

NUTRIENT BMP CHALLENGE[®] 2009 AGREEMENT

Your (Grower) Name: _____

Company Name (if any): _____

Address: _____

City: _____ State: _____ ZIP: _____

Office Phone: _____ Mobile Phone: _____

Fax: _____ SSN or Tax ID: _____

You agree to:

1. Apply your normal fertilizer rates to a check, or comparison strip located by your crop advisor in each field you enroll (max. 160 acres total) and return the check strip information form to us.
2. Apply university-recommended BMP fertilizer rates for N, P and/or K to the balance of the field.
3. With your crop advisor, assess yield at harvest and return the completed assessment form to us.
4. If you experience a net income gain, contribute a third of your fertilizer cost-savings to the CHALLENGE program, up to a maximum of \$6 per acre. This contribution ensures other farmers are able to join the CHALLENGE

In return, we will:

Compensate you for any yield loss due to nutrient insufficiency at \$4.00/bu or \$30.00/ton* for silage, minus your fertilizer savings. Yield loss will be determined by comparing check strip yield to the yield immediately adjacent to the check strip (See Net Returns Worksheet).

Field name/number(s) and acres/field: _____

Grower Signature: X _____

By signing, you indicate that you have read and accept the terms of the BMP CHALLENGE Agreement.

CERTIFIED CROP ADVISOR INFORMATION

If you do not have a certified crop advisor, we will provide one for you.

Crop Advisor Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Office Phone: _____ Mobile Phone: _____

Email: _____

Certification (circle): ARCPACS NAICC CCA Certification Number: _____

PLEASE RETURN COMPLETED AGREEMENT TO: BMP Challenge, 4510 Regent St., Madison WI 53705 or FAX to 608-232-1440.

NOTE: The BMP CHALLENGE Agreement is a commercial service agreement provided by Agflex, an Iowa corporation. Agflex is not an insurance company and does not sell insurance or provide insurance advice. More information on Agflex is available at www.agflex.com or by request to 712-792-8911.

FIELD INFORMATION

Complete for Each Field Enrolled – Up to 160 Acres per Farm

FOR: _____ (Grower Name)

Field Location: State: _____ County: _____ Section: _____

Only corn crops grown for grain or silage are eligible. Fields may be fertilized with manure and/or commercial fertilizer. For fall-fertilized fields, soil temperatures at 4" depth must be 50F or below, or 60F or below with a nitrogen inhibitor at the time of fertilizer application. Limit: 160 acres per farm.

Field Name or No.	No. of Acres	Crop grown in 2008?	Yield History: report yields in bushels/acre only for years corn was grown in the field.					
			2008	2007	2006	2005	2004	2003

Field is enrolled for (circle all that apply, complete form accordingly): **N** **P** **K**

Soil test is required for **P** and/or **K**. Date of most recent soil test: ____ / ____ / ____

Name of the lab(s) that performed the soil analysis: _____

P test type: Bray – 1 Mehlich – 3 Olsen

Results: _____ ppm (average/mgt. unit) Low Medium High Very High

K test type: Ammonium acetate Mehlich – 3

Results: _____ ppm (average/mgt. unit) Low Medium High Very High

Yield goal for 2009: _____ bu/acre Grain or Silage in 2009?: _____

Nutrient BMP Recommendation-Crop Advisor to Complete Following NUTRIENT BMP CHALLENGE® Protocol				
	Unit	Nitrogen	Phosphorus	Potassium
Recommended nutrient amount from all sources:	lb/acre			
Manure contribution:	lb/acre			
Legume contribution:	lb/acre			
Fall fertilizer contribution:	lb/acre			
Any other contribution:	lb/acre			
<i>Describe other contribution:</i>				
Recommended starter fertilizer:	lb/acre			
Recommended other commercial fertilizer:	lb/acre			
<i>Describe other fertilizer:</i>				
Any other recommended fertilizer:	lb/acre			
<i>Describe other fertilizer:</i>				