
SIMPLIFIED CLAIM PROCESS

INSTRUCTIONS FOR MPC1 HARVEST PRODUCTION CERTIFICATION

The Simplified Claim Process has been developed to allow self-certification of harvested production and unit acreage on claims when certain criteria are met.

This process will allow for an expedited turnaround on claims processing when the certification is properly completed.

The guidelines for a claim to qualify for a **Simplified Claim** are as follows:

1. NAU Country has authorized the Simplified Claims process for course grains (corn, soybean, grain sorghum), small grains (wheat, barley, oats, rye, flax), almonds, buckwheat, canning & processing sweet corn, canola, cotton, dry beans, dry peas, green peas, peanuts, popcorn, rapeseed, rice, sugar beets, sunflowers and walnuts.
2. The loss can be on optional, basic, enterprise or whole farm units.
3. For optional units the loss can not be greater than \$20,000 per unit. For basic, enterprise, whole farm units the loss can not be greater than \$40,000 per crop unit.
4. All of the crop must be harvested. No portion of the crop may be left in the field
5. All production must be sold or commercially stored and shown on a settlement sheet or acceptable third party ledger. Individual load tickets or farm stored production is not eligible.
6. A copy of the NAU Country EASYmapping maps or aerial photo(s) identifying the specific growing crop and number of acres planted in each unit for which a loss is being claimed must be submitted.

This Simplified Claim Notice of Loss must be completed in its entirety and returned to the company for processing.

Necessary documents to be submitted with your claim are the following:

1. This simplified claim notice
2. Copies of settlement sheets/summary sheets with units identified must be submitted with units identified
3. NAU Country EASYmapping maps or aerial photos identifying the specific growing crops and number of acres planted in each field for each unit for which a loss is claimed.

After submitting this information a review will be performed to determine if the information provided meets the criteria to have the claim completed under the Simplified Claim process.

If the claim qualifies as a Simplified Claim, it will then be processed in the most expedient manner possible. If this claim does not qualify as a Simplified Claim, a Claims Representative will contact you in the near future to set up an appointment to adjust the loss.

****Please refer to instruction page for guidance on completion of form.**

1. Insured's Name: Street or Mailing Address: City: State: Zip: 2. Telephone Number:	3. Agency: Address: City: State: Zip:	4. Policy number: Mail to: NAU Country Insurance Company <hr/>
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5. Crop Year:	6. Crop : <small>(only one per form)</small>	7. County where crop is grown: <small>(only one per form)</small>	8. State where crop is grown: <small>(only one per form)</small>	9. Companion Contract <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Assignment of Indemnity <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Transfer of Right <input type="checkbox"/> Yes <input type="checkbox"/> No
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12. Loss Unit No.	13. Total Planted Acres	14. Cause of loss		15. Date of Damage		16. Harvest Completion Date	17. Total Estimated Harvested production by unit.	18. Non-loss units and Established Production Per Acre. *
		A. Primary Cause/ Percentage	B. Secondary Cause/ Percentage	A. Primary Cause Date of Damage	B. Secondary Cause Date of Damage			

Remarks:

*if non-loss skip items 14-17.

Simplified Claims Qualification and Notice of Loss

Multiple Peril Crop Insurance



Insured Name:

Policy number:

For questions 19 through 32 indicate YES or NO, include any necessary explanation.

19. Has all acreage of the loss units listed in item 12 above been harvested? If no, list the unit number(s) for which "No" applies. Please explain. Yes No

20. Has all the production from the loss unit(s) listed in item 12 above been sold or commercially stored? If you answered no, list the applicable unit number for which "no" applies. Yes No

21. Have you completed harvest of all insurable acreage for all crops on your policy? (This includes the crop you listed above as well as any other crop you may have on your policy). If no, list the crops not harvested. Yes No

If you answered no to the above question, do you anticipate loss units for any crop NOT listed above for this crop year? Yes No

22. Do you have third party written verification (i.e., summary/settlement sheets) available for 100 percent of the production from all units listed in item 12 on the form the loss unit number information is referenced above? (This must include both landlord and tenant shares, when applicable). Yes No

23. Is the damage for the loss units listed in item 12 above similar to other farms in the area? If no, list the unit(s) for which "No" applies and explain. Yes No

24. Was all acreage of your insured crop(s) in the county, in which you have a share, reported by you on your acreage report? If no, list the unit or location where the acreage was not reported, explain. Yes No

25. Has any production from any acreage from the units listed in item 12 above been farm stored, fed to livestock, or saved for seed? if yes, list the unit number(s) for which "yes" applies. Yes No

26. Did any of the production for the units listed in item 12 above have any mycotoxins (e.g. aflatoxin/vomitoxin) if yes, list the unit number(s) for which "yes" applies. Yes No

27. Are you or any member of your household directly associated with the Federal Crop Insurance program (i.e., agent, agency owner, loss adjuster, FCIC employee, insurance provider employee or contractor)? Yes No

On the specific loss unit(s) listed in item 12 above, is your Summary of Coverage (schedule of insurance) correct for:

28. Your share? If no, list the unit(s) and explain: Yes No

29. The legal description(s) and/or FSA farm serial number? If no, list the unit(s) for which "No" applies. Yes No

30. The practice actually carried out by you (i.e. If you reported your practice is irrigated, was water applied at the proper time and rate)? If no, list the unit(s) for which "No" applies. Yes No

31. The type or variety (if applicable)? If no, list the unit(s) for which "No" applies and enter the correct type or variety for each unit listed. Yes No

32. The total acreage for each loss unit listed in item 12 above. If no, list the unit(s) for which "No" applies. Please explain the difference. Yes No

33. Will the acreage (if measured or re-measured) be within five (5) percent of what you reported on your acreage report? If no, list the unit(s) for which "No" applies. Yes No

If questions 19-24 are answered 'yes' and 25- 27 are answered 'no' - in most cases your claim would qualify for SCP, sign the form (page 3 of 3).

Simplified Claims Qualification and Notice of Loss



Multiple Peril Crop Insurance

Insured Name:

Policy number:

Simplified Claims Qualification Statement

This form serves as written verification of your notice of loss as an aide in determining qualified insureds for the SCP. We may rely on the information you provide on (or attach to) this form in making material determinations in the preparation of your claim.

Once this completed Notice of Loss form and supporting documentation has been received by NAU Country Insurance, it will be determined whether or not your claim qualifies for the SCP. If it does qualify, the appropriate claim for indemnity form(s) will be prepared and may be sent to you for your signature if the insurance provider determines when reviewing the information with you that a correction is needed. Otherwise, the signature on this SCP form will serve as the signature for each Claim for Indemnity form to which this information was transferred, and a copy will be mailed to you. The claim form(s) will contain all the necessary data and production information to complete your claim. If qualified, you will have your claim processed in the most expedient manner possible. You will not need to wait for an adjuster. The SCP is subject to an infield review for compliance with established policies and procedures. If any of the unit(s) listed in item 12 does not qualify for SCP, you will be contacted by a claims representative to set up an appointment to adjust your loss on that or all units listed above.

Supporting documentation must be attached to this form and delivered to the address provided by your agent or insurance provider. You must attach either a copy of settlement sheet(s), summary sheet(s), or similar third party ledger(s) that account for all production from any crop unit you have listed above. Individual load tickets will not qualify. Individual loads on any settlement/summary sheet(s) must be clearly marked to indicate which unit they came from. If you have FSA or similar measurement service for determining acreage, such as Global Positioning Systems, remote sensing devices, etc., for the current crop year, please attach copies and indicate who made the acreage measurement. If you have met the requirements of precision farming and are allowed per DSSH to use those records to establish production, you must attach yield maps and planting and harvesting summary reports generated from the precision farming technology system. The per unit acreage used in calculating any indemnity will be the lesser of your reported acres or your actual planted acres. In all cases you must attach copies of maps identifying each field, crop and acreage by loss unit.

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 POLICY 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, 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, audiotope, 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/about-usda/general-information/staff-offices/office-assistant-secretary-civil-rights/how-file-program-discrimination-complaint 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) 6329992. 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.

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CERTIFICATION STATEMENT

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. §1006 and §1014; 7 U.S.C §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).

Insured's Printed Name & Signature	Date	AIP Verifier's Printed Name & Signature	Code	Date
Signature:		Signature:		

SIMPLIFIED CLAIM - MEMORANDUM

TO: POLICYHOLDER

RE: INSTRUCTIONS FOR COMPLETING SIMPLIFIED CLAIM NOTICE OF LOSS FORM

The following instructions will give you some guidelines on how to complete this Notice of Loss Form. All items must to be completed in their entirety.

Return completed forms to NAU Country within the timeframe outlined in the Basic Provisions, Crop Provisions or Special Provisions.

You will need to complete the following fields on the attached Simplified Claim Notice of Loss Form:

1. Enter your **Name** or legal entity (please print) and **Address** exactly as shown on the Schedule of Insurance.
2. Enter your **Telephone number**
3. Enter the name of your Insurance **Agency Name** and **Address** as shown on the Schedule of Insurance.
4. Enter your **Policy Number** exactly as shown on the Schedule of Insurance
5. Enter the **Crop Year** of the policy (e.g. 2023)
6. Enter the **Crop Name** exactly as shown on the Schedule of Insurance
7. Enter the name of the **County** where the crop is being grown.
8. Enter the abbreviation of the **State** where the crop is being grown.
9. On any listed unit, if you have less than 100% share, does the person(s) with the remaining share carry insurance with NAU Country. If yes, please notate persons name in the remarks section.
10. Have you have assigned the right to an indemnity payment for a crop under the policy to a creditor or other person?
11. Have you transferred your insurance coverage and the right to any indemnity to another person for the crop claimed?
12. Enter the **Loss Unit Number** for which you are claiming a loss exactly as shown on the Schedule of Insurance.
13. Enter total **Planted Acres** for the unit of the crop for which a loss is being claimed.
14. A. Enter **Primary Cause of Loss**. The primary cause of loss (naturally occurring event, e.g. drought, hail) is an insured cause of loss that damaged over 50 percent of the crop in the unit.
B. Enter **Secondary Cause of Loss** (if any). The secondary cause of loss (naturally occurring event, e.g. drought, hail) is an insured cause of loss that damaged 50 percent or less of the crop unit.
15. A. Enter **Primary Date of Damage**. The month during which MOST of the insured damage (including progressive damage) occurred. Include the specific date where applicable as in the cause of hail damage.
B. Enter **Secondary Date of Damage** (if any). The month the secondary cause of loss occurred (including progressive damage), Include the specific date where applicable as in the cause of wind.
16. Enter **Harvest Completion Date**. Enter the date harvest was completed for the entire loss unit being claimed.
17. Enter the **total estimated Harvested production** by unit - This is done by summing the net production from each load associated to the unit as labeled on the settlement sheets/summary sheets provided by you to support this claim.
18. Enter the **Established Production Per Acre (bu/acre)** on Non-Loss Units (units of the crop where production exceeded guarantee)