



Controlled Environment (CE) Value Report

Revised Report

Hudson Insurance Company
 7300 West 110th Street, Suite 400
 Overland Park, KS 66210
 Ph / Fx: (866) 450-1445 / (913) 345-1671

Insured's Name, Mailing and / or Street Address and Other Contact Information	Agency Name and Agent Contact Information	Crop Year	Policy Number							
Phone: Email: ID Type and Number: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN Person Type: Spouse: Spouse's ID Type and Number: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN Practice: <input type="checkbox"/> Soil (Irrigated) (204) <input type="checkbox"/> Hydroculture (Irrigated) (205) <input type="checkbox"/> All Other Growing Media (Irrigated) (206)	Phone: Email: Crop Insurance Specialist:									
		State								
		County								
		My CE operation has changed in the last year. <input type="checkbox"/> Yes <input type="checkbox"/> No All my growing locations are insured in the county. <input type="checkbox"/> Yes <input type="checkbox"/> No I have provided catalogs (One electronic catalog or two hard copies). <input type="checkbox"/> Yes <input type="checkbox"/> No I have insurable plants that were infected during the prior crop year that have not been destroyed. If "Yes", identify infected plants to be destroyed in the Remarks section or attach completed appraisal worksheet. <input type="checkbox"/> Yes <input type="checkbox"/> No								
CE Location(s):										
Plant Category	Basit Unit #	Selected Value (SV)	X	Coverage Level	X	Price Level ^	X	Insured's Share	=	Amount of Insurance
All Cut Flowers & Greenery (850)			X		X		X		=	
Annual Bedding & Garden Plants (853)			X		X		X		=	
Bulbs, Rhizomes, Corms, & Tubers (855)			X		X		X		=	
Foliage & Tropical Plants (856)			X		X		X		=	
Food & Flower Seed Plants (852)			X		X		X		=	
Perennial Bedding & Garden Plants (854)			X		X		X		=	
Propagative Horticultural Materials (858)			X		X		X		=	
Trees & Shrubs Seedlings & Grafts (857)			X		X		X		=	
Vegetable & Other Food Crops (851)			X		X		X		=	
For basic unit by share only, the total amount of insurance for all plant categories insured										
Remarks:										

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Agency Name:

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I submit this report and two copies of the most recent catalog(s) for my CE pursuant to the requirements of the CE Crop Provisions. I certify that catalog prices and any discounts, if applicable, are a true reflection of the prices for which I intend to see my specific plants (as defined in CE Crop Provisions) and have been used in determining the maximum expected value.

Also, I understand and agree that:

1. Only plant categories shown in the actuarial documents are eligible for insurance.
2. I have submitted one CEVR for each basic unit.
3. Assure that the values reported in the MUVF are based on the maximum value of all the specific plants in each insured plant category that you expect to be in your CE each month of the crop year.
4. For additional coverage, not all plant categories must be insured and I may elect to exclude plant categories on the CEVR.
5. That indemnities will be based on the pre-loss unit value or the SV in the basic unit depending on the relationship of these two values at the time of loss.
6. Indemnities will be influenced by inventory values in a category at the time of loss and that the insured is effectively self-insuring inventory whose value exceeds the SV.
7. Only wholesale CE operations as defined in the policy, are eligible for coverage.
8. I have supporting documents, such as sales or purchasing records, to support the values reported on the CEVR and will have them available for review for 3 crop years beyond the current crop year.

Collection of Information and Data (Privacy Act) Statement Agents, Loss Adjusters and Policyholders

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on the documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIPs contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

Non-Discrimination Statement

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

To File a Program Complaint - If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <https://www.usda.gov/oascr>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Director, Center for Civil Rights Enforcement, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or email at program.intake@usda.gov.

Persons with Disabilities - Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 690-0443 (voice and TDD) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email.

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Anti-Rebating Certification - Applicant / Insured Statement

I certify, for the crop year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, or given any benefit, including money, goods, or services for which payment is usually made, rebate, discount, abatement, credit, or reduction of premium, or any other valuable consideration, as an inducement to procure insurance or in exchange for purchasing this insurance policy after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any information on this form may subject me, and any person with a substantial beneficial interest in me, to sanctions, including but not limited to, criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 U.S.C. §1515(h)) and all other applicable federal statutes.

Anti-Rebating Certification - Agent Statement

I certify, for the crop year indicated, that I have neither offered nor promised, directly or indirectly, any benefit, including money, goods, or services for which payment is usually made, rebate, discount, credit, reduction of premium, or any other valuable consideration to this person either as an inducement to procure insurance or in exchange for obtaining insurance after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any violation may subject me, and all agencies / companies I represent, to sanctions, including but not limited, to criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 USC §1515(h)) and all other applicable federal statutes.

Hudson Insurance Privacy Policy

When you apply to any of the Hudson Insurance Group companies for any type of insurance, you disclose information about yourself to us. The collection, use and disclosure of such information is regulated by law. Hudson Insurance Group, its agents, affiliates and subsidiaries maintain physical, electronic and procedural safeguards that comply with state and federal regulations to guard your personal information. We also limit employee access to certain personal information, to those with a business reason for knowing such information. Hudson Insurance Group also instructs its employees so that they will understand the importance of the confidentiality of personal information, and takes appropriate measures to enforce employee privacy responsibilities.

USDA Multiple Benefit Certification

I understand that obtaining multiple Federal benefits for the same loss, such as a Noninsured Crop Disaster Assistance Program (NAP) payment(s) and a Federal crop insurance indemnity, is prohibited by law. I certify that I have, or will disclose any other USDA benefit; including any NAP benefit, received for this crop. Failure to disclose the receipt of multiple Federal benefits, or failure to repay one of the multiple Federal benefits such as either the NAP benefit or the Federal crop insurance indemnity for the same crop, may result in my being disqualified from receiving Federal crop insurance benefits, as well as being ineligible for various programs administered by the Farm Service Agency for up to five (5) years.

Payment Terms

The Applicant/Insured agrees to pay the Approved Insurance Provider the crop insurance premium shown on the declaration of the policy, issued as a result of the application and acreage report. Interest will accrue at the rate of 1.25 percent simple interest per calendar month, or any portion thereof, on any unpaid amount due us. For the purpose of premium amounts due us, the interest will start to accrue on the first day of the month following the premium billing date specified in the Special Provisions. Expenses of collection and reasonable attorney fees are payable by the Applicant/Insured. Any unpaid amount may be deducted from any payments to you.

Certification Statement

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to voidance of the policy, and in criminal or civil penalties (18 U. S. C. sect. 1006 and sect. 1014; 7 U. S. C. sect 1506; 31 U. S. C. sect 3729, sect. 3730 and any other applicable statutes).

Signature Authorization(s):

Insured's Printed Name	Insured's Signature	Date
Agent's Printed Name	Code	Agent's Signature
		Date