



2018 Preemptor[®] SC Fungicide Performance Assurance Program

Program Description:

The **2018 Preemptor[®] SC Fungicide Performance Assurance Program** is designed to help growers realize the benefits of season-long disease control and plant performance enhancement with one application of Preemptor SC fungicide at a range of timings to meet their convenience demands. By combining a highly systemic, fast-acting strobilurin with the longest-lasting triazole, Preemptor SC fungicide lets you spray once for season-long fungicide benefits in **corn and soybeans**. Whether applying by ground or aerial application, an application of Preemptor SC fungicide protects your investment, improves plant health and maximizes return on every acre with just one application.

If a Preemptor SC fungicide application made according to the recommendations below does **NOT** maintain commercially acceptable control of labeled diseases versus an untreated check*, FMC will provide the material's cost up to original purchase price of Preemptor SC fungicide to be used toward the cost of retreatment.

Qualifying Product	Assurance Benefit	Minimum Application Rate	Program Payment Timing
Preemptor SC fungicide	Preemptor SC fungicide to be used toward the cost of retreatment.	5 fl. oz./A	30 days after claim submission

- Do not use an adjuvant when applying Preemptor SC fungicide on corn treated between the V8 and VT growth stages. An adjuvant may be used at all other timings in corn and in all timings in soybeans.
- Apply in a minimum of 10 gallons per acre total spray volume by ground and 2 gallons per acre by air.
- Please consult the Preemptor SC fungicide product label for more detailed recommendations.

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 maintain commercially acceptable control of labeled diseases, 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 (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 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**.



Always read and follow label directions. Preemptor SC fungicide is not registered for sale or use in California. Preemptor and FMC are trademarks and Investing in farming's future is a service mark of FMC Corporation or an affiliate. ©2017 FMC Corporation. All rights reserved. Version 1, 10/17

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:	Nationwide excluding California
Program Submission Date:	November 15, 2018
Program Payment Date:	30 days after claim submission to FMC

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 are 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, growers must submit copies of qualifying FMC brand product invoice(s) to:

FMC Corporation, Program Administration, P.O. Box 221978, Charlotte, NC 28222
9. Documents must be mailed no later than July 15, 2018 to qualify for program benefits.
10. 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 representatives 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: _____

