



RURAL COMMUNITY INSURANCE SERVICES

Nursery Crop Insurance Application Supplement

INSURED'S NAME		POLICY NUMBER	STATE	COUNTY	CROP YEAR
INSURED'S ADDRESS					
AGENT NAME		AGENCY		AGENCY CODE	

This form must be completed and signed:

- 1) At the time of application for Nursery Insurance when insured elects to have separate basic units by plant type.
- 2) By sales closing date for carryover policies when insured changes coverage to include basic units by plant type.
- 3) If a new plant is added under a revised Plant Inventory Value Report (PIVR) and the plant is not categorized under a plant type reported on the initial PIVR, a coverage level must be selected for the plant type on this form.

Instructions:

For each nursery practice specified, place a checkmark next to each plant type and enter the coverage level elected for the plant type. Changes to these coverage levels cannot be made after application date for new applicants or after Sales Closing Date in subsequent years.

NURSERY FIELD GROWN (007)				COVERAGE LEVEL
	CODE	ID	PLANT TYPE	
<input type="checkbox"/>	DT	056	Deciduous Trees (Shade & Flower)	
<input type="checkbox"/>	BE	057	Broad-leaf Evergreen Trees	
<input type="checkbox"/>	CE	058	Coniferous Evergreen Trees	
<input type="checkbox"/>	FN	059	Fruit and Nut Trees	
<input type="checkbox"/>	DS	060	Deciduous Shrubs	
<input type="checkbox"/>	BS	061	Broad-leaf Evergreen Shrubs	
<input type="checkbox"/>	CS	062	Coniferous Evergreen Shrubs	
<input type="checkbox"/>	SF	063	Small Fruits	
<input type="checkbox"/>	HP	064	Herbaceous Perennials	
<input type="checkbox"/>	RO	065	Roses	
<input type="checkbox"/>	GC	066	Ground Cover and Vines	
<input type="checkbox"/>	AN	067	Annuals	
<input type="checkbox"/>	FO	068	Foliage	
<input type="checkbox"/>	PC	070	Palms and Cycads	

NURSERY CONTAINER (008)				COVERAGE LEVEL
	CODE	ID	PLANT TYPE	
<input type="checkbox"/>	DT	056	Deciduous Trees (Shade & Flower)	
<input type="checkbox"/>	BE	057	Broad-leaf Evergreen Trees	
<input type="checkbox"/>	CE	058	Coniferous Evergreen Trees	
<input type="checkbox"/>	FN	059	Fruit and Nut Trees	
<input type="checkbox"/>	DS	060	Deciduous Shrubs	
<input type="checkbox"/>	BS	061	Broad-leaf Evergreen Shrubs	
<input type="checkbox"/>	CS	062	Coniferous Evergreen Shrubs	
<input type="checkbox"/>	SF	063	Small Fruits	
<input type="checkbox"/>	HP	064	Herbaceous Perennials	
<input type="checkbox"/>	RO	065	Roses	
<input type="checkbox"/>	GC	066	Ground Cover and Vines	
<input type="checkbox"/>	AN	067	Annuals	
<input type="checkbox"/>	FO	068	Foliage	
<input type="checkbox"/>	PC	070	Palms and Cycads	
<input type="checkbox"/>	LI	071	Liners	

Conditions of Acceptance: This application is accepted and insurance attaches in accordance with the policy unless: (1) the Risk Management Agency determines that, in accordance with the regulations, the risk is excessive; (2) any material fact is omitted, concealed or misrepresented in this application or in the submission of this application; (3) you have failed to provide complete and accurate information required by this application; (4) the answer to any of the following questions is "Yes." An answer of "Yes" to these questions does not automatically result in rejection of the application. For example, if you answer "Yes" to question (a) but your debt was discharged in bankruptcy, the application would not be rejected.

I certify that the information and answers on this application are correct to my knowledge and belief; that none of the reasons for rejection in items 1 through 4 of the 'Conditions of Acceptance' apply; and that I am aware of and understand the requirements of the Collection of Information and Data (Privacy Act), as well as all other provisions contained on this application.

INSURED'S SIGNATURE	DATE	AGENT'S SIGNATURE	DATE