

MULTIPLE PERIL CROP INSURANCE

NURSERY PEAK INVENTORY VALUE REPORT

1999-NCIS 780P

(This is not a continuous endorsement.)

(WE RESERVE THE RIGHT TO CORRECT ERRORS MADE IN COMPUTATIONS)

Insured's Name					Policy Number			Crop Year	
Street Address					Agency Name				Agency Code
City, State, Zip					Nursery Location				

Practice	CONTAINER GROWN (008)						FIELD GROWN (007)					
County	Unit No.	Peak Inventory Value	Coverage Level	Price Level	Insured Share	Peak Amount of Insurance	Unit No.	Peak Inventory Value	Coverage Level	Price Level	Insured Share	Peak Amount of Insurance
		x	x	x	=			x	x	x	=	
Peak Inventory Coverage Commencement Date			Peak Inventory Coverage Termination Date			Peak Inventory Coverage Commencement Date			Peak Inventory Coverage Termination Date			

Practice	CONTAINER GROWN (008)						FIELD GROWN (007)					
County	Unit No.	Peak Inventory Value	Coverage Level	Price Level	Insured Share	Peak Amount of Insurance	Unit No.	Peak Inventory Value	Coverage Level	Price Level	Insured Share	Peak Amount of Insurance
		x	x	x	=			x	x	x	=	
Peak Inventory Coverage Commencement Date			Peak Inventory Coverage Termination Date			Peak Inventory Coverage Commencement Date			Peak Inventory Coverage Termination Date			

Practice	CONTAINER GROWN (008)						FIELD GROWN (007)					
County	Unit No.	Peak Inventory Value	Coverage Level	Price Level	Insured Share	Peak Amount of Insurance	Unit No.	Peak Inventory Value	Coverage Level	Price Level	Insured Share	Peak Amount of Insurance
		x	x	x	=			x	x	x	=	
Peak Inventory Coverage Commencement Date			Peak Inventory Coverage Termination Date			Peak Inventory Coverage Commencement Date			Peak Inventory Coverage Termination Date			

I submit this report pursuant to the requirements of the nursery crop insurance provisions and certify to the best of my knowledge that it is correct.

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.

Insured's Signature	Date	Representative's Signature	Date
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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

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 alternative 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.

**PEAK INVENTORY VALUE REPORT INSTRUCTIONS [1999-NCIS 780P]
(NOT AVAILABLE FOR CAT)**

The following entries are required for the Peak Inventory Value Report. The sequence of the items on the form will be determined by the format selected by the company.

This report must be completed when the insured reports values have been or will be increased for a particular period of time and the policy will be endorsed to reflect this time and value increase.

Premium will be charged for each month the amount of coverage is increased. A full month's premium is charged for any fraction of a month the amount of coverage is increased.

This report may be filed up until May 31 of each year.

No more than two endorsements may be purchased in a crop year (unless a loss occurred and the loss was to inventory covered by the Peak Inventory Value Report). Damaged plants (originally reported under the Plant Inventory Value Report) that are replaced should be reported for coverage under the Plant Inventory Value Report.

Price percentage, elections, and coverage levels remain the same as provided by the underlying policy. Only the inventory value changes.

The maximum liability for any one peak endorsement is limited to the amount of insurance reported for the practice.

The insured may have more than one peak endorsement in effect covering portions or all of the same period of liability increase. The commencement/termination dates of peak endorsements do not have to coincide.

IDENTIFYING THE INSURED

Insured's Name and Policy Number
Street Address, City, State, Zip Code
Crop Year
Agency Name and Code
Nursery Location

REPORTING BY BASIC UNIT

Separate columns by practice: **Container Grown 008** and **Field Grown 007**

County/Unit Number

Peak Inventory Value (value the Inventory is increased by the Peak Inventory Value Report) – *multiplied by*

Coverage Level (one level per crop/county) – *multiplied by*

Price Level (one price % per crop/county) – *multiplied by*

Insured's Share – *equals:*

Peak Amount of Insurance (the practice value plus the peak inventory value)

Peak Inventory Coverage Commencement Date (may be any date selected by the insured)

Peak Inventory Coverage Termination Date (may be any date selected by the insured)

UNDERSTANDING BY INSURED

Assure that the peak increase in inventory:

- is reported in accordance with values from the Plant Price Schedule.
- reflects the inventory values and practice during the peak period reported by the insured.

SIGNATURE BY INSURED

The insured must sign and date the Peak Inventory Value Report. It is not acceptable to mark the report "signature on file" or "report by telephone" or any other remark without the original signature.

SIGNATURE BY REPRESENTATIVE

The agent must sign and date the Peak Inventory Value Report.