Self-Certification Replant Worksheet

Multiple Peril Crop Insurance

NAU Country
A QBE Insurance Company

Insured Information	Crop Year:	**Agency Information**	**Policy Number:**
Name:		Code:	Claim Number:
Address:	State:	Name:	
City, State, Zip:	County:	Address:	NAU Country Office:
		City, State, Zip:	

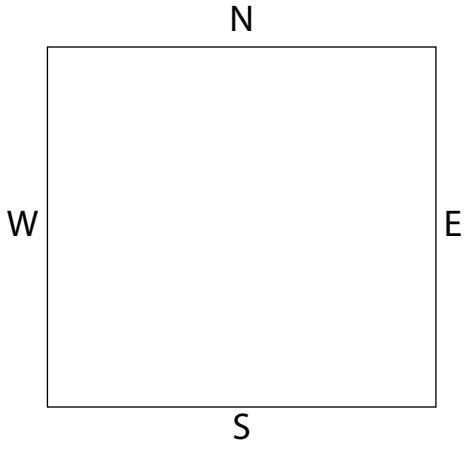
Guidelines: This Self-Certification Replant Worksheet may be used when the acreage to be replanted is 100 acres or less for a unit. Per the policy provisions, in order to qualify for a replant payment, the number of acres to be replanted must be at least the lesser of 20 acres or 20% of the insured planted acreage for the unit (as determined on the final planting date or with the late planting period if a late planting period is applicable). The potential for the acres to be replanted must not exceed the amount state in the crop policy. A replant payment may be made only once on acreage in the same location for the same crop.

Complete and mail this form within five (5) days after completion of the replanting on the unit for replanting payment. If the crop provisions specify a replanting payment is based on actual cost, attach copies of receipts for replanting expenses actually incurred for the replanted acreage (those expenses you actually paid or are liable for). Refer to your crop policy qualification for replanting payment.

Crop	Share	Unit Number	Unit Acres	Replant Acres	Legal Description	Farm	Tract	Field ID	Cause	Date of Damage	Original Plant Date	Replant Date

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

FIELD DIAGRAM



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

Is damage on your farm similar to other farms in the area? ☐ Yes ☐ No

Explain :

*Section, Township, Range or Other Land identifier

Indicate the Practice/Type Utilized (✔)

	Original	Replant
Drilled	☐	☐
Broadcast	☐	☐
Airplane - seeded	☐	☐
Rowed	☐	☐
Dry Bean Type	☐	☐
Tillage Method	☐ *	☐ *
Other	☐ **	☐ **

*Provide tilling Method used for original and replanted acreage
**Write in practice/type if not listed

The following represent my ACTUAL REPLANT COSTS as: ☐ Landlord ☐ Tenant ☐ Owner/Operator

My Total Actual Cost for Replanted Acres:

Seed $_____ (Attach seed receipt)

Cleaning $_____ (Bin run seed)

Herbicide $_____ (Attach receipt)

Other _____ $_____ $_____ Total Expense

See next page for all RMA required statements

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Insured's Name:	Agency Code:	Policy #:
Crop Year:	Agency Name:	Claim #:

Reviewer Information:

_____ Actual/Replant Acres	Enter "OK" if verified the field or subfield was initially planted timely and that the number of acres actually replanted agrees with entry of the total number of replanted acres.
_____ Date of Damage	Enter "OK" if the reviewer verifies the date of damage agrees with the date entered above.
_____ Replant Practice	
_____ Did acreage appear to qualify?	Please indicate "Yes" or "No" in the space provide.
_____ Actual Cost	Enter "OK" if verified with the insured or the insured's authorized representative that the total cost incurred by the insured for the replanting operation is the same as entered above.

☐ Special Report - Check when report is attached or accompanies the Self-Certification Replant Worksheet.

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT - Agents, Loss Adjusters and Policyholders

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIP's contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

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CERTIFICATION STATEMENT

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to voidance of the policy, and in criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).

I understand the certified information will be used to determine my replanting payment, if any, for damage to the above crop. I also understand that this Worksheet and supporting papers are subject to audit and approval by the insurance provider and that my signature herein authorizes the insurance provider to process a replanting payment in accordance with the terms of my insurance contract.

Insured's Printed Name & Signature	**Date**	**Loss Adjuster's Printed Name & Signature**	**Code #**	**Date**
Printed Name: Signature:		Printed Name: Signature:		

AIP Representative's Signature

AIP Signature: