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Crop Insurance Premium Rebates for Planting Cover Crops Program



Applicants may enroll acres planted to cover crops in the fall of 2023 which will be planted to an insurable crop in the following growing season. Eligible applicants will receive a \$5 per acre insurance rebate on the following year's crop insurance invoice for every acre of cover crop enrolled and verified in the program, until funding is exhausted. Funding will be provided through USDA-RMA as an insurance rebate through the normal crop insurance processes.

Submitting a completed form to the Department is mandatory for participation in the Cover Crop Rebate program. Personal information you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. § [15.04\(1\)\(m\)](#). The department may conduct inspections to verify that recipients of a crop insurance premium rebate are in compliance with the provisions s. [94.14\(17\)](#), [Wis. Stats.](#), and any rules promulgated under that subsection.

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Crop Insurance Premium Rebates for Planting Cover Crops Program

Items Needed to Complete Application

- FSA Form 578 (contact your FSA office to obtain this form)
- FSA Map
- [Instructions on How to Submit an Application](#)

Information entered into this application will be saved on this computer until submitted

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Applicant Information

Applicant/Farm Name*

This is a required question

Applicant Address*

This is a required question

Applicant Address - City*

This is a required question

Applicant Address - State*

This is a required question

Applicant Address - Zip Code*

United States- 5-digit zip code.

This is a required question

Is this your first time planting cover crops?*

 Yes No

Federal Crop Insurance Policy Number*

This is a required question

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Contact Information

Contact Name*

Contact name related to farm/applicant for cover crop insurance premium rebate.

This is a required question

Contact Email*

Updates will be distributed to applicants via email.

This is a required question

Contact Phone Number*

This is a required question

Contact Secondary Phone Number

Phone number to use if primary contact cannot be reached at first phone number.

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Eligibility Information

The acres I sign-up through this program are currently receiving other state or federal cost-share funding or incentives for planting cover crops (Answering "yes" to this question will deem the application ineligible for this program. DATCP will verify with existing datasets to prevent duplication).*

Yes No

I understand that by enrolling in this program, I agree to meet all eligibility requirements as stated in the rules found at s. 92.14(17)(c), Wis. Stats.**

Program Rules: [92.14\(17\)\(c\)](#)

Yes No

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Crop Insurance Premium Rebates for Planting Cover Crops Program

Use your FSA-578 form to enter all land tracts and fields to be enrolled. First, enter Land Tract Information and then add each eligible field from that tract. You can add multiple tracts and fields. The information in this table must be provided for each tract and field for which you are claiming a rebate.

Land Tract Information - Add new tracts using the "+" button (2) ▼



County*

Farm Number (Max 5 characters)*

Tract Number (Max 6 characters)*

Township (Example: "T06N")*

Range (Example: "R07E")*

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Section (Example: "23". If this tract spans multiple sections, list them separated by commas)*

32

Quarter Quarter, if available (Example: "NE NW")

Enter eligible fields from this tract - Add new fields using the "+" button.

(1) ▼



1



CLU/Field Number (max 5 characters)*

This is a required question

Cover Cropped Acres on this Field*

This is a required question

Total Field Size in Acres

Total Cover Cropped Acres Entered ▼

Saved

This number is auto-summed from your above entries and can only be changed by editing the numbers above.

Definitions ▾

***CLU/Field Number: Common Land Unit (CLU) Number/Field Number must contain a maximum of 5 numbers or letters with no special characters.**

***Cover Cropped Acres on this Field: Total acres seeded to cover crops on this field only (excluding acres of cover crops in other state/federal programs). This number cannot be larger than the Field Size in Acres.**

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I have read, reviewed and understand all of the information on this form and certify that my answers are correct and complete to the best of my knowledge.*

Yes No

Signature*



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[Submit](#)

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