CERTIFICATE OF INSURANCE COVERAGE

TO:	Prune Marketing Committee 3840 Rosin Court, Suite 170	Date:
	Sacramento, CA 95834	
We certify to you and to the U. S. Department of Agriculture that we are insuring all reserve pool prunes for fire and extended coverage during the 20 crop year as follows:		
	Handler:	
	Location ¹ :	
Insurable Values on Reserve Prunes:		
Not less than the insurance values placed on salable prunes of like variety, grade and size held by the undersigned from date of receipt through July 31, 20		
Premium rate per \$100 value per annum¹:		
Insurer's Name and Address:		
Description of coverage:		
We certify further that this coverage in behalf of the Prune Marketing Committee (Committee) will continue as long as the above-noted prunes continue in storage as reserve pool prunes subject to Committee disposal at the above-specified location.		
Handle	r:	Signature:
Title: _		

¹ Show the address of each location to which the premium rate shown applies. A separate certificate should be prepared for each applicable premium rate. Please attach a list if more space is needed.

The issuance of a false certificate knowing it to be false is a violation of title 18, section 1001 of the United States Code, which provides a penalty of a fine or imprisonment, or both.

AUTHORITY: § 993.73 of Marketing Order No. 993, as amended, and § 993.159(b) of the Administrative Rules and Regulations established pursuant thereto.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0178. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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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 a http://www.ascr.usda.gov/complaint_filing_cust.html 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. USDA is an equal opportunity provider, employer, and lender.