

1. Insured's Name <input type="checkbox"/> Correct	2. Identification Number Type <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	3. Crop Year	4. Policy Number
5. Authorized Rep. <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Correct	6. Identification Number <input type="checkbox"/> Correct	7. State	8. County(s)
9. Street and/or Mailing Address <input type="checkbox"/> Change <input type="checkbox"/> Correct		10. Person Type (Entity) <input type="checkbox"/> Individual <input type="checkbox"/> Married Individual / Business <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (State Filed _____) <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Joint Operator <input type="checkbox"/> LLC (State Filed _____) <input type="checkbox"/> Estate <input type="checkbox"/> Other _____	
11. City, State and Zip	12. 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. 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		
13. Phone	14. Spouse's Name	15. Spouse's Identification Number	

List all persons with a substantial beneficial interest (SBI) in you as defined in the applicable policy provisions (include landlords or tenants insured under the applicant). If insuring a landlord or tenant share on your policy, you must list the landlord or tenant and provide their identification number. SBI's are any person or entities that have a 10% or greater interest in the farming operations. If none, state NONE.

16. Add, Correct or Remove SBI	17. Name	18. Complete Address	19. Phone	20. Id Type	21. Identification Number	22. Person Type (Entity)	23. LLT
<input type="checkbox"/> Add <input type="checkbox"/> Correct <input type="checkbox"/> Remove							<input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Correct <input type="checkbox"/> Remove							<input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Correct <input type="checkbox"/> Remove							<input type="checkbox"/>

24. Change or Cancel Insurance	25. County	26. Effective Crop Year	27. Designated County / Crop	28. Crop	29. Plan	30. Type	31. Practice	32. Unit Structure	33. Options, Elections or Endorsements	34. DM	35. VIP	36. Coverage Level	37. % of Price
						Commodity Class Sub Class Intended Use	Irrigation Cropping Organic Interval						
<input type="checkbox"/> Change <input type="checkbox"/> Cancel			<input type="checkbox"/>			----- ----- ----- -----	----- ----- ----- -----			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Change <input type="checkbox"/> Cancel			<input type="checkbox"/>			----- ----- ----- -----	----- ----- ----- -----			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Change <input type="checkbox"/> Cancel			<input type="checkbox"/>			----- ----- ----- -----	----- ----- ----- -----			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Change <input type="checkbox"/> Cancel			<input type="checkbox"/>			----- ----- ----- -----	----- ----- ----- -----			<input type="checkbox"/>	<input type="checkbox"/>		

38. I hereby request cancellation of my crop insurance policy for the crop(s) and crop year shown on this cancellation. I understand that if this form is not executed on or before the cancellation date for any crop year listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year. Reason for Cancellation (Check one and explain in Remarks) Insured's Request Mutual Consent Death, Incompetence or Dissolution Other

39. Remarks

The FCIC may provide additional price elections no later than 15 days prior to the applicable Sales Closing Date (SCD). The additional price elections will not be less than those available on the Contract Change Date, must be selected on or before the applicable SCD and if elected, will be used to determine the amount of premium and any claim settlement. RCIS will default to the additional price for applicable crops unless otherwise informed by applicant / insured that the established price is to be used for the crop.



Policy Change / Cancellation Form

Insured's Name	Agency Name	Crop Year	Policy Number
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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.

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).

40. Signing Authority

Add authority for designated person(s) to sign crop insurance documents on behalf of the insured.

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.

The authority granted under this provision is applicable only to the insured person and insured commodities reported on this Application and does not extend to any other policy of the insured. The authority granted under this provision terminates upon (i) our receipt of a new Application, or (ii) upon voidance or termination of the policy for any reason, including dissolution, death or divorce.

It is your sole responsibility to notify any other persons that have authority to sign on your behalf, including persons authorized to act on your behalf under a power of attorney, that you are granting authority to other person(s) to sign crop insurance documents. You shall be liable for all damages that results from your authorizing more than one person to act on your behalf with respect to your multi-peril crop insurance policy. In accepting your application and the grant of authority contained therein RCIS does not waive or vary any federal or state law. RCIS will not be held liable if the granting of authority under Authorized Signer language is determined to be invalid under state or federal law or is superseded by any grant of authority under a valid power of attorney.

Printed Legal First Name	Printed Legal Last Name	Date
Printed Legal First Name	Printed Legal Last Name	Date

Remove authority for designated person(s) to sign crop insurance documents on behalf of the insured.

Printed Legal First Name	Printed Legal Last Name	Date
Printed Legal First Name	Printed Legal Last Name	Date

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).

41. Insured's Printed Name	42. Agent's Printed Name	43. Agent Code	44. AIP Authorized Representative's Printed Name		
45. Insured's Signature	46. Date	47. Agent's Signature	48. Date	49. AIP Authorized Rep's Signature	50. Date

