

Instructions For FSA-522

CROP INSURANCE AND/OR NAP COVERAGE AGREEMENT

This form will be used by any producer that is applying for the Emergency Relief Program Phase 2. This form will capture all a producer's crops that suffered a revenue loss due to a qualifying disaster event. By completing this form, the producer agrees to purchase crop insurance or NAP coverage for the next two available crop years. If they do not meet this linkage requirement, they will be required to pay back their ERP Phase 2 payment.

Submit the original of the completed form in hard copy or facsimile to your recording county FSA office.

Producers must complete Items 1 through 8

Identify the instructions that are provided in the following continuous table by entering the statement below with the appropriate item numbers:

Items 1-8

Fld Name / Item No.	Instruction
1 Producer Name	Enter Applicant Name
2 FSA-521 Application Number	Enter corresponding FSA-521 Application number
3 Recording State	Enter the State
4 Recording County	Enter the County

Fld Name / Item No.	Instruction
	Part A: Crops/Commodities that Suffered a Revenue Loss Due to a Qualifying Disaster Event

Fld Name / Item No.	Instruction
	<p>For items 5-7 below, list the crop/commodity name, crop type, and intended use of the crop(s) that suffered revenue losses in whole or in part from qualifying disaster event(s) for the disaster year(s) for which you applied for ERP Phase 2 (2020 and/or 2021). Producers can see examples of crop/commodity names, crop types, and intended uses by looking at acreage reports (FSA-578) or [insert link on public facing site with a list of possible crops to choose from as noted in a modified version 2-CP exhibit 10].</p>
5 Crop/Commodity Name	Enter Crop Name. Example: Corn
6 Crop Type	Enter Crop Type. Example: Yellow
7 Intended Use	Enter Intended Use. Example: Grain
	<p>Part B: Linkage Agreement</p> <p>Producer must read and agree to the terms of this agreement.</p>
8A Producer 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.
8B Title/Relationship of the Individual Signing in the Representative Capacity	Representative Signature, if applicable
8C Date Signed	MM-DD-YYYY