



# MPCI Acreage Report

Default Order

<b>Approved Insurance Provider</b>		<b>Insured</b> Policy #:	<b>Agency</b> Agency Code:
<b>ARMtech Insurance Services</b> 7101 82nd Street Lubbock, TX 79424		<b>Name:</b> _____ <b>Address:</b> _____ _____	<b>Agency Name:</b> _____ <b>Agent Name:</b> _____ <b>Address:</b> _____ _____
U/W: (800) 335-0120 Bus.: (806) 473-0333 Claims: (800) 335-6010 B Fax: (806) 473-0334	<b>Phone:</b>		<b>Phone:</b>
Email: ARMtech@arnt.com	<b>Email:</b>		<b>Email:</b>

Crop Year:	State:	County:	Crop:	Plan:	Acre Rpt Date:	Cov. Level:	Price:					
#	Unit Farm #	Block	Practice Type	Farm Name Legal Description/ Other land Ident.	Class HR Map T-Map	Yield	Others Sharing in Crop	Acres	SRF	Date Planted	Share	Multi-++ Crop <input type="checkbox"/> 1st Crop <input type="checkbox"/> 2nd Crop <input type="checkbox"/> 3rd+ Crop

Additional Acreage											
Not Insured	County Crop	Unit Farm #	Block	Practice Type	Farm Name Legal Description/ Other land Ident.	Others Sharing in Crop	Acres	Options	Date Planting	Share	Reason
<input type="checkbox"/>											

Not Insured	County Crop	Unit Farm #	Block	Practice Type	Farm Name Legal Description/ Other land Ident.	Others Sharing in Crop	Acres	Options	Date Planting	Share	Reason
<input type="checkbox"/>											



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Additional Acreage											
Not Insured	County	Unit	Block	Practice	Farm Name	Others Sharing in Crop	Acres	Options	Date Planting	Share	Reason
	Crop	Farm #	Type	Legal Description/ Other land Ident.							
<input type="checkbox"/>											

**Remarks Section**

**\*\*** 1st crop is defined as the first crop insured on all of the acreage by all persons and entities in the crop year. 2nd crop is defined as the second crop insured on all or part of the acreage by any person or entity in the crop year. 3rd+ crop is defined as any crop planted after the second crop on all or part of the acreage by any person or entity in the crop year.

**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 further certify that all of the lines in this document that have been left blank are reported to zero (0), and no liability will attach.

(Insured Signature) \_\_\_\_\_ (Date) \_\_\_\_\_
(Agent Signature) \_\_\_\_\_ (Date) \_\_\_\_\_
(Agency Code) \_\_\_\_\_

**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, AIPs 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 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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To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272(voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

