

Kentucky Horticulture Council

Crop Insurance Recordkeeping Workbook

Farm Name: ______

Farm Address: _____

Workbook Start Date: _____

We recommend making copies of the workbook pages before writing in the workbook.

Other resources, videos, and printable copies of this workbook can be found at kyhortcouncil.org.



This material is based upon work supported by USDA/NIFA under Award Number 2018-70027-28585.





USDA National Institute of Food and Agriculture U.S. DEPARTMENT OF AGRICULTURE

	Crop Rotation and Input History by Field- 5 years																
			1		[C		ntional, O = (Organi		Transition to	orgar				r		
			Year:		1	Year:			Year:		1	Year:			Year:		
Field, Plot, or Row Name	Acres or Row Feet	Own or Rent	Crop Code	Inputs & Cover Crops	C, O, or T												

		Crop and Prod	uction D	Details						
		Year:								
	[C = Conventional, O = Organic, & T = Transition to organic]									
Crop Name & Variety/Type	Production Method (Field, High Tunnel, Greenhouse, etc.)	Intended Use (Fresh, Processed, Direct Marketed, etc.)	C, O, or T	Irrigated or Non- irrigated	Planting Dates	Location (Field, Row, or High Tunnel Number)				

5 Year Estimated and Actual Individual Crop Income and Expenses										
Crop:	Estimated year:	Actual Year:								
Income	ycan	ican	ycan	rearr	ycan	rearr	ycan	Tean	ycan	reun
Yield/Acre										
Price										
Total Income per Acre										
Expense [totals]										1
Labor										
Seed										
Soil Amendments										
Fertilizer/Lime										
Cover Crop										
Weed Control										
Building Rent/Repairs										
Fuel/Oil										
Insurance Costs										
Utilities										
Marketing										
Storage										
Processing Fees										
Professional Services										
Real Estate Tax										
Lease										
Interest										
Other [total]										
Total Expense										

Direct Marketing Worksheet									
If selling from an on-farm market, list amount sold.									
Commodity Name	Market Name or Location	Amount Taken to Market	Amount Returned Home	Amount Sold	Price	Revenue			
					,	Total:			

Field, High Tunnel or Plot Locations										
	If more than one field or plot is in same section, range, or county, list them together.									
Field or Plot Number[s]	Section Number, County, and Range	FSA Farm Number and Tract Number	FSA Field Number or Other Identifying Method	Address or Closest Road	High Tunnel Number or Identification					

Five Year Individual Field Activity Log- Field or Crop Name Acres or Row Feet							
Crop Year	Year:	Year:	Year:	Year:	Year:		
Cover crop type							
Cover crop spring-planting date							
Cover crop termination date and method							
Basic tillage [method and date]							
Soil amendments							
Soil amendment application date and rate							
Manure source							
Date and rate of manure application							
Crop planted							
Planting date							
Seed variety(s)							
Seeding rate							
Crop monitoring-problem weeds, pests, crop vigor- dates							
Pest management inputs							
Pest management input- dates and rates of application							
Disease management inputs							
Disease management input- dates and rates of application							
Weed management-post planting- methods and dates							
Harvest date							
Estimated yields (bu, pds, tons)							
Storage location							

Some other things you might need to keep a record of include:

- Organic Integrity Documents
 - Check with your organic certification agency to get the necessary documents
- Storage Records
- Sales Records
- Schedule F
 - This tax form is necessary for many crop insurance policies including Whole Farm Revenue Protection policies
 - Scan this QR code to the right to find the IRS Instructions for Schedule F



Scan the code below to visit our crop insurance webpage filled with resources, webinars and videos, and links to more information on crop insurance.

