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FEDERAL CROP INSURANCE CORPORATION DIRECTIVE		NUMBER: 24020
SUBJECT: 1999 WRITTEN AGREEMENT HANDBOOK	DATE:	11/6/98
	OPI:	Research and Development
	APPROVED:	/s/

1 PURPOSE

To provide standards and instructions to the Risk Management Agency (RMA) Regional Service Offices (RSO's) for the processing of actuarial requests and written agreements. The procedures contained in this handbook are consistent with 7 CFR Part 400

Subpart S which has been published as a proposed rule. Revisions to these procedures may be required upon publication of this subpart as a final rule or the issuance of other regulations affecting the issuance of written agreements.

NOTE: IF A CONFLICT EXISTS BETWEEN THE LANGUAGE OF THIS HANDBOOK AND THE CROP INSURANCE HANDBOOK (CIH), THE LANGUAGE OF THE CIH WILL CONTROL.

2 CANCELLATION

- A Effective Date. The FCIC 24020 Written Agreement Handbook became effective upon approval.
- B This issuance is for the 1999 and succeeding crop years.
- C Issuances Rescinded. This handbook replaces Transmittal No. 24020 dated **January 16, 1998**.

FILING INSTRUCTIONS

Remove

Insert

Entire Handbook

New Handbook

DISTRIBUTION

Directors, Washington, D.C., Kansas City, Regional Service and Compliance Offices; National Appeals Division; and National Crop Insurance Services.

RESERVED

3 WRITTEN AGREEMENT

The written agreement is a document designed to provide crop insurance for insurable crops when coverage or rates are unavailable by standard means. It is used to modify multiple peril crop insurance offers, and correct errors and omissions which may be shown on the actuarial document. This document allows the Federal Crop Insurance Corporation (FCIC) the flexibility to provide insurance coverage for land or persons involved in the production of insurable crops and to amend the terms and condition of insurance provided in the insurance policy when specifically permitted by the individual crop policy and actuarial table.

A General Rules

- (1) The written agreement is valid only for the crop year indicated on the agreement, unless otherwise specified.
- (2) Requests for written agreements must include all information required to establish insurance coverage in accordance with the policy and actuarial table **(WRITTEN AGREEMENT REQUESTS WILL NOT BE ACCEPTED FOR CROPS FOR WHICH THERE IS NO CROP POLICY, ENDORSEMENT, OR CROP PROVISION).**
- (3) Initial requests that establish insurability and are submitted after the **SALES CLOSING DATE REQUIRE A CROP INSPECTION IF THE CROP HAS BEEN PLANTED.** A written agreement will not be approved if the crop's potential does not equal or exceed 90 percent of the yield per acre used to determine the production guarantee or amount of insurance at the time the offer is to be made. (See the applicable Loss Adjustment Manual (LAM) for inspection procedures.)
- (4) Any existing policy and actuarial requirements will remain in effect if the request is denied, the written agreement offer is not accepted by the insured, the written agreement is not accepted by the insured by the expiration date, the minimum crop yield per acre specified in (3) above is not met, or is not approved by the Risk Management Agency (RMA) Regional Service Office **(HEREAFTER REFERRED TO AS REGIONAL SERVICE OFFICE OR RSO)** or the Insurance Provider (i.e. Reinsured Company), as applicable.
- (5) Any written agreement which provides identical coverage **(within 5 percent tolerance)** to that requested may not be rejected by the insured or the Insurance Provider (see Section 3D(1)(a)).
- (6) Written agreements are not authorized for any policies insured under the Catastrophic Risk Protection Endorsement (CAT) and Revenue Assurance (RA) program. **Written agreements may be authorized under the Crop Revenue Coverage (CRC) for the purpose of ADJUSTING OR ESTABLISHING RATES on high risk rated or unrated land, practices, and other similar conditions. Written agreements may also be authorized for the Income Protection program and pilot crops, but only in**

the county where the pilot is approved. (If the pilot crop is approved for the state, all counties within that state are approved.)

- (7) **THE INSURANCE PROVIDER WILL FOLLOW ALL PROCESSING AND APPROVAL PROCEDURES APPLICABLE FOR WRITTEN AGREEMENTS WHICH MAY BE AUTHORIZED AND APPROVED BY THE INSURANCE PROVIDER (SEE EXHIBIT 7), EXCEPT PROCEDURES FOR MEDIATION AND APPEALS PROVIDED UNDER FEDERAL REGULATIONS WHICH DO NOT APPLY.**

B Submission Deadlines for Written Agreement Requests

Submission deadlines for written agreement requests are listed below (also see Section 4A and B, and Exhibit 7). The insured must sign, date, and submit a request for a written agreement in writing to the agent no later than the applicable deadline (see Exhibit 5A-C for examples of the Request for Actuarial Change Form). The request must be received in the applicable RSO no later than 20 days after the applicable deadline. Any written agreement request made through the Insurance Provider that is received later than the deadline will not be processed by the RSO. A notification letter stating the reason for denial and information regarding reconsideration, mediation, and appeal rights will be provided by certified mail to the insured with a copy to the Insurance Provider (see Section 3K).

(1) Sales Closing Date Deadline

The following written agreement requests must be signed by the sales closing date:

- (a) Requests to provide insurance coverage for crop classes (types) of dry beans that are not designated as insurable classes (types) by the actuarial table or Special Provisions;
- (b) Requests to provide insurance coverage in counties without published rates on the actuarial table;

NOTE: The sales closing date is the applicable crop cancellation date for the area where the county is located, as shown on the crop policy or endorsement.

- (c) Requests to provide insurance coverage for special purpose corn if coverage is not provided by the Special Provisions;
- (d) Requests to provide insurance coverage for non-irrigated corn grain where only irrigated corn is listed on the actuarial table;
- (e) Requests to amend the terms of insurance provided in the insurance policy when specifically permitted by the policy;
- (f) Requests to provide coverage for Not Intertilled Between Row (NIBR) sunflowers if coverage is not provided on the actuarial table;

- (g) Requests to provide coverage for Strip Mined Land if coverage is not provided on the actuarial table; and
- (h) Requests to insure seed potato acreage in excess of 125 percent of past average seed potato acreage.

(2) Acreage Reporting Date Deadline

The following written agreement requests must be signed by the acreage reporting date:

- (a) Requests to assign actuarial classifications, if such classifications are not provided;
- (b) Requests to amend actuarial classifications contained in the actuarial documents, if additional information is provided in the request which would substantially change the classification (e.g., acreage designated as unrated, unclassified or uninsurable, peanuts and tobacco, and high risk land);
- (c) Requests to provide insurance coverage for crop practices, types, or varieties (P/T/V) which are not designated by the actuarial table or Special Provisions (Exceptions: dry beans, special purpose corn, non-irrigated corn for grain, and NIBR sunflowers);
- (d) Requests to provide alternative methods of unit division (Written Unit Agreement) on an individual basis when physical features and good farming practices make it impossible for the insured to conform to optional unit division guidelines.
- (e) Requests to provide coverage on land which has not produced a crop in the last three years.

(3) Other Submission Date Deadlines for Written Agreement Requests (see Exhibit 7)

Small grains. Requests to insure a crop interplanted or planted with another crop. (Refer to the applicable crop provision for a definition of interplanting.)

(4) Written Agreement Requests With No Submission Date Deadlines

Requests to provide insurance coverage or amend other actuarial classifications as a result of mediation or appeal.

(5) Reissued Written Agreements

See Exhibit 7 for submission deadlines for written agreements reissued for subsequent crop years.

C Conditions for Authorizing Written Agreements

A written agreement may be authorized if:

- (1) FCIC determines that adequate information is available for the individual and/or county to establish actuarially sound premium rates and insurance coverage for the insurable crop;
- (2) The crops, types, practices, or varieties are adapted to prevalent production conditions of the county;
- (3) All required information (see Section 3D) was received by the specified deadlines;
- (4) Individual requests are submitted for each insured, by crop;
- (5) The crop is commercially grown in the county and viable markets for the crop are available (applicable for counties without actuarial tables);
- (6) The requested change to the terms of insurance conforms to sound insurance principles as determined by FCIC;
- (7) The requested change is a significant variation from the terms and conditions established by the crop policy, endorsement, crop provision, and/or actuarial table as determined by FCIC; and
- (8) The requested changes to the terms and conditions of insurance are not prohibited by the Federal Crop Insurance Act, as amended, or by the insurance policy.

The RSO will deny requests that do not meet any of these conditions and will provide an explanation to the Insurance Provider for each request denied. If a request for a written agreement is denied, the original terms and conditions of the contract (if applicable) will remain in force.

D Required Information for Written Agreements

- (1) ALL REQUESTS for the purpose of establishing a rate or coverage different from that available from the county actuarial table or initially establishing a rate which are submitted less than 60 days prior to the sales closing date must contain the following statement in its entirety:

"I have read and understand the following:

- (a) If this request is for the purpose of establishing a rate or coverage different from that available from the Actuarial Table, or initially establishing rates and coverage not available on the Actuarial Table, I agree to accept the rates and coverage assigned on the written agreement as of the date of this request, if they are within 5 percent of the rates and coverage I requested and as contained on this form.

- (b) If the rate and coverage provided on the written agreement are different from those contained in this request (by more than 5 percent), or if I did not specify the terms to which I would agree, I will have the option of accepting the rate and coverage provided by the written agreement or those provided by the Actuarial Table, if available.
- (c) If this request is denied, the written agreement is not approved, or I do not accept the written agreement under (b) by the expiration date specified in the written agreement, I agree that I must accept the rate and coverage from the Actuarial Table, if available. If this request is to initially establish a rate and coverage not otherwise available from the Actuarial Table, I agree that such insurance coverage will not be provided should this request be denied or the written agreement is not approved or accepted by the expiration date.
- (d) I agree that any option to cancel or change my crop insurance policy for the current crop year based on FCIC determinations described in (b) and (c) may be exercised in accordance with the policy by the cancellation date.
- (e) I agree that the preceding statements will apply to any determinations made by FCIC as the result of a request for reconsideration, mediation, or an appeal related to this request for a written agreement.”

NOTE: If the request is computer generated, the statements should precede the signature/date line. If the request is a printed form and space is not adequate to enter the statement on the form, an attachment containing the statements with the insured signature and date may be used.

See Section 3B for additional instructions on submission requirements.

- (2) For counties without an Actuarial Table, the request must include the following:
 - (a) A completed Actual Production History (APH) form based on verifiable records of actual yields **for the crop or a similar crop determined by FCIC if records for the same crop are unavailable** for at least the most recent three consecutive crop years during the base period. If the producer expands the farming operation across a county or state line into a local producing area, FCIC may consider existing production reports from the current crop production to be sufficient;

NOTE: A “local producing area” is defined as an area in a county without an actuarial table that has similar production

capabilities, cropping practices and conditions, and which borders a county with an actuarial table for the subject crop.

NOTE: A “similar crop” is defined as another crop produced by the grower and classified under a broad grouping of crops, for example: row crops, tree crops, vine crops, bush crops, etc. The actual records provided for a “similar crop” are intended to demonstrate the farming experience of the producer and may not be used to establish the producer’s coverage. Standard procedures contained in the FCIC 18010 Crop Insurance Handbook (CIH) will be used to determine a transitional yield for the crop (by practice, type or variety).

- (b) Evidence of adaptability;**
 - (c) The dates the applicant and other growers in the area normally plant and harvest the crop;
 - (d) The name, location of, and approximate distance to the location at which the crop will be sold or used by the applicant;
 - (e) The legal description of the land (in areas where legal descriptions are available), Farm Service Agency (FSA) Farm Serial Number (FSN) including tract number, and a FSA aerial photograph or legible maps delineating field boundaries where the applicant intends to plant the crop for which insurance is requested;
 - (f) If applicable, the irrigated water source, method of irrigation, and the amount of water for irrigated coverage must be identified.
 - (g) Specific requirements contained in Section 4A(1) of this handbook, FCIC 18010 Crop Insurance Handbook (CIH), or directives issued by FCIC.
- (3) For all other written agreements, the requirements, as applicable, are:
- (a) A copy of the verified APH form(s) for the current crop year;
 - (b) The legal description of the land (in areas where the legal descriptions are available), FSA FSN including tract numbers, and a FSA aerial photograph, or legible maps delineating field boundaries where the acreage is planted or intended to be planted to the crop for which insurance is requested or requested to be amended;
 - (c) Evidence of adaptability, if the request is to provide insurance for practices, types, or varieties that are not designated as insurable or specifically excluded from insurability by the Special Provisions;

- (d) Specific requirements as contained in section 4 of this handbook, the FCIC 18010 CIH, or other directives issued by FCIC.

E Individual/Multiple Request(s) for Written Agreements

- (1) A separate "Request for Actuarial Change," FCI-5, FCI-5A, FCI-5B, or FCIC approved company form must be submitted for each request for actuarial change by county and crop and must provide all the information required by FCIC regulations and approved procedures.
- (2) "Lists" of growers submitted for consideration (batch requests) are not acceptable.

NOTE: If multiple growers or multiple crops are included on a request, the RSO will return the form as unacceptable.

- (3) A request may include more than one request type (see Section 3B). If a request includes more than one request type or more than one practice, class (type), or legal description/FSN etc.,:
 - (a) One written agreement, by crop, may be used for multiple practices, types, etc., if the terms of the written agreement apply equally (e.g., providing standard rates for multiple practices on unrated acreage).
 - (b) Multiple agreements, by crop, may be more appropriate if the terms of the written agreement apply separately by practice, type, etc. **IF MULTIPLE AGREEMENTS ARE USED FOR THE CROP, THE INSURED MAY NOT REJECT THE COVERAGE ON ONE AND ACCEPT ON ANOTHER.** (This does not limit the insured from excluding coverage through the high risk land exclusion option.)

F Processing Actuarial Requests

The RSO will record the date the request is received. Within 15 calendar days of receiving all required information, the RSO should issue the written agreement offer, deny the request, or return the request if no action is required. If the RSO experiences a delay, notify the Insurance Provider of the reason for the delay and when the approved offer may be expected. In no instances will the date the RSO issues the written agreement exceed 30 days after the receipt of all required information (except action taken as a result of a reconsideration, mediation, or an appeal).

(1) Requests with Missing Information

The RSO will:

- (a) When required information is missing from a request, attempt to obtain the missing information by telephone or mail.

Communicate the deadline (see Section 3B, 3C(2), and Exhibit 7) for receiving the missing information.

- (b) Follow up any telephone request with a written notification (provided there is sufficient time for such written notice) specifying the deadline to receive additional information and stipulating what is missing.
 - (c) Reject any request if the deadline is not met.
- (2) When the RSO refers requests to the Insurance Provider for more information, record the referral date and the referral code. The date of the call or the date the request for additional information was mailed will be the referral date. (Refer to the RSO user's manual for referral codes.)
 - (3) Denying a Request. When denying a request for a written agreement, use certified mail to send a denial letter to the insured with a copy to the Insurance Provider and include a notice of reconsideration, mediation, and appeal rights and procedures (see Section 3K).
 - (4) When a request is denied, record the type of written agreement requested (see Section 3H(2) for codes). Record the date the denial letter is mailed to the Insurance Provider as the date of denial, and the code which shows the reason for denial.

Reasons for denial:

- (a) Late requests. Use code (LAT) to record requests received in the RSO office after the applicable deadline.
- (b) Denied requests. Use code (DEN) to record cases in which the RSO declines to make the requested change (e.g., requests for insurance on buckwheat).
- (c) Incomplete requests. Use code (INC) to record requests that contain little or none of the required information. Also use when you have asked for more information and it was not provided by the deadline (see (1) above).
- (d) Inappropriate requests. Use code (INA) to record requests that do not require a written agreement (e.g., a written agreement was issued the preceding year and changes are now included in the actuarial documents).

G Written Agreement Provisions

- (1) Required Written Agreement Provisions. Use the standard written agreements (Exhibits 1 to 4) when issuing a written agreement.
 - (a) For written agreements providing coverage in counties without an actuarial table, the written agreement will include:

- 1 "T" Yields or classifications and/or any other basis of insurance coverage as appropriate for the crop or as contained on the actuarial documents of the reference state and county (with any exceptions noted). Refer to the CIH for further instructions.
- 2 The premium rates, which may be the rates:
 - i Shown on the county actuarial table for the reference county. (The rate tables for the reference state and county may be attached for this purpose. Any exceptions must be noted.);
 - ii Determined by applying a factor to rates from the reference county actuarial table; or
 - iii Determined by quoting individualized rates at the highest coverage percentage available. Differential factors for the crop will be used to determine the premium rate for other coverage percentages.

NOTE: Determine rates with the goal of achieving and maintaining a cumulative national loss ratio of 1.075. This instruction is applicable to ALL written agreements that establish a rate.

The "20 percent rate cap" rule does not apply to written agreements which are reissued for a subsequent crop year.

- 3 The reference state and county for determining the Special Provisions (attach a copy of the Special Provisions of the reference county and price elections to the written agreement);
 - 4 Terms and conditions including exceptions to the Special Provisions of the reference state and county (See Note under (b) below);
 - 5 The expiration date (see Note under (b) below); and
 - 6 Other necessary administrative statements as provided in this handbook or other statements as approved by the Insurance Services (IS)/Research and Development (R&D).
- (b) For all other written agreements, all variations to the contract will be specified in the written agreement including:

- 1 The actuarial documents (including applicable Special Provisions), forms, terms or conditions amended by the agreement;
- 2 The insurance coverage [refer to G(1)(a)1].
- 3 The premium rate [refer to G(1)(a)2].
- 4 The terms and conditions of the agreement including exceptions to the Special Provisions of the reference state and county (See Note below);
- 5 The expiration date (see Note below); and
- 6 Other necessary administrative statements as provided in this handbook or other statements as approved by IS/R&D.

NOTE: As provided in G(1)(a)4 and (b)4, you may alter the dates on the written agreement from the dates applying to the reference state/county; however, the dates that are used on the written agreement may not be later than the dates applying to the reference state/county (unless a written agreement data base has been established in Kansas City).

NOTE: The expiration date referenced in G(1)(a)5 and G(1)(b)5 is not required if part (a) of the statement contained in Section 3D(1) applies and the request is approved in accordance with Section 3I(3).

- (2) The late planting option or late planting provision may apply to acreage of a crop covered by the written agreement. When a late planting option/provision is in effect for the crop, the assigned rates and/or coverage will be based on a timely planted crop without regard to the option/provision. Coverage adjustments will be made in accordance with the late planting option/provision.
- (3) Determining the Expiration Date of the Written Agreement (if applicable).
A written agreement issued 30 days or more before sales closing remains a valid offer until 12:01 a.m. on the day following sales closing. Written agreements issued less than 30 days before or after the sales closing are valid offers for 30 days.

H Recording/Logging of Written Agreements

- (1) When a written agreement is issued by the RSO, the RSO will:
 - (a) FOR RSO ISSUED/APPROVED WRITTEN AGREEMENTS [See Section 3I(3) below]

Record the date the written agreement is mailed as the date issued and the type of written agreement.

(b) FOR WRITTEN AGREEMENTS ISSUED TO AN INSURANCE PROVIDER

Record the type of written agreement, the expiration date of the written agreement, and the date the written agreement is mailed as the date issued.

(2) Logging Codes by Type of Written Agreement:

- (a) High-Risk Land. Use code (HR) to change the rate on high-risk land.
- (b) Acreage designated unrated, unclassified, and uninsurable. Use code (UC) to classify the land as either high risk or standard APH.
- (c) Reclassified Land. Use code (RL) to change the area classification of land or to reclassify high-risk land to standard APH rates.
- (d) Undesignated practice, class, (type) and variety. Use code (TP).
- (e) Dry Beans, undesignated insurance classes. Use code (TPD).
- (f) County with no actuarial table. Use code (XC) when there is a crop program available, but no rates are published in the county.
- (g) Peanut and Tobacco. Use code (PT).
- (h) Policy Exceptions. Use code (PE) whenever a written agreement amends the terms of insurance provided in the insurance policy if specifically permitted by the crop policy, endorsement, or crop provision.
- (i) Non-Irrigated Corn. Use code (TPC).
- (j) Special Purpose Corn. Use code (SPC).
- (k) New Breaking. Use code (NB) for land that has not been previously farmed.
- (l) Unit Agreement. Use code (UA).
- (m) Unclassified Entities Listing Changes. Use code (LS) when any listing is amended.
- (n) Small Grain Policy. Use code (SGP).

- (o) Strip Mined Land. Use code (SML)
- (p) Other. Use code (OT) when requests do not fall into any of the above categories.

I Issuing Written Agreements

- (1) Instructions will be provided to the Insurance Provider which indicate:
 - (a) If applicable, the written agreement will not be presented to the insured unless the minimum appraisal in Section 3A(3) is met.

(b) **The requirements for processing the written agreement (See Section 3J(1)(a) and (b)).**

- (2) Issuing Written Agreements to the Insurance Provider

The RSO will mail the written agreement directly to the Insurance Provider. It is the Insurance Provider's responsibility to process the written agreement in accordance with this procedure.

- (3) RSO Issued/Approved Written Agreements

On some written agreements, the signatures of the insured and authorized representative of the Insurance Provider are not required. Written agreements issued by the RSO under Section 3D(1)(a) are considered accepted by the insured as of the date of the request and are approved by the RSO (subject to Section 3A(3)) upon issuance to the Insurance Provider. The Insurance Provider may not void or alter the agreement terms. SEE THE EXHIBIT'S TITLE PAGE FOR ADDITIONAL INSTRUCTIONS ON WRITTEN AGREEMENTS APPROVED BY THE RSO. Provide copies of the request to the Insurance Provider for distribution with the written agreement.

NOTE: RSO issued/approved written agreements also include those cases involving reconsiderations, mediations, and appeals where the coverage requested is provided to the insured.

J Processing the Written Agreement

For written agreements not covered under Section 3I(3).

- (1) When the insured accepts/signs the written agreement as offered by the expiration date:
 - (a) **FOR WRITTEN AGREEMENTS REQUESTED AFTER THE SALES CLOSING DATE WHICH ESTABLISH INSURABILITY.**

1 The Insurance Provider will perform a crop inspection, if required (see Section 3A(3)), and obtain the insured's signature if the crop inspection requirements are met.

- 2 Return the completed written agreement to the RSO within 10 calendar days of the expiration date. If the written agreement is received at the RSO later than 10 calendar days after the expiration date, the RSO may reject the agreement [excludes written agreements approved under Section 3J(1)(b)].
 - i If the agreement is not accepted, an offer was not made to the insured due to a failed crop inspection, or the Insurance Provider chooses not to make the offer, return the agreement to the RSO with the applicable notation (offer rejected by the insured, offer not made due to a failed crop inspection, or the Insurance Provider declined to make an offer).
 - ii A copy of the agreement (with notation, if applicable) will be retained as a permanent part of the insured's file folder.
- 3 The RSO will record the date of receipt of the written agreement.
- 4 The RSO Director, Underwriting Services Branch (USB) Chief, or a designated authorized representative will approve all accepted written agreements that are returned timely provided the condition of the crop as determined by the crop inspection is acceptable. [See Section 3A(3)].
- 5 After approval, the RSO will retain a copy of the written agreement for their records. The RSO will send the original written agreement to the Insurance Provider for distribution. The original will be placed in the insured's file folder and a copy forwarded to the insured and, if applicable, the agent.

NOTE: The RSO Director may delegate authority to an Insurance Provider to approve written agreements under 3J(1)(a) including distributing the agreement. Written agreements will be processed as described in 3J(1)(b) below.

(b) FOR WRITTEN AGREEMENTS REQUESTED BY THE SALES CLOSING DATE OR REQUESTED AFTER THE SALES CLOSING DATE AND WHICH DO NOT ESTABLISH INSURABILITY.

- 1 The Insurance Provider will obtain the insured's signature.

- 2 The authorized representative for the Insurance Provider may approve all written agreements that are returned timely.
 - 3 After approval, the Insurance Provider will retain the original copy of the written agreement in the insured's file. A copy will be forwarded to the insured, agent, and RSO.
 - 4 The RSO will record the date the written agreement was issued.
 - 5 The RSO will record the date of receipt of the accepted written agreement.
 - 6 The RSO will record the date the company approved the written agreement as the date signed by the applicable approving official.
 - 7 When the insured rejects the written agreement, or when the Insurance Provider does not offer the written agreement, a copy of the agreement will be returned to the RSO with the applicable notation (offer rejected by the insured or Insurance Provider declined to make an offer).
- (2) When the insured accepts the written agreement after the expiration date:
- (a) For written agreements under Section 3J(1)(a)

Record the written agreement as accepted (signed by the insured) after the expiration date. Record acceptance by the insured and deny the written agreement. Record the denial date and the reason for the denial, as "LATE." See Section 3K for reconsideration, mediation, and appeal instructions.
 - (b) For written agreements under Section 3J(1)(b)

Record the written agreement as accepted (signed by the insured) after the expiration date. Notify the Insurance Provider that the changes authorized by the RSO and contained on the written agreement are not valid for FCIC purposes because they were accepted by the insured after the expiration date. Record the date the RSO notified the company. Provide a list of all written agreements accepted after the expiration date to the Insurance Provider, Reinsurance Services Branch and the applicable Field Compliance Office. Reconsideration, mediation, and appeals are not applicable.
- (3) When the written agreement is NOT returned:
- (a) For written agreements under Section 3J(1)(a).

Record any written agreement not returned within 10 calendar days of the expiration date specified in the written agreement. Provide a list of written agreements which are not returned to the Insurance Provider, Reinsurance Services Branch, and applicable Field Compliance Office.

- (b) For written agreements under Section 3J(1)(b).

When a **copy** of the written agreement is not returned to the RSO, make an entry on the request log. Provide a list of written agreements which are not returned to the Insurance Provider, the Reinsurance Services Branch, and the applicable Field Compliance Office.

K Reconsideration, Mediation, and Appeals

- (1) If a written agreement is issued and the written agreement offer is not acceptable to the insured, the insured may first request a reconsideration through the RSO which made the original determination. The reconsideration request must contain additional evidence or information to be considered. If the request for reconsideration is denied, provide notification to the insured by certified mail with a copy to the Insurance Provider of the denial of the reconsideration request and the insured's mediation and appeal rights. **Determinations based on these procedures or applicable regulations are not appealable.**
- (2) If a request for a written agreement is denied, provide notification of such denial by certified mail to the insured with a copy to the Insurance Provider and include a notice of reconsideration, mediation or appeal rights. These rights do not apply if the requirements of Section 3A(2), B, C, D, and E are not met.
- (3) If the written agreement [under Section 3I(3) and 3J(1)(a)] is denied due to a failed crop inspection or [under Section 3J(1)(a)] because it was not accepted by the insured by the expiration date, provide notification by certified mail to the insured with a copy to the Insurance Provider of the determination and the decision is not subject to reconsideration, mediation, or appeal. Determinations based on these procedures or applicable regulations are not appealable.
- (4) The Insurance Provider's determination not to accept/approve a written agreement is not subject to mediation or appeal under federal regulations.
- (5) Refer to the CIH, Section 11 (Appeals) for further information and instructions.

NOTE: The insured should be advised the decision (that any determination under items 1-3 is not appealable) may be appealed.

L Filing the Terms of Expiring Written Agreements

The RSO may incorporate the terms of expiring written agreements that establish or modify coverage or rate classifications of an insured in the county Actuarial Document Book (ADB). The RSO may correct errors, update insurance experience, and rework county rates and coverages before publishing the terms of expiring written agreements for the next crop year. Written agreements which are not incorporated into the ADB may be reissued in subsequent crop years at the request of the insured. The request must be submitted and processed in accordance with this procedure and the FCIC 18010, CIH.

Written agreements that alter the:

(1) FCI-32: (Rules page, Listing, or Statements)

- (a) To the maximum extent possible, incorporate the written agreement including rate or coverage classifications into the FCI-32 listing for the following crop year.
- (b) Classifications established by written agreement from the previous crop year for new producers with less than three years of records in the county, or less than three years of records for the practice/type should be reviewed for possible incorporation into the FCI-32 Listing. If less than three years of records are available for the producer/practice/type, the written agreement may have to be updated and reissued another crop year.
- (c) The Underwriting Services Branch should maintain a working log of all requests for written agreements and use the information to update the classification listing so that repeated requests are minimized.

(2) FCI-33: (Rules page, map, or statements)

Incorporate the written agreement, including any appropriate changes, into the FCI-33, if the FCI-33 is being updated for other reasons.

(3) FCI-33 Supplement: (Rules page and listing)

To the maximum extent possible, incorporate the written agreement including any appropriate changes into the FCI-33 Supplement for the following year.

M Reissuance of Written Agreements

The Insurance Provider must determine if a request for reissuance of a written agreement is necessary in subsequent crop years. When reissuance is required, attach a photocopy of the previous written agreement (and if applicable the previous APH form) to the request and obtain the insured's signature and date. The deadline for requesting reissuance of a written

agreement is the applicable crop's sales closing date (including transfers) for most written agreements (see Exhibit 7). The request (including any required documentation) must be signed and dated by the insured and received in the RSO, no later than 20 calendar days after the applicable deadline. If the request is received after the deadline, the request will be denied. If the previous agreement needs updating because of a new FSN, legal description, etc., note this information on the photocopy. The RSO will evaluate the request and reissue the agreement if it remains appropriate on the previous terms. If deemed necessary, the agreement may be modified and the Insurance Provider notified of the change. If more information is needed, the RSO will contact the Insurance Provider.

Reissuance is not necessary if:

- (1) The land or individual classification provided by the written agreement was incorporated into the actuarial documents book.
- (2) The rates for a previously unrated crop or P/T/V provided by the written agreement are subsequently published in the actuarial documents book.

4 GUIDELINES FOR WRITTEN AGREEMENT DETERMINATIONS**A Agreements Required to be Submitted by the Sales Closing Date (See Section 3B and Exhibit 7)****(1) Written Agreements for Counties with no Actuarial Table**

(a) See Section 3D(2) for additional details regarding request requirements.

(b) Consider requests for coverage extension for any insured crop, based on the following criteria:

1 The policy offered by FCIC must be suitable to the crop in the county. For instance:

a The policy must permit coverage for the specific practice, type, variety, or option of the crop for which insurance is requested. The request must identify the practice, type, variety, or option, if applicable;

b The cause of loss provided for in the policy must be consistent with those conditions that may reasonably be expected to occur in the county;

c The end of the insurance period, cancellation, termination or other dates must be consistent with the growing season for the crop in the county;

d Quality adjustment/moisture adjustment or other special loss adjustment provisions can be applied consistently; and

e Intended use of the crop is covered.

2 **The crop is commercially grown in the county and a viable marketing outlet is available;**

3 There is evidence the crop is adapted to the area;

4 If the crop has been planted previously, the previous acreage planted is representative of the expected acreage to be planted;

5 **If the production history of a “similar crop” is used to qualify the requested crop, planting expectations for the farm operation, including the requested crop, must be considered reasonable for the producer;**

- 6 Actuarial statements needed to insure the producer are available (See (c) below); and
- (c) Use the following criteria to determine proper dates, statements, rates, and other appropriate provisions:
- 1 See Section 3G for rates, Special Provisions, and prices.
- 2 If less than four years of records are available, determine a T-yield to be used in computing the APH **yield based on the number of years of records provided for the crop (not the "similar crop")**. Refer to the CIH for further instructions. **"New Producer" procedure may be applicable.**
- a For crops using county "T"-yields:
- i Use the "T"-yield of the reference county, or
- ii Determine a "T"-yield using NASS yield data.
- b For crops or areas with T-yield maps (not county "T"-yields), determine appropriate T-yield based on the same criteria used to establish the T-yield areas of the reference county.
- c Enter the "T" yield on the written agreement.
- 3 The RSO may adjust the rate for any additional risk based on rating guidelines for those situations (i.e., high risk land).
- NOTE: Do not overlook the impact of variable "T"-yields in making rate determinations.**
- (d) Written agreements issued for previous crop years may be reissued for the current crop year if requested timely. Rates, coverages, and other provisions may be updated, or the request may be denied based on the experience of policy changes made to the farming operation, administrative rules, the reference county provisions, the actuarial table for the crop, or the crop insurance policy.
- (e) Maintain a log of requests for coverage by written agreement in counties without an actuarial table on a crop year basis. Provide this list to the Director, Claims & Underwriting Services Division (CUSD), Washington, D.C. when requested for consideration of program expansion.
- (2) Non-Irrigated Corn Grain where only irrigated corn (grain and silage) is listed on the actuarial table.

- (a) Non-irrigated corn grain insurance coverage is available to those producers who qualify according to the Special Provisions. The request will include:
- 1 A minimum of five years of actual corn grain acreage and production history on an APH form verified by the Insurance Provider. The production history cannot be based on conversion from corn silage records to corn grain records. Supporting records may be requested for questionable cases.
 - 2 A minimum of three non-loss years is required. In the event the producer was not previously insured, a loss is considered to have occurred when the yearly farm yield is less than 75% of the average of the actual yields.
 - 3 The unit where corn grain insurance coverage was requested must have a corn grain productivity potential equal to or better than the production history referenced in (2)(a)1.
- (b) RSO Approved "T"-Yield. Refer to your approved guides for this information.
- (c) Written Agreement Preparation:
- 1 The written agreement will provide a classification for all acreage which meets the productivity standards.
 - 2 Specify map area(s) when necessary. Acreage not meeting productivity criteria and not insurable should be so noted on the cover letter.
 - 3 Another request is required for added land not included in the land location limits of the original written agreement.
 - 4 Specify a reference county to provide a non-irrigated corn grain date table for the written agreement.
- (d) Cover Letter (Add Statement):
- "This written agreement was prepared on the basis that corn grain records were certified to and verified in accordance with FCIC approved procedures. If it is determined that grain records were obtained by factoring silage production, this agreement is null and void."
- (e) Written Agreement (Add Statement):

"If grain production records are used as a basis for authorizing this agreement were obtained by factoring silage production, this agreement is null and void."

NOTE: The yield limitation used to "cap" (20%) and "cup" (10%) APH yields does not apply to this producer's non-irrigated corn grain.

The insured's data base should be updated (if applicable) by replacing any previously applied "T" yield with the yield authorized in the written agreement.

(3) Undesignated Class (Type) for Dry Beans Not Listed on the Actuarial Table

Insurance may be written on dry bean classes, not shown on a specific county actuarial table, provided the county has an approved dry bean program. Major classes grown in an area will be rated and "T" yields quoted in the actuarial tables. Classes not listed on the actuarial tables may have an offer established by written agreement.

(a) Required information for the class (type).

1 Two years of production reports and prices received, or

2 University or seed company test plot results and evidence of market potential including the price buyers are willing to pay for the class.

(b) To insure a class (type) of dry beans not listed on the actuarial table, the request must include acceptable evidence that the class is adapted to the area for which insurance is requested. If the answer to either the following questions is yes, the class (or specific varieties of the class) is considered adapted and insurable:

1 Does the insured have two years of production reports and prices received for the class requested in his or her own production area?

If yes, review the production data and any supporting recommendations from universities, extension agents, and other applicable sources, to determine adaptability. Two years of personal production are not conclusive evidence that a variety of a class is adapted to the area. Review any supplemental information for related classes grown by the insured.

2 Do the class test-plot data, other evidence, and recommendations from universities or seed companies demonstrate the class to be adapted to the area? Is there evidence of market potential, including the price buyers are willing to pay for the class?

(c) The written agreement terms provided by the RSO will contain these basic items:

1 Practice, class (type), and variety.

2 "T" yield. Must be identified as standard "T"-yields, or "T"-yields for high risk or unrated areas. (See (e) below.)

3 The Rate. In determining the rate:

a Utilize the master yield concept to arrive at one average yield for each requested type/practice. In

other words, combine records by type/practice and utilize standard modified APH rules to obtain an average yield.

EXAMPLE: E61 Type, 003 Practice - Producer has two years of E61 records.

T-yield = 700	Year	Acres	Yield
	1992	-	N 630
	1993	-	N 630
	1994	-	A1200
	1995	-	A <u>400</u>
			2860/4 = 715

APH YLD FOR E61 - 1996 Crop Year

- b If the requested type was insurable in the same type group as a type still insurable, use the R-span rate for that type.

EXAMPLE: Requested type is E61, which was in the same type group as K61 Navys in 1992. Use the average yield for the requested type determined in 3a and K61 yield span rates for the current year to arrive at the applicable rate.

NOTE: For carryover insured, apply a yield limitation to the APH yield used to determine the rate in a previous crop year.

- c If the requested type was not insurable in a type group still insurable, determine the 1990-1996 percent rate increases for major type in the county (R05) Level 3.

EXAMPLE:	1990 R05 Pintos	=	20.0
	1996 R05 Pintos	=	25.0
	<u>Percent rate increase</u>	=	<u>1.25</u>

- d Determine applicable 1990 rate for requested type based on the average yield determined in step 3a.

EXAMPLE: (New Insured) 715 average yield is R03 with a 21.3 base rate.

NOTE: For carryover insureds, apply a yield limitation to the APH yield used to determine the rate in a previous crop year.

- e Multiply the applicable 1990 rate from item d by the factor obtained in item c.

EXAMPLE: $21.3 \times 1.25 = 26.6\%$

- f The rate determined in e should be for the highest coverage level available. Coverage differential factors will be used to determine rates for other coverage levels.
- 4 Price election set (see (f) below).
- 5 Final planting date.
- (d) See Section 3G for additional instructions related to (c) above.
- (e) Determine the "T"-yield using the following criteria. The "T"-yield for the requested type will be the lesser of :
- 1 Step 1: Calculate "T"-yield
 Current "T"-yield of major type in county = C
 Established price of major type in county = P1
 Established price of requested type = P2
- $$\text{"T"-yield} = \frac{C \times P1}{P2}$$
- 2 Step 2: A prior "T"-yield established for requested type subject to any revisions for current crop year. If no prior "T"-yield, use Step 1 or 3.
- 3 Step 3: The current "T"-yield of the major type in the county.
- NOTE: If step (1 or 3) results in a "T"-yield that is significantly below any "T"-yield established and accepted for the current crop year, the RSO may use a prior "T"-yield, if applicable, in lieu of step (1 or 3) for an established yield history.**
- 4 Step 4: Average of actual history on the type if 4 or more years of records are provided.
- NOTE: If the resulting "T"-yield, under steps 1, 2, or 3 is determined to be too low because actual yields for the same type are much higher, use the 4 or more year actual average (master yield basis) rounded down to the nearest 25 pounds/acre for the "T" yield.**
- FCIC reserves the right to alter the formula for unusual situations not contemplated in its development. RSO's should contact the (C&USD) in Washington, D.C. for instructions.**
- (f) When the Dry Bean Class or (Type) is not listed on the Master Price List (MPL), establish the price election set by using the set for the lowest-priced class/type from the MPL.

Any dry bean class/type not on the MPL must be coded (999) for class/type, and the reference state/county must be the same as location state/county.

(4) Not Intertilled Between Row (NIBR) Sunflowers

The Sunflower Seed Crop Provisions will allow insurance for sunflowers planted in rows which are not far enough apart to permit cultivation, if the practice is allowed in the Special Provisions of Insurance (Special Provisions), or if there is an approved written agreement.

NOTE: No written agreements will be authorized for land classified as high risk.

The RSO will also closely monitor the insurance experience of this practice to determine the required adjustments to rate or whether to provide a practice on the actuarial tables.

(5) Written Agreements for Nursery Crops (under Nursery Crop Provisions, 96-056 for the 1999 crop year only).

Underwriting Guidelines:

(a) The FCIC RSO's are authorized to expand the Eligible Plant List on an interim basis by issuing written agreements. Prior to issuing the written agreement, the FCIC RSO must collect the following information from a recognized nursery expert within the region to assess and determine the insurability of the recommended plants.

1 Scientific name and common name;

2 Type;

3 Zone and winter protection codes;

4 Special risks;

5 Temperature sensitivity;

6 Disease risk;

7 Supply (versus) demand;

8 Other concerns.

(b) The expert must not have a financial interest in any nursery eligible for nursery crop insurance and should be affiliated with a Land Grant University.

(c) To update the Eligible Plant List on a permanent basis, the FCIC RSO must attach the Nursery Plant Data form (see Exhibit 8) to a completed ACT-450 form and submit them to the Actuarial

Documents Branch in accordance with the filing schedule for crops with a June 30 contract change date.

- (d) A separate ACT-450 form must be completed for each Nursery Plant Data form used to request additions or other modifications for the listing.
- (6) Written Agreements for Nursery Crops (under Nursery Crop Provisions 99-073) for the 1999 and succeeding crop years.

RESERVED

(7) Strip-Mined Land

An insured may qualify for a written agreement on uninsurable strip-mined land if the productivity potential of the reclaimed strip-mined land is equivalent to similar non-strip mined land in the county. Evidence to consider in making this determination includes:

- (a) FSA aerial photographs;
- (b) Description of Reclamation Process Report;
- (c) Date reclamation completed;
- (d) Actual Production History; and
- (e) Soil Conservation Service (SCS) or Natural Resource and Conservation Service (NRCS) soil mapping (if available).

B Agreements Required to be Submitted by the Acreage Reporting Date (See Section 3B and Exhibit 7)

NOTE: Written agreements (1) - (3) are grouped under the High Risk Areas and Unrated Land (P/T/V) written agreement types in Exhibit 7.

(1) Individual Rating of Flood-Prone Land

- (a) Land that is not class rated on the FCI-33, crop insurance actuarial map, may be individually rated in response to a request for actuarial change. The rate is offered by a written agreement.
- (b) Land that is class rated may be individually rated in response to a request for actuarial change. A rate lower than the class-rate on the FCI-35, coverage and rate tables, may be issued by a written agreement.
- (c) To determine a rate for land described on the request, the underwriter should consider the following:
 - 1 The class-rate listed on the FCI-35, or the probable class-rate if flood-history data is available and the land is unrated.
 - 2 The location of the insured's cropland as outlined on aerial photos.
 - 3 The severity of the flood-risk on the insured's cropland as determined from the SCS county soil surveys or from the county NRCS personnel.

- 4 The presence of any flood-abatement measure between the cropland and the river, or practices that prevent or reduce overflows of the land from heavy rain(s).
 - 5 The individual's approved APH yield for the cropland.
 - 6 The individual's insurance experience.
- (d) To rate the insured's cropland, refer to the Classification Standards Handbook (CSH) for rating instructions.
- (e) Establish a rate for the highest coverage level available. Coverage differential factors will be used to determine rates for other coverage levels.
- (2) Undesignated Practice, Class (Type), or Variety

Evaluate the request against acceptable farming practices, classes (types), and varieties for the area (see Section 3D(3) for requirements). If the request is approved, prepare a written agreement and establish a rate for the highest coverage level available. Coverage differential factors will be used to determine rates for other coverage levels. When authority is issued for a specific practice, class (type), and variety, all individual agreements relating to that specific use may be approved **for requests meeting all applicable requirements contained in this handbook.**

(3) Unrated Land

(a) Unrated Land

- 1 When producers request coverage for unrated land, establish a rate based on the risk involved. Review any available information pertaining to the crop production history. Estimate the frequency and severity of probable loss from all insured perils including the frequency and severity of a loss due to any hazardous perils. Make this estimate using NRCS soil surveys, Army Corp. of Engineers data, topographical maps, river-level readings, or other sources of available information. Evaluate the adequacy of control or management practices as part of the rating process.
- 2 To assign a rate to unrated land, use one of the following:
 - i When classifying unrated land as standard-risk land, use the following statement within the body of the written agreement to apply FCI-35 yield-span rates:

"Land which is presently unrated and identified as **(LEGAL/FSN)** is insurable and classified based on the APH approved yields."

- ii When classifying unrated land to a map area, use the following statement to apply FCI-35 area rates.

"Land which is presently unrated and identified as **(LEGAL/FSN)** is insurable and is assigned a (rate classification) for rating land reporting purposes."

- iii When classifying unrated land as high-risk, use the following statement:

"Land which is presently unrated and identified as **(LEGAL/FSN)** is insurable at a guarantee based on an approved APH yield (or "T"Yield) of _____ bu/acre and is assigned a base premium rate of _____."

NOTE: Enter the base rate for the highest coverage level available. Refer to the Supplement Rate Differential Table on the FCI-35 for applicable factors to compute the premium rate for other available coverage levels.

(b) Unrated Land Located in Wildlife Protection or Management Area

- 1 Written agreements may be used to insure individual producers who contract with Federal or State agencies to grow crops in wildlife management areas. A copy of the current contract between the wildlife management agency and the insured, must be provided.
- 2 Review the contract between the wildlife management agency and the producer. Identify the acreage or percent of acreage intended for harvest on the written agreement.
- 3 If the contract between the wildlife management agency and the producer stipulates that the producer is not eligible for USDA farm program benefits, deny the written agreement.
- 4 Consider the risk associated with the terms of the grower/wildlife agency contract and any physical hazard present.

To rate the contract/unit, use one of the three rating methods listed in B(3)(a)2,i,ii,iii of this section.

(4) Written Unit Agreements

An insured may qualify for a written unit agreement if **ALL of the following criteria are met:**

- (a) Creating optional units formed across section lines.

- 1 The insured must clearly indicate the physical features and good farming practices which make it impossible to follow optional unit division resulting in inequity.
- 2 At least the most recent years' APH records separated by proposed units must be provided with the request.
- 3 Physical features must be the basis for unit boundaries such as canyons, lakes, rivers, mountains, or irrigation systems which clearly distinguish different farming operations. These features must present a significant obstacle to farming operations and are not under the insured's control.
- 4 Acreage planted to an insured crop where the planting pattern continues across section lines may be a separate unit provided all other specific criteria exist. However, an insured may not receive more units than would be allowed had the special circumstances not existed. Units established by written unit agreement cannot be smaller than would be allowed under optional/guideline and policy units. In addition, an NRCS conservation plan is not a valid basis for a written unit agreement.

(b) Creating optional units from oversized sections or Farm Serial Numbers (FSN's)

- 1 Each oversized section or FSN must be divisible into two or more blocks each containing at least 640 acres.
- 2 All optional unit guidelines contained in the policy, special provisions or actuarial table must be met.

(c) Processing Written Unit Agreements

The Insurance Provider must prepare the written unit agreement, together with supporting materials, and submit the proposed agreement to the applicable RSO for approval.

The RSO's will:

- 1 Require evidence to be provided to justify the request
- 2 Require a clear, legible map or diagram to accurately identify units. The map or diagram must be of a reproducible size and quality for attachment to each copy of the agreement.
- 3 Any applicable map or diagram must be specifically referenced in the written agreement for the agreement to be legally valid.

- 4 Include the following statement in the language of all written unit agreements:

This written agreement shall be in effect for the _____, and succeeding crop years provided no significant changes occur to the farming operation which invalidate the approved unit structure. If significant changes occur, this written agreement is null and void.

NOTE: Transferring a policy from one company to another does not require reissuance of the written unit agreement (regardless of the company name shown on the agreement), unless significant changes in the farming operation have occurred.

- 5 The RSO will approve or disapprove the written agreement. If the agreement is not approved, notify the Insurance Provider stating the reason why the written agreement is not approved. Refer to Section 3K for reconsideration, mediation, and appeal instructions.

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GENERAL INSTRUCTIONS

The following exhibits are for the RSO's use in establishing basic formats for written agreements. It may be necessary to modify the formats for unusual situations. Written agreements are not authorized for any policies insured under the Catastrophic Risk Protection Endorsement and Revenue Assurance (RA) program. **See 3A(6) regarding the availability of written agreements under the Crop Revenue Coverage (CRC), Income Protection (IP) programs and for pilot crops.**

This handbook specifies that if an insured makes a request for a written agreement and FCIC grants the requested change (within the 5 percent tolerance rule), the insured must accept the change at that point without the right to reject the agreement. The **EXPIRATION DATE, ACCEPTANCE STATEMENT, APPROVAL AND SIGNATURE LINES FOR THE COMPANY AND THE INSURED, AND REFERENCE TO "UNDERSIGNED PARTIES EXPRESSLY AGREE THAT" HAVE BEEN REMOVED FROM THE EXHIBIT EXAMPLES.** The only required signature is the Underwriting Branch Chief. The RSO should outline in the cover letter accompanying the agreement that the terms are as requested by the insured on the FCI-5, FCI-5A, or FCI-5B, that terms of the agreement will apply to the contract for the crop year specified. The Insurance Provider and insured must accept the insurance coverage provided under the written agreement unless the crop is damaged as stated in Section 3A(3), in which case coverage will not be provided. Attach a copy of the request to each agreement. See Section 3I(3) for additional instructions.

IN LIEU OF ISSUING ANOTHER WRITTEN AGREEMENT TO CORRECT MINOR ERRORS IN THE ORIGINAL AGREEMENT, PEN AND INK CHANGES ARE AUTHORIZED.

WRITTEN AGREEMENT (Standard) EXAMPLE

Preparation and Distribution:

- 1-2 Enter state and county where crop to be insured is located.
- 3 List crop requested and code.
- 4,6,7,8 Enter name, address, social security number and/or employer identification number of applicant/insured as shown on the application for insurance and the crop year.
- 5 Enter policy number if known.
- 9 Enter policy form(s) affected (if applicable, attach appropriate forms).
- 10 Complete an insuring statement with terms of the written agreement which describe the basis for the rate and coverage. Identify practices, types, options (as applicable), and codes. See Sections 3G and 4 for additional instructions regarding coverage and rate determinations.
- 11 Enter the expiration date. A written agreement issued 30 calendar days or more before sales closing remains a valid offer until 12:01 a.m. on the day following sales closing. Written agreements issued less than 30 calendar days before sales closing are valid offers for 30 calendar days. (NOT applicable for certain written agreements. See General Instructions for the Exhibits section.)
- 12 This statement is required for all agreements.
- 13 This statement is required if the agreement is classifying any acreage at anything other than R-span rates for crops that are eligible for the High Risk Land Exclusion Option.
- 14-15 Signature and date of insured accepting terms of written agreements.
- 16-19 Company name and address, signature of authorized company representative, date, and company code.
- 20 Enter name of RSO providing authorization for the written agreement.
- 21-22 Date and signature of USB Chief authorizing the written agreement.
- 23-24 Date and signature of USB Chief approving the written **(applicable only for written agreements requiring RSO approval under Section 3J(1))**.
- * **Enter the following statement:** FCIC authorizes the use of this written agreement. Any modifications to the written agreement voids FCIC authorization.
- 25 Distribution: Original the Insurance Provider. Copy to agent, insured, and RSO file [see Section 3J(1) and (2)].

WRITTEN AGREEMENT (Standard) EXAMPLE	
STATE: (1) _____ []	COUNTY: (2) _____ _ []
CROP: (3) _____	POLICY NO: (5) _____
INSURED: (4) _____	_____
ADDRESS: (6) _____	
SSN/EMPLOYER ID NO. (7) _____	CROP YEAR: (8) _____

Under the above insurance policy for the respective insured crop, the undersigned parties expressly agree that the following is an endorsement to ____ (9) _____. The policy covering the stated crop is revised as follows:

(10) As applicable, state coverage and rate by practice, type, and option (with codes).

This offer expires at 12:01 a.m. (11) ____/____/____
(DATE)

(12) This agreement does not apply to any acreage insured under the Catastrophic Risk Protection Plan Endorsement.

(13) If you have signed a High Risk Land Exclusion Option, any acreage classified with a non R-span rate on this agreement is not insurable.

ACCEPTANCE: I certify that I have carefully reviewed this endorsement and agree to its terms and conditions. I further agree and understand that nothing contained herein will otherwise change any of the other terms or conditions of the policy.

(14) _____
(INSURED'S SIGNATURE)

(15) ____/____/____
(DATE)

(16) _____
(COMPANY NAME)

(17) _____
(SIGNATURE OF COMPANY REP.)

(COMPANY ADDRESS)

(18) ____/____/____
(DATE)

(COMPANY ADDRESS)

(19) _____
(COMPANY CODE)

Authorized by: Federal Crop Insurance Corporation _____ (20) _____ RSO	
(21) _____ (CHIEF, UNDERWRITING SERVICES BRANCH)	(22) ____/____/____ (DATE)
Approved by:	
(23) _____ (CHIEF, UNDERWRITING SERVICES BRANCH)	(24) ____/____/____ (DATE)
* Enter the statement from the instruction page here.	
(25)	DISTRIBUTION: Original to the Insurance Provider. Copy to the insured, agent, and RSO file.

WRITTEN AGREEMENT EXAMPLE
(For Counties with no Actuarial Table)

Preparation and Distribution:

- 1-2 Enter state and county where crop to be insured is located.
- 3 List crop requested and code.
- 4,6,7,8 Enter name, address, social security number and/or employer identification number of applicant/insured as shown on the application for insurance and the crop year.
- 5 Enter policy number if known.
- 9-10 Enter reference state and county for applicable actuarial table documents.
- 11 Enter an insuring statement including all of the variables as appropriate for the crop. This statement should be adjusted to fit the individual circumstances. In general, you must give a basis for coverage as appropriate for the crop (either based on APH or assigned policy or actuarial provisions) and a premium rate. Identify practices, types and options (as applicable), and codes. See Sections 3G and 4 for additional instructions regarding coverage and rate determinations. Attach a copy of the applicable actuarial table documents (e.g., which apply to the written agreement). Specify that these documents apply to the written agreement or will apply with exceptions. List the exceptions.
- 12 Enter the expiration date. A written agreement issued 30 calendar days or more before sales closing remains a valid offer until 12:01 a.m. on the day following sales closing. Written agreements issued less than 30 calendar days before sales closing are valid offers for 30 calendar days. (NOT applicable for certain written agreements. See General Instructions for the Exhibits section.)
- 14 This statement is required if the agreement is classifying any acreage at anything other than R-span rates for crops that are eligible for the High Risk Land Exclusion Option.
- 14-15 Signature and date of insured accepting terms of written agreements.
- 16 Company name and mailing address.
- 17-18 Signature of authorized company representative and date the form was signed.
- 19 Enter company identification code.
- 20 Enter name of RSO providing authorization for the written agreement.
- 21-22 Date and signature of USB Chief authorizing the written agreement.
- 23-24 Date and signature of USB Chief approving the written **(applicable only for written agreements requiring RSO approval under Section 3J(1))**.
- * **Enter the following statement:** FCIC authorizes the use of this written agreement. Any modifications to the written agreement voids FCIC authorization.
- 25 Distribution: Original the Insurance Provider. Copy to agent, insured, and RSO file [see Section 3J(1) and (2)].

WRITTEN AGREEMENT EXAMPLE
(For Counties with no Actuarial Table)

STATE: (1) _____ []	COUNTY: (2) _____ _ []
CROP: (3) _____	POLICY NO: (5) _____
INSURED: (4) _____	_____
ADDRESS: (6) _____	
SSN/EMPLOYER ID NO. (7) _____	CROP YEAR: (8) _____

REFERENCE COUNTY: (9) _____ () REFERENCE STATE: (10) _____ ()

The undersigned parties agree that insurance will be provided for the policy, county, and crop specified above, under the same terms and conditions as the reference county and state, except as specified in this agreement (11). Include practices, types, and options (as applicable) and codes. State the basis for coverage or rate determinations.

This offer expires at 12:01 a.m. (12) ____/____/____
 (DATE)

- (13) This agreement does not apply to any acreage insured under the Catastrophic Risk Protection Plan Endorsement.
- (14) If you have signed a High Risk Land Exclusion Option, any acreage classified with a non R-span rate on this agreement is not insurable.

ACCEPTANCE: I certify that I have carefully reviewed this endorsement and agree to its terms and conditions. I further agree and understand that nothing contained herein will otherwise change any of the other terms or conditions of the policy.

(14) _____	(15) ____/____/____ (DATE)
(INSURED'S SIGNATURE)	
(16) _____	(17) _____
(COMPANY NAME)	(SIGNATURE OF COMPANY REP.)
_____	(18) ____/____/____ (DATE)
(COMPANY ADDRESS)	
_____	(19) _____
(COMPANY ADDRESS)	(COMPANY CODE)

Authorized by: Federal Crop Insurance Corporation _____ (20) _____ RSO

(21) _____ (22) ____/____/_____
(CHIEF, UNDERWRITING SERVICES BRANCH) (DATE)

Approved by:

(23) _____ (24) ____/____/_____
(CHIEF, UNDERWRITING SERVICES BRANCH) (DATE)

* **Enter the statement from the instruction page here.**

(25) DISTRIBUTION: Original to the Insurance Provider. Copy to the insured, agent, and RSO file.

WRITTEN AGREEMENT EXAMPLE
(No Signature Required)
Applicable to Written Agreements under Section 3I(3)

Preparation and Distribution:

- 1-2 Enter state and county where crop to be insured is located.
- 3 List crop requested and code.
- 4,6,7,8 Enter name, address, social security number and/or employer identification number of applicant/insured as shown on the application for insurance and the crop year.
- 5 Enter policy number if known.
- 9 Enter policy form(s) affected.
- 10 Complete an insuring statement with terms of the agreement which describes the basis for the coverage and rate. Identify practices, types, options (as applicable), and codes. See Sections 3G and 4 for additional instructions regarding coverage and rate determinations.
- 11 This statement is required for all agreements.
- 12 This statement is required if the agreement is classifying any acreage at anything other than R-span rates for crops that are eligible for the High Risk Land Exclusion Option.
- 13 This statement is required **if the agreement establishes insurability and the request was submitted after the sales closing date.**
- 14 Enter name of RSO providing approval for the written agreement.
- 15-16 Signature and date of USB Chief approving the written agreement.
- * **Enter the following statement: FCIC approves the use of this written agreement. Any modification to the written agreement voids FCIC approval.**
- 17 Distribution: Original to the Insurance Provider. Copy to the agent, insured, and RSO [see Section 3I(3)].

When issuing the written agreement to under Section 3I(3), the Underwriting Services Branch (USB) Chief will approve the written agreement prior to sending it to the Insurance Provider. Attach a copy of the actuarial request to each copy of the written agreement.

**WRITTEN AGREEMENT EXAMPLE
(No Signature Required)**

STATE: (1) _____ []	COUNTY: (2) _____ _ []
CROP: (3) _____	POLICY NO: (5) _____
INSURED: (4) _____	_____
ADDRESS: (6) _____	
SSN/EMPLOYER ID NO. (7) _____	CROP YEAR: (8) _____

Under the above insurance policy for the respective insured crop, the insured signed an actuarial request agreeing that the following is an endorsement to _____(9)_____.

- (10) As applicable, state the basis for coverage and rate by practice, type, and option (with codes).
- (11) This agreement does not apply to any acreage insured under the Catastrophic Risk Protection Plan Endorsement.
- (12) If you have signed a High Risk Land Exclusion Option, any acreage classified with a non R-span rate on this agreement is not insurable.
- (13) This written agreement will be invalid if **any planted acreage of the insured crop covered** under this agreement will not produce a yield equal to or greater than 90 percent of the yield used to determine the production guarantee **or amount of insurance at the time this offer is to be made.**

Approved by: Federal Crop Insurance Corporation _____ (14) _____ RSO

(15) _____ (16) _____/_____/_____
(CHIEF, UNDERWRITING SERVICES BRANCH) (DATE)

* **FCIC approves the use of this written agreement. Any modification to the written agreement voids FCIC approval.**

(17) **DISTRIBUTION:** Original to the Insurance Provider. Copy to the insured, agent, and RSO. Attach copies of the actuarial request to the Insurance Provider, agent, and insured's copies of the written agreement.

WRITTEN AGREEMENT EXAMPLE
(For Counties with No Actuarial Table)
(No Signature Required)
Applicable to Written Agreements under Section 3I(3)

Preparation and Distribution:

- 1-2 Enter state and county where crop to be insured is located.
- 3 List crop requested and code.
- 4,6,7,8 Enter name, address, social security number and/or employer identification number of applicant/insured as shown on the application for insurance and the crop year.
- 5 Enter policy number if known.
- 9-10 Enter reference state and county for applicable actuarial table documents.
- 11 Enter an insuring statement including all of the variables as appropriate for the crop. This statement should be adjusted to fit the individual circumstances. In general, you must give a basis for coverage as appropriate for the crop (either from APH or assigned based on the policy or actuarial provisions) and a premium rate. Identify by practice, type and option (as applicable) and codes. See Sections 3G and 4 for additional instructions regarding coverage and rate determinations. Attach a copy of the applicable actuarial table documents (e.g., which apply to the written agreement). Specify that these documents apply to the written agreement or will apply with exceptions. List the exceptions.
- 12 This statement is required for all agreements.
- 13 This statement is required if the agreement is classifying any acreage at anything other than R-span rates for crops that are eligible for the High Risk Land Exclusion Option.
- 14 This statement is required if the agreement **establishes insurability and the request is submitted after the sales closing date.**
- 15 Enter name of RSO providing approval for written agreement.
- 16-17 Date and signature of USB Chief approving the written agreement.
- * Enter the following statement: FCIC approves the use of this written agreement. Any modification to the written agreement voids FCIC approval.
- 18 Distribution: Original to the Insurance Provider. Copy to the agent, insured, and RSO [see Section 3I(3)].

When issuing the written agreement under Section 3I(3), the Underwriting Services Branch (USB) Chief will approve the written agreement prior to sending it to the Insurance Provider. Attach a copy of the actuarial request to each copy of the written agreement.

**WRITTEN AGREEMENT EXAMPLE
(For Counties with No Actuarial Table)
(No Signature Required)**

STATE: (1) _____ []	COUNTY: (2) _____ _ []
CROP: (3) _____	POLICY NO: (5) _____
INSURED: (4) _____	_____
ADDRESS: (6) _____	_____
SSN/EMPLOYER ID NO. (7) _____	CROP YEAR: (8) _____
_____	_____

REFERENCE COUNTY: (9) _____ ()	REFERENCE STATE: (10) _____ _ ()
---------------------------------	--------------------------------------

The insured agreed that insurance will be provided for the policy county and crop specified above, under the same terms and conditions specified on the signed actuarial request and contained on this agreement. Include practices, types, and options (as applicable) and codes. State the basis for coverage or rate determinations _____(11)_____.

- (12) This agreement does not apply to any acreage insured under the Catastrophic Risk Protection Plan Endorsement.
- (13) If you have signed a High Risk Land Exclusion Option, any acreage classified with a non R-span rate on this agreement is not insurable.
- (14) This written agreement will be invalid **if any planted acreage of the insured crop covered under this agreement will not produce a yield equal to or greater than 90 percent of the yield used to determine the production guarantee or amount of insurance at the time this offer is to be made.**

Approved by: Federal Crop Insurance Corporation _____ (15) _____ RSO

(16) _____ (17) _____/_____/_____
(CHIEF, UNDERWRITING SERVICES BRANCH) (DATE)

* **FCIC approves the use of this written agreement. Any modification to the written agreement voids FCIC approval.**

(18) **DISTRIBUTION:** Original to the Insurance Provider. Copy to the insured, agent, and RSO. Attach copies of the actuarial request to the Insurance Provider, agent, and insured's copies of the written agreement.

FCI-5, REQUEST FOR ACTUARIAL CHANGE IN RECTANGULAR SURVEY	
ITEM: AGENT	<p>ENTER:</p> <p>Name of Office where the policyholder's file folder is located.</p> <p>Address of Office location including street, city, state, and zip code of mailing address.</p> <p>Representative's code number.</p> <p>Representative's phone number.</p>
COMPANY	<p>Name of Insurance Provider represented by the office stated above.</p> <p>Address of Insurance Provider location including street, city, state, and zip code of mailing address.</p> <p>Five-digit code assigned to the Insurance Provider.</p> <p>Insurance Provider phone number.</p> <p>(1) Name and address of the insured including city, state, and zip code exactly as shown on the application.</p> <p>(2) Applicable state and county.</p> <p>(3) Insured's contract number from policy confirmation.</p> <p>(4) Insured's social security or employer identification number (EIN).</p> <p>(5) Indicate whether producer is Landlord, Operator, or Owner/Operator.</p> <p>(6) Legal description and Farm number (including tract number) of the land, crop name, number of acres, practice, area classification, insured share, and name of other person, if any, sharing in the crop for which the request is submitted. The land should also be identified on the map on the reverse side of the FCI-5. Aerial photo maps or copies can be attached to more clearly identify the acreage.</p> <p>(7) Requested change, be as specific as possible, for example:</p> <p>(a) Request that a rate and coverage be established. The actuarial documents for the county in which this land is located do not provide a coverage and rate for [NAMED] crop(s).</p> <p>(b) Request that land located in [NAMED] county be added to [NAMED] county for [NAMED] crop(s).</p> <p>(c) Request that a coverage and rate be established for the successor-in-interest applicant. The original insured was [INSURED'S NAME].</p> <p>(d) Request that the area/risk classification be changed from [PREVIOUS] to [PRESENT] for [NAMED] crop(s).</p>

FCI-5, REQUEST FOR ACTUARIAL CHANGE IN RECTANGULAR SURVEY	
(7)	<p>Requested change, as specific as possible, for example:</p> <ul style="list-style-type: none"> (e) Request that the original classification be restored. This insured has favorable insurance experience and was adversely affected by an actuarial change. (f) Request that a coverage and rate be established for this producer. Current actuarial documents do not provide a coverage and rate. (g) Request that a coverage and rate be established. This land is currently shown as uninsurable on the actuarial documents for the county. (h) Request that a coverage and rate be established for crop(s) on this acreage. The number of acres in this unit does not meet the minimum requirement of the policy. (i) Request that a coverage and rate be established for crop(s) on this acreage. The trees/vines have not reached the minimum number of growing seasons established in the policy. (j) Declare unit as uninsurable. Insured has chosen to decline insurance on this unit because the RSO approved a yield lower than the preliminary yield. Insured wants other units insured. (k) Request to provide insurance on this unit based on irrigated yields as shown on the attached FCI-19-A(APH). The actuarial documents do not provide an irrigated practice. The producer will continue to irrigate this acreage.
(8)	<p>The crop production, present operator, and unit information requested.</p>
(9)	<p>Information that supports the request.</p> <ul style="list-style-type: none"> (a) This information will be used by the RSO to make a decision. (b) Reference any optional coverages which are applicable. (c) Include past production history, farming practices carries out, and other information, if available. (d) Include a justification. (e) Attach a copy of the FCI-19-A(APH) when appropriate. (f) Attach a copy of the FCI-19-F, FCI-19-FC, FCI-19-G, FCI-19-H, or FCI-19-HC when appropriate. (g) Attach an FCI-6 or similar statement.
(10)	<p>Plot location of all land in the county farmed by the producer.</p>

**FCI-5, REQUEST FOR ACTUARIAL CHANGE
IN RECTANGULAR SURVEY**

ENTER: (CONCLUDED)

SIGNATURES: The completed form should be signed and dated as follows:

- A Producer's signature and date in first box.
- B Agent's signature and date in middle box. (Reinsured Companies Only.)
- C Insurance Provider Representative's signature and date in last box.

INSURANCE PROVIDER REPRESENTATIVE RESPONSIBILITIES:

- A Reviews and determines if request is justified, information is adequate.
- B Corrects deficiencies if necessary and recommends approval.

REQUIRED STATEMENT (with FCI-5 or FCI-5A):

The statement shown in Section 3D(1) must be included as a part of each request submitted less than 60 days prior to the sales closing date. It may be added as an attachment to the FCI-5 or FCI-5A or as an add-on to the FCI-5 or FCI-5A (if the form is electronically produced). See note in SECTION 3D(1) for additional instructions.

DISTRIBUTION:

- A Original to the appropriate RSO.
- B Copy to the producer.
- C Copy to policyholder's file.

(AT LEAST 60 OR MORE DAYS PRIOR TO SALES CLOSING DATE)

FCI-5
(Rev. 1-96)

U. S. DEPARTMENT OF AGRICULTURE
Federal Crop Insurance Corporation

(Please Type or Print Legibly)

Agency or Service Office Name and Address	Company Name and Address (if applicable)
Agent Code:	Company Code:
Phone:	Phone:

1. Producer name and address as shown on the application (where two or more entities insure the same land a request must be completed for each contract) _____ _____ _____ (Town) (State) (Zip Code)	2. State _____ County _____ 3. Contract number: _____ 4. Social Security No./Tax I d. No.: _____ 5. Producer is: Landlord <input type="checkbox"/> Operator <input type="checkbox"/> Owner/Operator <input type="checkbox"/>
--	--

6. Provide the following information for the land on which the actuarial change is requested

DESCRIPTION OF FARM				NAME OF CROP	WHOLE ACRES	PRAC-TICE	TYPE, CLASS VARI-ETY	CUR-RENT AREA NO.	INSURED SHARE	NAME OF OTHER PERSON(S) SHARING IN CROP (Print)
SECTION (To the nearest 1/4 Section)	TWP	RANGE	FSA FARM NUMBER							

7. Actuarial change which is requested (Be specific - identify classification area and provide reasons which support this actuarial change)

8. Land identified in item 6:

- a) Has been in crop production for _____ years
- b) Has been operated _____ years by the present operator
- c) Comprises an entire _____ yes no

If no, what other land is included in the unit (section, township, range and/or farm location).

9. Any other pertinent information

CONTINUED ON REVERSE SIDE

FCI-5 (Reverse Side)(Rev. 1-96)

10. Use the grid map below to plot the location of all land in the county farmed by the producer (specify to the nearest quarter section).

FSA or comparable aerial photos should be submitted if field boundaries can not be drawn on grid map with reasonable accuracy.

Range _____

Twp.	6	5	4	3	2	1	6	5	4	3	2	1	Twp.
	7	8	9	10	11	12	7	8	9	10	11	12	
	18	17	16	15	14	13	18	17	16	15	14	13	
	19	20	21	22	23	24	19	20	21	22	23	24	
	30	29	28	27	26	25	30	29	28	27	26	25	
	31	32	33	34	35	36	31	32	33	34	35	36	
Twp.	6	5	4	3	2	1	6	5	4	3	2	1	Twp.
	7	8	9	10	11	12	7	8	9	10	11	12	
	18	17	16	15	14	13	18	17	16	15	14	13	
	19	20	21	22	23	24	19	20	21	22	23	24	
	30	29	28	27	26	25	30	29	28	27	26	25	
	31	32	33	34	35	36	31	32	33	34	35	36	

Range _____

I hereby certify that to the best of my knowledge and belief the information contained herein for the crop(s) on the above identified	the best of my information designated	I have reviewed the above information and to the best of my knowledge and belief it represents	I recommend that the requested actuarial change be approved.
Signature of Producer	Date	Signature of Agent	Date
Signature of Company		Date	

See Reverse for Collection Of Information And Data (Privacy Act)

FCI-5A, REQUEST FOR ACTUARIAL CHANGE WITHOUT A RECTANGULAR SURVEY	
<p>ITEM:</p> <p>AGENT</p>	<p>ENTER:</p> <p>Name of office where the policyholder's file folder is located.</p> <p>Address of office location including street, city, state, and zip code of mailing address.</p> <p>Representative's code number.</p> <p>Representative's phone number.</p>
<p>COMPANY</p> <p>(1)</p> <p>(2)</p> <p>(3)</p> <p>(4)</p> <p>(5)</p> <p>(6)</p> <p>(7)</p>	<p>Name of Insurance Provider represented by the office stated above.</p> <p>Address of Insurance Provider location including street, city, state, and zip code of mailing address.</p> <p>Five-digit code assigned to the Insurance Provider.</p> <p>Insurance Provider phone number.</p> <p>Name and address of the insured including city, state, and zip code exactly as shown on the application.</p> <p>Applicable state and county.</p> <p>Insured's contract number from policy confirmation.</p> <p>Insured's social security or employer identification number (EIN).</p> <p>Indicate whether producer is Landlord, Operator, or Owner/Operator.</p> <p>Legal description and Consolidated Farm number (including tract number) of the land, crop name, number of acres, practice, area classification, insured share, and name of other person, if any, sharing in the crop for which the request is submitted. The land should also be identified on the map on the reverse side of the FCI-5. Aerial photo maps or copies can be attached to more clearly identify the acreage.</p> <p>Requested change, be as specific as possible, for example:</p> <p>(a) Request that a rate and coverage be established. The actuarial documents for the county in which this land is located do not provide a coverage and rate for [NAMED] crop(s).</p> <p>(b) Request that land located in [NAMED] county be added to [NAMED] county for [NAMED] crop(s).</p> <p>(c) Request that a coverage and rate be established for the successor-in-interest applicant. The original insured was [INSURED's NAME].</p>

FCI-5A, REQUEST FOR ACTUARIAL CHANGE WITHOUT A RECTANGULAR SURVEY	
ITEM: (7)	<p>ENTER: (CONTINUED)</p> <p>(d) Request that the area/risk classification be changed from [PREVIOUS] to [PRESENT] for [NAMED] crop(s).</p> <p>(e) Request that the original classification be restored. This insured has favorable insurance experience and was adversely affected by an actuarial change.</p> <p>(f) Request that a coverage and rate be established for this producer. Current actuarial documents do not provide a coverage and rate.</p> <p>(g) Request that a coverage and rate be established. This land is currently shown as uninsurable on the actuarial documents for the county.</p> <p>(h) Request that a coverage and rate be established for crop(s) on this acreage. The number of acres in this unit does not meet the minimum requirement of the policy.</p> <p>(i) Request that a coverage and rate be established for crop(s) on this acreage. The trees/vines have not reached the minimum number of growing seasons established in the policy.</p> <p>(j) Request to declare a unit as uninsurable. Insured has chosen to decline insurance on this unit because the RSO approved a yield lower than the preliminary yield. Insured wants other units insured.</p> <p>(k) Request to provide insurance on this unit based on irrigated yields as shown on the attached FCI-19-A(APH). The actuarial documents do not provide an irrigated practice. The producer will continue to irrigate this acreage.</p>
(8)	The crop production, present operator, and unit information requested.
(9)	Information that supports the request.
	<p>(a) This information will be used by the RSO to make a decision.</p> <p>(b) Reference any optional coverages which are applicable.</p> <p>(c) Include past production history, farming practices carries out, and other information, if available.</p> <p>(d) Include a justification.</p> <p>(e) Attach a copy of the FCI-19-A(APH) when appropriate.</p> <p>(f) Attach a copy of the FCI-19-F, FCI-19-FC, FCI-19-G, FCI-19-H, or FCI-19-HC when appropriate.</p> <p>(g) Attach an FCI-6 or similar statement.</p>

FCI-5A, REQUEST FOR ACTUARIAL CHANGE WITHOUT A RECTANGULAR SURVEY	
<p>ITEM:</p> <p>COMPANY (10) (11)</p>	<p>ENTER: (CONTINUED)</p> <p>Plot the location of all land in the county farmed by the producer using information in item 11.</p> <p>Enter additional location information.</p> <p>SIGNATURES: The completed form should be signed and dated as follows:</p> <p>A <u>Producer's signature and date</u> in first box.</p> <p>B <u>Agent's signature and date</u> in middle box. (Reinsured Companies only.)</p> <p>C <u>Insurance Provider Representatives signature and date</u> in last box.</p> <p>INSURANCE PROVIDER REPRESENTATIVE RESPONSIBILITIES:</p> <p>A Reviews and determines if request is justified, information is adequate.</p> <p>B Corrects deficiencies if necessary and recommends approval.</p> <p>REQUIRED STATEMENT (with FCI-5 or FCI-5A):</p> <p>The statement shown in Section 3D(1) must be included as a part of each request submitted less than 60 days prior to the sales closing date. It may be added as an attachment to the FCI-5 or FCI-5A or as an add-on to the FCI-5 or FCI-5A (if the form is electronically produced). See note in SECTION 3D(1) for additional instructions.</p> <p>DISTRIBUTION:</p> <p>A <u>Original</u> to the appropriate RSO.</p> <p>B <u>Copy to the producer.</u></p> <p>C <u>Copy to policyholder's file.</u></p>

(AT LEAST 60 OR MORE DAYS PRIOR TO SALES CLOSING DATE)

FCI-5A
(Rev. 5-92)

U. S. DEPARTMENT OF AGRICULTURE
Federal Crop Insurance Corporation

(Please Type or Print Legibly)

Agency or Service Office Name and Address	Company Name and Address (if applicable)

Agent Code:	Company Code:
Phone:	Phone:

1. Producer name and address as shown on the application (where two or more entities insure the same land a request must be completed for each contract)	2. State _____	County _____
	3. Contract number: _____	
	4. Social Security No./Tax Id. No.: _____	
	5. Producer is:	
(Town) _____ (State) _____ (Zip Code) _____	Landlord <input type="checkbox"/>	Operator <input type="checkbox"/> Owner/Operator <input type="checkbox"/>

6. Provide the following information for the land on which the actuarial change is requested

DESCRIPTION OF FARM				NAME OF CROP	WHOLE ACRES	PRAC-TICE	TYPE, CLASS VARI-ETY	CUR-RENT AREA NO.	INSURED SHARE	NAME OF OTHER PERSON(S) SHARING IN CROP (Print)
SECTION (To the nearest 1/4 Section)	TWP	RANGE	FSA FARM NUMBER							

7. Actuarial change which is requested (Be specific - identify classification area and provide reasons which support this actuarial change)

8. Land identified in item 6:

- a) Has been in crop production for _____ years
- b) Has been operated _____ years by the present operator
- c) Comprises an entire _____ yes no

If no, what other land is included in the unit (section, township, range and/or farm location).

9. Any other pertinent information

CONTINUED ON REVERSE SIDE

FCI-5-A (Reverse Side)

(Rev. 5-92)

10. Use the space below to plot the location of **all land in the county** farmed by the producer. The sketch map should be detailed enough that we can locate the units on a detailed soil survey map or county road map. (FSA or comparable aerial photos should be submitted if field boundaries can not be drawn with reasonable accuracy. Each photo should be numbered and the location indicated in the space below.)

11. Additional information needed to assist in locating the land.

I hereby certify that to the best of my knowledge and belief the information contained herein for the designated crop(s) on the above identified		I have reviewed the above information and to the best of my knowledge and belief it represents		I recommend that the requested actuarial change be approved.	
Signature of Producer	Date	Signature of Agent	Date	Signature of Company	Date

(LESS THAN 60 DAYS PRIOR TO SALES CLOSING DATE)

FCI-5-B
(4-97)

U. S. DEPARTMENT OF AGRICULTURE
Federal Crop Insurance Corporation
REQUEST FOR ACTUARIAL CHANGE

(Please Type or Print Legibly)

Agency or Service Office Name and Address	Company Name and Address (if applicable)
Agent Code:	Company Code:
Phone:	Phone:

1. Producer name and address as shown on the application (where two or more entities insure the same land a request must be completed for each contract)	2. State _____ County _____
	3. Contract number: _____
	4. Social Security No./Tax I d. No.: _____
	5. Producer is: _____
(Town) _____ (State) _____ (Zip Code) _____	Landlord <input type="checkbox"/> Operator <input type="checkbox"/> Owner/Operator <input type="checkbox"/>

6. Provide the following information for the land on which the actuarial change is requested

DESCRIPTION OF FARM				NAME OF CROP	WHOLE ACRES	PRAC-TICE	TYPE, CLASS VARI - ETY	CUR-RENT AREA NO.	INSURE D SHARE	NAME OF OTHER PERSON(S) SHARING IN CROP (Print)
SECTION (To the	TWP	RANGE	FSA FARM							

7. Actuarial change which is requested (Be specific - identify classification area and provide reasons which support this actuarial change).

I have read and understand the following:

- a) If this request is for the purpose of establishing a rate or coverage different from that available from the Actuarial Table, or initially establishing rates and coverage not available from the Actuarial Table, I agree to accept the rates and coverage assigned on the written agreement as of the date of this request, if they are within 5 percent of the rates and coverage I requested and as contained on this form.
- b) If the rate and coverage provided on the written agreement are different from those contained in this request (by more than 5 percent), or if I did not specify the terms to which I would agree, I will have the option of accepting the rate and coverage provided by the written agreement or those provided by the Actuarial Table, if available.
- c) If this request is denied, the written agreement is not approved, or I do not accept the written agreement under (b above) by the expiration date specified in the written agreement, I agree that I must accept the rate and coverage from the Actuarial Table, if available. If this request is to initially establish a rate and coverage not otherwise available from the Actuarial Table, I agree that such insurance coverage will not be provided should this request be denied or the written agreement is not approved or accepted by the expiration date.
- d) I agree that any option to cancel or change my crop insurance policy for the current crop year based on FCIC determinations described in (b) or c) above) may be exercised in accordance with the policy by the cancellation date.
- e) I agree that the preceding statements will apply to any determinations made by FCIC as the result of a request for reconsideration, mediation or an appeal relate to this request for a written agreement.

8. Land identified in item 6:

- a) Has been in crop production for _____ years
- b) Has been operated _____ years by the present operator
- c) Comprises an entire unit? yes no
If no, what other land is included in the unit (section, township, range and/or farm location)?

d) Has the crop been	no	
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9. Any other pertinent information?

Note: Initial Written Agreements requested after the sales closing date require a Crop Inspection at the time the offer is made to the insured if the crop is

CONTINUED ON REVERSE SIDE

10. Use the grid map below to plot the location of all land in the county farmed by the producer (specify to the nearest quarter section).

FSA or comparable aerial photos should be submitted if field boundaries can not be drawn on grid map with reasonable accuracy.

Range _____

	6	5	4	3	2	1	6	5	4	3	2	1	
Twp.	7	8	9	10	11	12	7	8	9	10	11	12	Twp.
	18	17	16	15	14	13	18	17	16	15	14	13	
	19	20	21	22	23	24	19	20	21	22	23	24	
	30	29	28	27	26	25	30	29	28	27	26	25	
	31	32	33	34	35	36	31	32	33	34	35	36	
	6	5	4	3	2	1	6	5	4	3	2	1	
	7	8	9	10	11	12	7	8	9	10	11	12	
Twp.	18	17	16	15	14	13	18	17	16	15	14	13	Twp.
	19	20	21	22	23	24	19	20	21	22	23	24	
	30	29	28	27	26	25	30	29	28	27	26	25	
	31	32	33	34	35	36	31	32	33	34	35	36	
	Range _____						Range _____						

I hereby certify that to the best of my knowledge and belief the information contained herein for the designated crop(s) on the above identified farm(s) is accurate and correct.		I have reviewed the above information and to the best of my knowledge and belief it represents accurate information.		I recommend that the requested actuarial change be approved.	
Signature of Producer	Date	Signature of Agent	Date	Signature of Company Representative	

**WRITTEN AGREEMENT REQUEST
(Computer Generated)**

REASONS FOR A REQUEST:

ALL REQUESTS submitted less than 60 days prior to the sales closing date must contain the following information.

"I have read and understand the following statements:

- If this request is for the purpose of establishing a rate or coverage different from that available from the actuarial table, or initially establishing rates and coverage not available on the actuarial table, I agree to accept the rates and coverage assigned on the written agreement as of the date of this request, if they are within 5 percent of the rates and coverage I requested and as contained on this form.
- If the rate and coverage provided on the written agreement are different from those contained in this request (by more than 5 percent), or if I did not specify the terms to which I would agree, I will have the option of accepting the rate and coverage provided by the written agreement or those provided by the Actuarial Table, if available.
- If this request is denied, the written agreement is not approved,, or I do not accept the written agreement under 2 above by the expiration date specified in the written agreement, I agree that I must accept the rate and coverage from the Actuarial Table, if available. If this request is to initially establish a rate and coverage not otherwise available from the Actuarial Table, I agree that such insurance coverage will not be provided should this request be denied or the written agreement is not approved or accepted by the expiration date.
- I agree that any option to cancel or change my crop insurance policy for the current crop year based on FCIC determinations described in 2 and 3 above may be exercised in accordance with the policy by the cancellation date.
- I agree that the preceding statements will apply to any determinations made by FCIC as the result of a request for reconsideration or an appeal related to this request for a written agreement."

Certification Statement: I certify that the information I have furnished on this request is complete and accurate. I understand that failure to furnish complete and accurate information may result in voidance of my crop insurance contract and may result in criminal or civil false claims actions.

(SIGNATURE OF INSURED)

_____/_____
(DATE)

(SIGNATURE OF AGENT AND CODE)

_____/_____
(DATE)

(SIGNATURE OF INSURANCE PROVIDER)

_____/_____
(DATE)

INSTRUCTIONAL PAGE FOR GUIDE LETTERS

Below you will find three guide letters which contain sample language for notifying producers of their rights to: (1) request reconsideration by the RSO; (2) request mediation; and (3) request an appeal from National Appeals Division (NAD). The reconsideration, mediation, and appeal language contained in these letters is to be used in each decision letter; however, the reasons for denial will vary depending on the issue being considered.

The following procedures are to be followed:

1. USE OF GUIDE LETTER 1

Guide letter 1 will be used to notify producers of adverse decisions where the decision is appealable and the producer is located in a State with a USDA Certified Mediation Program.

2. USE OF GUIDE LETTER 2

Guide letter 2 will be used to notify producers of adverse decisions where the decision is appealable and the producer is located in a State without a USDA Certified Mediation Program.

3. USE OF GUIDE LETTER 3

Guide letter 3 will be used to notify producers of adverse decisions when part or all of the decision is not appealable. It does not matter if the producer is located in a State with or without a **USDA** Certified Mediation Program.

All decisions letters **MUST** be addressed to the producer (via certified mail) with a carbon copy to the Insurance Provider, if applicable. This is an RSO responsibility. All of the time frames contained in the appeal regulations control. The producer has 30 days to request reconsideration.

If you have any questions regarding reconsideration, informal hearing, mediation, or appeals, please contact Ann M. Griffin, Paralegal Specialist, (202) 720-4877.

GUIDE LETTER - APPEAL 1

LETTER NOTIFYING PRODUCERS OF ADVERSE DECISIONS
WHERE THE DECISION IS APPEALABLE IN A STATE
WITH A CERTIFIED MEDIATION PROGRAM

(DATE)

**CERTIFIED MAIL Z 123 456 789
RETURNED RECEIPT REQUESTED**

Mr. John Q Smith
123 Main Street
Newkirk, Oklahoma 74647

Dear Mr. Smith:

(EXPLANATION OF ADVERSE DECISION)

If you do not agree with our decision, you may choose one of the following three options:

- (1) Seek reconsideration by filing a written request with this office within 30 days from the date of this letter. (Please include any additional supporting evidence with your request).
- (2) Request an appeal within 30 days from receipt of this letter directly to the National Appeals Division (NAD) at the following address:

Regional Assistant Director
National Appeals Division
Western Area Office
755 Parfet Street, Suite 494
Lakewood, Colorado 80215

- (3) Mediate those issues that are available for mediation under the Oklahoma Agriculture Mediation Program.

Your choosing mediation may enable us to narrow and resolve these issues by agreement. However, it does not replace or limit your right to further review or appeal to NAD. If you need additional information or wish to request mediation (**all requests must be in writing**), please contact the following mediation office:

Dr. Jim Rogers
Oklahoma State University Well Center
1514 W. Hall of Fame
Stilwater, Oklahoma 74078
Telephone: (405) 744-9355
Fax: (405) 744-670

Sincerely,

Chief,
Underwriting Services Branch

GUIDE LETTER - APPEAL 2

LETTER NOTIFYING PRODUCERS OF ADVERSE DECISIONS
WHERE THE DECISION IS APPEALABLE IN A STATE
WITHOUT A CERTIFIED MEDIATION PROGRAM

(DATE)

**CERTIFIED MAIL Z 123 456 789
RETURNED RECEIPT REQUESTED**

Mr. John Q Smith
123 Main Street
Brookeland, Texas 75931

Dear Mr. Smith:

(EXPLANATION OF ADVERSE DECISION)

If you do not agree with our decision, you may choose one of the following three options:

- (1) Seek reconsideration by filing a written request with this office within 30 days from the date of this letter. (Please include any additional supporting evidence with your request).
- (2) Request an appeal within 30 days from receipt of this letter directly to the National Appeals Division (NAD) at the following address:

Regional Assistant Director
National Appeals Division
Western Area Office
755 Parfet Street, Suite 494
Lakewood, Colorado 80215

- (3) Consider mediation or other forms of alternative dispute resolution (ADR) of the issues raised by this decision.

Mediation or other forms of ADR may enable us to narrow and resolve these issues by agreement. However, it does not replace or limit your right to further review or appeal to NAD. To request mediation or ADR, notify this office by writing or faxing your request to the following address:

Director
Oklahoma City Regional Service Office
Risk Management Agency
205 NW 63rd Street, Suite 170
Oklahoma City, Oklahoma 73116
Telephone: (405) 879-2700
Fax: (405) 879-2741

We will advise you of the extent to which resources are available for mediation or ADR, and the procedures and other information concerning your request.

Sincerely,

Chief,
Underwriting Services Branch

GUIDE LETTER - APPEAL 3

LETTER NOTIFYING PRODUCERS OF ADVERSE DECISIONS
WHERE THE DECISION (IN WHOLE OR PART) IS NOT APPEALABLE

(DATE)

**CERTIFIED MAIL Z 123 456 789
RETURNED RECEIPT REQUESTED**

Mr. John Q Smith
123 Main Street
Stamford, Texas 79533

Dear Mr. Smith:

We have considered your request for crop insurance coverage on 20 acres of cabbage located in Brown County, but were unable to make a favorable determination. Our decision is based on the Federal Crop Insurance Corporation (FCIC), Common Crop Insurance Regulations, 7 C.F.R. §457. These regulations are applicable only to crops that have crop provisions that are published as a part of 7 C.F.R. §457, and also for the crops and crop years designated by the applicable section. Since there are no cabbage crop provisions, crop insurance coverage is not available for your cabbage crop. Moreover, we have determined that because of the reason cited, the decision is not appealable.

Generally, producers have a right to request reconsideration or appeal adverse decisions. However, when the adverse decision applies to all similarly situated participants, the decision is not appealable under the National Appeals Division (NAD) regulations nor is reconsideration under Risk Management Agency an option.

If you do not agree with our decision, you may request an appealability determination by writing directly to the National Appeals Division within 30 days from receipt of this letter. Mail your letter to the following address:

Regional Assistant Director
National Appeals Division
Western Area Office
755 Parfet Street, Suite 494
Lakewood, Colorado 80215

Sincerely,

Chief,
Underwriting Services Branch

Deadlines, Approval Authorities, and Documentation. The following chart indicates the types of written agreements and for each type the deadline for the request, approval authorities and required documentation.

WRITTEN AGREEMENT DEADLINES AND DOCUMENTATION					
TYPE OF AGREEMENT	REQUESTED AND SIGNED BY INSURED	RECEIVED IN RSO/INSURANCE PROVIDER	AUTHORIZED BY	SUBSEQUENT YEAR'S DEADLINE (REISSUED AGREEMENTS)	MINIMUM SUPPORTING DOCUMENTATION ²
Class (type) of Dry Beans not on Actuarial Table	Sales Closing	Within 20 calendar days after Sales Closing	RMA RSO	Sales Closing and Received by the Insurance Provider within 20 calendar days	Report prices received for the specific class (type) and either (1) two years of university test plot data and its recommendations, or (2) two years of seed company data supplemented by university data. If items (1) or (2) are not available, then two years of production data for the requested class and prices received. Current year's APH form certifying all dry bean records. Completed request for Actuarial Change Form/Written Agreement
Counties with No Actuarial Table for the crop	Cancellation date (for the area) specified in the crop endorsement for which coverage is requested.	Within 20 calendar days after the cancellation date specified for the area as indicated in the crop endorsement.	RMA RSO	Cancellation date specified in the crop endorsement and Received in RMA RSO within 20 calendar days	Completed Request for Actuarial Change Form/Written Agreement FSA Aerial Photos. Evidence of adaptability and/or producer's production history. ³
Special Purpose Corn if coverage not provided by the Special Provisions	Sales Closing	Within 20 calendar days after Sales Closing	RMA RSO	Sales Closing and Received in RMA RSO within 20 calendar days	Completed Request for Actuarial Change Form/Written Agreement . Evidence of adaptability and/or producer's production history.
Seed Potato acreage greater than 125% of past average acres	Sales Closing	Within 20 calendar days after Sales Closing	RMA RSO	Sales Closing and Received in RMA RSO within 20 calendar days	Completed Request for Actuarial Change Form/Written Agreement. Reason for increase and certification that all requested acreage will be managed in accordance with state standards.
Non-Irrigated Corn Grain where Irrigated Corn (Grain and Silage) listed on Actuarial Table only	Sales Closing	Within 20 calendar days after Sales Closing	RMA RSO (Insurance Provider, If specific underwriting guidelines for Insurance Provider have been issued by RMA RSO)	Sales Closing and Received by Insurance Provider within 20 calendar days	Completed Request for Actuarial Change/Written Agreement and current Year's APH Form/Written Agreement. Insurance Provider RSO may require additional documentation. Refer to the Special Provisions for minimum requirements

WRITTEN AGREEMENT DEADLINES AND DOCUMENTATION					
TYPE OF AGREEMENT	REQUESTED AND SIGNED BY INSURED	RECEIVED IN RSO/INSURANCE PROVIDER	AUTHORIZED BY	SUBSEQUENT YEAR'S DEADLINE (REISSUED AGREEMENTS)	MINIMUM SUPPORTING DOCUMENTATION ₂
Strip Mined Land (Food or Fiber Crop Produced Less Than Five Consecutive Crop Years)	Sales Closing	Within 20 calendar days after Sales Closing	RMA RSO	Sales Closing and Received by Insurance Provider within 20 calendar days	Completed request for Actuarial Change Form/Written Agreement, FSA Aerial Photos, Description of Reclamation Process Report, Date Reclamation Completed and APH.
Practice (NIBR) of Sunflowers not on Actuarial Table	Sales Closing	Within 20 calendar days after Sales Closing	RMA RSO (Insurance Provider if specific underwriting guidelines for Insurance Providers have been issued by RMA RSO)	Sales Closing and Received by Insurance Provider within 20 calendar days	Refer to Special Provisions for evidence of adaptability and/or producer's production history requirements.
Small Grains or Crops where provided for in the Crop Provisions: (i) interplanted with another crop (ii) planted into an established grass or legume; or (iii) planted as a nurse crop.	15 calendar days after the Acreage Reporting date ₁	Within 20 calendar days after Acreage Reporting	RMA RSO	Acreage Reporting and Received in RMA RSO within 20 calendar days	Completed request for Actuarial Change Form/Written Agreement. Completed Crop Inspection report <u>1</u> .
Listing Reconsiderations for Peanuts and Tobacco	Acreage Reporting	Within 20 calendar days after Acreage Reporting	RMA RSO	Sales Closing and Received in RMA RSO within 20 calendar days.	Insured's classification for other practices or types in other counties. Production information for the insured and other entities in which the insured has participated. Legal description of land or FSN, FSA Aerial Photos or legible maps delineating field boundaries of planted or intended planted acreage of the crop.
Unrated Plant (Nursery - New Insured) ----- Unrated Practice/Type/Variety/Plant (Nursery Carryover)	With Application ----- Acreage Reporting/ Inventory Reporting Nursery	Within 20 calendar days after submission of Application ----- Within 20 calendar days after Acreage Reporting/Inventory Reporting (Nursery)	RMA RSO	Sales Closing and Received in RMA RSO within 20 calendar days.	Completed Request for Actuarial Change Form/Written Agreement. FSA Aerial Photo's, Completed Crop Inspection report_1 Evidence and adaptability of the practice or type for the area. APH for the P/T.

WRITTEN AGREEMENT DEADLINES AND DOCUMENTATION					
TYPE OF AGREEMENT	REQUESTED AND SIGNED BY INSURED	RECEIVED IN RSO/INSURANCE PROVIDER	AUTHORIZED BY	SUBSEQUENT YEAR'S DEADLINE (REISSUED AGREEMENTS)	MINIMUM SUPPORTING DOCUMENTATION ₂
Acreage not planted or harvested in one of the three previous crop years	Acreage Reporting	Within 20 calendar days after Acreage Reporting	RMA RSO	Reissuance of this agreement is not required, unless the acreage is not planted to any crop and harvested the previous year. In that case, handle as an initial request.	Completed Request for Actuarial Change Form/Written Agreement and FSA Aerial Photos. Evidence of adaptability, producer's production history for the crop, and intended planted acreage of the crop. ₁
High Rate Areas	Acreage Reporting	Within 20 calendar days after Acreage Reporting	RMA RSO	Sales Closing and Received in RMA RSO within 20 calendar days	Completed Request for Actuarial Change form/Written Agreement. FSA Aerial Photos, and APH
Unrated Land	Acreage Reporting	Within 20 calendar days after Acreage Reporting	RMA RSO	Sales Closing and Received in RMA RSO within 20 calendar days.	Completed Request for Actuarial Change Form/Written Agreement. FSA Aerial Photo's). Completed Crop Inspection report. ₁ Evidence and adaptability of the practice or type for the area. APH for the P/TV.
Written Unit Agreement	Acreage Reporting	Within 20 calendar days after Acreage Reporting	RMA RSO (Initial Request)	Written Unit Agreements are continuous in subsequent years provided no changes occur. If changes occur, handle as an initial request.	See [Sec. 4, Par G(4) and (5)] for the required documentation. RMA RSO may have additional guidelines.

- 1 Initial written agreements requested to establish insurability after the Sales Closing Date require an inspection at the time the written agreement terms are presented to the insured, if the crop has been planted.
- 2 Additional documentation may be required on individual requests.
- 3 (a) Completed APH form and acceptable records (inspection as required by Category B or C crop procedures) of actual yields **for the crop or a similar crop determined by RMA, if records for the crop are not available**, for at least the most recent three consecutive crop years during the base period (If the producer expands the farming operation across a county or state line into a local producing area, FCIC may consider existing production reports from the current crop production sufficient);
 - (b) The dates the applicant and other growers in the area normally plant and harvest the crop;
 - (c) The name and location of, and approximate distance to, the location at which the crop will be sold or used by the applicant;
 - (d) The legal description of the land and FSA aerial photographs or, legible maps delineating field boundaries where the applicant intends to plant the crop for which insurance is requested.

Written Agreements may be available for other situations not listed here, as authorized in the policy provisions. (Contact the RMA RSO for details.)

EXAMPLE

NURSERY PLANT DATA FORM

SCIENTIFIC NAME & COMMON NAME	TYPE	ZONE-WINTER PROTECTION		ZONE-WINTER PROTECTION		SPECIAL RISKS (Y,N or may be explained if needed)	TEMP, SENS. (heat or cold)	DISEASE RISK (Explain)	SUPPLY/ DEMAND	OTHER CONCERNS (List)
Type: Woody 1 or 2, Herbaceous, Foliage, etc., Overwintering Requirements: Mandatory, Recommended, Unnecessary. Temperature Sensitivity: not below or above XX degrees. Supply/Demand: high/medium/low for each plant.						Remarks:				