

<p>Insured's Name _____</p> <p>Insured's Authorized Representative _____</p> <p>County Name _____ State Name _____</p> <p>Policy Number _____ Person Type _____</p> <p>Identification Number _____</p> <p>Identification No. Type (Check One):</p> <p><input type="checkbox"/> SSN</p> <p><input type="checkbox"/> EIN</p> <p><input type="checkbox"/> RMA Assigned Number (RAN)</p>	<p>Approved Insurance Provider (AIP) Name and Address: _____ _____</p> <p>County(ies) _____</p> <p>Designated County (for added county election only) : _____</p> <p>Added County Election:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No 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 the crops are insurable</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No 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 within the state where the crops are insurable.</p> <p>If your designated plan of insurance, level of coverage or price is not available in the added county, coverage will be provided through the Catastrophic Risk Protection Endorsement, if the crop is insurable in the actuarial documents for an added county.</p>
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Check appropriate box	County	Effective Crop Year	Name of Crop*	Type	Practice	Plan of Insurance**	Options, Elections or Endorsements	Percent of Price Election, Projected Price or Amount of Insurance	Coverage Level
<input type="checkbox"/> Change Insurance									
<input type="checkbox"/> Cancel Insurance								Reasons for Cancellation (check one & explain in Remarks) <input type="checkbox"/> Insured's Request <input type="checkbox"/> Mutual Consent <input type="checkbox"/> Death, Incompetence or Dissolution <input type="checkbox"/> Other	

*/** - (*For Identification purposes only; a crop cannot be added/**A plan of insurance cannot be changed using a Policy Change between different plans of insurance for differing Basic Provisions.)

<p>Other Changes (as indicated above)</p>	<p><input type="checkbox"/> Add or remove SBI</p> <p><input type="checkbox"/> Add/change/correct insured's authorized representative</p> <p><input type="checkbox"/> Change/correct insured's address</p> <p><input type="checkbox"/> Correct SBI's identification number¹</p> <p><input type="checkbox"/> Correct insured's identification number²</p> <p><input type="checkbox"/> Correct spelling of insured's name</p> <p><input type="checkbox"/> Correct spelling of SBI's name</p> <p><input type="checkbox"/> Add or remove "added county" election</p> <p><input type="checkbox"/> Remove authority for designated person(s) to sign crop insurance documents on behalf of the insured. "R"</p> <p>Designated Persons with Authority to sign ("A" or "R"):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Add authority for designated person(s) to sign crop insurance documents on behalf of the insured. "A"</p> <p>I grant the person(s) listed below the authority to sign any and all crop insurance documents on my behalf. I understand that by authorizing such persons to sign documents on my behalf I am legally bound by all terms and conditions of such documents and of the crop insurance contract. I also understand that granting the following person(s) the authority to sign on my behalf does not obligate that person(s) to the terms and conditions of my crop insurance contract. I further understand that this authorization may be revoked by me at any time upon written notice, signed and delivered to my Approved Insurance Provider.</p> <p>_____</p> <p>_____</p> <p>_____</p>
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^{1/2} - (If either one or both items above have been checked, enter the previous identification number in the Remarks section below).

List all persons or entities with a substantial beneficial interest in you as defined in the applicable policy provisions (include landlords or tenants insured under the applicant). If none, state NONE. (See reverse side for additional space.)

Name	Street and/or Mailing Address City, State, Zip Code	Telephone Number	Identification Number	Identification No. Type	Person Type
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	

Name	Street and/or Mailing Address City, State, Zip Code	Telephone Number	Identification Number	Identification No. Type	Person Type
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	
Remarks					

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**COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT
Agents, Loss Adjusters and Policyholders**

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIP's contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email.

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).

Insured's Printed Name

Insured's Signature

Date

Agent's Printed Name & Code Number

Agent's Signature

Date