

FROM: _____
Supervisor initials: _____
Date Submitted: _____

HDI# _____
Affected User & Ph #

AFBIS, Inc.
Support Department Submission Form

Crop Year: _____ **MPCI** **Crop Hail** _____
State(s): _____ **Policy Number(s):** _____
Crop(s): _____ **Season:** **Spring** **Fall** **Both** _____
Policy Type: _____

Do you need a list of policies this could have affected? **Yes** **No**

Problem:

- | | |
|--|---|
| <input type="checkbox"/> APH/Acreage/Coverage | <input type="checkbox"/> Forms |
| <input type="checkbox"/> Claim/CAP | <input type="checkbox"/> Reports |
| <input type="checkbox"/> Error List/ Error Code _____ | <input type="checkbox"/> Edits not working |
| <input type="checkbox"/> Web | <input type="checkbox"/> Calculation |
| <input type="checkbox"/> Printing | <input type="checkbox"/> Other _____ |

Please include the following, if applicable:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> CIH | <input type="checkbox"/> PASS/DAS | <input type="checkbox"/> LAM |
| <input type="checkbox"/> Print Screens | <input type="checkbox"/> Error List | <input type="checkbox"/> Other |

What happened prior to the problem occurring?

How or what steps do we do to duplicate this?

What should the correction do?