



2018 Preemptor® SC Fungicide / Hero® Insecticide Soybean Yield Assurance Program

Program Description:

The **Preemptor® SC Fungicide / Hero® Insecticide Soybean Yield Assurance Program** is designed to help growers realize the yield benefits of foliar disease and insect management in soybeans. Growers enrolling in this program are assured at least three **bushels per acre yield** improvement over their untreated check if Preemptor SC fungicide and Hero insecticide are applied according to the following recommendation.

Qualifying Product	Assurance Benefit	Minimum Application Rate	Growth Stage	Program Payment Timing
Preemptor SC fungicide + Hero insecticide	3 bu/A yield improvement	5 fl. oz./A Preemptor SC fungicide 5 fl. oz./A Hero insecticide	R1 - R5	30 days after claim submission

- Apply in a minimum of 10 gallons/A total spray volume by ground or 2 gallons/A by air.
- Please consult the Preemptor SC fungicide and Hero insecticide product labels for more detailed recommendations.

PROGRAM QUALIFICATIONS:

If a Preemptor SC fungicide and Hero insecticide application is made according to the recommendations above and does **NOT** result in a minimum **three bushels per acre yield increase** over an untreated check*, FMC will return the difference between the bushel yield in treated acres and untreated check, **up to three bushels, at the October 2, 2018, Chicago Board of Trade closing price per bushel not to exceed purchase price of Preemptor SC fungicide and Hero insecticide combination.**

An untreated strip/check area of the field representative of the field and one round wide ground application(180 ft.) or (500 ft. wide for aerial application) in which the application was made, must be harvested on the same day the entire field is harvested. The untreated check area cannot have any foliar fungicides or insecticides applied during the program period in order to maintain a useful comparison. All other agronomic factors must be the same in both the untreated check and treated areas, including but not limited to fertility programs, irrigation, soil type and soybean variety. The comparison treated area will be made comparing an equal measurement on either side of the untreated check. This check is to be a fair, representative, side-by-side comparison. If the treated area does not out yield, on an equivalent moisture adjusted basis, the untreated check area by three bushels per acre or greater, the participating grower or retailer must notify their FMC representative **within five days of harvest to request reimbursement. Claims for reimbursement up to the full purchase price of Preemptor SC fungicide and Hero insecticide (application and other costs not reimbursed) will require purchase receipts, electronic "as applied" raw application data, and electronic raw yield data so we may verify through third-party GIS analysis prior to reimbursement. Payment will be issued to the grower. FMC will not reimburse for yield reductions related to climatic factors i.e., flooding, hail, wind, drought, fire, extenuating soil conditions i.e., differences in soil types, tillage, soil compaction, flooding etc., damage by pests other than soybean insects and/or foliar disease or any form of mechanical damage.*

Program Requirements:

1. Leave a check strip in each field as described above.
2. Use identical seed varieties or hybrids, fertility, tillage, seeding rate and weed control programs in all comparison check strips.
3. Variable rate seeding technologies and crops grown for seed do not qualify for this program
4. Products must be applied according to label use directions
5. Growers must sign agreement to participate in assurance program before application and by **June 1, 2018**
6. Record and save product lot or batch numbers
7. If there is a concern about return on investment, you must contact your FMC representative no later than **November 15, 2018**

Hero insecticide is a Restricted Use Pesticide.



Always read and follow label directions and precautions for use. Some products may not be registered for sale or use in all states. FMC, Hero and Preemptor are trademarks of FMC Corporation or an affiliate. ©2018 FMC Corporation. All rights reserved. Version 2, 5/18

To learn more visit FMCCrop.com, call your local FMC representative or our Customer Service Center at (800)346-0833



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Program Period:	June 1, 2018 to November 15, 2018
Program Geography:	IA, IL, IN, KS, MI, MN, MO, ND, NE, NY, OH, PA, SD, WI
Program Submission Date:	November 15, 2018
Program Payment Date:	30 days after claim submission

Program Rules & Conditions:

1. FMC reserves the right to change any or all features of this program at any time
2. Assurance benefit is for product costs only. Application and other related costs are excluded from assurance payments
3. An authorized FMC representative must be notified of a claim prior to the established deadline and have a reasonable opportunity to inspect prior to any additional product applications. The authorized FMC representative must confirm inadequate product performance
4. Proof of purchase is required. Only FMC branded products purchased from FMC Authorized distributors or retailers and reported by Data Dimensions is eligible for payment under this program
5. Only product purchased for resale to growers is eligible for payment under the terms of this program
6. Incentive checks will not be issued for less than \$500. All payments are subject to final approval by FMC Corporation
7. FMC reserves the right to audit all claims. Misreported sales of any type are a clear violation of this program and will be subject to audit and possible forfeiture of any and all program benefits
8. To qualify for program benefits, growers must submit copies of qualifying FMC brand product invoice(s) no later than November 15, 2018 to:

FMC Corporation, Program Administration, P.O. Box 221978, Charlotte, NC 28222

9. FMC is in no way liable or responsible for any grower failure to pay the retailer

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Grower must be enrolled prior to application and before **June 1, 2018**. **Complete this form and submit to; FMC Corporation Program Administration, P.O. Box 221978, Charlotte, NC 28222**

I agree to the above eligibility requirements and specified program guidelines. All decisions made by FMC Corporation or FMC Corporation representative are final.

(Grower Signature) (Date)

Grower Name: _____

Address: _____

City/State/ZIP: _____

Mobile Phone: _____

Email: _____

Enrolled Acres: _____

(FMC Star Retailer Signature) (Date)

Retailer Name: _____

City: _____

Sales Rep: _____

Mobile Phone: _____

Email: _____

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