**Exhibit 7**

 **(Par. XXX, XXX)**

**\*-- Instructions for Completing FSA-895, CROP INSURANCE AND/OR NAP COVERAGE AGREEMENT**

 **A Completing the FSA-895**

Applicant is required to complete an FSA-895, Crop Insurance and/or NAP Coverage Agreement when applying for WHIP+ benefits.

Follow this table to complete an FSA-895.

|  |  |
| --- | --- |
| **Item** | **Instructions** |
| 1 | Check only if applying for WHIP+ benefits on at least one insurable crop. The producer agrees to purchase crop insurance at a coverage level of at least 60 percent (based on the elected yield percentage multiplied by the elected price percentage) for the first two consecutive crop years with respect to which crop insurance is available, after the enrollment period for WHIP+ ends, but no later than 2023 crop year, if the certification statement in Item 1 applies. |
| 2 | Check only if applying for WHIP+ benefits on at least one crop for which NAP coverage is available. The producer agrees to purchase buy-up NAP coverage at a level of 60/100, for the first two consecutive crop years with respect to which NAP coverage is available, after the enrollment period for WHIP+ ends, but no later than 2023 crop year, if the certification statement in Item 2 applies. |
| 3A | Enter the producer’s name. |
| 3B | Producer certifying to items 1 and/or 2, as applicable, shall sign.  |
| 3C | Enter the date the producer signs the agreement. |
| 4A | Enter County FSA Office name and address. |
| 4B | Enter County FSA Office telephone number including area code. |

 **Exhibit 7**

 **(Par. XXX, XXX)**

**\*-- Instructions for Completing FSA-895, CROP INSURANCE AND/OR NAP COVERAGE AGREEMENT**

 **B Example of the Completed FSA-895**