

**MULTIPLE PERIL CROP INSURANCE**

**NURSERY PLANT INVENTORY VALUE REPORT**

**2000-NCIS 780**

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

Insured's Name				Policy Number				Crop Year				<b>IF REVISED REPORT, CHECK HERE</b>							
Street Address								Has the nursery operation changed in the last year?								Yes		No	
City, State, Zip								Are all growing locations insured?								Yes		No	
Nursery Location:								I elect to have optional units and pay the additional premium.								Yes		No	
<b>Practice</b>	<b>CONTAINER GROWN (008)</b>							<b>FIELD GROWN (007)</b>											
County	Unit No.	Practice Value	Coverage Level	Price Level	Insured Share	Amount of Insurance		Unit No.	Practice Value	Coverage Level	Price Level	Insured Share	Amount of Insurance						
		x	x	x	=				x	x	x	=							
Previous Year's Sales (CAT only):								Previous Year's Sales (CAT only):											
		x	x	x	=				x	x	x	=							
Previous Year's Sales (CAT only):								Previous Year's Sales (CAT only):											
		x	x	x	=				x	x	x	=							
Previous Year's Sales (CAT only):								Previous Year's Sales (CAT only):											
Remarks:																			
<p>I submit this report and (if applicable) the most recent wholesale catalog(s) or price list(s) for my nursery pursuant to the requirements of the nursery crop insurance provisions, and certify to the best of my knowledge that they correctly present the wholesale prices at which my plants have been offered for sale.</p> <p>Also, I understand and agree that:</p> <ol style="list-style-type: none"> <li>Only plants listed in the Eligible Plant List and Plant Price Schedule (EPLPPS), or for which I have an approved written agreement, are insurable.</li> <li>I should value my plant inventory based on the prices from an approved written agreement, or the lesser of the prices listed in the EPLPPS or the lowest wholesale price contained in my initially submitted wholesale catalog(s) or price list(s).</li> <li>Indemnities will be based on prices from an approved written agreement, or the lesser of the prices listed in the EPLPPS or the lowest wholesale price contained in my initially submitted wholesale catalog(s) or price list(s).</li> <li>Over-reporting my inventory value for insurance purposes will cause me to overpay premium and will increase my crop year deductible. My crop year deductible may not be reduced by revising the report downward except as approved by the company in accordance with approved guidelines.</li> <li>If I under-report my inventory value, any indemnities payable may be prorated down by an under-report factor.</li> <li>Only wholesale nurseries, as defined in the policy, are eligible for coverage.</li> </ol> <p>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.</p>																			
Insured's Signature					Date			Agent's Signature					Code Number		Date				

### **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.