

# Instructions For FSA-520

## **EMERGENCY RELIEF PROGRAM (ERP) PHASE 1 APPLICATION**

This form will be used for producers to apply for ERP phase 1 benefits.

This form is to be filed in the producer’s recording County Office listed on the application in item 5.

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, which include primary policyholders and any producers with substantial beneficial interest, must complete Items 13 through 15 (if applicable), Items 22 and 23 (if applicable), and Item 24. Prepopulated entries may not be altered.***

*FSA will complete fields noted as “FSA Use Only”.*

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***Items 1 – 5 - FSA Use Only***

1 Crop Year (FSA Use Only)	Prepopulated with the crop year in which the loss occurred and a crop insurance indemnity and/or NAP payment was issued.  Information obtained from Risk Management Agency (RMA) and FSA records.
2 Application Number (FSA Use Only)	Application number will be assigned by the automated system.
3 Recording State/Name Code (FSA Use Only)	Prepopulated with the producer/primary policyholder’s recording State name and FSA code.
4 Recording County	Prepopulated with the producer/primary policyholder’s recording county name and FSA code.

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Name/Code <b>(FSA Use Only)</b>	
5A Name and Address of Recording County FSA Office (Include City, State and Zip Code) <b>(FSA Use Only)</b>	Prepopulated with the name and address of the producer/primary policyholder's recording county office.  <b>Note:</b> Signed application must be returned to the recording county office listed.  Information obtained from FSA records.
5B Recording County FSA Office Telephone No. (Include Area Code) <b>(FSA Use Only)</b>	Prepopulated with the recording county office's telephone number.  Information obtained from FSA records.

**Part A - Producer Agreement**

Producer Agreement	Producers, which include primary policyholders and any producers with substantial beneficial interest, agree to provide all information required or requested by FSA for program participation in ERP Phase 1. Producers also must certify whether they have experienced a qualifying loss and they understand that by receiving ERP Phase 1 payments, they are required to purchase crop insurance or NAP coverage where crop insurance is not available, for the next two available crop years.  Producers must obtain crop insurance or NAP, as may be applicable: <ul style="list-style-type: none"> <li>• At a coverage level equal to or greater than 60 percent for insurable crops; or</li> <li>• At the catastrophic level or higher for NAP crops.</li> </ul> <b>Example: Producer A is issued an ERP payment on June 1, 2022, For their 2020 corn and soybean loss. Producer A must purchase crop insurance or NAP, as applicable for the crop, for both the 2023 and 2024 crop years.</b>
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**Part B - Producer Information - Item 6 - (FSA Use Only)**

6 Producer's Name, Address (City, State and Zip Code) and Phone Number (Include Area Code) <b>(FSA Use Only)</b>	Prepopulated with the full name, address, and phone number of the producer/primary policyholder who is applying for 2020 and/or 2021 ERP Phase 1 benefits.  Information obtained from RMA and FSA records.
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**Part C - Insured Crop Information - Items 7-15 (FSA Use Only)**

**For questions regarding the information provided in Items 7-10 and Item 12, please contact your crop insurance agent.**

7 Physical State/County Code (FSA Use Only)	Prepopulated with the physical state and county code where the insured crop is located.  Information obtained from RMA records.
8 Pay Unit (FSA Use Only)	Prepopulated with the pay unit of the insured crop.  Information obtained from RMA records.
9 Crop (FSA Use Only)	Prepopulated with the crop that received a crop insurance indemnity.  Information obtained from RMA records.
10 Gross Indemnity (FSA Use Only)	Prepopulated with the gross indemnity received from crop insurance for the unit and crop listed in Items 8 and 9.  Information obtained from RMA records.
11 Estimated ERP Payment (Prior to adjustments) (FSA Use Only)	Prepopulated with the estimated ERP payment prior to adjustments for the unit and crop listed in Items 8 and 9. Adjustments may include the following: <ul style="list-style-type: none"> <li>• Reductions due to payment limitation</li> <li>• Increased payment limitation</li> <li>• Increased payment rate for historically underserved producers with a CCC-860 on file</li> <li>• ERP payment factor.</li> </ul>
12 Primary Policyholder and SBIs (FSA Use Only)	Prepopulated with the name of the producer/primary policyholder who received a crop insurance indemnity on the unit and crop identified in Items 8 and 9, along with any producers having a substantial beneficial interest (SBI) as identified on the crop insurance policy.  Information obtained from RMA records.
13 Share	Enter share interest of producer/primary policyholder and each SBI (if applicable) listed in Item 12 for the unit and crop identified in Items 8 and 9.  <b>Note:</b> Share is assumed to be 100 percent to the producer/primary policyholder unless otherwise designated. If the ERP payment is divided for the unit and crop listed in Items 8 and 9, shares must total 100 percent.
14 In return for receiving	Each producer/primary policyholder and SBI (if applicable) listed in Item 12 with a share interest in the unit and crop identified in Items 8 and 9 must

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an ERP payment on this crop, I agree to purchase crop insurance or NAP as provided in Part A.	answer “Yes” or “No” agreeing to purchase crop insurance or NAP on the crop listed in Item 9.
15 I certify that I had a qualifying loss as defined in Part A.	Producer/primary policyholder listed in Items 5 and 12 must answer “Yes” or “No” to certify that the unit and crop listed in Items 8 and 9 had a qualifying loss.

**Part D – NAP Crop Information - Items 16-23 (FSA Use Only)**

**For questions regarding information provided in Items 16-21, please contact your administrative FSA County Office.**

16 Admin State/County Code <b>(FSA Use Only)</b>	Prepopulated with the administrative State and county code.  Information obtained from FSA records.
17 Unit <b>(FSA Use Only)</b>	Prepopulated with the NAP unit number associated to the crop which received a NAP payment.  Information obtained from FSA records.
18 Crop <b>(FSA Use Only)</b>	Prepopulated with the crop which received a NAP payment for the crop year identified in Item 1.  Information obtained from FSA records.
19 Pay Group <b>(FSA Use Only)</b>	Prepopulated with the pay group associated to the crop listed in Item 18.  Information obtained from FSA records.
20 NAP Payment <b>(FSA Use Only)</b>	Prepopulated with the producer’s NAP payment received for the crop identified in Items 18 and 19, for the crop year identified in Item 1.  Information obtained from FSA records.
21 Calculated ERP Payment (Prior to adjustments) <b>(FSA Use Only)</b>	Prepopulated with the total calculated ERP payment prior to any adjustments such as: <ul style="list-style-type: none"> <li>• NAP indemnity</li> <li>• NAP service fees and premiums</li> <li>• Reductions due to payment limitation</li> <li>• Increased payment limitation</li> <li>• Increased payment rate for historically underserved producers with a CCC-860 on file</li> <li>• ERP payment factor.</li> </ul>
22	Answer “Yes” or “No” agreeing to purchase crop insurance or NAP on the

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In return for receiving an ERP payment on this crop, I agree to purchase crop insurance or NAP as provided in Part A.	crop listed in Items 18 and 19. .
23 I certify that I had a qualifying loss as defined in Part A.	Answer “Yes” or “No” to certify that the unit and crop listed in Items 17 through 19 had a qualifying loss.

**Part E - Producer Certifications - Items 24 - 25**

24A Producer/Primary Policyholder’s Signature (By)	Producer/Primary policyholder requesting an ERP Phase 1 payment must sign certifying to the information in Parts C and D.
24B Title/Relationship of Individual Signing in a Representative Capacity	Enter title and/or relationship to the individual when signing in a representative capacity.  <b>Note:</b> If the producer signing is not signing in a representative capacity, this field should be left blank.
24C Date (MM-DD-YYYY)	Enter the date the FSA-520 is signed in Item 24A.
24D SBI Signature (By)	SBIs (if applicable) requesting an ERP Phase 1 payment, must sign certifying to the information in Part C.
24E Title/Relationship of Individual Signing in a Representative Capacity	Enter title and/or relationship to the individual when signing in a representative capacity.  <b>Note:</b> If the producer signing is not signing in a representative capacity, this field should be left blank.
24F Date (MM-DD-YYYY)	Enter the date the FSA-520 is signed in item 24D.
25A FSA Representative’s Signature (FSA Use Only)	FSA representative will sign and date the final printed application after it has been reviewed and entered into the software.

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25B Date Signed (MM-DD-YYYY) <b>(FSA Use Only)</b>	Enter the date the FSA representative signs the FSA-520 in Item 25A.