

Rural Community Insurance Services
Production Reporting Form

Instructions to Insureds - Completing the Production Report

Write the following information, where applicable, directly on each field on the enclosed maps:

- > Total Production (Pounds/Bushels/Tons)
- > Record Type
 - S= Production Sold
 - T= Farm Storage, Recorded Bin Measurement
 - F= Livestock Feeding Record
 - A= Appraisal
 - L= FSA Loan Record
 - O= Other
- > Share
- > Shareholder

Verify legal description, farm serial numbers, and unit numbers are correct. Explain any special situations (uninsured acreage, etc.) on the map or in the "Remarks" section below.



Remarks: _____

Crop - Type/Practice

Do not write in space below - For Office/Agency use only

Unit	FSA#	Crop - Type/Practice	Acres	Production	% Share/Owner

- Grain Sorghum - No Type/Non-Irrigated
- Corn - Grain/Irrigated
- Wheat - Spring/Irrigated

RURAL COMMUNITY INSURANCE SERVICES

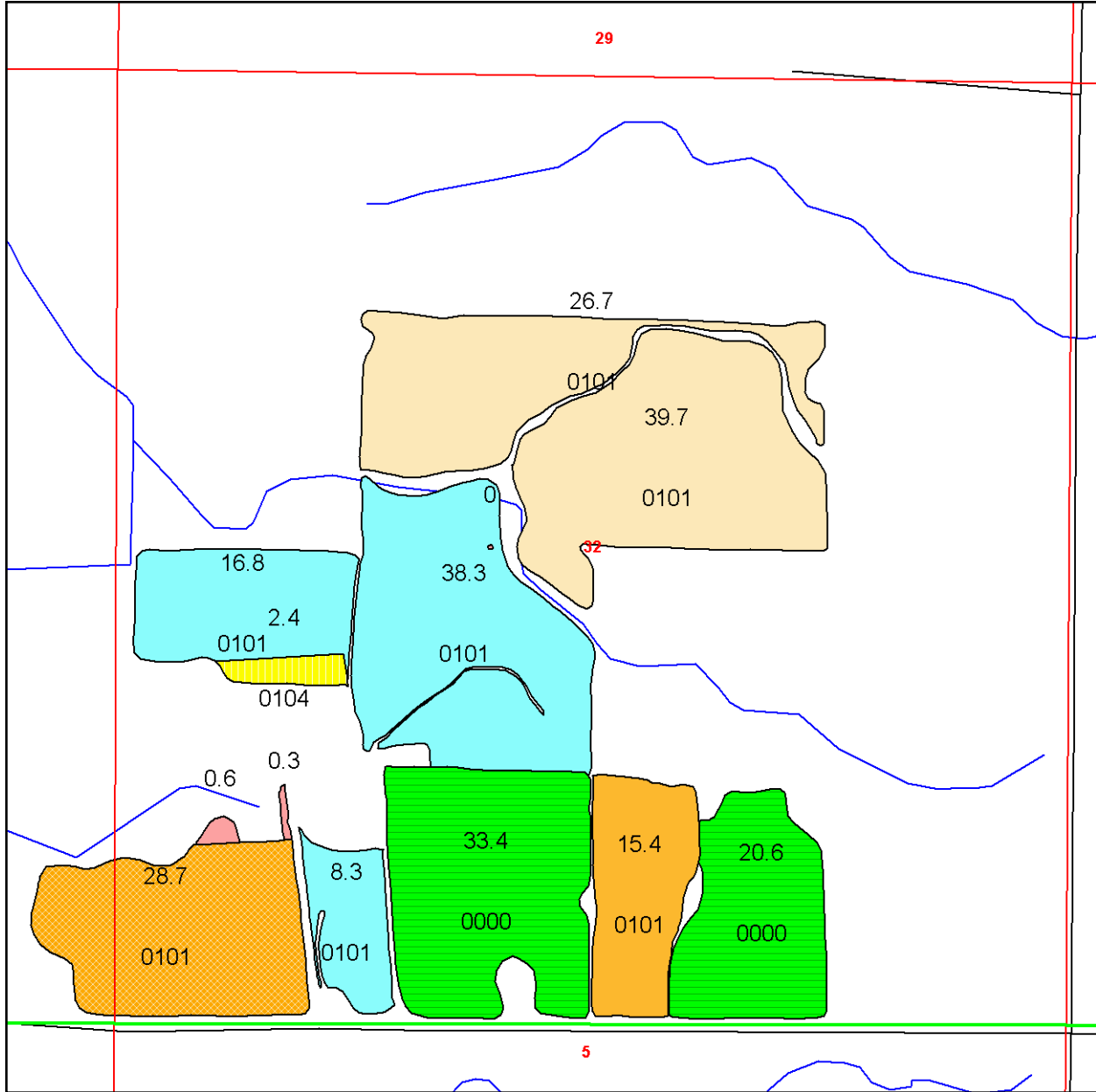
Production Report

Organic Sample Farm
1234 Your Street
YOUR TOWN, MN 565740000

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.: 00-0000-00000

Your Town, MN
REMOTE27 section 32



Remarks: _____

Crop - Type/Practice

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Unit	FSA#	Crop - Type/Practice	Acres	Production	% Share/Owner

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

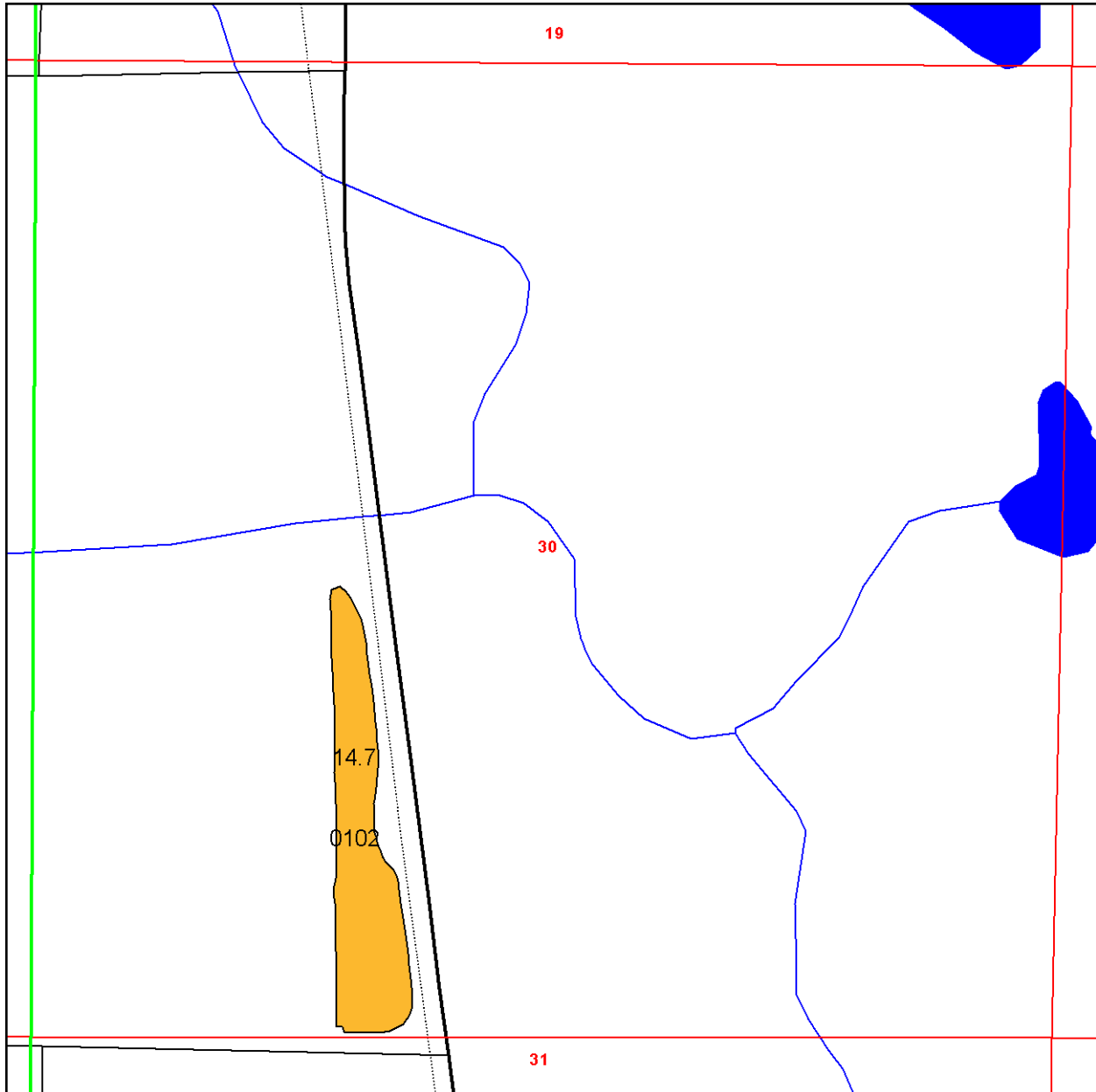
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Your Town, MN REMOTE27 section 32



Remarks: _____

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Unit	FSA#	Crop - Type/Practice	Acres	Production	% Share/Owner

Crop - Type/Practice

 Oats, NTS/NIRR 14.7

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Land Other County? Yes NO

I certify that the information I have furnished as reflected on this form is complete and accurate for the commodity(ies), unit(s), and year(s) shown. I understand this form may be reviewed or audited and that information inaccurately reported or failure to retain records to support information on this form, may result in a recomputation of the approved APH yield. I also understand that failure to report completely and accurately may result in voidance 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).

Crop Revenue Management (Licensed Agent's Signature)	223251 Agent	DATE SIGNED	Organic Sample Farm (Insured or Auth. Rep. Signature)	DATE SIGNED
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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

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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.