

MPCI SELF-CERTIFICATION REPLANT WORKSHEET

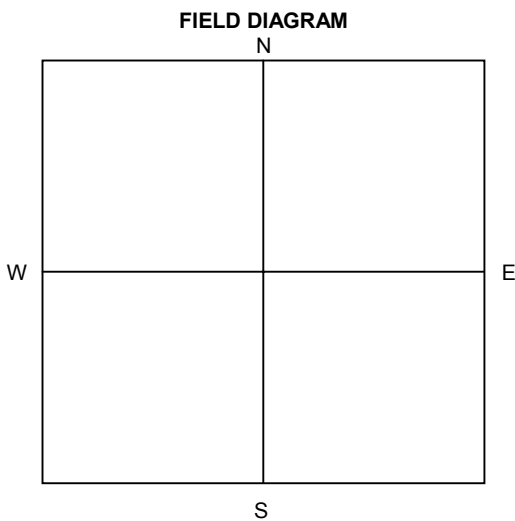
GUIDELINES: The self-certification Replant worksheet may be used when the acreage to be replanted is 50 acres or less for a unit. Per policy provisions, in order to qualify for a replant payment the number of acres to be replanted must be at least the lesser of 20 acres or 20% of the insured planted acreage for the unit (as determined on the final planting date or within the late planting period if a late planting period is applicable). The potential for the acres to be replanted must not exceed the amount stated in the crop policy. A replant payment may be made only once on acreage in the same location for the same crop. The maximum replant payment for eligible crops is your actual cost not to exceed the amount indicated in your policy.

INSTRUCTIONS: Please fill out the following information completely.

1. Company		2. Insured's Name		3. Policy Number	4. Crop/Crop Year
5. Claim Number	6. Share	7. Unit No.	8. FSA FSN	9. Unit Acres	10. Replant Acres
11. Legal Description Section Township Range		12. Cause of Damage	13. Date of Damage	14. Original Plant Date	15. Replant Date

16. Draw the field where the crop is planted. Shade the area actually replanted

17. Indicate the practice/type utilized.



	ORIGINAL	REPLANT
Drilled		
Broadcast		
Airplane-Seeded		
Rowed		
Dry Bean Type		
Tillage Method		
Other		

20. The following represent my ACTUAL REPLANT COSTS as landlord _____ tenant _____ owner/operator _____

MY TOTAL ACTUAL COST FOR REPLANTED ACRES:

SEED	\$ _____	(attach seed receipt)
CLEANING	\$ _____	(bin run seed)
HERBICIDE	\$ _____	(attach receipt)
_____ (other)	\$ _____	_____
		TOTAL EXPENSE

18. My yield potential for the acres to be replanted is _____ per acre.

19. Is damage on your farm similar to other farms in the area?

Yes _____ No _____ (explain)

21. I have an agreement with the other insured party(ies) to incur the entire cost of replanting or to receive all replant payments as provided by policy provisions.

Yes _____ No _____ (If yes, provide documentation.)

I certify the information provided above, to the best of my knowledge, to be true and complete and I understand that it will be used to determine my replanting payment, if any, for damage to the above crop. I also understand that this Worksheet and supporting papers are subject to audit and approval by the company, and that my signature herein authorizes the company to process a replanting payment in accordance with the terms of my insurance contract. I understand that this crop insurance is subsidized and reinsured by the Federal Crop Insurance Corporation, an agency of the United States. 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.

22. _____ (Insured's Signature) _____ (Date) 23. _____ (Adjuster's Signature and Code No.) _____ (Date)

FOR OFFICE USE - AUDIT INFORMATION

24. Review Remarks	25. Reviewer code/Date	26. Actual/ Replant Acres	27. Date of Damage	28. Cause of Damage
	29. Replant Practice	30. Did acreage appear to qualify?	31. Actual Cost	

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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