

Instructions For FSA-895

Crop Insurance and/or NAP Coverage Agreement

This information will be used to determine eligibility for WHIP+ and/or QLA Program benefits on an insurable crop and/or on a noninsurable crop. ♦ Producers are required to purchase insurance, or NAP Coverage, as applicable, on that crop(s), trees, bushes, or vines for the next two consecutive crop years following the crop year for which the benefits are requested, according to the producer ♦s certification on this form.

Submit the original of the completed form in hard copy or facsimile to the appropriate USDA servicing office.

Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) the customer submitting the form is the only person required to sign the transaction, or (2) the customer has an approved Power of Attorney (Form FSA-211) on file with USDA to sign for other customers for the program and type of transaction represented by this form.

Features for transmitting the form electronically are available to those customers with access credentials only. ♦ If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

Producers must complete Items 1 through 2, and 1A through 2B.

| Fld Name / Item No. | Instruction |
|---------------------------------|--|
| 1 Certification Statement | Check only if applying for WHIP+ and/or QLA Program benefits on at least one insurable crop. The producer certifies to purchase crop insurance at a level of 60/100 or the equivalent for the crop(s), trees, bushes or vines for the next two consecutive years following the crop year which the benefits are requested, and if the certification statement in Item 1 applies. |
| 2 Certification Statement | Check only if applying for WHIP+ and/or QLA Program benefits on at least one insurable crop. The producer certifies to purchase NAP Coverage at a level of 60/100 the crop(s), trees, bushes or vines for the next two consecutive years following the crop year which the benefits are requested and if the certification statement in Item 2 applies. |
| 3A Producer ♦s Name | Enter the producer ♦s name. |
| 3B Signature | If you are mailing or faxing this form, print the form and manually enter your signature. If this form is approved for electronic transmission and you have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the USDA servicing office. |

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| 3C Date | Enter the date producer signs the agreement. |
| 4A County FSA Office Name and Address | Enter County FSA Office name and address. |
| 4B Telephone No. | Enter County FSA Office telephone number including area code. |