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<b>FSA-426-A</b> <b>U.S. DEPARTMENT OF AGRICULTURE</b> (02-11-08)      Farm Service Agency  <div style="text-align: center;"><b>MPCI/FCIC INFORMATION REQUEST</b></div>	1A. COUNTY FSA OFFICE NAME AND ADDRESS ( <i>Zip Code</i> )  1B. TELEPHONE NO. ( <i>Area Code</i> )  2. CROP YEAR      3. DATE ( <i>MM-DD-YYYY</i> )
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**ITEMS 4 THROUGH 14 TO BE COMPLETED BY REQUESTER**

4. APPROVED INSURANCE PROVIDER (AIP) NAME	5. TELEPHONE NO. ( <i>Area Code</i> )	6. REQUESTER Company's Request <input type="checkbox"/> RMA Request <input type="checkbox"/>
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7. PRODUCER'S NAME	8. ID NUMBER <small>(Last 4 Digits of SSN or Tax ID No.)</small>	9. CROP NAME	10. POLICY NUMBER	11. INFORMATION REQUESTED <small>(<i>Check appropriate box(es) that are applicable to producer.</i>)</small>							
				A. CCC-502	B. AD-1026A	C. FSA-578 PRIOR YEAR PRODUCER PRINT	D. FSA-578 CURRENT YEAR PRODUCER PRINT	E. PRODUCTION EVIDENCE	F. MAP PHOTO COPIES	G. OTHER	

12A. INFORMATION WILL BE: <input type="checkbox"/> MAILED <input type="checkbox"/> FAXED <input type="checkbox"/> AVAILABLE FOR PICK UP	12B. ADDRESS, IF MAILED
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13. REMARKS (*Include purpose of request, i.e., quality control review*)

**14. CERTIFICATION**

*I certify that the producer(s) listed above has a current policy subject to review. This information will be used solely by the insurance company I represent for the express purpose of fulfilling claim audits, inspections, and quality control reviews.*

A. REQUESTER'S PRINTED NAME	B. REQUESTER'S SIGNATURE	C. TITLE	D. DATE ( <i>MM/DD/YYYY</i> )
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**15. TO BE COMPLETED BY FSA ONLY**

A. DATE RECEIVED ( <i>MM-DD-YYYY</i> )	B. DATE FURNISHED ( <i>MM-DD-YYYY</i> )	C. WORKLOAD DATA	D. INITIALS
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