RCIS®
RURAL COMMUNITY INSURANCE COMPANY

Production and Yield Worksheet/Report

Beginning Farmer and Rancher (BFR) or Veteran Farmer and Rancher (VFR) benefits applied where eligible.

1. Insured Information	2. Agent / Agency Information	3. Crop Year	4. Policy Number
[redacted] XXX-XX-[redacted]7	[redacted]	2024 PR / 2025 APH	[redacted]
		5. State Code / Name	
		IL	ILLINOIS

6. County ST CLAIR	**7. Type/Practice**	Commodity Type	Class	Sub Class	Intended Use
8. Crop / Plan CORN / RP		GRAIN			
		Irrigation Practice	Cropping Practice	Org Practice	Interval
9. Unit 0006-0000-000			NIRR		

10. Sect Twp Rng / FN or Other
35-001S-009W / 1484
36-001S-009W / 1484
1-002S-009W / 1484
2-002S-009W / 1484

11. FSA Farm/ Tract/Field #
1484/2359/1, 1484/2359/12, 1484/2359/2, 1484/2359/3, 1484/2359/4, 1484/2359/5, 1484/2359/6, 1484/2359/7 *

12. Farm Name ETLING | **13. Area Class** | **14. Map Area**

15. T-Yield 168.0 | **16. Insurability** I | **17.** ☐CRP/USDA ☐NB ☐NS

18. Est Share 0.3333 | **19. Current Yr Rec Type (RT) **** B | **20.** ☐New Prod^

21. Multiple Crop Year Reporting Reason:

22. Shareholder[LLT] TERRY GROMMET

23. Remarks/ Other | **24.** ☐ **YC OptOut**

25. Year	26. PQ/EH Prod	27. Total Prod/RT	28. Acres	29. PQ/EH Yield	30. Yield	31. Desc.	32. OptOut QL/EH	YE	33. UUF
2015		0.00	0.00		0	Z			
2016		0.00	0.00		0	Z			
2017		0.00	0.00		0	Z			
2018		0.00	0.00		0	Z			
2019		0.00 B	0.00		0	Z			
2020		0.00 B	0.00		0	Z			
2021		0.00 A	0.00		168	T			
2022		20800.80 B	114.29		182	A			
2023		11463.30 B	51.87		221	A			
2024		20471.40 B	98.42		208	A			

34. Rate Yld	35. Approved Yield	36. Adj Yld	37. SA Yld	38. Prel Yld	39. Date Signed
	197.0 TA	195.0			11/14/2024

40. Prior Yield	41. Yld Ind	42. Field Review? ☐Yes☐No / Inspection? ☐Yes☐No	43. ☐ Include UUF/3rd Party
177.0			

Trend Adjusted Yield (TA)

6. County ST CLAIR	**7. Type/Practice**	Commodity Type	Class	Sub Class	Intended Use
8. Crop / Plan SBEAN / RP		NTS			
		Irrigation Practice	Cropping Practice	Org Practice	Interval
9. Unit 0006-0000-000			NFACN		

10. Sect Twp Rng / FN or Other
35-001S-009W / 1484
36-001S-009W / 1484
1-002S-009W / 1484
2-002S-009W / 1484

11. FSA Farm/ Tract/Field #
1484/2359/1, 1484/2359/12, 1484/2359/2, 1484/2359/3, 1484/2359/4, 1484/2359/5, 1484/2359/6, 1484/2359/7 *

12. Farm Name ETLING | **13. Area Class** | **14. Map Area**

15. T-Yield 56.0 | **16. Insurability** I | **17.** ☐CRP/USDA ☐NB ☐NS

18. Est Share 0.3333 | **19. Current Yr Rec Type (RT) **** B | **20.** ☐New Prod^

21. Multiple Crop Year Reporting Reason:

22. Shareholder[LLT] TERRY GROMMET

23. Remarks/ Other | **24.** ☐ **YC OptOut**

25. Year	26. PQ/EH Prod	27. Total Prod/RT	28. Acres	29. PQ/EH Yield	30. Yield	31. Desc.	32. OptOut QL/EH	YE	33. UUF
2015		0.00	0.00		0	Z			
2016		0.00	0.00		0	Z			
2017		0.00	0.00		0	Z			
2018		0.00	0.00		0	Z			
2019		0.00 B	0.00		0	Z			
2020		0.00 B	0.00		0	Z			
2021		0.00 A	0.00		56	T			
2022		4096.50 B	70.63		58	A			
2023		4324.50 B	57.66		75	A			
2024		4844.00 B	86.50		56	A			

34. Rate Yld	35. Approved Yield	36. Adj Yld	37. SA Yld	38. Prel Yld	39. Date Signed
	62.0 TA	61.0			11/14/2024

40. Prior Yield	41. Yld Ind	42. Field Review? ☐Yes☐No / Inspection? ☐Yes☐No	43. ☐ Include UUF/3rd Party
58.0			

Trend Adjusted Yield (TA)

***Additional Exist** **L-Production from a loss **Record Type** A. Production Sold / Commercial Storage B. Farm Stored Measured by Insured C. Pick/Daily Sales Records D. Automated Yield Monitoring System E. Farm-Stored Measured by Authorized Representative F. Livestock Feeding Records G. Field Harvest Records H. Other I. Unharvested and destroyed. (ARPI) J. Unharvested and put to another use (ARPI) K. Unharvested and production appraised by AIP (ARPI) L. Unreported production (ARPI) M. Claim for indemnity N. Appraisal (non-loss) O. UUF/3rd Party Damage P. Unharvested with Harvest Incomplete (ARPI) Q. Zero production when no claim/appraisal/UUF/3rd party or production record (CCIP) R. Pre-harvest appraisal allocated production S. Appraisal (uninsured cause of loss not UUF or third party) T. No production (unable to finish harvest (insurable cause), delayed claim or records unavailable by PRD) Z. Zero Planted Acres *******EH production is used for Sugar Beets

Opt-Out YE ☐ - Eligible for exclusion per actuarials

[redacted]

INSURED NAME	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted] 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.

NONDISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at www.usda.gov/oascr/filing-program-discrimination-complaint-usda-customer and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

^New Producer: As a New Producer, I certify that I have not produced the insured crop in the county for more than two APH crop years. I certify that I was not a member of another insured entity as a substantial beneficial interest holder, which produced the insured crop in the county for more than two APH crop years. I certify that any substantial beneficial interest holders for the policy in which new producer status is requested, have not produced the insured crop in the county for more than two APH crop years. I understand that any mis-certification may result in recalculation of my yield guarantees, premiums and any applicable loss payments.

QL/EH/YC/YE Opt Out: This form must be signed by the insured if used to opt out of Quality Loss Option (QL), Early Harvest (EH), Yield Cup (YC) or Yield Exclusion (YE).

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to voidance of the policy, and in criminal or civil penalties (18 U.S.C. Ä1006 and Ä1014; 7 U.S.C. Ä1506; 31 U.S.C. Ä3729, Ä3730 and any other applicable federal statutes).

44. Insured's Printed Name	45. Insured's Signature	46. Date