

FSA-522
(Proposal 8)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

CROP INSURANCE AND/OR NAP COVERAGE AGREEMENT

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 760, Subparts S, Extending Government Funding and Delivering Emergency Assistance Act (Pub. L. 117-43). The information will be used to determine eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits. Payments may be made under the program to which the form applies only to the extent permitted by applicable authorities.

Public Burden Statement (Paperwork Reduction Act): Public reporting burden for this collection is estimated to average 10 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection or FSA may not conduct or sponsor a collection of information unless it displays a valid OMB control number. **RETURN THIS COMPLETED FORM TO YOUR RECORDING COUNTY FSA OFFICE.**

1. Producer Name	2. FSA-521 Application Number
3. Recording State Name/Code	4. Recording County Name/Code

PART A - CROP/COMMODITY THAT SUFFERED A REVENUE LOSS DUE TO QUALIFYING DISASTER EVENT

5. Crop/Commodity Name	6. Crop/Type	7. Intended Use
<i>Ex. Corn</i>	<i>Yellow</i>	<i>Grain</i>

Producers that need to list more crops can use the continuation sheet on the back of this form.

PART B - LINKAGE AGREEMENT

The Extending Government Funding and Delivering Emergency Assistance Act, requires producers to obtain crop insurance or NAP coverage for the next two available crop years to be eligible for an ERP payment.

By signing this form, the producer agrees to have read and comply with the crop insurance and NAP coverage requirement as stated below for each crop listed in Part A. This agreement does not supersede or modify any previous requirements to purchase crop insurance or NAP coverage under any other law or program.

I understand that I have applied for a payment under the ERP Phase 2. I have listed in Part A all eligible crops that suffered a revenue loss in whole or in part due to a qualifying disaster event that occurred in the 2020 or 2021 calendar year, and for which I have applied payment under the ERP Phase 2. These crops include any of the following: insurable crops, NAP eligible crops, and non-insured crops.

In return for receiving a payment under ERP Phase 2, I agree to file an acreage report and purchase crop insurance at a coverage level equal to or greater than 60% for insurable crops, or at the catastrophic level or higher for NAP eligible crops, for the first two consecutive crop years when coverage is available after receiving payment, but no later than crop years 2025 and 2026. If I am required to meet this requirement for a crop for which a individual crop insurance policy is not available and I am ineligible to obtain NAP coverage for the applicable year(s) because I exceed the average Adjusted Gross Income (AGI) limitations, then I must meet this requirement by either:

- obtaining NAP coverage and paying the applicable NAP service fee as required above, regardless of my ineligibility for NAP payment, or
- purchasing Whole-Farm Revenue Protection (WFRP) crop insurance coverage, if eligible

If my crop is not eligible for NAP, then I am required to purchase Whole Farm Revenue Protection (WFRP) crop insurance at a coverage level of at least 60%. I understand that I am also required to pay any service fees, administrative fees, and premiums associated with the coverage required by this agreement..

I acknowledge that I will be required to refund my Emergency Relief Program Phase 2 payment if I fail to meet this requirement.

8A. Producer's Signature	8B. Title/Relationship of the Individual Signing in the Representative Capacity	8C. Date (MM/DD/YYYY)
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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

