

**Claim Checklist**

**Company**  
**CROP RISK SERVICES**

An **AIG** company

Administered by:  
Crop Risk Services  
132 S Water, Suite 500  
DECATUR, IL 62523  
Phone: 800 500 2836

**Loss Information**

**Insured:** 2020 ESIGN  
**Policy #:** KS-180-2013602-20  
**Claim #:** KS-09679-01

Loss-level questions:

- | <b>Yes</b>               | <b>No</b>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. FSA 578 or 424 and maps enclosed for the location where crop(s) grown. Maps required in instances where FSA certification will not be made.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Unit Acreage was determined from permanent fields on aerial photo or measured if not determinable. In the absence of determined acreages, explanation in narrative that states: fields were viewed and acreage is within 5% of acreage reported on proof of loss. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Practice and legals are correct and high risk land identified.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Unit structure is correct.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. All acreage of this crop is reported and correct FSA farm numbers, or unreported units have been identified, verified and production included in file.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Reported interest verified against 578 or other FSA documents or settlement sheets, etc.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Unit acreage was inspected.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Unit acreage was harvested.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Unit acreage was appraised. Adequate counts taken and identified on maps.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. 1st crop 2nd crop form completed.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Appraised acreage from strips.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Unit acreage was destroyed.<br>Date: 8/31/2020   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Loss units - 100% of production utilized.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Sold or stored - Settlement sheet or tickets enclosed for loss unit(s).  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Quality adjustment used and reasons documented.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Certification card left<br>Returned to Adjuster:   |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Did the Insured accompany the adjuster to the field when taking appraisals? (If no, identify why below)  |

**REPLANTING**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Acreage appraised - adequate counts taken and appraisal sheet enclosed.                |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Appraisals taken from strips.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Replanted acres determined by wheel or other. (If 'other', identify other type below.) |

**NON-WAIVERS**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Non-waiver utilized and special report enclosed. |
|--------------------------|--------------------------|--|

**PREVENTED PLANTING**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Information/confirmation sheet signed, completed by Insured and included in file.       |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Cause of loss verified & final use documented.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. First crop P.P. Notice completed.<br>Representative Sample Area Authorization Received: |

**Adjuster Signature:**

BARBARA BARRETT

BARBARA BARRETT

(785)280-1193

**Adjuster Signature Date:**

12/16/2020



**Loss Summary Report**

<b>Company</b> <h1 style="margin: 0;">CROP RISK SERVICES</h1> <p>An  company</p>	Administered by: Crop Risk Services 132 S Water, Suite 500 DECATUR, IL 62523 Phone: 800 500 2836	<b>Loss Information</b> <b>Insured:</b> 2020 ESIGN <b>Policy #:</b> KS-180-2013602-20 <b>Claim #:</b> KS-09679-01
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<b>SEAN RP 75/100 County: 41 - DICKINSON</b>	<b>Base Price: \$917</b>	<b>Coverage Total: 987.5</b>					
<b>Unit Information</b>	<b>Determined Acres</b>	<b>Multi Crop</b>	<b>Damage Date</b>	<b>Share</b>	<b>Guarantee Per Acre</b>	<b>Allocated* Production</b>	<b>Production To Count</b>
Unit: 0001-0000 Line 1 BU Cause: 11 - Drought Legal: 27 015S 003E FSN:	75.86	NS	7/6/2020	1.0000	15.8	0.0	987.5

\* Allocated Production does not count toward APH Production

\*\* Paid

**Insured Signature**

Accepted via Loss Electronic Signature Summary #44042471029

2020 ESIGN

**Insured Signature Date**

See Summary

**Adjuster Signature**

BARBARA BARRETT

BARBARA BARRETT

(785) 280-1193

**Adjuster Signature Date**

12/16/2020



**Production Worksheet**

<b>7 Company</b>	<b>CROP RISK SERVICES</b> An  company	Administered by: Crop Risk Services 132 S Water, Suite 500 DECATUR, IL 62523 Phone: 800 500 2836	Agency CROP RISK SERVICES	Loss Information <b>8 Insured:</b> 2020 ESIGN <b>9 Policy #:</b> KS-180-2013602-20 <b>10 Claim#:</b> KS-09679-01 <b>11 Crop Year:</b> 2020
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<b>1 Crop/Code #</b> SBEAN (0081) DICKINSON COUNTY (41)	<b>2 Unit #</b> 0001-0000 Line 1	<b>3 Location Description</b> 27 015S 003E	<b>6 Insured Cause %</b> 100.00%
<b>4 Date(s) of Damage</b> 7/6/2020		<b>FamSerial Number(s)</b>	<b>12 Additional Units</b>
<b>5 Cause(s) of Damage</b> Drought			<b>13 Est. Prod Per Acre</b>
			<b>14 Date(s) Notice of Loss</b> 7/6/2020
			<b>15 Companion Policy(s)</b>

SECTION I - DETERMINED ACREAGE APPRAISED, PRODUCTION AND ADJUSTMENTS															B POTENTIAL YIELD							
A ACTUARIAL																						
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
Field ID	Multi Crop Code	Reported Acres	Determined Acres	Interest or Share	Risk	Type	Class	Sub-Class	Intended Use	Ir Practice	Gropping Practice	Organic Practice	Stage	Use Of Acreage	Appraised Potential	Moisture% Factor	Shell% Factor or Value	Production Pre QA	Quality Factor	Production Post QA	Uninsured Production	Total to Count
10	NS	75.86	75.86	1.0000		997					003		H	H								
<b>39 Total</b>		75.86	<b>40 Quality:</b> TW " KD " Aflatoxin " Vomitoxin " Fumonisin " Garlicky " Dark Roast " Sclerotinia " Ergoty " COFO " Other " None " p										<b>42 Totals</b>	0.0		0.0	0.0	0.0				
<b>41. Mycotoxins exceed FDA, State or other health organization maximum limits "</b>																						

**REMARKS:**  
FSA 578 or 424 and maps enclosed for the location where crop(s) grown. Maps required in instances where FSA certification will not be made.

Unit Acreage was determined from permanent fields on aerial photo or measured if not determinable. In the absence of determined acreages, fields were viewed and acreage is within 5% of acreage reported on proof of loss.

Acres Determination Methods:

FSN: 10 / Tract: 10 / Field ID: 10 / Field Acres: 75.86

SECTION II - DETERMINED HARVEST PRODUCTION																								
43 Date Harvest Completed						44 Damage Similar to other farms in the area?						45 Assignment of Indemnity						46 Transfer of Right to Indemnity?						
10/14/2020						Yes p No "						Yes " No p						Yes " No p						
A MEASUREMENTS							B GROSS PRODUCTION					C ADJUSTMENTS TO HARVESTED PRODUCTION												
47a	47b	48	49	50	51	52	53	54	55	56	57	58a	58b	59a	59b	60a	60b	61	62	63	64a	64b	65	66
Share	Type	Multi-Crop Code	Length or Diameter	Width	Depth	Deduction	Net Cubic Feet	Conversion Factor	Gross Prod.	Bu	Shell/ Sugar Factor	RV% Factor	Moisture% Factor	Test Wt. Factor	Adjusted Production	Prod Not to Count	Production Pre-QA	Value Mkt. Price	Quality Factor	Production to Count				
1.000	GROSS BUSHELS	NS	987.5	0	0.0	0.0	0.0		0.0	987.5		0.0	0.0	60.0	987.5	0.0	987.5		1.0000	987.5				
10	1001											1.000	1.0000	1.000										
<b>67 Total</b>																		987.5	<b>68 Section II Total</b>		987.5			
<b>69 Section I Total</b>																						0.0		
<b>70 Unit Total</b>																						987.5		
<b>71. Allocated Prod</b>																						0.0		
<b>72 Total APHP Prod</b>																						987.5		



**Production Worksheet**

<b>7 Company</b> <b>CROP RISK SERVICES</b> An  company		Administered by: Crop Risk Services 132 S Water, Suite 500 DECATUR, IL 62523 Phone: 800 500 2836	<b>Agency</b> CROP RISK SERVICES	<b>Loss Information</b> <b>8 Insured:</b> 2020 ESIGN <b>9 Policy#</b> KS-180-2013602-20 <b>10 Claim#</b> KS-09679-01 <b>11 Crop Year:</b> 2020
<b>1 Crop/Code #</b> SBEAN (0081) DICKINSON COUNTY (41)	<b>2 Unit #</b> 0001-0000 Line 1	<b>3 Location Description</b> 27 015S 003E	<b>6 Insured Cause %</b> 100.00%	
<b>4 Date(s) of Damage</b> 7/6/2020		<b>FamSerial Number(s)</b>	<b>12 Additional Units</b>	
<b>5 Cause(s) of Damage</b> Drought			<b>13 Est. Prod Per Acre</b>	
			<b>14 Date(s) Notice of Loss</b> 7/6/2020 <b>15 Companion Policy(s)</b>	

**Insured Signature:**

Accepted via Loss Electronic Signature Summary #44042471029  
 2020 ESIGN

**Adjuster Signature:**

BARBARA BARRETT  
 BARBARA BARRETT (785)280-1193

**Insured Signature Date:**

See Summary

**Adjuster Signature Date:**

12/16/2020



**Final Notice of Loss**

**Company**  
**CROP RISK SERVICES**  
 An **AIG** company

Administered by:  
 Crop Risk Services  
 132 S Water, Suite 500  
 DECATUR, IL 62523  
 Phone: 800 500 2836

**Policyholder Information**

2020 ESIGN  
 1 MAIN  
 HOPE, KS 67451

**Phone:** (785)366-7769  
**Cell:** (785)443-2428  
**TaxID:** xxx-xx-2020 **Type:** SSN  
**Person Type:**

**Agency Information**

CROP RISK SERVICES  
 132 S WATER ST  
 STE 500  
 DECATUR, IL 62523  
**Phone:** (888)523-6277  
**Code:** 90052-00  
**Agent:** MICHELLE A. DENTON

**Loss Information**

**Policy #:** KS-180-2013602-20  
**Claim #:** KS-09679-01  
**Policy Type:** MULTI PERIL CROP INSURANCE  
**Loss Type:** HARVEST LOSS  
**Adjuster:** BARBARA BARRETT  
**Phone:** (785)280-1193  
**CSR:** DIANE PIERCE  
**State:** KANSAS

**Date Received:** 12/3/2020  
**Date Modified:** 12/3/2020  
**Crop Year:** 2020  
**Supervisor:** BARBARA BARRETT

**Refer to the applicable Basic Provision or Crop Provisions for more information regarding damage or loss notice reporting requirements.**

This is a notice of:

- Damage Only: At this time, it appears that the damage will exceed the guarantee.
- Probable Loss
- Immediate Inspection Requested. If checked, explain why in the comments section.

County	Group	Unit Number	Group / Line	Notice Date	Loss Date	Adjuster	Intention	Anticipated Harvest Date / Line Notes
DICKINSON	SBEAN - RP	All		10/1/2020	7/6/2020	BARBARA BARRETT	To Harvest	
<b>Cause</b>	11-Drought							

Notes:  
 Notified By: Test  
 Submit Method: Aeros  
 Submit By: Barbara Barrett  
 07/06/2020 - SOYBEANS (DICKINSON RP-75% A)  
 07/14/2020 - GRAIN SORGHUM (DICKINSON RP-75% A)  
 07/07/2020 - CORN (DICKINSON RP-75% A)



**Final Notice of Loss**

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 An  company

Administered by:  
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 132 S Water, Suite 500  
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 Phone: 800 500 2836

**Policyholder Information**

2020 ESIGN  
 1 MAIN  
 HOPE, KS 67451

**Agency Information**

CROP RISK SERVICES  
 132 S WATER ST  
 STE 500  
 DECATUR, IL 62523

**Loss Information**

**Policy #** KS-180-2013602-20  
**Claim #** KS-09679-01  
**Policy Type** MULTI PERIL CROP INSURANCE  
**Loss Type** HARVEST LOSS

**MPCI Premium Credit Authorization**

Crop Risk Services will apply indemnity payments to unpaid premium for any MPCI policy that the policyholder has with us, following the rules established by RMA. These rules stipulate that credits cannot be applied from Replant losses without consent from the policyholder. For all other claim types, Crop Risk Services is required to apply credits to any policy with a loss (at the crop/county level) and/or a policy that has reached the bill date. Consent from the policyholder is needed to apply credits to any premium that has not yet reached the bill date.

**Required Check One**

- 1. No credit authorized (follow above rules).
- 2. I authorize Crop Risk Services to apply my loss payment to **any** MPCI premium (including any unpaid premium that has not reached a billing date).

**MPCI Withdrawal of Claim**

I acknowledge that the potential production or harvested production on all units of this policy meet or exceed the production guarantee. Consequently, I withdraw all claims against the Company. I agree and understand that signing this withdrawal in no way changes the terms of the policy nor jeopardizes any other loss that may occur.

If you have less than 100% share, is the other share insured under a Federal crop insurance program? If so, list the person's name, AIP, and policy number, if known.

Person's Name	AIP	Policy Number
Person's Name	AIP	Policy Number
Person's Name	AIP	Policy Number

- Yes  No  (Check One) If the Insured intends to replant and a replanting payment is applicable, is the acreage greater than 50 acres of the unit?
- Yes  No  (Check One) I request authorization to commingle production from two or more units or commingle production between insured and uninsured acreage within the same structure and to use my load records, structure markings, or combine monitor records to determine production between units or production from insured/uninsured acreage.  
Do you agree to follow your insurance provider's written criteria and instructions to do this?
- Yes  No  (Check One) I am an agent, employee, or contractor affiliated with the Federal crop insurance program.



**Final Notice of Loss**

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**CROP RISK SERVICES**  
An  company

Administered by:  
Crop Risk Services  
132 S Water, Suite 500  
DECATUR, IL 62523  
Phone: 800 500 2836

**Policyholder Information**

2020 ESIGN  
1 MAIN  
HOPE, KS 67451

**Agency Information**

CROP RISK SERVICES  
132 S WATER ST  
STE 500  
DECATUR, IL 62523

**Loss Information**

**Policy #** KS-180-2013602-20  
**Claim #** KS-09679-01  
**Policy Type** MULTI PERIL CROP INSURANCE  
**Loss Type** HARVEST LOSS

**Insured Signature:**

Accepted via Loss Electronic Signature Summary #44042471029  
\_\_\_\_\_  
2020 ESIGN

**Insured Signature Date:**

See Summary  
\_\_\_\_\_

**Adjuster Signature:**

BARBARA BARRETT  
\_\_\_\_\_  
BARBARA BARRETT (785)280-1193

**Adjuster Signature Date:**

12/16/2020  
\_\_\_\_\_

\_\_\_\_\_  
Insured ID Verification

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date



**Loss Electronic Signature Summary #44042471029**

<b>Company</b>	<b>CROP RISK SERVICES</b> An  company	<b>Administered by:</b> Crop Risk Services 132 S Water, Suite 500 DECATUR, IL 62523 Phone: 800 500 2836	<b>Loss Information</b> <b>Insured:</b> 2020 ESIGN <b>Policy #:</b> KS-180-2013602-20 <b>Claim #:</b> KS-09679-01
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My signature below certifies that I have read and approved the following documents related to the above referenced claim(s).

- DICKINSON SOYBEANS, DICKINSON GRAIN SORGHUM, DICKINSON CORN - Claim Checklist
- SOYBEANS (DICKINSON RP A) - Drought 7/6/2020 - Final Notice of Loss
- SOYBEANS (DICKINSON RP A) - Drought 7/6/2020 - Loss Summary Report
- SOYBEANS (DICKINSON RP A) - Drought 7/6/2020 - Production Worksheet

I do hereby authorize my electronic signature to be affixed to the aforementioned documents or forms and agree to be bound by the terms, conditions, representations, and claim determinations contained therein.

**Insured Certification Statement:** I certify that to the best of my knowledge and belief all of the information on these forms is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to avoidance of the policy, and in criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).

**Insured Signature:**

2020 ESIGN

**Insured Signature Date:****Adjuster Signature:**

BARBARA BARRETT

BARBARA BARRETT

(785)280-1193

**Adjuster Signature Date:**

12/16/2020

**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, AIP's 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.

**NON-DISCRIMINATION STATEMENT**

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

To File a Program Complaint

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <https://www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Persons with Disabilities

Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

