

MPCI COMBO APPLICATION FORM COMPLETION INSTRUCTIONS**Page 1**

In This Space	Make This Entry:
1. – 8.	Self explanatory
10a. & b.	Enter the Tax I.D. type and number for the Entity (SSN only for Individuals and Spousal entities)
11.	Check type of entity
12a. & b.	For Husband/Wife operations, enter the Spouse's information
14-19	Enter the Name, Address, Phone No., Tax I.D. No., Entity Type, and %Share for any person having a 10% or greater interest in the Entity
20.	Enter "N" for new application, "T" for transfers of existing coverage to AgSecure
21.	Enter Crop Year, call AgSecure for year designation
23.	Enter Crop Name
24.-27.	Call AgSecure for assistance with these codes
28.	Level of coverage requested. For Catastrophic, enter CAT
29.	Enter Price %. For CAT, enter 55%. All Additional Levels enter 100%
31.	Check "Yes" or "No" for each question
34., 35., 37.	Complete if this is a transfer of your existing coverage to AgSecure
38. – 41.	To Be completed by AgSecure

Page 2**(Not applicable to Nursery. Please contact AgSecure for assistance)**

In This Space	Make This Entry:
55.	Total production for the year shown in item 54.
56.	Total acres production was harvested from.
66.	Number acres being farmed for the coming crop year
67.	Your share in the acreage shown on in item 66.

Page 3**(Not applicable to Nursery)**

73.	Unit number and block number. Report different ages as separate blocks
74.	Block Name, if applicable
76.	Month and Year trees/vines were planted
77.	Month and Year trees/vines were grafted, if applicable
78.	Acres in block
81.	Number of Trees in block
82.	Spacing between rows and between trees in rows (i.e. 8'X10')
83.	Percent of original planting pattern still standing

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94.	Sign and Date
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