



United States
Department of
Agriculture

Farm Production and
Conservation

Risk
Management
Agency

Topeka Kansas
Regional Office

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Suite 201
Topeka, KS
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785-228-5512
FAX 785-228-1456

8/12/2020

All Approved Insurance Providers

ATTN: Osage Private Levee #7

RE: 2020 NBR: 200625000 (RMA); For the Osage Private Levee #7 in Osage County, Missouri

Request Type (s):
BL Breached Levee

Due to the 2019 flood event, levees along the Missouri and Mississippi Rivers and tributaries in Missouri were breached. The 2020 Special Provisions allow the Risk Management Agency to adjust the rate for levees temporarily or permanently repaired to prior design specifications.

RMA received the certification that the Osage Private Levee #7 has been repaired back to prior specifications and the repairs were completed by the Earliest Plant Date for Grain Sorghum and Soybeans. This written agreement allows acreage protected by the Osage Private Levee #7 to return to the Sub County Area classifications prior to the levee breach.

If you have any questions, please contact this office at 785-228-5512.

Enclosure - Affected Area Map

All Approved Insurance Providers

ATTN: Osage Private Levee #7

State: Missouri
 County: Osage
 Insured: BL Offer
 WA Number: 200625011

Request Type (s):
 BL Breached Levee

Crop Year(s): 2020

Standard policy terms and conditions for the commodity(s), type(s), practice(s), and insurance plan(s) specified on this written agreement shall be those of Osage County, Missouri, except for the amendments specified in this agreement.

Commodity	Insurance Plan
0051 Grain Sorghum	01 Yield Protection
	02 Revenue Protection
	03 Revenue Prot with Harvest Price Exclusion
0081 Soybeans	01 Yield Protection
	02 Revenue Protection
	03 Revenue Prot with Harvest Price Exclusion

Amendments provided by this written agreement will be limited to the commodity(s) and insurance plan(s) listed on this agreement. Application of the amendments is further restricted to the insured listed on this agreement and the land descriptions specified below. This agreement does not apply to insurance plans, endorsements, and options for which this type of written agreement is not authorized, or to any acreage insured under the Catastrophic Risk Protection (CAT) Plan Endorsement.

WA Land ID - 1: Acreage classified as FFF Sub County Rate prior to the Levee Breach

A list of FSA Farm, Tract, and Field numbers associated with WA Land ID - 1 is provided in the Land Description Table of the WA ADM.

Land identified in this written agreement will use the rate adjustment(s) listed in the High Risk / Map Area Rate(s) table to calculate the total rate. The total rate will be further modified depending on the coverage level and options selected for the policy as shown in the actuarial documents. These rates replace any high risk rates or unrated designations shown in the actuarial documents.

<i>*An asterisk to the right of a value indicates that it is a modification associated with this offer.</i>		
High Risk / Map Area Rate(s)		
Sub County: CCC		WA Land ID - 1
	(0051) Grain Sorghum ALL TYPES ALL PRACTICES	(0081) Soybeans ALL TYPES ALL PRACTICES

Rate Adjustment	FFF*	FFF*
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This Written Agreement applies to the 2020 crop year only.

WA Number: 200625011

The undersigned parties agree the above changes will apply to the insured's policy for the crop(s) and insurance plan(s) as identified herein. These changes are an endorsement to the applicable policy materials. This written agreement does not change any terms and conditions of the applicable policy/provisions or actuarial UNLESS specifically stated in this agreement.

ACCEPTANCE

I certify 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. section 1006 and section 1014; 7 U.S.C. section 1506; 31 U.S.C. section 3729, section 3730 and any other applicable federal statutes). I have reviewed this endorsement and agree to its terms and conditions. I further agree and understand that nothing contained herein will otherwise change any of the other terms or conditions of the policy.

INSURED'S SIGNATURE FOR ACCEPTANCE

DATE

SIGNATURE OF AUTHORIZED AIP REPRESENTATIVE

DATE

REJECTION

By signing below this statement I am rejecting the insurance offer made in this Written Agreement. I agree that my insurance coverage will be in accordance with the insurance policy and any changes offered in this Written Agreement are null and void. This may result in reduced or no crop insurance coverage.

INSURED'S SIGNATURE FOR REJECTION

DATE

SIGNATURE OF AUTHORIZED AIP REPRESENTATIVE

DATE

USDA RMA APPROVAL

AKILAH JOHNSON

Digitally signed by AKILAH JOHNSON Date: 2020.08.12 13:24:25 -05'00'

Akilah Johnson Risk Management Specialist

DATE

RMA approves the use of this Written Agreement. Any modification to the Written Agreement voids RMA approval.

DISTRIBUTION: Original to the Insurance Provider; copy to the agent, insured, and Risk Management Regional Office.

COLLECTION OF INFORMATION AND DATA
(PRIVACY ACT) STATEMENT
Agents, Loss Adjusters, and Policyholders

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA, or by approved insurance providers (AIPs), that have been approved by the Federal Crop Insurance Corporation (FCIC), to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIPs contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA.

For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

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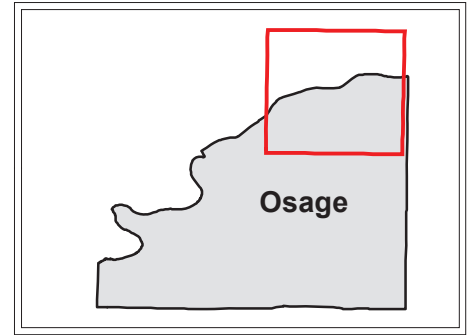
To File a Program Complaint

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

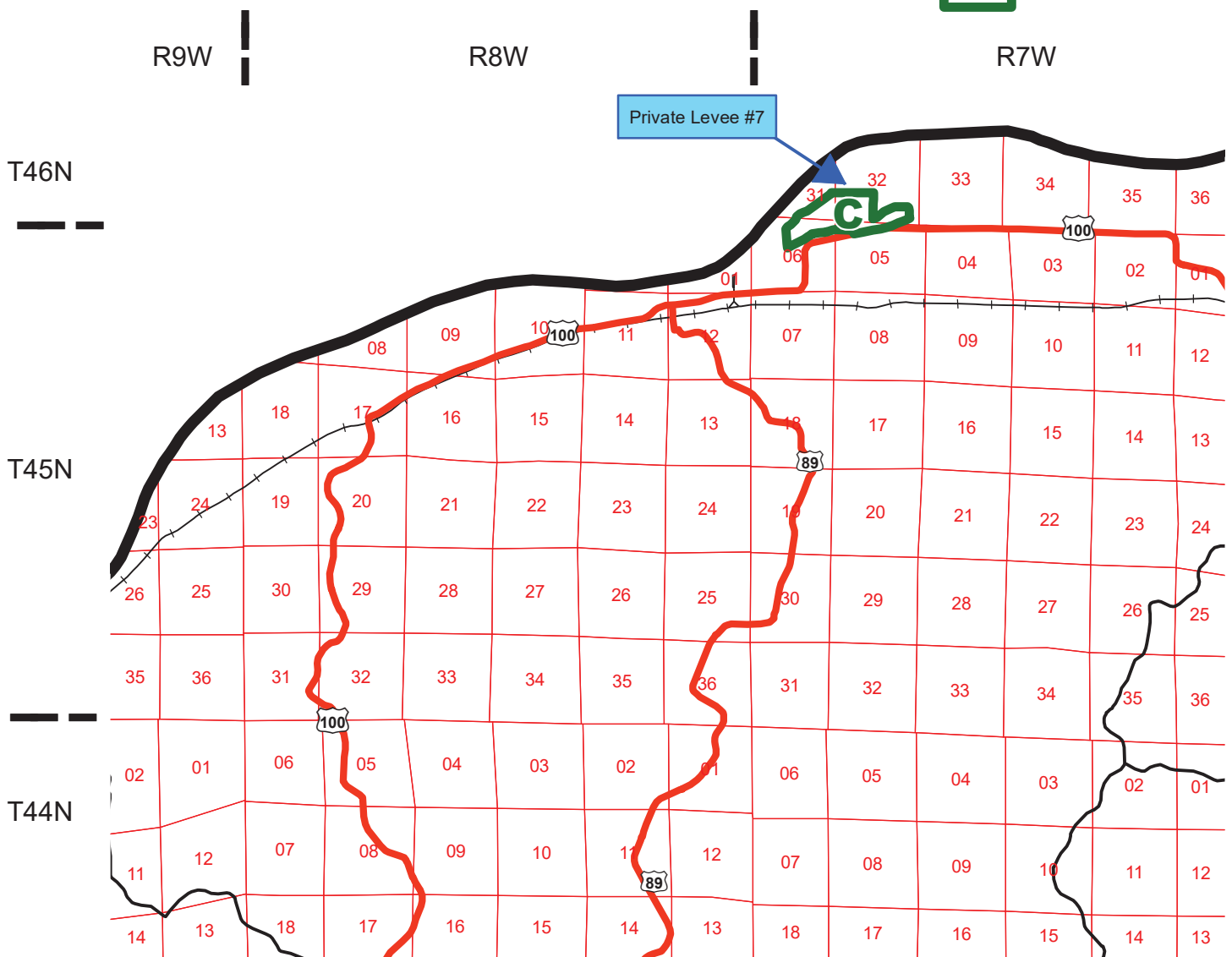
Persons with Disabilities

Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

State: Missouri
County: Osage
Insured: Private Levee #7
WA Number: 200625011



 Affected Area



This map represents land applicable to the BL Breached Levee Written Agreement.

Source: Risk Management Agency

Map Created by: RMA, Topeka Regional Office, Topeka, KS
 Map Creation Date: 8/12/2020 10:51:41 AM
 Map Projection: NAD 1983 UTM Zone 15N
 Projection: Transverse Mercator/North American 1983



The information displayed in this map is intended to serve as an aid in displaying data provided or stored by the Risk Management Agency. It does not modify, replace, or supersede any USDA published policy provisions or procedures.