



Crop Insurance Division

Multiple Peril Crop Insurance And Supplemental Product Application And Policy Transfer Form

Policy Number _____

Part I: APPLICANT'S INFORMATION (Complete Part III to list all SBI information)

Part II: AGENT/AGENCY INFORMATION

Form with fields for Name, Identification Number, ID No. Type (SSN, EIN, RAN), Person Type, Authorized Representative, Telephone Number, E-mail Address, Agency Code Number, Telephone Number, Street or Mailing Address, Spouse's Name, Spouse's Identification Number, City, State, Zip Code. Includes checkboxes for insurance types and age.

Part III: "SUBSTANTIAL BENEFICIAL INTEREST INFORMATION" List all person(s) with a substantial beneficial interest in you as defined in the applicable policy provisions (include landlords or tenants applicant under the applicant). If none, state NONE. (Attach SBI Reporting Form if additional space is needed and check box SBI Reporting Form is attached)

Table with 6 columns: Name, Address, Telephone Number, ID Number, ID No Type (Check One) [SSN, EIN, RAN], Person Type.

By checking this box, I am authorizing all individuals listed as an SBI to also have authority as stated in the sentence below. "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."

Print Authorized Representative Name(s)

Part IV: CROP INFORMATION: Added County Election YES 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. 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.

Table with 13 columns: Effective Crop Year, Name of State, Name of County, Des. County, Name of Crop, Type, Class Etc., *New Producer (see notes), Ins. Plan, Coverage Level, % Price Election, Proj Price, or Amt of Ins., Other Options and Endorsements, SCO Ins. Plan, ARC, Intended Acres for PP Eligibility.

*I certify I have not produced the insured crop in the county for more than two years.



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Part V: Supplemental Coverage Option Endorsement Terms and Conditions

"In addition to Section 3B(2) of the Basic Provisions, I hereby elect this Supplemental Coverage Option Endorsement, and by this election I understand:

- (1) I must have purchased a policy under the Common Crop Insurance Policy Basic Provisions and applicable Crop Provisions to elect this Endorsement and must also purchase this Endorsement with the same Approved Insurance Provider as my Common Crop Insurance Policy.
(2) I may not elect coverage under this Endorsement if I participate in the USDA Farm Service Agency's Agriculture Risk Coverage Program for the crop and no indemnity will be provided by this Endorsement but premium will still be due for any such crop.
(3) I may elect coverage under this Endorsement and Stacked Income Protection Plan for the upland cotton, however, the same acreage cannot be insured under both.
(4) If at any time my Common Crop Insurance Policy for the crop is cancelled or terminated, coverage under this endorsement is automatically cancelled or terminated.
(5) That by electing this Endorsement, it will continue from year to year unless I or you cancel or change my election by written notice on or before the cancellation date or my coverage is otherwise canceled or terminated under the terms of my policy.
(6) Separate Administrative Fees will be assessed for each crop insured under this Endorsement."

Part VI: CONDITIONS OF ACCEPTANCE: This application is accepted and insurance attaches in accordance with the policy unless: (1) The Federal Crop Insurance Corporation determines that, in accordance with the regulations, the risk is excessive; (2) any material fact is omitted, concealed, or misrepresented in this application or in the submission of the application; (3) you have failed to provide complete and accurate information required by the application; (4) the answer to any of the following questions is "yes." An answer of yes to these questions does not automatically result in rejection of the application. For example, if you answer yes to question (a) but your debt was discharged in bankruptcy, the application would not be rejected.

- Yes No (a) Are you now indebted, and the debt is delinquent, for the crop insurance coverage under the Federal Crop Insurance Act?
Yes No (b) Have you in the last five years been convicted under federal or state law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance?
Yes No (c) Have you ever had insurance coverage under the authority of the Federal Crop Insurance Act terminated for violation of the terms of the contract or regulations, or for failure to pay your delinquent debt?
Yes No (d) Are you disqualified or debarred under the Federal Crop Insurance Act, or the regulations of the Federal Crop Insurance Corporation or the United States Department of Agriculture?
Yes No (e) Have you ever entered into an agreement with the Federal Crop Insurance Corporation or with the Department of Justice that you would refrain from participating in programs under the authority of the Federal Crop Insurance Act and that agreement is still effective?
Yes No (f) Do you have like insurance on any of the above listed crops?

I understand that if coverage for any crop is currently terminated or would have subsequently terminated for indebtedness had this application been filed after the termination date, no coverage can be provided and I am ineligible for any benefits under the Federal Crop Insurance Act until the cause for termination is corrected.

We will notify you of rejection by depositing notification in the United States mail, postage paid, to the Applicant's address. Unless rejected or the sales closing date has passed at the time you signed this application, insurance shall be in effect for the crop(s) and crop years specified and shall continue for each succeeding crop year, unless otherwise specified in the policy, until canceled, terminated or voided. The insurance contract, which includes the accepted application, is defined in the regulation published at 7 CFR chapter IV. No term or condition of the contract shall be waived or changed unless such waiver or change is expressly allowed by the contract and is in writing.

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT

Part VII: REQUIRED STATEMENTS

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, AIPs 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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NONDISCRIMINATION STATEMENT

Non-Discrimination Policy - The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

To File a Program Complaint - If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Persons with Disabilities - Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). 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. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

Part VIII: POLICY TRANSFER REQUEST "To be completed only if cancelling previous policy and transferring the experience and insurance coverage from another Approved Insurance Provider."

I hereby request cancellation of my insurance policy with (Ceding Approved Insurance Provider Name) _____ for the crop(s) and crop year(s) shown below because I have applied for insurance with another Approved Insurance Provider. I understand that if this form is not executed on or before the established cancellation date for any crop listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year. "Crop(s)" to be canceled and transferred: _____

"Crop Year" of crops being canceled and transferred: _____ "Policy Number" with Ceding Approved Insurance Provider: _____

I hereby authorize and direct the Ceding Approved Insurance Provider shown above to furnish any information relative to my insurance policy to the Assuming Approved Insurance Provider listed below. I understand that if coverage for any crop(s) is now terminated or would have subsequently terminated for delinquent debt had this transfer not occurred, no coverage can be provided by the (Assuming Approved Insurance Provider) GREAT AMERICAN INSURANCE COMPANY.

Part IX: LANDLORD/TENANT AUTHORIZATION "I hereby authorize the above named insured to insure my (Landlord-Tenant) share under the above named insured's Multiple Peril Crop Insurance policy listed above.

Landlord/Tenant Printed Name

Signature

Date

Part X: CERTIFICATION STATEMENT "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; U.S.C. §1506; U.S.C. §3729, §3730 and any other applicable federal statutes).

Applicant's Printed Name

Signature

Date

Agent's Printed Name

Signature

Date

Part XI: AIP POLICY TRANSFER ACCEPTANCE (To be completed if policy is being transferred from another AIP) Assuming Approved Insurance Provider: Great American Insurance Company, Policy Issuing Company Code: 084 By submission of this form, we agree to provide crop insurance to this applicant for the crop(s) and crop year specified above unless this form is not executed on or before the established cancellation date for any of the crop(s) shown, in which case insurance will be provided for such crop(s) for the following crop year.

Printed Name and Signature of AIP Representative Authorized to Accept Applications

Date of Acceptance by Assuming AIP

Regional Office Address and Phone Number: _____