

1. Applicant's Name	2. Identification Number Type <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	3. Crop Year	4. Policy Number
5. Authorized Representative	6. Identification Number	7. State	
8. Street and/or Mailing Address	9. Person Type (Entity) <input type="checkbox"/> Individual <input type="checkbox"/> Married <input type="checkbox"/> 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_____		
10. City, State and Zip	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 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. <input type="checkbox"/> Yes <input type="checkbox"/> No Place an "X" in the Designated County/Crop column next to the county/crop you are designating as primary.		
12. Phone	13. Spouse's Name	14. Spouse's Identification Number	15A. Is the Applicant at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No 15B. Is Applicant insuring the landlord's share? <input type="checkbox"/> Yes <input type="checkbox"/> No 15C. Is Applicant insuring the tenant's share? <input type="checkbox"/> Yes <input type="checkbox"/> No

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 none, state NONE. An SBI is any person or entity that has a direct or indirect interest of at least 10% in the insured person, including any individual or entity that comprises a direct or indirect SBI. The share of the SBI must be reported if the SBI is not eligible for crop insurance. If insuring a landlord or tenant share on your policy, you must list the landlord or tenant and provide their identification number.

16. Revise SBI	17. Name	18. Complete Address	19. Phone	20. Id Type	21. ID Number	22. Person Type (Entity)	23. LLT	24. % Share
<input type="checkbox"/> Add <input type="checkbox"/> Remove							<input type="checkbox"/>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove							<input type="checkbox"/>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove							<input type="checkbox"/>	

25. App Code	26. Crop Year	27. County	28. Crop	29. Plan	30. Designated County / Crop	31. Type Practice	32. Coverage Level	33. % of Price	34. Unit Structure	35. Options, Elections or Endorsements	36. DM	37. VIP	38. Intended Acres
					<input type="checkbox"/>	-----					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	-----					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	-----					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	-----					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	-----					<input type="checkbox"/>	<input type="checkbox"/>	

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.

39. Complete if transferring to RCIS. I hereby request cancellation of my crop insurance policy with the ceding Approved Insurance Provider (AIP) and for the crops(s) and crop year shown above because I have applied for insurance with RCIS. 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. I hereby authorize and direct the ceding AIP shown below to furnish any information relative to my insurance policy to RCIS. 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 RCIS. **Previous AIP** _____ **Previous Policy Number** _____

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 any of the crop(s) shown, in which case insurance will be provided for such crop(s) for the following crop year. The policy issuing company will be provided on the Declaration of Coverage at the time of acceptance.

FOR RCIS OFFICE USE ONLY: Signature of AIP Representative Authorized to Accept Applications _____ REF00

DM - Direct Marketer
VIP - Vertically Integrated Producer

_____ **40. Applicant's Initials**

_____ **41. Agent's Initials**



Multiple Peril Crop Insurance Application / Transfer-Application Form

APPLICANT'S NAME	CROP YEAR	POLICY NUMBER
-------------------------	------------------	----------------------

42. 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 this application; (3) you have failed to provide complete and accurate information required by this application; or (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.

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">Yes</td> <td style="width: 5%;">No</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(a) Are you now indebted, and the debt is delinquent, for crop insurance coverage under the Federal Crop Insurance Act?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(b) Have you in the last 5 years been convicted under federal or state law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(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?</td> </tr> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	(a) Are you now indebted, and the debt is delinquent, for crop insurance coverage under the Federal Crop Insurance Act?	<input type="checkbox"/>	<input type="checkbox"/>	(b) Have you in the last 5 years been convicted under federal or state law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	(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?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">Yes</td> <td style="width: 5%;">No</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(d) Are you disqualified or debarred under the Federal Crop Insurance Act, the regulations of the Federal Crop Insurance Corporation, or the United States Department of Agriculture?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(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?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(f) Do you have like insurance on any of the above crops?</td> </tr> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	(d) Are you disqualified or debarred under the Federal Crop Insurance Act, the regulations of the Federal Crop Insurance Corporation, or the United States Department of Agriculture?	<input type="checkbox"/>	<input type="checkbox"/>	(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?	<input type="checkbox"/>	<input type="checkbox"/>	(f) Do you have like insurance on any of the above crops?
Yes	No																								
<input type="checkbox"/>	<input type="checkbox"/>	(a) Are you now indebted, and the debt is delinquent, for crop insurance coverage under the Federal Crop Insurance Act?																							
<input type="checkbox"/>	<input type="checkbox"/>	(b) Have you in the last 5 years been convicted under federal or state law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance?																							
<input type="checkbox"/>	<input type="checkbox"/>	(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																								
<input type="checkbox"/>	<input type="checkbox"/>	(d) Are you disqualified or debarred under the Federal Crop Insurance Act, the regulations of the Federal Crop Insurance Corporation, or the United States Department of Agriculture?																							
<input type="checkbox"/>	<input type="checkbox"/>	(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?																							
<input type="checkbox"/>	<input type="checkbox"/>	(f) Do you have like insurance on any of the above 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

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: In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

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 <https://www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form>, 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, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or email at program.intake@usda.gov.

Persons with Disabilities: Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, 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.

DM - Direct Marketer
VIP - Vertically Integrated Producer



Multiple Peril Crop Insurance Application / Transfer-Application Form

APPLICANT'S NAME	CROP YEAR	POLICY NUMBER
-------------------------	------------------	----------------------

43. 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

Print Legal First Name:	Print Legal Last Name:	Date:
-------------------------	------------------------	-------

Print Legal First Name:	Print Legal Last Name:	Date:
-------------------------	------------------------	-------

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

Print Legal First Name:	Print Legal Last Name:	Date:
-------------------------	------------------------	-------

Print Legal First Name:	Print 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).

This agency is a licensed insurance agency representing and compensated by the insurer or its managing general agent based on the amount of insurance sold.

44. Applicant's Printed Name	45. Applicant's Signature	46. Date
47. Licensed Agent's Printed Name	48. Licensed Agent's Signature	49. Date

50. Agent's Phone	51. Agency Code	52. Agent Sub-Code
--------------------------	------------------------	---------------------------

DM - Direct Marketer
 VIP - Vertically Integrated Producer

