**Exhibit 5**

 **(Par. XXX, XXX)**

**\*-- Instructions for Completing FSA-890, Wildfire and Hurricane Indemnity Program Application**

 **A Completing FSA-890**

Applicant should complete a FSA-890 in the administrative county office for all eligible crops affected by hurricanes and wildfires.

Follow this table to complete a manual FSA-890.

|  |  |
| --- | --- |
| **Item** | **Instructions** |
| 1 | Enter producer’s name. |
| 2 | Enter producer’s address |
| 3A | Enter administrative State and FSA code. |
| 3B | Enter administrative county and FSA code. |
| ***Part A Notice of Loss***Fields 4 through 8 will be completed for crops, trees, bushes, and vines based on the coverage level elected by the producer for the crop. Data for:* insured crops will come from RMA.
* crops with NAP coverage will come from the approved CCC-576 Notice Loss and Application for Payment.
* uninsured crops will come from the producer.

**Note:** If a CCC-576 has not been approved yet, the producer will have to provide the data.If additional crop lines are needed use the FSA-890 continuation. |
| 4 | Enter disaster event that caused the loss (example, Wildfire, Hurricane). |
| 5 | Enter the beginning and ending dates of the disaster event specified in item 4. |
| 6A | Enter crop year affected by disaster event in item 4. |
| 6B | Enter name of each crop affected by the disaster event in item 4. |
| 6C | Enter crop type of each crop indicated on FSA-578 that was affected by the disaster event in item 4. |
| 6D | Enter intended use for the crop at the time of planting indicated on the FSA-578. |
| 6E | Enter the practice; “**I**” for irrigated and “**N**” for nonirrigated according to FSA-578. |
| 6F | Enter the numeric planting period associated with the crop. (example, “01”, “02”) |
| 7 | Select one of the following: “Insured”, “NAP Coverage”, or “Uninsured” for the crop in item 6B affected by the disaster event in item 4. |
| 8 | Select one of the following: “Crop Loss”, “Prevented Planting”, and/or “Trees, Bushes & Vines” if it applies to the crop in item 6B affected by the disaster event in item 4. **Note:** Prevented planting will require Part B to be completed. |
| 9 | Select “Approved” or “Disapproved” based on COC determination for the crop in item 6B affected by the disaster event in item 4. |

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**\*-- Instructions for Completing FSA-890, Wildfire and Hurricane Indemnity Program Application**

 **A Completing FSA-890 (Continued)**

|  |  |
| --- | --- |
| **Item** | **Instructions** |
| ***Part B – Record of Management for Prevented Planting Crops***Items 10 through 13 are not required to be completed if an approved CCC-576 for the crop has previously been filed.**Note:**  The producer is required to complete items 10 through 13 for insured and uninsured prevented planting crops. |
| 10A | Enter the crop year with a prevented planting loss. |
| 10B | Enter the name of the crop with a prevented planting loss. |
| 10C | Enter the crop type or variety for the crop with a prevented planting loss. |
| 10D | Enter the intended use for the crop with a prevented planting loss. |
| 10E | Enter the practice; “I” for irrigated and “N” for nonirrigated. |
| 10F | Enter the numeric planting period associated with the crop in item 10B. |
| 11 | For crop entered in item 10, producer must explain the purchase, delivery, or arrangement for seed, chemicals, fertilizer, and land preparation measures taken.**Note:** Attach copies of receipts for COC verification of intended prevented planting acreage. |
| 12 | Producer must describe cultivation practices for expected crop production, before and after date of damage, on affected crop acreage, such as fertilizer amounts, cultivation, seeding rate and variety, pesticides, herbicide amounts, irrigation measures etc. |
| 13A | Producer must describe what has been done with the prevented planted acreage. |
| 13B | Enter the final planting date. |

 **Exhibit 5**

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**\*-- Instructions for Completing FSA-890, Wildfire and Hurricane Indemnity Program Application**

 **A Completing FSA-890 (Continued)**

|  |  |
| --- | --- |
| **Item** | **Instructions** |
| ***Part C – Pay Grouping Information***Items 15 through 24 must be completed to be eligible to receive WHIP benefits. Applicants must complete a separate FSA- 890, Parts C through G, as applicable, for each different crop pay grouping affected by the disaster event in Part A. **Note:** If additional pages are needed use FSA-890 Continuation. |
| 14 | Enter producer’s name.  |
| 15 | Enter one of the following applicable coverage types for the crop pay grouping information:* Insured
* NAP Coverage
* Uninsured
 |
| 16 | Enter the administrative State and FSA code. |
| 17 | Enter the administrative county and FSA Code. |
| 18 | For insured crops, enter the physical State and FSA code for the crop affected by the disaster event. If the physical State and FSA code is the same as the administrative state, select the “Same as Administrative” check box.**Note:** For NAP and uninsured crops, leave this item blank.  |
| 19 | For insured crops, enter the physical county and FSA code for the crop affected by the disaster event. If the physical county and FSA code is the same as the administrative county, select the “Same as Administrative” check box.**Note:** For NAP and uninsured crops, leave this item blank. |
| 20 | Enter the crop year for the crop(s), trees, bushes or vines that was affected by the disaster event in item 4. |
| 21 | Enter the unit number. |
| 22 | Enter pay crop code found in one of the following handbooks.* 1-NAP (Rev.2), Exhibit 14, for NAP and uninsured crops.
* 1-WHIP, Exhibit X and/or file provided by National Office, for insured crops.

**Note:** Note required for Trees, Bushes, or Vines. |
| 23 | Enter pay type code found in one of the following handbooks.* 1-NAP (Rev.2), Exhibit 14, for NAP and uninsured crops.
* 1-WHIP, Exhibit X and/or file provided by National Office, for insured crop.

**Note:** Note required for Trees, Bushes, or Vines. |
| 24 | Enter planting period**Exception:** If crop, trees, bushes or vines are insured, the planting period will always be “01” |

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**\*-- Instructions for Completing FSA-890, Wildfire and Hurricane Indemnity Program Application**

 **A Completing FSA-890 (Continued)**

|  |  |
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| **Item** | **Instructions** |
| ***Part D – Production Information***Items 25 through 37 will be completed for crops based on the type of coverage selection made in Item 15. * Insured data will come from RMA.
* NAP and uninsured data will come from the approved CCC-576 and/or NCT.
 |
| 25 | Enter the crop affected by disaster event in Part A  |
| 26 | Enter the crop type or variety as indicated in Part A. |
| 27 | Enter crushing district, if applicable |
| 28 | Enter intended use at planting/beginning of crop year for crop in item 25 indicated in Part A. |
| 29 | Enter the practice; “**I**” for irrigated and “**N**” for nonirrigated indicated in Part A. |
| 30 | Enter the organic status code according to the FSA-578.**Examples**: “C”, conventional “OC”, USDA certified “OT”, transitional. |
| 31 | Enter whether the crop is planted on native sod as indicated on the FSA-578. |
| 32 | Enter all acres associated with the crop type/variety, practice, intended use, and stage for the unit entered in item 21. |
| 33 | Enter producer share. |
| 34 | Enter applicable stage abbreviations.**Example:** “H”, harvested acreage “UH”, unharvested acreages or put another use with consent. “PP”, prevented planting acres |
| 35 | Enter the unit of measure for the crop, crop type, and intended use. (such as pounds, bushels, cwt., or tons. etc.) |
| 36 | Enter the production for the unit entered in item 21 for:* insured crops from the RMA download/information report
* NAP crops from the CCC-576
* uninsured crops from the producer
 |
| 37 | Enter approved yield from the FSA-893. ***Field is for Florida Citrus Crops Only.*** |
| 38 | Enter amount of production determined by COC.**Note:** Assigned or adjusted production must be entered in the unit of measure recorded in item 10 |
| **If the COC**  | **then enter the letter**  |
| Assigns the production | (A) next to the number. |
| Adjusts the production | (O) next to the number. |
| 39 | Enter value of secondary use and/or salvage value as determined by COC. |

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**\*-- Instructions for Completing FSA-890, Wildfire and Hurricane Indemnity Program Application**

 **A Completing FSA-890 (Continued)**

|  |  |
| --- | --- |
| **Item** | **Instructions** |
| ***Part E – Value Loss Crops***Items 40 through 44 will be completed for crops based on the selection made in Item 15. * Insured data will come from RMA.
* NAP data will come from the approved CCC-576 and NCT.
* Uninsured data will come from the NCT.
 |
| 40 | Enter the crop affected by disaster event in Part A. |
| 41 | Enter crop type or variety as indicated in Part A. |
| 42 | Enter producer’s share. |
| 43 | Enter dollar value of the inventory, as applicable, immediately before the disaster event. |
| 44 | Enter dollar value of the inventory, as applicable, immediately after the disaster event. Determine the dollar value from the loss adjuster’s report or acceptable and verifiable record of post disaster inventory. |
| 45 | Enter applicable determined dollar value for losses stemming from ineligible causes of loss, as determined by COC. |
| 46 | Enter total dollar value received for crops sold as salvage. |
| ***Part F – Trees, Bushes, and Vines*** Items 47 through 54 will be completed based on the selection made in item 15.* Insured data will come from RMA.
* Uninsured data will come from the producer.
 |
| 47 | Enter the crop affected by disaster event in Part A. |
| 48 | Enter the crop type or variety as indicated in Part A. |
| 49 | Enter all acres associated with the crop type/variety for the entire unit. |
| 50 | Enter producer’s share. |
| 51 | The tree stages are the age groupings for the trees, bushes, or vines.***Note: This field is automatically completed.*** |
| 52 | Enter the total number of trees, bushes or vines for the tree stage before the disaster event in item A. **Note:** Total of items 53 and 54 cannot exceed item 52 |
| 53 | Enter the number of *destroyed* trees, bushes, or vines by the disaster event in Part A, for each tree stage affected.  |
| 54 | Enter the number of *damaged* trees, bushes, or vines by the disaster event in Part A, for each tree stage affected.  |
| 55 | Enter the assigned or adjusted number of trees, bushes, or vines in the tree stage that was determined by the COC. |
|  **If the COC**  | **then enter the letter**  |
| Assigns the number in the tree stage  | (A) next to the number. |
| Adjusts the number in the tree stage | (O) next to the number. |

 **Exhibit 5**

 **(Par. XXX, XXX)**

**\*-- Instructions for Completing FSA-890, Wildfire and Hurricane Indemnity Program Application**

 **A Completing FSA-890 (Continued)**

|  |  |
| --- | --- |
| **Item** | **Instructions** |
| ***Part F – Trees, Bushes, and Vines (Continued)*** |
| 56 | Enter the assigned or adjusted number of destroyed trees, bushes or vines determined by the COC. |
| **If the COC**  | **then enter the letter**  |
| Assigns the number of destroyed | (A) next to the number. |
| Adjusts the number of destroyed | (O) next to the number. |
| 57 | Enter the assigned or adjusted number of damaged trees, bushes, or vines determined by the COC. |
| **If the COC**  | **then enter the letter**  |
| Assigns the number of damaged | (A) next to the number. |
| Adjusts the number of damaged | (O) next to the number. |
| 58 | Enter the total dollar value received for trees, bushes or vines as salvage, determined by COC. |
| ***Part G – COC Approval or Disapproval of Pay Grouping*** |
| 59 | COC will indicate in the check boxes provided whether the pay grouping information and the crop, value loss or tree, bushes, or vines on each page 2 is approved or disapproved.**Note:** Required to be completed for each additional pay grouping recorded. |
| ***Part H – Producer Certification*** |
| 60 | Enter any additional remarks. |
| 61A | Producer applying for WHIP benefits must sign. |
| 61B | Enter title and/or relationship of the individual signing in a representative capacity.**Notes:** If the producer signing is not signing in representative capacity, this field should be left blank. |
| 61C | Enter date signed. |
| ***Part I – COC Signature***When the COC representative signs and dates items 62A and 62B they are signing to all approvals and disapprovals made throughout the entire FSA-890 |
| 62A | COC or their Representative’s signature. |
| 62B | Date COC or their Representative signs the FSA-890. |

 **Exhibit 5**

 **(Par. XXX, XXX)**

**\*-- Instructions for Completing FSA-890, Wildfire and Hurricane Indemnity Program Application**

 **B Example of a Completed FSA-890 for a Production Loss**

 **Exhibit 5**

 **(Par. XXX, XXX)**

**\*-- Instructions for Completing FSA-890, Wildfire and Hurricane Indemnity Program Application**

 **C Example of a Completed FSA-890 for a Value Loss**

 **Exhibit 5**

 **(Par. XXX, XXX)**

**\*-- Instructions for Completing FSA-890, Wildfire and Hurricane Indemnity Program Application**

 **D Example of a Completed FSA-890 for a Trees, Bushes and Vines**