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FSA-890 Continuation

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

**WILDFIRES AND HURRICANES INDEMNITY PROGRAM (WHIP) APPLICATION
(Continuation Sheet)**

1. Producer's Name	2. Producer's Address (City, State and Zip Code)	3A. Administrative State Name/Code	3B. Administrative County Name/Code
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Each producer must apply by administrative county.

PART A – NOTICE OF LOSS

The following are 2017 and 2018 crop(s), crop type(s), and intended use(s) suffered a loss due to the disaster event cause of loss that occurred January 1, 2017 – December 31, 2017. All items must be completed.

4. What disaster event caused the loss?						5. Disaster Event Dates (Beginning and Ending):		
6A. Crop Year	6B. Crop	6C. Crop Type	6D. Intended Use	6E. Practice	6F. Planting Period	7. Insured/NAP Coverage/Uninsured	8. Crop Loss, Prevented Planted, or Trees, Bushes, and Vines Loss <i>(If prevented planted Part B must be completed)</i>	9. COC Approved or Disapproved
						<input type="checkbox"/> Insured <input type="checkbox"/> NAP Coverage <input type="checkbox"/> Uninsured	<input type="checkbox"/> Crop Loss <input type="checkbox"/> Prevented Planting <input type="checkbox"/> Trees, Bushes and Vines Loss	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
						<input type="checkbox"/> Insured <input type="checkbox"/> NAP Coverage <input type="checkbox"/> Uninsured	<input type="checkbox"/> Crop Loss <input type="checkbox"/> Prevented Planting <input type="checkbox"/> Trees, Bushes and Vines Loss	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
						<input type="checkbox"/> Insured <input type="checkbox"/> NAP Coverage <input type="checkbox"/> Uninsured	<input type="checkbox"/> Crop Loss <input type="checkbox"/> Prevented Planting <input type="checkbox"/> Trees, Bushes and Vines Loss	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

PART B – RECORD OF MANAGEMENT FOR PREVENTED PLANTING CROPS

10A. Crop Year	10B. Crop	10C. Crop Type	10D. Intended Use	10E. Practice	10F. Planting Period
11. Purchased/delivered/arranged for. If "YES", explain (Attach copies of receipts).					
<input type="checkbox"/> YES <input type="checkbox"/> NO. A. Seed, Chemical, and Fertilizer					
<input type="checkbox"/> YES <input type="checkbox"/> NO. B. Land Preparation Measures					
12. What cultivation practices were employed on prevented planted acreage?					
13A. What was done with prevented planted acreage?					13B. Final Planting Date

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PART C – PAY GROUPING INFORMATION

14. Producer Name				15. Insured/NAP Coverage/Uninsured <input type="checkbox"/> Insured <input type="checkbox"/> NAP Coverage <input type="checkbox"/> Uninsured			
16. Administrative State Name/Code		17. Administrative County Name/Code		18. Physical State Name/Code <input type="checkbox"/> Same as Administrative		19. Physical County Name/Code <input type="checkbox"/> Same as Administrative	
20. Crop Year		21. Unit	22. Pay Crop Code	23. Pay Type Code		24. Planting Period	

PART D – PRODUCTION INFORMATION

COC USE ONLY

25. Crop	26. Crop Type	27. Crushing District	28. Int. Use	29. Practice	30. Organic Status	31. Native Sod	32. Acres	33. Share	34. Stage	35. Unit of Measure	36. Production To Count	37. Yield (FL only)	38. Assigned or Adjusted Production	39. Secondary Use or Salvage Value

PART E – VALUE LOSS CROPS

COC USE ONLY

40. Crop	41. Crop Type	42. Share	43. Dollar Value Before Disaster	44. Dollar Value After Disaster	45. Ineligible Dollar Value	46. Salvage Value

PART F – TREES, BUSHES, & VINES

COC USE ONLY

47. Crop	48. Crop Type	49. Acres	50. Share	51. Tree Stage	52. Number in Tree Stage	53. Number Destroyed	54. Number Damaged	55. Adjusted Number in Tree Stage	56. Adjusted Number Destroyed	57. Adjusted Number Damaged	58. Salvage Value
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				II							
				III							
				I							
				II							
				III							
				I							
				II							
				III							

PART G - COC APPROVAL OR DISAPPROVAL OF PAY GROUPING

59. COC Action: Approved Disapproved

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				I							
				II							
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