



# 2018 Corn Herbicide Assurance

## Program Description:

Anthem<sup>®</sup> MAXX herbicide is a Group 15 herbicide that provides long-term residual activity with excellent broad-spectrum grass and small-seeded broadleaf performance. Anthem MAXX herbicide has great flexibility and can be utilized pre-plant, preemergence and early postemergence in corn and will provide an additional two to three weeks of weed control beyond other corn residual herbicides.

Growers that follow the guidelines of the **2018 FMC Freedom Pass Corn Herbicide Assurance** at the minimum specified rates will be eligible for an assurance payment **up to \$13/A** if the FMC recommendation does not maintain commercially acceptable 90 percent control of labeled weeds versus an untreated check. Any assurance claim must be reported within 30 days of last application.

FMC CORN HERBICIDE RECOMMENDATIONS					
Preemergent	Early Post	Minimum Rate Requirements	Assurance Payment	Program Payment Timing	Assurance Benefit
		4 fl. oz./A of Anthem MAXX herbicide + 1 lb./A of atrazine followed by 2.5 fl. oz./A of Solstice <sup>®</sup> herbicide + 0.5 lb./A of atrazine + labeled rates of glyphosate or glufosinate herbicide	\$13/A	30 days after claim submission to FMC	90% control of labeled weeds
Start clean – Burndown application and/or soil tillage	 + 	2 fl. oz./A of Anthem MAXX herbicide + 2.5 fl. oz./A of Solstice herbicide + 1 – 1.5 lbs./A of atrazine + labeled rates of glyphosate or glufosinate herbicide	\$10/A		
	mesotrione + atrazine	4 fl. oz./A of Anthem MAXX herbicide + 1 lb./A of atrazine followed by 3.0 fl. oz./A of mesotrione 4 SC herbicide + 0.5 lb./A of atrazine + labeled rates of glyphosate or glufosinate herbicide	\$8/A		
 + mesotrione & atrazine + labeled rates of glyphosate or glufosinate herbicide	-	4 fl. oz./A of Anthem MAXX herbicide + 6.0 fl. oz./A of mesotrione 4 SC herbicide + 1.5 – 2.0 lbs./A of atrazine	\$5/A		
Start clean – Burndown application and/or soil tillage	 + mesotrione + atrazine	4 fl. oz./A of Anthem MAXX herbicide + 3 fl. oz./A of mesotrione 4 SC herbicide + 1 – 1.5 lbs./A of atrazine + labeled rates of glyphosate or glufosinate herbicide	\$5/A		

**NOTE:** Anthem<sup>®</sup> ATZ herbicide and Anthem<sup>®</sup> herbicide may still qualify at applicable use rates. Please contact local FMC RMM with any questions.

**Anthem ATZ is a Restricted Use Pesticide.**



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### Program Requirements:

1. Leave a representative check strip in each field for comparison and mark its location.
2. Use identical seed varieties or hybrids, fertility, tillage, seeding rates in all comparison check strips.
3. Products must be applied according to label use directions.
4. Growers must sign agreement to participate in assurance program by **May 1, 2018**.
5. Record and save product lot or batch numbers.
6. If there is a concern about return on investment, you must contact your FMC representative no later **30 days after application**.

<b>Program Period:</b>	January 1, 2018 to June 15, 2018
<b>Program Geography:</b>	Nationwide
<b>Program Submission Date:</b>	June 15, 2018
<b>Program Payment Date:</b>	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. FMC is not responsible for weeds not controlled by partner chemistries or postemergence products that are not FMC brands that fail to control labeled weeds; or for control of weeds resistant to chemistry that is intended for their control.
3. Assurance benefit is for product costs only. Application and other related costs are excluded from assurance payments.
4. 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.
5. 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.
6. Only product purchased for resale to growers is eligible for payment under the terms of this program.
7. Incentive checks will not be issued for less than \$200. All payments are subject to final approval by FMC Corporation.
8. 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.
9. 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**
10. Documents must be mailed no later than **June 15, 2018** to qualify for program benefits.
11. 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 **May 1, 2018**.

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: \_\_\_\_\_

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