

AGREEMENT TO COMBINE OPTIONAL UNITS

This is a continuous agreement (Refer to Item 1)

Insured's Name and Address	Contract Number	Initial Crop Year
	County	State
Agent's Name and Address	AIP's Name and Address	
Applicable Crops	Units Combined	Legal Description & FSN if Applicable

Upon our verification and approval of this Agreement, we agree to combine the acreage and production history from separate databases for the combined optional units for the insured crop(s) listed, into a single database by practice, type, variety, or transitional yield map area, as applicable.

1. By signing this Agreement, you agree to farm two or more optional units as a combined unit. Once approved, this option is continuous and remains in effect unless the crop's basic unit structure changes and those changes cause the combined unit structure to be invalid or if the crop's insurance policy is cancelled and continuity of insurance coverage is broken.
2. The Agreement must be submitted to us on or before the production reporting date for the applicable crop(s) and approved by us to be effective for the crop year. If not submitted on or before the crop's production reporting date, the option (if approved) will be effective the succeeding crop year.
3. The optional units being combined must be located in the same county and in separate sections, section equivalents or Farm Service Agency Farm Serial Numbers (FSA FSNs), whichever is applicable.
4. The sections, section equivalents, or FSA FSNs containing the optional units being combined must adjoin (lie next to or be in contact with each other). A copy of an aerial photograph or other map that clearly identifies the sections, section equivalents or FSA FSNs containing the optional units being combined that demonstrates they adjoin must be attached.
5. If you transfer a crop's policy on which the Agreement is in force to a different insurance agency/AIP, the Agreement transfers with the crop's policy and remains in effect and you are not permitted to separate the combined units into additional optional units. You must provide a copy of this Agreement to your new insurance agency/AIP. If the Agreement is not transferred and you divide the combined unit into optional units and the new insurance agency/AIP discovers that you have divided a combined unit listed on this agreement into optional units:
 - a. The acreage and production history from the separate optional unit databases will be combined according to this Agreement, beginning with the crop year that the combined units were separated; and
 - b. If any indemnities were paid on the optional units, the approved APH yield will be corrected for such crop years as indicated in a. above and the indemnity will be recalculated. If the recalculated indemnity is less than the indemnity that was paid when you violated the terms of this agreement, you must pay the AIP the difference.
6. If the basic unit structure changes after this Agreement is approved, and the combined unit must be divided into more than one basic unit, you must notify us and recertify the acreage and production according to the land that is contained in each basic unit no later than the crop's production reporting date. If you fail to do so, we will assign yields for such crop years that have planted acreage for the applicable crops. The acreage and production and/or assigned yield applicable to the land contained in each basic unit will be used to establish separate databases for the new basic units.
7. A copy of an aerial photo or other map must be attached that clearly indicates that the units adjoin and that there are no manmade or natural boundaries between the units that will prevent the acreage from being farmed and/or harvested as one unit.

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).

Insured's Signature:	Date:
Agent's Signature and Code:	Date:
AIP's Representative:	Date:

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).