



Biotechnology Endorsement Insured's Certification

1. INSURED INFORMATION	2. CROP YEAR	3. POLICY NUMBER
	4. STATE CODE / NAME	
	5. COUNTY CODE / NAME	

6. SEED PURCHASER'S NAME	7. SEED PURCHASER NUMBER	8. BRAND NAME AND HYBRID NAME OF QUALIFYING HYBRIDS*	9. NUMBER OF UNITS OF QUALIFYING SEED**	10. AVERAGE SEEDING RATE (acres per unit of seed)	11. ACRES (item 9 x item 10)
12. TOTAL				13. 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 also 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).

14. 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 13 above and certify that 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 the 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).

15. INSURED'S SIGNATURE	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, 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 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

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, 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.

Insured's Signature _____ **Date** _____