

Example of BYE Insured’s Certification Statement

The following is provided as an example only. The AIP must develop a BYE Insured’s Certification Statement in accordance with paragraph 12.

**BIOTECH YIELD ENDORSEMENT
INSURED’S CERTIFICATION STATEMENT**

Insured’s Name (Print): _____ Crop Year: _____

Insured’s Policy Number: _____ State: _____ County: _____

By signing below, I certify to all of the following:

1. I have received a copy of the Pilot Biotech Yield Endorsement (BYE), and I am in compliance with all of its terms and conditions, including but not limited to, that at least 75 percent of the total insured corn acreage planted, including any replanted acreage, in the unit(s) (basic, optional, enterprise or whole farm, as applicable) I identified on my acreage report as eligible for the Pilot BYE is non-irrigated corn for grain planted to a qualifying hybrid.
2. I have reviewed the accompanying BYE Seed Dealer Certification Statement(s) and the copies of the seed invoices attached thereto and believe they are true and correct. Additionally, I authorize the seed dealer listed on those documents to disclose all purchase and return invoices for all corn seed that was purchased or returned by me or someone else on my behalf.
3. I understand that failure to comply with all terms and conditions of the Pilot BYE on ANY unit I reported as eligible for the Pilot BYE premium rate reduction, or any false or fraudulent certifications under the Pilot BYE made by me or someone else on my behalf, shall result in my policy being voided. I also understand that even though my policy is voided I may still be required to pay 20 percent of the premium due under the policy, and I may be subject to administrative, civil or criminal sanctions (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).
4. I am aware of the U.S. Environmental Protection Agency refuge requirements and I understand the Pilot BYE in no way modifies my responsibility to abide by those requirements.

Insured’s Signature and Date

Collection of Information and Data (Privacy Act) Statement
Nondiscrimination Statement

