

NURSERY PLANT INVENTORY VALUE REPORT (PIVR)
(WE RESERVE THE RIGHT TO CORRECT ERRORS MADE IN COMPUTATIONS)

Company: _____		Agency: _____	
Insured's Name: _____		Policy Number: _____	
Street Address: _____		Crop Year: _____	Revised Report <input type="checkbox"/>
City, State, Zip _____		Practice Insured: <input type="checkbox"/> Container Grown <input type="checkbox"/> Field Grown	
Nursery Location(s): _____			County: _____

- I have selected additional coverage and elect basic units by plant type..... Yes No
- I have selected additional coverage and elect the rehabilitation endorsement..... Yes No
- My nursery operation has changed in the last year..... Yes No
- All my growing locations in the county are insured..... Yes No
- I have provided two nursery catalogs or price lists..... Yes No
- I have plant(s) with a previously filed claim and a determination of damage has been deferred..... Yes No
- I have insurable plants that were damaged during the prior crop year(s) that have not recovered to their full value... Yes No

Plant Type	Unit No.	Initial or Revised Inventory Value	Survival Factor*	Coverage Level	Insured Share	Amount of Insurance
			↓	X	X	=
				X	X	=
				X	X	=
				X	X	=
				X	X	=
				X	X	=
				X	X	=
				X	X	=
				X	X	=
				X	X	=
				X	X	=
				X	X	=
				X	X	=
				X	X	=
				X	X	=
Liners (Multiply by Survival Factor*)			X	X	X	=

CAT Only (*Total also applies to additional policies without basic units by type)

Greatest plant sales in previous 3 years: _____	*Total	
Actual inventory value on date insurance attaches: _____	Times CAT Price	55%
		= CAT Amount of Insurance

Remarks: _____

I submit this report and (if applicable – see form completion instructions) two copies of the most recent wholesale catalog(s) or price list(s) for my nursery pursuant to the requirements of the Nursery Crop Insurance Provisions, and certify to the best of my knowledge that they correctly present the wholesale prices at which my plants have been offered for sale.

- Also, I understand and agree that:
1. Only plants listed in the Eligible Plant List and Plant Price Schedule (EPLPPS), or for which I have an approved written agreement, are insurable.
 2. I have submitted one PIVR for each practice insured.
 3. I must value my plant inventory based on the prices, applicable for the crop year, from
 - a) the lesser of the prices listed in the EPLPPS or the lowest wholesale price contained in my wholesale catalog(s) or price list(s); or
 - b) an approved written agreement
 4. Indemnities will be based on the method used to value my plant inventory as listed in number 3.
 5. Over reporting my inventory value for insurance purposes will cause me to overpay premium and will increase my crop year deductible. My crop year deductible will not be reduced by revising the report downward except as approved by the company in accordance with approved guidelines.
 6. If I underreport my inventory value, any indemnities payable may be prorated down by an underreport factor.
 7. Only wholesale nurseries, as defined in the policy, are eligible for coverage.

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).

Insured's Signature _____	Date _____	Agent's Signature _____	Code Number _____	Date _____
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COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.) (Act) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Act and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

Your policy also specifies other information that must be provided. The principle purposes of this information are to provide insurance; reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The routine uses of this information include: (1) Referral to the appropriate agency, whether Federal, State, local or foreign including the Department of Justice, charged with the responsibility of investigating or prosecuting a violation of law, or of enforcing or implementing a statute, rule regulation or order issued pursuant thereto, of any record within this system when information available indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute or by rule, regulation or order issued pursuant thereto; (2) Disclosure to a court, magistrate or administrative tribunal, or to opposing counsel in a proceeding before a court, magistrate or administrative tribunal, of any record within the system that constitutes evidence on that proceeding, or which is sought in the course of discovery, to the extent that FCIC determines that the records sought are relevant to the proceeding; (3) Disclosure to a congressional office in response to any inquiry from the congressional office made at the request of that individual; (4) Disclosure to Approved Insurance Providers (AIP) for any purpose relating to the sale, service, and administration of the Federal crop insurance program and the policies insured under the authority of the Act; (5) Disclosure to other Federal agencies and contractors, cooperators, and partners of FCIC for the purpose of conducting research, development, analyses, and evaluation into all aspects relating to new and existing crop insurance programs and other risk management tools; (6) Disclosure to contractors or other Federal agencies to conduct research and analysis to identify patterns, trends, anomalies, instances and relationships of AIP's, agents, loss adjusters and policyholders that may be indicative of fraud, waste, and abuse; (7) Disclosure to AIPs, contractors, and other applicable Federal agencies to determine whether information has been accurately provided to FCIC and the AIP's and to determine compliance with program requirements; and (8) Disclosure to AIPs, contractors, cooperators, partners of FCIC, and other Federal agencies for any purpose relating to the sale, service, administration, analysis and evaluation of the Federal crop insurance program.

Furnishing other information is also voluntary. However, failure to report the information specified in your policy may result in rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; a unilateral determination of any monetary amounts due; or any remedy provided in the policy.

NONDISCRIMINATION STATEMENT

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To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.