

SIMPLIFIED CLAIMS PROCESS (SCP) QUALIFICATION AND NOTICE OF LOSS

For proper service, you must fill in all blanks and answer all questions as completely as possible.

| 1. Insured's Name (Please Print) | | | | | 2. Policy Number | | | | |
|----------------------------------|-----------------|--------------------------|---|--------------------------------|--------------------------|--|---------------------------------|--|--|
| 3. Agent | | | 4. Telephone Number | | | 5. Mailing or Street Address | | | |
| 6. Crop (only one per form) | | 7. Crop Year | 8. County where crop is grown (only one per form) | | | 9. State where crop is grown (only one per form) | | | |
| 10. Non-Loss (N-L) Units | | 10a. N-L Unit | 10b. N-L Unit | 10c. N-L Unit | 10d. N-L Unit | 10e. N-L Unit | | | |
| Estimated Production Per Acre | | 10a. Est. Prod. Per Acre | 10b. Est. Prod. Per Acre | 10c. Est. Prod. Per Acre | 10d. Est. Prod. Per Acre | 10e. Est. Prod. Per Acre | | | |
| Loss Unit # | Cause of Loss | | Date of Damage | | Harvest Completion Date | Companion Contract? Yes/No | Assignment of Indemnity? Yes/No | Transfer of Right to Indemnity? Yes/No | |
| | Primary Cause % | Secondary Cause % | Primary Cause Date of Damage | Secondary Cause Date of Damage | | | | | |
| 11 | 12a | 12b | 13a | 13b | 14 | 15 | 16 | 17 | |
| | | | | | | | | | |
| | | | | | | | | | |

NOTE: PLEASE USE A SEPARATE FORM FOR ADDITIONAL LOSS UNITS

Carefully consider each of the following questions and check the "Yes" or "No" box:

| | | |
|---|------------------------------|-----------------------------|
| 18. Has all acreage of the loss unit(s) listed in item 11 above been harvested? If "No," list the unit number(s) for which "No" applies: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. Has all of the production from the loss unit(s) listed in item 11 above been sold or commercially stored? If you answered "No," list the applicable unit numbers meeting "No": _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20. Have you completed harvest of all insurable acreage for all crops on your policy? (This includes the crop you listed above as well as any other crop you may have on your policy). If you answered "No," list the crops not harvested: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. If you answered "No" to the above question, do you anticipate loss units for any other crop <u>not</u> listed in item 11 above for this crop year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22. Has any production from any acreage from the units listed in item 11 above been farm stored, fed to livestock, or saved for seed? If "Yes," list the unit number(s) for which Yes applies: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 23. Do you have third party written verification (i.e., summary/settlement sheets) available for 100 percent of the production from all units listed in item 11 above? (This must include both landlord and tenant shares, when applicable). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 24. Is damage for the loss unit(s) listed in item 11 similar to other farms in the area? If "No," list the unit(s) for which "No" applies and explain: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 25. Are you or any member of your household directly associated with the Federal Crop Insurance program (i.e. agent, agency owner, loss adjuster, FCIC employee, insurance provider employee, or contractor)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 26. Was all acreage of your insured crop(s) in the county, in which you have a share, reported by you on your acreage report? If "No," list the unit or location where the acreage was not reported: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 27. On the specific loss unit(s) listed in item 11 above, is your Summary of Coverage correct for: | | |
| a. Your share? If "No," list the unit(s) and explain here: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. The legal description(s) and/or the FSA farm serial number? If "No," list the unit(s) for which "No" applies: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. The practice actually carried out by you (i.e., if you reported your practice as irrigated, was water applied at the proper time and rate)? If "No," list the unit(s) for which "No" applies: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. The type or variety (if applicable)? If "No," list the unit(s) numbers for which "No" applies and enter the correct type or variety for each unit listed: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. The total acreage for each loss unit listed in item 11 above, will the acreage (if measured or re-measured) be within 5% of what you reported on your acreage report? If "No," list the unit(s) for which "No" applies: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

28. This form serves as written verification of your notice of loss and as an aide in determining qualified insureds for the SCP. We may rely on the information you provide on (or attach to) this form in making material determinations in the preparation of your claim. Once this completed Notice of Loss Form and supporting documentation has been received by your approved insurance provider (AIP), it will be determined whether or not your claim qualifies for the SCP. If it DOES qualify, the appropriate claim for indemnity form(s) will be prepared and may be sent to you for your signature if the AIP determines when reviewing this information with you that a correction is needed. Otherwise, the signature on this SCP form will serve as the signature for each Claim for indemnity form to which this information was transferred, and a copy will be mailed to you. The claim form(s) will contain all the necessary data and production information to complete your claim. If qualified, you will have your claim processed in the most expedient manner possible. You will not need to wait for an adjuster. The SCP is subject to an in-field review for compliance with established policies and procedures. If any of the unit(s) listed in item 11 above DOES NOT qualify for the SCP, you will be contacted by a claims representative to set up an appointment to adjust your loss on that or all units listed above.

Supporting documentation must be attached to this form and delivered to the address provided by your agent or insurance provider. You must attach either a copy of settlement sheet(s), summary sheet(s) or similar third party ledger(s) that accounts for all production from any crop unit you have listed above. Individual load tickets will not qualify. Individual loads on any settlement/summary sheet(s) must be clearly marked to indicate which unit they came from. If you have FSA or similar measurement service such as utilization of Global Positioning Systems, remote sensing devices, etc., for the current crop year, please attach copies and indicate who made the measurement. If you have met the requirements of precision farming and want to use those records to establish production, you must attach yield maps and planting and harvesting summary reports generated from the precision farming technology system. The per unit acreage used in calculating any indemnity will be the lesser of your reported acres or your actual planted acres. In all cases you must attach copies of maps identifying each field, crop and acreage by loss unit.

