revenue Adjustment Amount 9 | Code | Allowable Revenue (Item 8 - Item 9) 10 | 7. Line Number | Description | Amount on Schedule F 8 | Expense Adjustment Amount 9 | Code | Allowable Expense (Item 8 - Item 9) 10 | | | | | |
| 1a | Sales of livestock and other resale items | | | A | - | 10 | Car and truck expenses | | | | | | | | | |
| 1b | Cost or other basis of livestock or other items on line 1 | | | A | - | 11 | Chemicals | | | | | | | | | |
| 1c | Line 1a less line 1b | | | B | | 12 | Conservation expenses | | | | | | | | | |
| 37 | Sales of livestock, produce, grains and other products | | | A | - | 13 | Custom Hire | | | | | | | | | |
| 46 | Cost of livestock, produce, grains and other products purchased during the year | | | A | - | 14 | Depreciation and Sec. 179 expense (animals only) | | | I | | | | | | |
| | Line 37 less line 46 | | | B | | 15 | Employee benefit programs other than on line 23 | | | A | 0 | | | | | |
| 2 | Sales of products you raised | | | B | | 16 | Feed purchased | | | | | | | | | |
| 3b or 38b | Taxable Cooperative distributions | | | C | | 17 | Fertilizers and lime | | | | | | | | | |
| 4b or 39b | Taxable agricultural program payments | | | A | 0 | 18 | Freight and trucking | | | | | | | | | |
| 5a or 40a | CCC loans reported under election | | | A | 0 | 19 | Gasoline, fuel and oil | | | | | | | | | |
| 5c or 40c | Taxable CCC loans forfeited | | | A | 0 | 20 | Insurance (other than Health) | | | | | | | | | |
| *6b or 41 | Crop insurance proceeds and federal disaster payments | | | A | 0 | 21a | Mortgage Interest | | | A | 0 | | | | | |
| 6d | Taxable deferral from prior year | | | A | 0 | 21b | Other interest | | | A | 0 | | | | | |
| 7 or 42 | Custom hire income | | | A | 0 | 22 | Labor hired (less shareholder wages) | | | I | | | | | | |
| 8 or 43 | Other income (details below) | | | G, H | | 23 | Pension and profit-sharing plans | | | A | 0 | | | | | |
| 8.1 | Federal and state gasoline or fuel tax credit or refund | | | A | 0 | 24a | Equipment rent/lease | | | A | 0 | | | | | |
| 8.2 | Income from bartering | | | | | 24b | Other rent/lease | | | A | 0 | | | | | |
| 8.3 | Payments from buyers of commodities from bypassed acreage | | | | | 25 | Repairs and maintenance | | | | | | | | | |
| 8.4 | Payments from marketing orders | | | | | 26 | Seeds and plants | | | | | | | | | |
| 8.5 | | | | | | 27 | Storage and warehousing | | | B | | | | | | |
| 8.6 | | | | | | 28 | Supplies purchased | | | B | | | | | | |
| 8.7 | | | | | | 29 | Taxes | | | A | 0 | | | | | |
| *May be included for claim. | | | | | | 30 | Utilities | | | | | | | | | |
| 11. Total Schedule F Part I or Part III Revenue | | | | | | 31 | Veterinary, breeding & medicine | | | | | | | | | |
| 12. Allowable Revenue for Tax Year | | | | | | 32 | Other Expenses (List below) | | | B, H | | | | | | |
| Remarks: | | | | | | 32a | | | | | | | | | | |
| | | | | | | 32b | | | | | | | | | | |
| | | | | | | 32c | | | | | | | | | | |
| | | | | | | 32d | | | | | | | | | | |
| | | | | | | 32e | | | | | | | | | | |
| | | | | | | 11. Total Schedule F Part II Expenses | | | | | | | | | | |
| | | | | | | 12. Cost or other basis of livestock or other items reported on line 1a or line 37 of Schedule F Part I or Part III (Enter amount from line 1b or line 46) | | | | | | | | | | |
| | | | | | | 13. Accounts Payable Adjustment (Item 16 on Accounts Receivable and Accounts Payable Worksheet) | | | | | | | | | | |
| | | | | | | 14. Allowable Expenses for Tax Year (Item 11 entry in column 10 plus Item 12 plus Item 13) | | | | | | | | | | |
| Remarks: | | | | | | Remarks: | | | | | | | | | | |





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|---|-------------|---|-----------------------------|---|---------------------|--------------------|---|--|----------------------|----------------------|--|-----------------|------|----|--|--|--|
| WFRP Market Animal and Nursery Inventory Report | | | | | | | Policy No. | | State | | Date | | Page | of | | | |
| | | | | | | | For | | and succeeding years | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Types of Animals or Commodities | | PART 2 - BEGINNING INVENTORY First day of the tax year | | | | | PART 3 - ENDING INVENTORY Last day of the tax year | | | | | | | | | | |
| Type / Category 5 | Number 6 | Average Weight or Container Size, etc. 7 | Average Value per Unit 8 | Total \$ Value 9 | Cost or Basis 10 | Net \$ Value 11 | Number 12 | Average Weight or Container Size, etc. 13 | Average Value 14 | Total \$ Value 15 | Cost or Basis 16 | Net Value 17 | | | | | |
| | | | | | | | | | | | | | | | | | |
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| | | | | 18. Total Beginning Value Less Cost or Other Basis: | | | | | | | 19. Total Ending Value Less Cost or Other Basis: | | | | | | |
| Part 4 - INVENTORY ADJUSTMENT (to be completed ONLY if a claim is filed) | | | | | | | | | | | | | | | | | |
| 20. Adjustment: Amount in Item 19 _____ - Item 18 _____ = _____ Inventory Adjustment. If (+) add as income to count, if (-) subtract from income to count. | | | | | | | | | | | | | | | | | |



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|---|------------------------|------------|-------------------------|----------------------|--|------|--|------|----|--|
| WFRP History Report | | Policy No. | | State | | Date | | Page | of | |
| | | For | | and succeeding years | | | | | | |
| | | | | | | | | | | |
| Tax Year 6 | Allowable Revenue 7 | | Allowable Expenses 8 | | | | | | | |
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| | | | | | | | | | | |
| Total | 9A. | | 9B. | | | | | | | |
| Simple Average | 10A. | | 10B. | | | | | | | |
| Indexed Average | 11A. | | 11B. | | | | | | | |
| Expanded Operation (35 Percent Maximum) | 12A. | | 12B. | | | | | | | |
| Whole-Farm Historic Average (greater of items 10, 11, or 12, if applicable) If using the indexed revenue, then use indexed expenses. If expanded revenue is used, then use expanded expenses. | 13A. | | 13B. | | | | | | | |
| If qualified for indexing, do you wish to utilize indexing to determine Whole Farm Historic Average Allowable Revenue and Allowable Expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you qualify for Expanded Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the Expected Expanded Operations Revenue? _____ Expected Expanded Operations Revenue ÷ Simple Average Revenue = Expanding Operations Adjustment Factor _____ ÷ _____ = _____ (1.35 max) | | | | | | | | | | |
| Provide information regarding entity changes which have been made over the five years of history or for the current year: | | | | | | | | | | |
| List other entities that you are involved in: | | | | | | | | | | |



PART 4 - ENDING INVENTORY
(Last Day of Tax Year)

PART 5. INVENTORY ADJUSTMENT (To be completed ONLY if a claim is filed.)

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| | | | | | | | | | |
|--|------------|--|----------------------|--|------|--|------|----|--|
| WFRP Accounts Receivable and Accounts Payable Report | Policy No. | | State | | Date | | Page | of | |
| | For | | and succeeding years | | | | | | |
| | | | | | | | | | |


| PART 2 - ACCOUNTS RECEIVABLE | | | | | |
|------------------------------|------------------|--------------------------------|--|--------------------|--------------------------------|
| Commodity Name 5 | Year(s) Produced | Name and Address of Buyer 6 | Beginning Amount 7 | Ending Amount 8 | Balance (Item 8 - Item 7) 9 |
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| | | | 10. Total Accounts Receivable Adjustments to Claim | | |

| PART 3 - ACCOUNTS PAYABLE | | | | | |
|---------------------------|------------------|------------------------------------|---|---------------------|-----------------------------------|
| Commodity Name 11 | Year(s) Produced | Name and Address of Creditor 12 | Beginning Amount 13 | Ending Amount 14 | Balance (Item 14 - Item 13) 15 |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | 16. Total Accounts Payable Adjustments to Claim | | |

Remarks:



| | | | | | |
|---|--|--|------|--|----|
| Policy No. | | State | Date | Page | of |
| For | | and succeeding years | | | |
| Substitute Schedule F for WFRP Purposes | | | | | |
| SCHEDULE F (Form 1040) | | Profit or Loss From Farming | | OMB No. 1545-0074 | |
| Department of the Treasury Internal Revenue Service (99) | | ▶ Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B. ▶ Information about Schedule F and its separate instructions is at www.irs.gov/schedulef . | | 20 Attachment Sequence No. 14 | |
| Name of proprietor | | | | Social security number (SSN) | |
| A Principal crop or activity | | B Enter code from Part IV | | C Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual | |
| E Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on passive losses | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| F Did you make any payments in 2013 that would require you to file Form(s) 1099 (see instructions)? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| G If "Yes," did you or will you file required Forms 1099? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Part I Farm Income—Cash Method. Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 9.) | | | | | |
| 1a Sales of livestock and other resale items (see instructions) | | 1a | | 1c | |
| b Cost or other basis of livestock or other items reported on line 1a | | 1b | | 2 | |
| c Subtract line 1b from line 1a | | | | 3b | |
| 2 Sales of livestock, produce, grains, and other products you raised | | | | 4b | |
| 3a Cooperative distributions (Form(s) 1099-PATR) | | 3a | | 5a | |
| 4a Agricultural program payments (see instructions) | | 4a | | 5c | |
| 5a Commodity Credit Corporation (CCC) loans reported under election | | | | 6b | |
| b CCC loans forfeited | | 5b | | 6d | |
| 6 Crop insurance proceeds and federal crop disaster payments (see instructions) | | | | 7 | |
| a Amount received in 2013 | | 6a | | 8 | |
| c If election to defer to 2014 is attached, check here <input type="checkbox"/> | | 6d Amount deferred from 2012 | | 9 | |
| 7 Custom hire (machine work) income | | | | | |
| 8 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | | | | |
| 9 Gross income. Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50 (see instructions) | | | | | |
| Part II Farm Expenses—Cash and Accrual Method. Do not include personal or living expenses (see instructions). | | | | | |
| 10 Car and truck expenses (see instructions). Also attach Form 4562 | | 10 | | 23 Pension and profit-sharing plans | |
| 11 Chemicals | | 11 | | 24 Rent or lease (see instructions): | |
| 12 Conservation expenses (see instructions) | | 12 | | a Vehicles, machinery, equipment | |
| 13 Custom hire (machine work) | | 13 | | b Other (land, animals, etc.) | |
| 14 Depreciation and section 179 expense (see instructions) | | 14 | | 25 Repairs and maintenance | |
| 15 Employee benefit programs other than on line 23 | | 15 | | 26 Seeds and plants | |
| 16 Feed | | 16 | | 27 Storage and warehousing | |
| 17 Fertilizers and lime | | 17 | | 28 Supplies | |
| 18 Freight and trucking | | 18 | | 29 Taxes | |
| 19 Gasoline, fuel, and oil | | 19 | | 30 Utilities | |
| 20 Insurance (other than health) | | 20 | | 31 Veterinary, breeding, and medicine | |
| 21 Interest: | | | | 32 Other expenses (specify): | |
| a Mortgage (paid to banks, etc.) | | 21a | | a | |
| b Other | | 21b | | b | |
| 22 Labor hired (less employment credits) | | 22 | | c | |
| | | | | d | |
| | | | | e | |
| | | | | f | |
| 33 Total expenses. Add lines 10 through 32f. If line 32f is negative, see instructions | | 33 | | 33 | |
| 34 Net farm profit or (loss). Subtract line 33 from line 9 | | 34 | | 34 | |
| If a profit, stop here and see instructions for where to report. If a loss, complete lines 35 and 36. | | | | | |
| 35 Did you receive an applicable subsidy in 2013? (see instructions) | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 36 Check the box that describes your investment in this activity and see instructions for where to report your loss. | | | | | |
| a <input type="checkbox"/> All investment is at risk. | | b <input type="checkbox"/> Some investment is not at risk. | | | |
| For Paperwork Reduction Act Notice, see the separate instructions. | | | | | |
| Cat. No. 11346H | | | | | |
| Schedule F (Form 1040) 2013 | | | | | |

| | | | | | | | | | | |
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| Substitute Schedule F for WFRP Purposes | | | | | | | | | | |
| Schedule F (Form 1040) 2013 | | | | | | | | | | Page 2 |
| Part III Farm Income—Accrual Method (see instructions). | | | | | | | | | | |
| 37 | Sales of livestock, produce, grains, and other products (see instructions) | | | | | | | 37 | | |
| 38a | Cooperative distributions (Form(s) 1099-PATR) | 38a | | | | 38b | Taxable amount | 38b | | |
| 39a | Agricultural program payments | 39a | | | | 39b | Taxable amount | 39b | | |
| 40 | Commodity Credit Corporation (CCC) loans: | | | | | | | | | |
| a | CCC loans reported under election | | | | | | | 40a | | |
| b | CCC loans forfeited | 40b | | | | 40c | Taxable amount | 40c | | |
| 41 | Crop insurance proceeds | | | | | | | 41 | | |
| 42 | Custom hire (machine work) income | | | | | | | 42 | | |
| 43 | Other income (see instructions) | | | | | | | 43 | | |
| 44 | Add amounts in the right column for lines 37 through 43 (lines 37, 38b, 39b, 40a, 40c, 41, 42, and 43) | | | | | | | 44 | | |
| 45 | Inventory of livestock, produce, grains, and other products at beginning of the year. Do not include sales reported on Form 4797 | 45 | | | | | | | | |
| 46 | Cost of livestock, produce, grains, and other products purchased during the year | 46 | | | | | | | | |
| 47 | Add lines 45 and 46 | 47 | | | | | | | | |
| 48 | Inventory of livestock, produce, grains, and other products at end of year | 48 | | | | | | | | |
| 49 | Cost of livestock, produce, grains, and other products sold. Subtract line 48 from line 47* | | | | | | | 49 | | |
| 50 | Gross income. Subtract line 49 from line 44. Enter the result here and on Part I, line 9 | | | | | | | 50 | | |
| *If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 48 is larger than the amount on line 47, subtract line 47 from line 48. Enter the result on line 49. Add lines 44 and 49. Enter the total on line 50 and on Part I, line 9. | | | | | | | | | | |
| Part IV Principal Agricultural Activity Codes | | | | | | | | | | |
|  CAUTION | | <i>Do not file Schedule F (Form 1040) to report the following.</i> <ul style="list-style-type: none">Income from providing agricultural services such as soil preparation, veterinary, farm labor, horticultural, or management for a fee or on a contract basis. Instead file Schedule C (Form 1040) or Schedule C-EZ (Form 1040).Income from breeding, raising, or caring for dogs, cats, or other pet animals. Instead file Schedule C (Form 1040) or Schedule C-EZ (Form 1040).Sales of livestock held for draft, breeding, sport, or dairy purposes. Instead file Form 4797. | | | | | | | | |
| These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS). Select the code that best identifies your primary farming activity and enter the six-digit number on line B. | | | | | | | | | | |
| Crop Production | | | | | | | | | | |
| 111100 Oilseed and grain farming | | | | | | | | | | |
| 111210 Vegetable and melon farming | | | | | | | | | | |
| | | 111300 Fruit and tree nut farming | | | | | | | | |
| | | 111400 Greenhouse, nursery, and floriculture production | | | | | | | | |
| | | 111900 Other crop farming | | | | | | | | |
| | | Animal Production | | | | | | | | |
| | | 112111 Beef cattle ranching and farming | | | | | | | | |
| | | 112112 Cattle feedlots | | | | | | | | |
| | | 112120 Dairy cattle and milk production | | | | | | | | |
| | | 112210 Hog and pig farming | | | | | | | | |
| | | 112300 Poultry and egg production | | | | | | | | |
| | | 112400 Sheep and goat farming | | | | | | | | |
| | | 112510 Aquaculture | | | | | | | | |
| | | 112900 Other animal production | | | | | | | | |
| | | Forestry and Logging | | | | | | | | |
| | | 113000 Forestry and logging (including forest nurseries and timber tracts) | | | | | | | | |

This form is not valid without the WFRP Application/Cancellation/Transfer/Policy Change Reporting Form

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| | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|------------|--|----------------------|--|------|--|------|----|--|--|
| | | | | | | | | | | Policy No. | | State | | Date | | Page | of | | |
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| WFRP Producer's Pre-Acceptance Worksheet for Perennial Crops | | | | | | | | | | | | | | | | | | | |

| County: | | Crop: | | Practice: | | Type: | | Unit No.: | | Remarks/Other: | | | | | | | | |
|-----------|-------------------|-------------------------|--------------------|--------------------|-----------------------------|-----------|---------------------|---------------------|-------------------------------------|---|-----------------------------|---|------------------------------|-------------------|------------------|----------|-----------------------------------|-------------------------------------|
| Yield No. | Legal Description | Farm Name/ Block No. | Mo/Year Planted | Mo/Year Grafted | Insurable or Uninsurable | FSA FN | FSA Tract No. | FSA Field No. | Planted Acres Grower Reported | Rain and Hail Total Measured Acres/ Date Measured | Variety/Type/ Root Stock | Total Number of Plants, Trees, Vines, Bushes* | Plant Spacing/ Pattern | Pruning Height | Percent Stand | Density* | Citrus No. of Wind Machines | Spur or Nonspur (Apples Only) |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
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|---|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Check or circle either yes or no: | Unit Totals | | | | | | | | | | | | | | | | | | * N/A cranberries or low bush blueberries |
| 1. Has damage (i.e. disease, hail, freeze) occurred to Trees/Vines/Bushes/Bog that will reduce the insured crop's production from previous levels? Yes_____ No_____ | | | | | | | | | | | | | | | | | | | |
| 2. Have practices or production methods (e.g., removal, dehorning, grafting, transitioning to organic) been performed that will reduce the insured crop's production from previous crop years? Yes_____ No_____ | | | | | | | | | | | | | | | | | | | |
| 3. Is the current water supply (surface allotment/well) adequate to produce a normal crop for the crop year being certified above? Yes_____ No_____ | | | | | | | | | | | | | | | | | | | |
| 4. For Florida Avocados Only: Do the trees have sufficient vigor to produce the average yield computed for this unit? Yes_____ No_____ | | | | | | | | | | | | | | | | | | | |
| 5. Is the operator using organic or other unconventional farming practices? If yes, How long? Yes ____ How Long? _____ No _____ | | | | | | | | | | | | | | | | | | | |

Planting Pattern Examples

