



King Crop Insurance, Inc.
 101 W. Market Street
 Georgetown, DE 19947
 302-855-0800/800-823-7750
 Fax 302-855-0885

Production Report

Policy Name: _____ **County:** _____ **State:** _____

Farm Serial Number				Farm Name			
Crop							
Crop Year	Non-Irrigated/Unit #			Irrigated/Unit #			Notes
	Total Production	Acres Planted	Avg Yield per Acre	Total Production	Acres Planted	Avg Yield per Acre	
Average Yield:				Average Yield:			

Farm Serial Number				Farm Name			
Crop							
Crop Year	Non-Irrigated/Unit #			Irrigated/Unit #			Notes
	Total Production	Acres Planted	Avg Yield per Acre	Total Production	Acres Planted	Avg Yield per Acre	
Average Yield:				Average Yield:			

Farm Serial Number				Farm Name			
Crop							
Crop Year	Non-Irrigated/Unit #			Irrigated/Unit #			Notes
	Total Production	Acres Planted	Avg Yield per Acre	Total Production	Acres Planted	Avg Yield per Acre	
Average Yield:				Average Yield:			

Review statements on reverse side. Signature Required

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 here 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 co-operators, 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 or criminal prosecution and the assessment of penalties or pursuit of other remedies.

NONDISCRIMINATION STATEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

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

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 withdrawal 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).	
<input type="checkbox"/> (New Producers) I certify I have not produced the insured crop in the county for more than two years.	
37. Insured's Printed Name	38. Insured's Signature Date
I certify that I am responsible for establishing the approved APH yields that are used to calculate the production guarantees contained in this acreage report and that such approved APH yields are correct to the best of my knowledge.	
39. Agent's Printed Name	40. Agent's Signature Date