



MPCI Release of Crop History

I hereby authorize _____,
insured under MPCI policy number _____, to use the production
history from my MPCI policy number _____, as proof of production
for his/her MPCI contract with your company.

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. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).

Authorized By:

Print Name _____

Signed _____ Date _____

I hereby certify that I have participated in the management decisions and performed physical labor to produce the crop for the crop year's of _____ OR have had a share of the crop on the transferred acreage. I acknowledge the fact that my policy may be audited to determine its accuracy.

Insured By:

Print Name _____

Signed _____ Date _____

