

## Instructions For FSA-525

### ***CROP INSURANCE AND/OR NAP COVERAGE AGREEMENT FOR ERP 2022***

This form will be used by any producer that is applying for the Emergency Relief Program 2022 Track 2. This form will capture a producer's crops that suffered a revenue loss due to a qualifying disaster event. By completing this form, the producer agrees to purchase Federal Crop Insurance or NAP coverage for the next two available crop years. If they do not meet this linkage requirement, they will be required to pay back their ERP 2022 Track 2 payment.

Submit the original of the completed form in hard copy or facsimile to your recording county FSA office.

***Producers must complete Items 4-8.***

*Items 1-3 are for FSA use only.*

<b><i>Item No./ Fld Name</i></b>	<b><i>Instruction</i></b>
1 Recording State	Enter the recording State name and code.
2 Recording County	Enter the recording county name and code.
3 FSA-524 Application Number	Enter the corresponding FSA-524 Application number.
4 Producer Name	Enter the producer name.
Part A: Crops/Commodities that Suffered a Revenue Loss Due to a Qualifying Disaster Event	
For Items 5-7 below, list the crop or commodity name(s), crop type(s), and intended use of the crop(s) that suffered revenue losses in whole or in part from qualifying disaster event(s) occurring in calendar year 2022. Producers can see examples of crop and commodity names, crop types, and intended uses by looking at acreage reports (FSA-578) or the list provided in 2-CP Exhibit 10: <a href="https://www.fsa.usda.gov/Internet/FSA_File/2-cp_r16_a25.pdf">https://www.fsa.usda.gov/Internet/FSA_File/2-cp_r16_a25.pdf</a>	
5	Enter the crop or commodity name. Example: Corn

<b>Item No./ Fld Name</b>	<b>Instruction</b>
Crop/Commodity Name	
6 Crop Type	Enter the crop type. Example: Yellow
7 Intended Use	Enter the intended use. Example: Grain
Part B: Linkage Agreement	
Producer must read and agree to the terms of this agreement.	
8A Producer's Signature	If you are mailing or faxing this form, print the form and manually enter your signature. If this form is approved for electronic transmission and you have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the USDA servicing office.
8B Title/Relationship of the Individual Signing in the Representative Capacity	Representative Signature, if applicable
8C Date Signed	MM-DD-YYYY