

RURAL COMMUNITY INSURANCE SERVICES

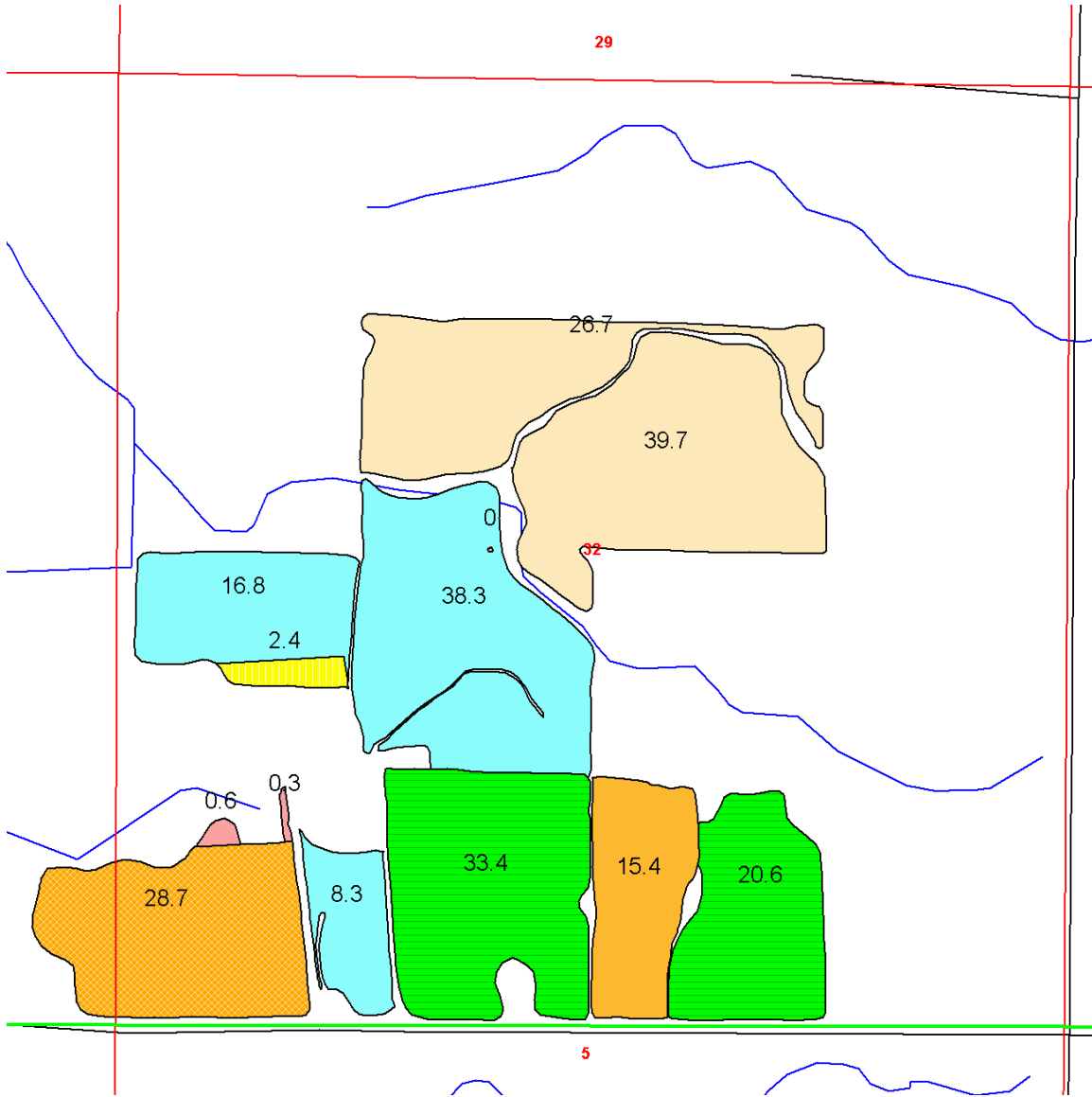
Acreage Report

Organic Sample Farm
1234 Your Street
YOUR TOWN, MN 565749547

Crop Revenue Management
601 Soo Lane Suite 102
Buffalo, MN 55313
Phone: (763) 682-0657 or
1-866-304-CROP(2767)

Crop Year: 2004
Insured's Phone: 000-000-0000
Policy No. : 00-000-000000

YOUR COUNTY, MN
T000N R56W section 32



Plan:	Unit 0000	FSA#	Forage Production - ALFAF/NIRR	Plant Date: 05/13/2003
Risk Area:	54 Acres			Share: 100%
Plan:	Unit 0101	FSA#	Sunflowers - N-OIL/NIRR	Plant Date: 05/20/2004
Risk Area:	28.7 Acres			Share: 100%
Plan:	Unit 0101	FSA#	Soybeans - NTS/NIRR	Plant Date: 05/24/2004
Risk Area:	63.4 Acres			Share: 100%
Plan:	Unit 0101	FSA#	Barley - SPRNG/NIRR	Plant Date: 05/12/2004
Risk Area:	66.4 Acres			Share: 100%
Plan:	Unit 0101	FSA#	Oats - NTS/NIRR	Plant Date: 05/10/2004
Risk Area:	15.4 Acres			Share: 100%
Plan:	Unit 0104	FSA#	Corn - GRAIN/NIRR	Plant Date: 06/05/2004
Risk Area:	2.4 Acres			Share: 100%

Insured's Initials: _____

- Uninsured .9
- Sunflowers, N-OIL/NIRR 28.7
- Oats, NTS/NIRR 15.4
- Soybeans, NTS/NIRR 63.4
- Forage Production, ALFAF/NIRR 54.0
- Barley, SPRNG/NIRR 66.4
- Corn, GRAIN/NIRR 2.4

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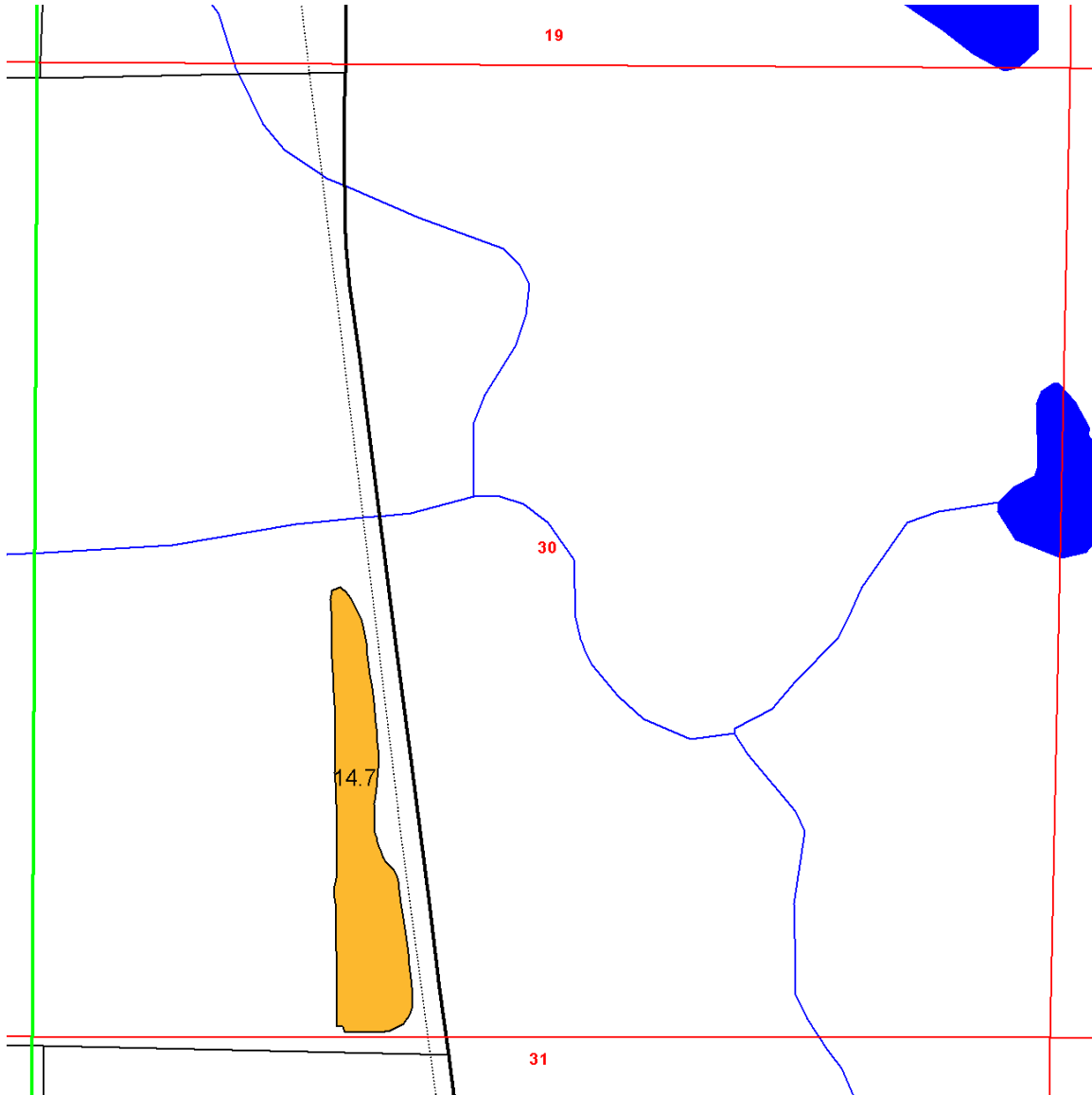
Acreage Report

Organic Sample Farm
1234 Your Street
YOUR TOWN, MN 565740000

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Phone: (763) 682-0657 or
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Crop Year: 2004
Insured's Phone: 000-000-0000
Policy No. : 00-000-000000

YOUR County, MN
T000N R56W section 30



Plan:	Unit 0102	FSA#	Oats - NTS/NIRR	Plant Date: 05/10/2004
Risk Area:	14.7 Acres			Share: 100%

Insured's Initials: _____

 Oats, NTS/NIRR 14.7

Remarks:

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 Insured's Phone: 000-000-0000
 Policy No. : 00-000-000000

Your premium will be adjusted for any change in acreage indicated on the Acreage Report.

The Applicant/Insured agrees to pay the Insurance Provider the crop insurance premium shown on the declaration of the policy, issued as a result of the application and acreage report. Interest will accrue at the rate of 1.25 percent simple interest per calendar month, or any portion thereof, on any unpaid amount due us. For the purpose of premium amounts due us, the interest will start to accrue on the first day of the month following the premium billing date specified in the Special Provisions. Expenses of collection and reasonable attorney fees are payable by the Applicant/Insured.

I submit this report as required for the above identified 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 any person sharing in any crops insured under my policy. I also understand that failure to report completely and accurately may result in avoidance of my crop insurance contract and may result in criminal or civil false claims penalties (18 U.S.C. 1006 and 1014; 7 U.S.C. 1506; 31 U.S.C. 3729 and 3730).

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.

The acreage listed on this form may have been determined using GPS/GIS technology and is solely for the purpose of establishing your insurable acreage for your crop insurance policy. The acreage listed is believed to be accurate, and a correct representation of your insurable acreage. If you dispute the accuracy of the measured acreage, then you should make the appropriate corrections on this form before signing it, otherwise it will be assumed that you agree that the stated acres accurately represent the insurable acres for your crop insurance purposes.

 Agent Completing Form (PRINT NAME)

 Crop Revenue Management
 (Licensed Agent's Signature)

 DATE SIGNED

 Organic Sample Farm
 (Insured or Auth. Rep. Signature)

 DATE SIGNED

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.

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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.