**Exhibit 6**

 **(Par. XXX, XXX)**

**\*-- Instructions for Completing FSA-891, CROP INSURANCE AND/OR NAP COVERAGE AGREEMENT**

 **A Completing the FSA-891**

Applicant is required to complete a FSA-891, Crop Insurance and/or NAP Coverage Agreement when applying for WHIP benefits.

Follow this table to complete a FSA-891.

|  |  |
| --- | --- |
| **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 level of 60/100 or the equivalent for the crop(s), trees, bushes or vines for any two consecutive crop years following the crop year which the benefits are requested 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 NAP coverage at a level of 60/100 or the equivalent for the crop(s), trees, bushes or vines for any two consecutive crop years following the crop year which the benefits are requested 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 6**

 **(Par. XXX, XXX)**

**\*-- Instructions for Completing FSA-891, CROP INSURANCE AND/OR NAP COVERAGE AGREEMENT**

 **B Example of the Completed FSA-891**