

# CERTIFICATION FORM

<b>COMPANY NAME:</b>						
<b>Complete and mail this form within five (5) days after: All acreage in the unit has been put to another use, or completion of replanting on the unit for replanting payment <u>1/</u></b>						
1. CONTRACT NO.		2. INSURED			3. DATE ORIGINATED	
4. CROP		5. FSA FSN			6. MAIL TO:	
7. UNIT NO.	8. UNIT ACRES	9. YEAR				
Replant/Other Use of acreage Identified above was completed on the date(s) shown:						
10. FIELD ID	11. INTENDED USE	12. ACRES	13. ACTUAL USE	14. ACRES	15. DATE	16. REPLANT COST PER ACRE
17. TOTALS						
18. REMARKS						
<small>1/ Refer to the crop policy qualifications for replanting payments.</small>						
I submit this report pursuant to the requirements of my above-identified crop insurance policy; and, I certify that to the best of my knowledge and belief the information shown above is correct and that such information can be used for processing the claim which I previously signed.						
19. INSURED'S SIGNATURE					20. DATE	
21.	22. CODE NO. AND FIELDPERSON'S SIGNATURE			23. DATE		
<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED						

## **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.