

CCC-862 (12-15-23)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation
AGRICULTURAL RISK COVERAGE – INDIVIDUAL OPTION (ARC-IC) CONTRACT	
1. Program Year:	
2. State Code	3. County Code
4. Farm Number	
5A. County FSA Office Name and Address (Including Zip Code)	
5B. County Office Telephone Number (Including Area Code)	5C. County Office Fax Number (Including Area Code)

THIS ANNUAL ARC-IC CONTRACT is entered into between the Commodity Credit Corporation (CCC) and the undersigned producers on the farm identified in Item 4. Upon approval, this farm and the producers on the farm are enrolled in ARC-IC for the program year identified in Item 1. All producers with a share in covered commodities planted on the farm must execute this contract by the announced enrollment date of the applicable program year in order to participate and make themselves potentially eligible to receive payments.

The terms and conditions of the ARC-IC contract are contained in the CCC-862 and CCC-866 Appendix and the regulations at 7 CFR Part 1412. By signing this contract producers: (1) acknowledge receipt and agree to abide by the terms of the CCC-862 and CCC-866 Appendix ; (2) agree to comply with the terms and conditions of the program and those governing payment limitation and eligibility and adjusted gross income limitation provisions; (3) agree that the terms and benefits of this program are subject to changes in law; (4) affirm that the producers on this farm have elected ARC-IC for the applicable contract period and (5) certify that all the information contained on this form, whether or not personally entered by the producer, is true, correct, and accurate.

6. Multi-year Contract (2019-2024)

7. Commodity	8. Base Acres	9. 65% of Base Acres	7. Commodity	8. Base Acres	9. 65% of Base Acres	7. Commodity	8. Base Acres	9. 65% of Base Acres

10A. Producer's Name and Address (Including Zip Code)	10A. Producer's Name and Address (Including Zip Code)
10B. Email Address	10B. Email Address
10C. Telephone No. (Include Area Code):	10C. Telephone No. (Include Area Code):
11A. Refused Payment Information: <input type="checkbox"/> All ARC-IC Payments are Refused	11B. Producer's Initials
	11C. Date Initialed (MM-DD-YYYY)
12A. Producer's Signature (By)	12A. Producer's Signature (By)
12B. Title/Relationship of the Individual Signing in the Representative Capacity	12B. Title/Relationship of the Individual Signing in the Representative Capacity
12C. Date (MM-DD-YYYY):	12C. Date (MM-DD-YYYY):

FOR FSA USE ONLY

13A. Signature of CCC Representative	13B. Date (MM-DD-YYYY)
14. Remarks	
15. Employee 's Initials:	

1. Program Year	2. State Code	3. County Code	4. Farm Number
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CONTINUATION OF PRODUCER'S CROP INFORMATION (From Page 1)

10A. Producer's Name and Address (Including Zip Code)		10A. Producer's Name and Address (Including Zip Code)	
10B. Email Address		10B. Email Address	
10C. Telephone No. (Include Area Code):		10C. Telephone No. (Include Area Code):	
11A. Refused Payment Information: <input type="checkbox"/> All ARC-IC Payments are Refused	11B. Producer's Initials 11C.Date Initialed (MM-DD-YYYY)	11A. Refused Payment Information: <input type="checkbox"/> All ARC-IC Payments are Refused	11B. Producer's Initials 11C.Date Initialed (MM-DD-YYYY)
12A. Producer's Signature (By)		12A. Producer's Signature (By)	
12B. Title/Relationship of the Individual Signing in the Representative Capacity		12B. Title/Relationship of the Individual Signing in the Representative Capacity	
12C. Date (MM-DD-YYYY)		12C. Date (MM-DD-YYYY)	
10A. Producer's Name and Address (Including Zip Code)		10A. Producer's Name and Address (Including Zip Code)	
10B. Email Address		10B. Email Address	
10C. Telephone No. (Include Area Code):		10C. Telephone No. (Include Area Code):	
11A. Refused Payment Information: <input type="checkbox"/> All ARC-IC Payments are Refused	11B. Producer's Initials 11C.Date Initialed (MM-DD-YYYY)	11A. Refused Payment Information: <input type="checkbox"/> All ARC-IC Payments are Refused	11B. Producer's Initials 11C.Date Initialed (MM-DD-YYYY)
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12B. Title/Relationship of the Individual Signing in the Representative Capacity		12B. Title/Relationship of the Individual Signing in the Representative Capacity	
12C. Date (MM-DD-YYYY)		12C. Date (MM-DD-YYYY)	
10A. Producer's Name and Address (Including Zip Code)		10A. Producer's Name and Address (Including Zip Code)	
10B. Email Address		10B. Email Address	
10C. Telephone No. (Include Area Code):		10C. Telephone No. (Include Area Code):	
11A. Refused Payment Information: <input type="checkbox"/> All ARC-IC Payments are Refused	11B. Producer's Initials 11C.Date Initialed (MM-DD-YYYY)	11A. Refused Payment Information: <input type="checkbox"/> All ARC-IC Payments are Refused	11B. Producer's Initials 11C.Date Initialed (MM-DD-YYYY)
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12C. Date (MM-DD-YYYY)		12C. Date (MM-DD-YYYY)	
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10C. Telephone No. (Include Area Code):		10C. Telephone No. (Include Area Code):	
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12C. Date (MM-DD-YYYY)		12C. Date (MM-DD-YYYY)	

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 the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agricultural Act of 2014 (7 U.S.C. 9015) as amended by the Agriculture Improvement Act of 2018 (Pub. L. 115-334), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), and 7 CFR Part 1412. The information will be used to determine eligibility to participate in and receive benefits under the Agriculture Risk Coverage Program and Price Loss Coverage Program. 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 a determination of ineligibility to participate in and receive benefits under the Agriculture Risk Coverage Program and Price Loss Coverage Program.

Paperwork Reduction Act (PRA) Statement: The information collection is exempted from the Paperwork Reduction Act as specified in 7 U.S.C. 9091(c)(2)(B).

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.**

In accordance with Federal civil rights 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 based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/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). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.