



COVER CROP PREMIUM DISCOUNT PROGRAM

**THIS FORM SHOULD BE FILLED IN,
SAVED AND SUBMITTED TO
covercrops@isda.in.gov**

APPLICATION INFORMATION

Fields with * must be completed prior to submitting the application.

*Applicant/Farm Name:		
*Address:		
*City:	*State:	*Zip:

PRIMARY CONTACT

*Name:	
*Phone:	Secondary Phone:
*Email Address for Follow-up Correspondence:	

SECONDARY CONTACT (Optional)

Note: Secondary contacts may include crop insurance agents or other individuals associated with the farming operation that are authorized to share or will have access to information related to this application.

Name:	
Phone:	Secondary Phone:
Email Address:	Site correspondence may also be delivered to this email address. YES NO

ELIGIBILITY INFORMATION

1. I understand the acres I sign-up through this program are not currently enrolled in other state and federal cost-share funding or incentives. * (Answering "no" to this question, will deem the application ineligible for this program. ISDA will verify with existing datasets to prevent duplication.)	YES	NO
2. I understand that by enrolling in this program, I agree to meet all eligibility requirements as stated in the rules found at https://www.in.gov/isda/files/ISDA-CC-Program-Rules.pdf	YES	NO

LAND INFORMATION

***DATA ENTRY FORMAT REQUIREMENTS:**

Cover Cropped Acres (this CLU only): Total acres seeded to cover crops on this field only (excluding acres of cover crops in other state/federal programs) Maximum 5 numeric characters. Can be decimals only to hundredths (e.g. 100.58 acres) Must be less than or equal to CLU/Field Acres

Farm number: Maximum 5 numeric characters.

Tract number: Maximum 6 numeric characters.

CLU/Field Number: Common Land Unit (CLU) number/Field Number Maximum 5 alpha/numeric characters. No special characters. CLU Must be unique entry to each Farm/Tract entry.

CLU/Field Acres (Total): Maximum 5 numeric characters. Can be decimals only to hundredths (e.g. 100.58 acres)

TWP: (ex. T96N) – Maximum 4 alpha/numeric characters

Range: (ex. R26W) Maximum 4 alpha/numeric characters

Section: Maximum 2 numeric characters (must be 01, 02 for single digit numbers). Max number is 36 (1-36)

Quarter: Quarter Section (ex. NE, NW, SE, or SW) Optional

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FARM 1	*County:		*Cover Cropped Acres:		
	*Farm #1:		*Tract #1:		
	*TWP:		*Range:		
FARM 2	*Section:		*Quarter:		
	County:		Cover Cropped Acres:		
	Farm #2:		Tract #2:		
FARM 3	CLU/Field #2:		TWP:		
	Range:		Section:		
	Quarter:		County:		
FARM 4	Cover Cropped Acres:		Farm #3:		
	Tract #3:		CLU/Field #3:		
	TWP:		Range:		
FARM 5	Section:		Quarter:		
	County:		Cover Cropped Acres:		
	Farm #4:		Tract #4:		
FARM 5	CLU/Field #4:		TWP:		
	Range:		Section:		
	Quarter:		County:		
Cover Cropped Acres:		Farm #5:		Tract #5:	
TWP:		Range:		Section:	
Quarter:		County:		Cover Cropped Acres:	

*CLU/Field Acres (Total):	*Cover Cropped Acres Total (CLU Only):
Is this your first time planting cover crops? YES NO	
How many total acres of cover crops did you plant this year?	
Federal Crop Insurance Policy #:	
Please select which verification methods/forms are attached: FSA-578(required): Seed Tag/Receipt	

• I have read, reviewed, and understand all of the information on this form and certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge.

APPLICANT SIGNATURE

***By entering my name and checking the box above, I am giving my digital signature for the entered information above. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.**

CLEAR FORM

PRINT FORM

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Please, print and save a copy for your records.