



Policy Change Form

1. INSURED NAME					6. POLICY NUMBER			7. STATE CODE / NAME		
2. INSURED AUTHORIZED REPRESENTATIVE					8. SPOUSE'S TAX ID NO.			9. COUNTY CODE / NAME		
3. STREET ADDRESS					10. SPOUSE'S NAME					
4. CITY, STATE, AND ZIP CODE					11. I request insurance coverage for my share of the Category B crops (except forage production) specified below with a designated county in all added counties where where the crops are insurable. Place an 'X' in the Designated County/Crop column next to the county/crop you are designating as primary. <input type="checkbox"/> YES <input type="checkbox"/> NO					
5. TAX ID TYPE AND NUMBER (CHECK ONE AND WRITE IN NUMBER) <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER										

12. CHECK APPROPRIATE BOX	13. COUNTY	14. EFFECTIVE CROP YEAR	15. DESIGNATED COUNTY / CROP	16. NAME OF CROP	17. TYPE CLASS ETC.	18. PLAN	19. OPTIONS OR OPTIONAL COVERAGE	20. LEVEL ELECTION	21. % OF PRICE ELECTION OR \$\$ AMT OF INS
<input type="checkbox"/> CHANGE INSURANCE									
<input type="checkbox"/> CANCEL INSURANCE								22. REASON FOR CANCELLATION (Check one and explain in Remarks) <input type="checkbox"/> INSURED'S REQUEST <input type="checkbox"/> MUTUAL CONSENT <input type="checkbox"/> DEATH OR INCOMPETENCE, OR DISSOLUTION <input type="checkbox"/> OTHER	

23. OTHER CHANGES (as directed above)

<input type="checkbox"/> ADD or CHANGE INSURED'S AUTHORIZED REPRESENTATIVE	<input type="checkbox"/> CORRECT INSURED'S TAX ID NUMBER	<input type="checkbox"/> CHANGE INSURED'S ADDRESS
<input type="checkbox"/> CORRECT SPELLING OF INSURED'S NAME	<input type="checkbox"/> CHANGE "ALL COUNTIES" ELECTION	<input type="checkbox"/> CORRECT SPELLING OF SBI'S NAME
<input type="checkbox"/> CORRECT SBI'S TAX ID NUMBER	<input type="checkbox"/> OTHER (explain in Remarks)	

24. List all persons or entities (including spouses) with a substantial beneficial interest in the insured/applicant as defined in the applicable policy provisions. If insuring a landlord or tenant share on your policy, you must list the landlord or tenant and provide their identification number.

NAME	COMPLETE ADDRESS	PHONE NO.	TAX ID TYPE	TAX ID NUMBER	ENTITY TYPE
			<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER		
			<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER		
			<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER		
			<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER		

25. REMARKS

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to voidance of the policy, and in criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes). See attached form for statements required by Privacy Act of 1974.

26. INSURED'S SIGNATURE	DATE	27. AGENT'S SIGNATURE	AGENT CODE NUMBER	DATE

Collection of Information and Data (Privacy Act)

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The Federal Crop Insurance Act (7 U.S.C. 1501-1524) (Act) and the regulations contained in 7 C.F.R. chapter IV provides the authority to request the information on this form.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Act and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary. However, failure to furnish that number will result in denial of program participation and benefits.

Your policy also specifies other information that must be provided. The principle purposes of this information are to provide insurance; reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The routine uses of this information include: (1) Referral to the appropriate agency, whether Federal, State, local or foreign including the Department of Justice, charged with the responsibility of investigating or prosecuting a violation of law, or of enforcing or implementing a statute, rule regulation or order issued pursuant thereto, of any record within this system when information available indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute or by rule, regulation or order issued pursuant thereto; (2) Disclosure to a court, magistrate or administrative tribunal, or to opposing counsel of any record within the system that constitutes evidence in that proceeding, or which is sought in the course of discovery, to the extent that FCIC determines that the records sought are relevant to the proceeding; (3) Disclosure to a congressional office in response to any inquiry from the congressional office made at the request of that individual; (4) Disclosure to Approved Insurance Providers (AIP), contractors, cooperators, partners of FCIC, and other Federal agencies for any purpose relating to the sale, service, and administration of the Federal crop insurance program and the policies insured under the authority of the Act; (5) Disclosure to other Federal agencies and contractors, cooperators, and partners of FCIC for the purpose of conducting research, development, analyses, and evaluation into all aspects relating to new and existing crop insurance programs and other risk management tools; (6) Disclosure to contractors or other Federal agencies to conduct research and analysis to identify patterns, trends, anomalies, instances and relationships of AIP's, agents, loss adjusters and policyholders that may be indicative of fraud, waste, or abuse; (7) Disclosure to AIPs, contractors, and other applicable Federal agencies to determine whether information has been accurately provided to FCIC and the AIPs and to determine compliance with program requirements; and (8) Disclosure to the Comprehensive Information Management System (CIMS) authorized under the Farm Security and Rural Investment Act of 2002, Section 10706 (All information disclosed to CIMS may be further disclosed to any contractor engaged in the development or maintenance of CIMS, to the Farm Service Agency (FSA) and to AIPs, their insurance agents and loss adjusters, for information associated with their insured producers and only with regard to such policies); and (9) To appropriate agencies, entities, and persons when: (a) USDA suspects or has confirmed that the security or confidentiality of information in the system of records has been compromised; (b) USDA has determined that as a result of the suspected or confirmed compromise there is a risk of harm to economic or property interests, identity theft or fraud, or harm to the security or integrity of this system or other systems or programs (whether maintained by the Department or another agency or entity) that rely upon the compromised information; and (c) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with the Department's efforts to respond to the suspected or confirmed compromise and prevent, minimize, or remedy such harm.

Furnishing other information is also voluntary. However, failure to report the information specified in your policy may result in rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; a unilateral determination of any monetary amounts due; or any remedy provided in the policy.

Nondiscrimination Statement

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Insured's Signature _____

Date _____