

DISCLOSURE STATEMENT

Revenue Assurance

Please make note of the following information:

- \$ The Revenue Assurance (RA) terms and conditions are not the same as the traditional multiple peril crop insurance (MPCI) terms and conditions.
- \$ The per-acre revenue guarantee is preliminary at the time of sale. Your final per-acre revenue guarantee will be determined from the projected harvest price or fall harvest price (if applicable), approved APH, and the final acreage report data.
- \$ Selection of unit structure **B** If you select enterprise or whole-farm unit structure you must report that selection by the sales closing date. Basic or optional units will be determined when the acreage is reported but may be adjusted or combined to reflect the actual unit structure when adjusting a loss.
- \$ If you select the whole-farm unit structure under this policy, it is possible that you may have a low single crop revenue and not receive a payment. This would be the case if you have a high revenue on one crop and a low revenue on another crop that when combined equals or exceeds your whole-farm revenue guarantee.
- \$ Projected harvest prices will be released by the Federal Crop Insurance Corporation on or before March 5 and fall harvest prices will be released on: September 5 for spring wheat and feed barley; October 5 for canola/rapeseed, and sunflowers; November 5 for soybeans; and December 5 for corn.
- \$ Any notice for loss of revenue must be made within 45 days after the announcement of the fall harvest price.
- \$ The premium due date is October 1. For any unpaid premium, interest will start the 1st day of the month following the premium billing date.

I have read and understand the terms of the RA policy as outlined in this disclosure statement. All of my questions have been answered fully and completely by my agent. I am aware that other crop insurance policies such as MPCI, Income Protection, Crop Revenue Coverage, Group Risk Plan, Group Risk Income Protection and any other federally reinsured crop insurance programs that may be available to me. However, I cannot have one of these policies insuring the same crop acreage.

Insured's Signature _____ Date _____

Agent's Name _____ Date _____

Policy Number _____