



APH Database Form

House Copy

This is a confirmation of the actual production history reported for this crop year.
This form is not to be used as a reporting form.7950 Main St N., Suite 230
Maple Grove, MN 55369
Phone: (800) 366-2767
Fax: (866) 308-3038
Print Date: 01/03/2023

Insured's Name, Mailing and / or Street Address and Other Contact Information		Agency Name and Agent Contact Information				Crop Year	Policy Number
DANIEL JOHNSON 55877 NORTH CO RD 8 PLAINVIEW, MN 55964		COMPEER FINANCIAL - ROCHESTER (270704-01) MICHAELA G BOESL (17120) 7540 AIRPORT VIEW DR SW ROCHESTER, MN 55902				2023	27-987-0747342
Phone: (507) 786-2480 Home Email:		Phone: (866) 577-1531 Agency (507) 854-0096 Agent Email: MICHAELA.BOESL@COMPEER.COM				Minnesota (27)	
ID Type and Number: SSN XXX-XX-0099 Person Type: Spouse/Partner						Assignment of Indemnity	
Spouse's Name: DOREEN JOHNSON Spouse's ID Type and Number: XXX-XX-2535		Signature Authorization(s): NONE					
Crop Summary							
County	Crop(s) Covered NP = New Producer	Plan	Type / Practice	Level	% of Price Election	Option(s) Elected / Unit Structure Applied at Coverage	Total Acres Planted
Wabasha (157)	Corn (0041)	RP (02)		80%	100%	YA TA YC / EU	0.0
Wabasha (157)	Soybeans (0081)	RP (02)		85%	100%	YA TA YC / EU	0.0

Legend: *Additional Exist

** Legal Description = Section, Township, Range & Other Land Identifiers (e.g. Spanish Land grants, metes & bounds, etc.)

***Adjustment Option Applied

C = Claim Record





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7950 Main St N., Suite 230
Maple Grove, MN 55369
Phone: (800) 266-2767
Fax: (800) 206-2038
Print Date: 01/03/2023

Insured's Name DANIEL JOHNSON				Agency and Agent Name COMPEER FINANCIAL - ROCHESTER (270704-01) MICHAELA G BOESL (17120)				Crop Year 2023		Policy Number 27-987-0747342							
County: Wabasha (157) Crop: Corn (0041) Unit: 0001-0002 EU YC - Opt Out? - N Plan: RP (02) Type: GSG (016) Practice: NON IRR (003) Share: 100%				County: Wabasha (157) Crop: Corn (0041) Unit: 0001-0003 EU YC - Opt Out? - N Plan: RP (02) Type: GSG (016) Practice: NON IRR (003) Share: 100%				County: Wabasha (157) Crop: Soybeans (0081) Unit: 0001-0002 EU YC - Opt Out? - N Plan: RP (02) Type: COMA (051) Practice: NON IRR (003) Share: 100%									
Year	Total Production	Acres	Yield	Desc. (Adj. Yield)	Rec. Type	Year	Total Production	Acres	Yield	Desc. (Adj. Yield)	Rec. Type						
2013	16,620.0	93.8	177.0	TA (187.0)	C	2012	2,350.0	37.2	63.0	TA (69.0)							
2014	18,868.0	91.5	206.0	TA (234.0)		2013	2,424.0	53.8	45.0	TA (51.0)							
2015	32,318.0	148.6	217.0	TA (233.0)		2014	3,380.0	57.1	59.0	TA (64.0)							
2016	25,139.0	111.6	226.0	TA (238.0)		2015	2,705.0	37.0	75.0	TA (79.0)							
2017	19,647.0	94.1	209.0	TA (231.0)		2016	3,591.0	64.5	66.0	TA (70.0)							
2018	19,359.0	91.5	212.0	TA (222.0)	B	2017	3,534.0	67.1	64.0	TA (67.0)	A						
2019	24,754.0	111.6	222.0	TA (230.0)	B	2018	2,376.0	37.0	64.0	TA (66.0)	A						
2020	18,451.0	94.1	198.0	TA (202.0)	B	2019	3,781.0	64.5	68.0	TA (71.0)	A						
2021	20,355.0	91.5	223.0	TA (227.0)	B	2020	4,583.0	57.1	77.0	TA (78.0)	A						
2022	23,261.0	110.0	212.0	TA (214.0)	B	2021	2,650.0	37.0	72.0	TA (73.0)	A						
# Trees / Vines: 220.0 Yield Total: 2,099.0 T-Yield Map Area / Area: N/A Avg. Yield: 210.0 Class.: - / - Rate Yield: 210.0 App. Yield: 221.0 Processor # / Name: 199.0 App. Yield Info:						# Trees / Vines: 215.0 Yield Total: 848.0 T-Yield Map Area / Area: N/A Avg. Yield: 212.0 Class.: - / - Rate Yield: 212.0 App. Yield: 216.0 Processor # / Name: 199.0 App. Yield Info:						# Trees / Vines: 67.0 Yield Total: 654.0 T-Yield Map Area / Area: N/A Avg. Yield: 65.0 Class.: - / - Rate Yield: 65.0 App. Yield: 69.0 Processor # / Name: 54.0 App. Yield Info:					
☐ Inspection Required? ☐ Field Review Required? Yield Indicator:						☐ Inspection Required? ☐ Field Review Required? Yield Indicator: A						☐ Inspection Required? ☐ Field Review Required? Yield Indicator:					
Comments / Other / Other Characteristics:						Comments / Other / Other Characteristics:						Comments / Other / Other Characteristics:					
Legal Desc.: FSA Farm / Tract / Field # Farm Name (021) (028) 108N-012W 3128 / 3852 / - HOME FARM						Legal Desc.: FSA Farm / Tract / Field # Farm Name (035) 108N-012W 4819 / 4811 / - LAVORN MULLIN						Legal Desc.: FSA Farm / Tract / Field # Farm Name (021) (028) 108N-012W 3128 / 3852 / - HOME FARM					

Legend: *Additional Exist

** Legal Description = Section, Township, Range & Other Land Identifiers (e.g. Spanish Land grants, meads & bounds, etc.)

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7650 Main St N., Suite 230
Maple Grove, MN 55369
Phone: (800) 366-2767
Fax: (865) 306-3038
Print Date: 01/03/2023

Insured's Name				Agency and Agent Name				Crop Year		Policy Number	
DANIEL JOHNSON				COMPEER FINANCIAL - ROCHESTER (270704-01)				2023		27-987-0747342	
County: Watonwan (167)		Crop: Soybeans (0081)		County:		Crop:		County:		Crop:	
Unit: 0001-0003 EU		VC - Org Out? - N		Unit:		Share:		Unit:		Share:	
Type: CONW (291)		Practice: NON IRR (003)		Type:		Type:		Practice:		Type:	
Share: 100%		Type:		Type:		Type:		Practice:		Type:	
Year	Total Production	Acres	Yield	Desc. (Adj. Yield)	Rec. Year	Total Production	Acres	Yield	Desc. (Adj. Yield)	Rec. Year	Total Production
2017	0.0	0.0	59.0	L							
2018	0.0	0.0	59.0	L							
2019	1,720.0	27.2	63.0	TA (64.0)	A						
2020	0.0	0.0	0.0	Z							
2021	0.0	0.0	0.0	Z							
2022	3,219.0	43.5	74.0	TA (74.0)	A						
# Trees / Vines:				# Trees / Vines:				# Trees / Vines:			
T-Yield Map Area / Area				T-Yield Map Area / Area				T-Yield Map Area / Area			
Class: - / -				Class: - / -				Class: - / -			
Processor # / Name:				Processor # / Name:				Processor # / Name:			
Adj. Yield:				Adj. Yield:				Adj. Yield:			
T-Yield:				T-Yield:				T-Yield:			
Rate Yield:				Rate Yield:				Rate Yield:			
App. Yield:				App. Yield:				App. Yield:			
Yield Indicator:				Yield Indicator:				Yield Indicator:			
Inspection Required?				Inspection Required?				Inspection Required?			
Field Review Required?				Field Review Required?				Field Review Required?			
Person(s) Sharing:				Person(s) Sharing:				Person(s) Sharing:			
Comments / Other / Other Characteristics:				Comments / Other / Other Characteristics:				Comments / Other / Other Characteristics:			
Legal Desc.:*** FSA Farm / Tract / Field # Farm Name				Legal Desc.:*** FSA Farm / Tract / Field # Farm Name				Legal Desc.:*** FSA Farm / Tract / Field # Farm Name			
(035) 108N-012W 4678 / 4811 / - LAYONN MULLIN 4810 / 4912 / -											

Legend: * Additional East

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DANIEL JOHNSON	COMPEER FINANCIAL - ROCHESTER (270704-01) MICHAELA G. BOESL (17120)	2023	27-987-0747342

Yield Cup (YC) Note: "An insured is only required to sign the APH database when YC is elected to not apply to the APH database."

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 the 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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In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees and institutions participating in or administering USDA programs are prohibited from discriminating on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, familial/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

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 www.usda.gov/office, or at any USDA office, or call (866) 632-9892 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, Center for Civil Rights Enforcement, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or email at program.intake@usda.gov.

Persons with Disabilities

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202)690-0443 (voice and TDD) or contact USDA through the Federal Relay Service at (800)877-8339. Additionally, program information may be made available in languages other than English. 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.

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, §3729, §3730 and any other applicable Federal statutes).

Insured's Printed Name	Insured's Signature	Date
DANIEL JOHNSON		

