

FSA-523 (10/31/2023)		Applicant Name:		Application Number:	
11. Crop Year	12. Physical State/County Code	13. Crop	14. Unit	15. Estimated ERP 2022 Payment (Prior to Adjustments)	16. Primary Policyholder and SBIs
2022	31/027	Soybeans (NS)			Minnie Mouse Mickey Mouse Donald Duck
18. In return for receiving an ERP 2022 payment on this crop, I agree to purchase crop insurance or NAP as provided in Part A	19. I certify I had a qualifying loss as defined in Part A	20. COC Determination			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			

WHOLE-FARM REVENUE PROTECTION, WHOLE-FARM UNIT OR MICRO FARM POLICYHOLDERS MUST CERTIFY TO THE FOLLOWING:

21. Crop Year	22. Physical State/County Code	23. Crop (WFRP, Whole-Farm Unit or Micro Farm)	24. % of Expected Revenue or Liability from Specialty Crops	25. COC Adjustment of % of Revenue or Liability from Specialty Crops

PART D - NAP CROP INFORMATION

26. Crop Year	27. Admin State/County Code	28. Pay Group	29. Pay Crop	30. Unit	31. Estimated ERP 2022 Payment (Prior to adjustments)	32. In return for receiving an ERP 2022 payment on this crop, I agree to purchase crop insurance or NAP as provided in Part A.	33. I certify that I had a qualifying loss as defined in Part A.	34. COC Determination
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

PART E - PRODUCER CERTIFICATIONS

I hereby sign and certify under penalty of perjury in accordance with 28 U.S.C. 1746 and 18 U.S.C. 1621 that all information on this application, whether entered by me or by someone else on my behalf, is true and correct. I understand that if any information is determined to be in error, the application may be denied, and such errors may result in a determination of ineligibility in whole or in part.

35A. Producer's/Primary Policyholder's Signature (Bv)	35B. Title/Relationship of Individual Signing in a Representative Capacity	35C. Date (MM-DD-YYYY)
35D. SBI Signature (By)	35E. Title/Relationship of Individual Signing in a Representative Capacity	35F. Date (MM-DD-YYYY)

PART F - COC DETERMINATION

36A. COC or Designee Signature	36B. Date (MM-DD-YYYY)

Anyone with a Percent Share As noted in #17 must sign

