



PRODUCTION WORKSHEET

Tel: (218) 284-5818
Fax: (218) 284-5820

American Omni Crop, LLC
1510 29th Ave S
Moorhead, MN 56560

1.Crop/Code# 2.Unit# 3.FSN

Agency _____

4.Date of Damage			
5.Cause of Damage			
6.Insured Cause %			
12.Additional Units			
13.Est. Prod. Per Acre			

8.Name of Insured _____

9.Claim # _____

10.Policy # _____

11.Crop Year _____

14.Date(s) Notice of Loss

1st	2nd	Final
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15.Companion Policy(s) _____

SECTION I - ACREAGE APPRAISED, PRODUCTION AND ADJUSTMENTS

A. ACTUARIAL														B. POTENTIAL YIELD									
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32a / 32b	33	34	35	36	37	38	
Field ID	Multi-Crop Code	Reported Acres	Determined Acres	Interest or Share	Risk	Type	Class	Sub-Class	Intended Use	Irr. Prac.	Cropping Prac.	Organic Prac.	Stage	Use of Acreage	Appraised Potential	Moisture % / Factor	Shell %, Factor, or Value	Production Pre QA	Quality Factor	Production Post QA	Uninsured Causes	Total To Count	
39.TOTAL				40.Quality TW <input type="checkbox"/> KD <input type="checkbox"/> Alfatoxin <input type="checkbox"/> Vomitoxin <input type="checkbox"/> Fumonisin <input type="checkbox"/> Garlicky <input type="checkbox"/> Dark Roast <input type="checkbox"/>				42.TOTALS															
				41.Mycotoxins exceed FDA, State, or other health organization maximum limits? <input type="checkbox"/>																			

NARRATIVE (If more space is needed, attach a Special Report): _____

SECTION II - DETERMINED HARVESTED PRODUCTION

43.Date Harvest Completed _____ 44.Is damage similar to other farms in the area? YES NO

45.Assignment of Indemnity? YES NO

46.Transfer of Right to Indemnity? YES NO

A. MEASUREMENTS						B. GROSS PRODUCTION				C. ADJUSTMENTS TO HARVESTED PRODUCTION										
47a / 47b	48	49	50	51	52	53	54	55	56	57	58a / 58b	59a / 59b	60a / 60b	61	62	63	64a / 64b	65	66	
Share / Field ID	Multi-Crop Code	Length or Diameter	Width	Depth	Deduction	Net Cubic Feet	Conversion Factor	Gross Prod.	Bu. Ton. Lbs. CWT.	Shell / Sugar Factor	FM% / Factor	Moisture % / Factor	Test WT / Factor	Adjusted Production	Production Not To Count	Production Pre-QA	Value / MKT Price	Quality Factor	Production to Count	
67.TOTAL																68.Section II Total				

I certify the information provided above, to the best of my knowledge, to be true and complete and that it will be used to determine my loss, if any, to my insured crops. I understand that this Production Worksheet and supporting papers are subject to audit and approval by the company. I understand that this crop insurance is subsidized and reinsured by the Federal Crop Insurance Corporation, an agency of the United States. I understand that any false or inaccurate information may result in the sanctions outlined in my policy and administrative, civil, and criminal sanctions under 18 U.S.C. §§ 1006 and 1014, 7 U.S.C. § 1506, 31 U.S.C. §§ 3729 and 3730 and other federal statutes.

25.Adjuster's Signature 1st Inspection	Code#	Date	26.Insured's Signature 1st Inspection	Date
2nd Inspection			2nd Inspection	
Final Inspection			Final Inspection	

69.Section I Total _____

70.Unit Total _____

71.Allocated Prod. _____

72.Total APH Prod. _____



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PRIVACY POLICY

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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.

NONDISCRIMINATION STATEMENT

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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 avoidance 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).