

This form is available electronically.

CCC-538 (07-29-10)			U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation			1A. County FSA Office Name and Address (Including Zip Code)		
PRODUCER-PAID CROP INSURANCE PREMIUM						1B. County Office Telephone Number (Including Area Code)		
						2. Crop Year	3. State Code	4. County Code
Note: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a—as amended). The authority for requesting the information identified on this form is 7 CFR Part 1412, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to report insurance premiums paid by all producers of a farm for insurance on a covered commodity or peanuts and to determine eligibility for ACRE payments for a covered commodity or peanuts. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in an inability to determine whether a farm is eligible for ACRE payments for a covered commodity or peanuts. This information collection is exempted from the Paperwork Reduction Act, as it is required for administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, Title I, Subtitle F—Administration). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.								
THIS FORM IS USED TO report the insurance premiums paid by all producers of a farm for insurance on a covered commodity or peanuts, provided that at least some of the insured crop acreage is subject to CCC-509, divided by the total acres of the covered commodity or peanuts subject to the insurance coverage; regardless of whether or not all of the acres insured are included on the farm's FSA-578 or subject to CCC-509.								
6. Crop/Practice	7. Name of Producer	8. Premium Per Acre	6. Crop/Practice	7. Name of Producer	8. Premium Per Acre	6. Crop/Practice	7. Name of Producer	8. Premium Per Acre
		\$			\$			\$
		\$			\$			\$
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		\$			\$			\$
		\$			\$			\$
		\$			\$			\$
		\$			\$			\$
PRODUCER'S SIGNATURES: (Enter additional producer signatures on Page 2 of this form.)								
9A. Producer's Signature (By)			9B. Title/Relationship of the Individual Signing in the Representative Capacity			9C. Date (MM-DD-YYYY)		
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FOR FSA USE ONLY:								
10A. County Office Signature			10B. Title			10C. Date (MM-DD-YYYY)		

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9A. Producer's Signature (By)	9B. Title/Relationship of the Individual Signing in the Representative Capacity	9C. Date (MM-DD-YYYY)
9A. Producer's Signature (By)	9B. Title Relationship of the individual Signing in the Representative Capacity	9C. Date (MM-DD-YYYY)

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To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.