



MPCI Acreage Report

Insurance Provider	Insured Policy #:	Agency Agency Code:
ARMtech Insurance Services 5102 29th Drive, Suite B. Lubbock, TX 79407	Name: _____ Address: _____ _____	Agency Name: _____ Agent Name: _____ Address: _____ _____
U/W: (800) 335-0120 Bus.: (806) 473-0333 Claims: (800) 335-6010 (806) 473-0334	Phone: _____	Phone: _____
Email: ARMtech@arnt.com	Email: _____	Email: _____

Crop Year:		State:	County:	Crop:	Plan:	Acre Rpt Date:		Cov. Level:	Price:		
#	Unit Farm #	Practice Type	Farm Name Legal Description	Class Map Area	Quota Yield	Others Sharing in Crop	Acres	Tree CSR/ft	Date Planted	Share	Multi-++ Crop
											<input type="checkbox"/> 1st Crop <input type="checkbox"/> 2nd Crop <input type="checkbox"/> 3rd+ Crop
											<input type="checkbox"/> 1st Crop <input type="checkbox"/> 2nd Crop <input type="checkbox"/> 3rd+ Crop
											<input type="checkbox"/> 1st Crop <input type="checkbox"/> 2nd Crop <input type="checkbox"/> 3rd+ Crop
											<input type="checkbox"/> 1st Crop <input type="checkbox"/> 2nd Crop <input type="checkbox"/> 3rd+ Crop
											<input type="checkbox"/> 1st Crop <input type="checkbox"/> 2nd Crop <input type="checkbox"/> 3rd+ Crop
											<input type="checkbox"/> 1st Crop <input type="checkbox"/> 2nd Crop <input type="checkbox"/> 3rd+ Crop

Additional Acreage									
Not Insured	County Crop	Unit Farm #	Practice Type	Farm Name Legal Description	Others Sharing in Crop	Acres	Date Planting is Completed	Share	Reason
<input type="checkbox"/>									



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Additional Acreage

Not Insured	County Crop	Unit Farm #	Practice Type	Farm Name Legal Description	Others Sharing in Crop	Acres	Date Planting is Completed	Share	Reason
<input type="checkbox"/>									
<input type="checkbox"/>									

Remarks Section

++ 1st crop is defined as the first crop insured on all of the acreage by all persons and entities in the crop year. 2nd crop is defined as the second crop insured on all or part of the acreage by any person or entity in the crop year. 3rd+ crop is defined as any crop planted after the second crop on all or part of the acreage by any person or entity in the crop year.

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Spouse Name

Spouse Tax ID

(insured's initials) I understand that I am required to provide the social security numbers of all individuals who have a substantial beneficial interest (SBI) in the applicant or insured, as herein required.

(insured's initials) I understand that my spouse has an SBI in the applicant or insured unless my spouse can show differently in accordance with the procedures established by the Federal Crop Insurance Corporation.

(insured's initials) I understand that if I fail to provide the social security number of any individual with a SBI in the applicant or insured, the insured share of such crops will be reduced commensurate with the share of the individual whose SSNs were not reported.

For individual policies that do not contain a SBI social security number record, failure to initial these statements will result in the denial of insurance and no indemnity will be due.

CERTIFICATION STATEMENT: I submit this report as required for the above identified MPCI or alternative policy and certify that to the best of my knowledge and belief the information is correct and includes my entire interest in all acreage of the reported crops planted in the county(ies) and that of all sharecroppers, if any, in any crops insured under my policy.

(Insured Signature) _____
(Date)

(Agent Signature) _____
(Date) _____
(Agency Code)

FALSE CLAIM STATEMENT

The information I have furnished on this form is complete and accurate. I understand that any false or inaccurate information may result in the sanctions outlined in my policy and administrative, civil, and criminal sanctions under 18 U.S.C. §§ 1006 and 1014, 7 U.S.C § 1506, 31 U.S.C. §§ 3729 and 3730 and other federal statutes.



COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Federal Crop Insurance Act (7 U.S.C. 1506), and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

The balance of the information requested is necessary for the insurance company and FCIC to process this form to: provide insurance; provide reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The information furnished on this form will be used by Federal agencies, FCIC employees, insurance companies, and contractors who require such information in the performance of their duties. The information may be furnished to: FCIC contract agencies, employees and loss adjusters; reinsured companies; other agencies within the United States Department of Agriculture; the Department of Treasury including the Internal Revenue Service; the Department of Justice, or other Federal or State law enforcement agencies; credit reporting agencies and collection agencies; other Federal agencies as requested in computer matching programs; and in response to judicial orders in the course of litigation. The information may also be furnished to congressional representatives and senators making inquiries on your behalf. Furnishing the information required by this form is voluntary; however, failure to report the correct and complete information requested may result in rejection of this form; rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; and a unilateral determination of any monetary amounts due.

NONDISCRIMINATION STATEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternate means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

