



Biotechnology Endorsement Insured Certification Form

1) Insured Name (Print):	2) Crop Year:
3) Insured Policy Number:	4) State:
5) County:	

6) Seed Purchaser's Name (Print)	7) Seed Purchaser Number	8) Brand Name and Hybrid Name of Qualifying Hybrids*	9) Number of Units of Qualifying Hybrid Seed**	10) Average Seeding Rate (acres per unit of seed)	11) Acres (item 9 x item 10)
Total:					Total:

*Qualifying Hybrids means a corn hybrid that meets the definition of Qualifying Hybrid as defined in the Pilot Biotechnology Endorsement.

**A unit of seed equals 80,000 kernels. Most qualifying hybrid seed is sold in a bag that contains 80,000 kernels (1 unit). However, qualifying hybrid seed may be sold in a mini bulk unit that normally contains 4 million kernels (50 units). In rare situations, a bag of qualifying hybrid seed may contain only 40,000 kernels (0.5 units).

12) By signing below, I certify to all of the following:

- A) I have received and read a copy of the Pilot Biotechnology Endorsement (BE), and I am in compliance with all of its terms and conditions, including but not limited to the planting requirements provided in section 3 of the BE.
- B) I have reviewed the information provided in items 1 through 11 above and certify they are true and correct. In addition, the accompanying copies of the seed invoice(s) and the Biotechnology Endorsement Supplemental Seed Documentation form, if applicable, attached hereto are true, correct and represent all qualifying hybrid seed I obtained for planting in the crop year identified in item 2 (the seed was NOT carried over from a previous year) and for the policy identified in item 3. Additionally, I authorize the seed company/dealer listed on the accompanying documents to disclose all purchase and return invoices for all corn seed that was purchased or returned by me or someone else on my behalf.
- C) I understand that failure to comply with all terms and conditions of the Pilot BE will result in loss of the premium rate reduction or my policy being voided. Further, I understand I may be subject to administrative, civil or criminal sanctions (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).

13) Insured Signature: _____ Date: _____





How to Fill Out the Biotechnology Insured Certification Form

- 1) Insured Name: print the insured name exactly as it appears on the policy. All remaining item numbers that refer to insured will imply the insured name listed in this item number 1. All information should be provided as it applies to this entity.
- 2) Crop Year: current crop year for which the pilot BE rate reduction will apply.
- 3) Insured's Policy Number: policy number for the insured as it appears on the policy.
- 4) State: the state for which the insured's policy was issued.
- 5) County: county for which the insured's policy was issued.
- 6) Seed Purchaser's Name: name of the person that purchased the qualifying seed corn. This is the name of the person on the seed invoice and may be different than the insured name.
- 7) Seed Purchaser Number: the seed purchaser number assigned to the seed purchaser in item 6. The seed purchaser number is more commonly referred to as the Herculex Grower Agreement Number, Monsanto Technology Stewardship Agreement Number, Account Identification Number or the Syngenta Technology Number. This number may be used in the quality control process.
- 8) Brand Name and Hybrid Name of Qualifying Hybrids: list the brand name as well as the hybrid name of the seed purchased. Examples - DeKalb DKC51-39 or Pioneer 35K03
- 9) Number of Units of Qualifying Hybrid Seed: The number of units of qualifying hybrids planted on the acres list under the policy identified in item 3 as taken from the seed invoices.
- 10) Average Seeding Rate: the average seeding rate, in acres per unit, used by the insured when planting the qualifying hybrids. This can be established by dividing the seeds per unit by the planting population. **One unit is considered to equal 80,000 kernels, refer to the statement above item 12 on the certification form for further explanation.
- 11) Acres: Multiply the number of qualifying units in item 9 by the average seeding rate in item 10. This should equal at least 75% of the total acres for the units in which the BE option is elected.
- 12) **Information regarding the responsibilities and consequences of signing the certification form, Please Read**
- 13) Insured's Signature and Date: The insured listed on the policy and identified in item 1 must be the person to sign and date the certification form.

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.) (Act) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Act and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

Your policy also specifies other information that must be provided. The principle purposes of this information are to provide insurance; reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The routine uses of this information include: (1) Referral to the appropriate agency, whether Federal, State, local or foreign including the Department of Justice, charged with the responsibility of investigating or prosecuting a violation of law, or of enforcing or implementing a statute, rule regulation or order issued pursuant thereto, of any record within this system when information available indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute or by rule, regulation or order issued pursuant thereto; (2) Disclosure to a court, magistrate or administrative tribunal, or to opposing counsel in a proceeding before a court, magistrate or administrative tribunal, or any record within the system that constitutes evidence on that proceeding, or which is sought in the course of discovery, to the extent that FCIC determines that the records sought are relevant to the proceeding; (3) Disclosure to a congressional office in response to any inquiry from the congressional office made at the request of that individual; (4) Disclosure to Approved Insurance Providers (AIP) for any purpose relating to the sale, service, and administration of the Federal crop insurance program and the policies insured under the authority of the Act; (5) Disclosure to other Federal agencies and contractors, cooperators, and partners of FCIC for the purpose of conducting research, development, analyses, and evaluation into all aspects relating to new and existing crop insurance programs and other risk management tools; (6) Disclosure to contractors or other Federal agencies to conduct research and analysis to identify patterns, trends, anomalies, instances and relationships of AIP's, agents, loss adjusters and policyholders that may be indicative of fraud, waste, and abuse; (7) Disclosure to AIPs, contractors, and other applicable Federal agencies to determine whether information has been accurately provided to FCIC and the AIPs and to determine compliance with program requirements; and (8) Disclosure to AIPs, contractors, cooperators, partners of FCIC, and other Federal agencies for any purpose relating to the sale, service, administration, analysis and evaluation of the Federal crop insurance program.

Furnishing other information is also voluntary. However, failure to report the information specified in your policy may result in rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; a unilateral determination of any monetary amounts due; or any remedy provided in the policy.

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 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, S.W. Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

REINSURANCE STATEMENT

"This insurance policy is reinsured by the Federal Crop Insurance Corporation (FCIC.) under the provisions of the Federal Crop Insurance Act, as amended (7 U.S.C. 1501 et seq.) (Act). All provisions of the policy and rights and responsibilities of the parties are specifically subject to the Act. The provisions of the policy are published in the Federal Register and codified in chapter IV of title 7 of the Code of Federal Regulations (CFR) under the Federal Register Act (44 U.S.C. et seq.), and may not be waived or varied in any way by the crop insurance agent or any other agent or employee of FCIC or the company. In the event we cannot pay your loss, your claim will be settled in accordance with the provisions of this policy and paid by FCIC. No state guarantee fund will be liable for your loss.

Through out this policy, "you" and "your" refer to the named insured shown on the accepted application and "we", "us", and "our" refer to the insurance company providing insurance. Unless the context indicates otherwise, use of the plural form of a word includes the singular and use of the singular form of the word includes the plural."

PRODUCERS AG INSURANCE GROUP PRIVACY NOTICE

The Producers Ag Insurance Group (Pro Ag Group) is committed to respecting the individual privacy of our policyholders and their significant beneficial interest owners (Customers). We collect nonpublic personal information about Customers from information we receive from them such as information provided on applications or other forms, which may include name, address and social security numbers and from third parties such as a consumer reporting agency. To serve our Customers and to service our business our employees have access to Customers personal information in the course of doing their jobs and we may share or disclose non-public personal information about the Customers to affiliates within the Pro Ag Group or with non affiliated third parties with whom we have a contractual relationship such as agencies within the United States Department of Agriculture, with your insurance agent and other insurance companies or with banks where a written permission to transfer such information has been granted by the policyholder. We may also share non-public personal information with affiliates and with non-affiliated third parties as permitted by law. The Pro Ag Group will not sell or share your personal information with anyone for purposes unrelated to our business functions with out our offering to the Customer the opportunity to "opt-out" or to "opt-in" as required by law.