

the Federal Crop Insurance Act until the cause for termination is corrected.

CROP INSURANCE APPLICATION/CANCELLATION - TRANSFER

APPLICANT'S NAME:					AGENCY: AGENCY CODE:								POLICY NUMBER:				
STREET AND/OR MAILING ADDRESS:					ADDRESS:								ISSUING COMPANY:				
CITY, STATE, ZIP CODE:						CITY, STATE, ZIP CODE:								INSURED STATE:			
APPLICANT'S TELEPHONE NUMBER:						PHONE: FAX:								NEW TRANSFE	REINSTATE ADD CROP TO	POLICY	
POWER OF ATTORNEY (POA must accompany application):						APPLICANT 18 YEARS OR OLDER (circle one): YES NO I AM A LIMITED RESOURCE FARMER (circle one) YES NO YES NO							ER (circle one):	PERSON TYPE (check one): I=INDIVIDUAL			
IDENTIFICATION NUMBER:					TION NUMBER OF SPOUSE: APPLICANT'S E-MAIL ADDRESS:												
Is applicant insuring the tenan						companion policy and their policy numbers:											
Is applicant insuring the tenant's share? Yes No List all person(s) with a c Is applicant insuring the landlord's share? Yes No					companion policy and their policy numbers:									☐ J=CO/JOINT OPERATORS ☐ E=TAX EXEMPT			
Articles of Organization/Articles of Incorporation (circle one) and Location of Documents:																	
List all nerson(s) with a substa	ntial honoficial i	interest in you as defin	ed in t	he annlicah	le nolicy prov	isions (inclu	de land	Hords or	tonants in	sured under th	a annlic	ant with an 'I'	Person Tyne) If none	ADDED COUNTY (check one)		
List all person(s) with a substantial beneficial interest in you as defined in the applicable policy pro state none. Required information: Name, Address, Telephone Number, Identification Number and											the applicant with all 2 reison type). It hole,			Yes No			
Name Complete Add			,, .				Phone Number			ID Number ID Type		Person Type	I request insurance coverage for my share o				
·												Category B crops (except forage production) specified below with a designated county in all					
																w with a designated cour es where the crops are ins	
																ary county/crops with S	
													(statewide or nationwide) in the Insured County				
															column.		
																res will not establish liab t must be filed.	ility. An
	Plan of			New			1	C	6	% of Price/			I	1-4	acreage repor	t mast be med.	
Name of Crop	Insurance	Insured County	S/N*	* New Producer Practice/Type/Class		Crop Year		Coverage Level	Prot. Factor	EU/EP	Options Intended Acres**		HAIL PLAN	ENDORSEMENTS	\$/ACRES		
†If your designated plan of ins	urance, level of	coverage or price is n	ot avai	lable in the	added count	y, coverage	will be	provided	l through t	he Catastrophi	ic Risk Pr	rotection Endo	rsement, if th	ne crop is insura	ble in the actuar	ial documents for an add	ed county.
CONDITIONS OF ACCEPTANCE																	
fact is omitted, concealed or n										•			•				stions is
'yes'. An answer of 'yes' to the YES NO (a) Are you now	•									to question (a)) but you	ir debt was dis	charged in b	ankruptcy, the a	pplication would	not be rejected.	
YES NO (b) Have you in t					-					arvesting, or sto	oring a c	ontrolled subs	tance?				
YES NO (c) Have you eve														ailure to pay you	r delinquent del	ot?	
YES NO (d) Are you disq															-		
YES NO (e) Have you ev		-	e Fede	ral Crop Ins	urance Corpo	ration or wi	th the [Departm	ent of Just	tice that you w	ould refr	rain from parti	cipating in pr	ograms under th	ne authority of th	ne Federal Crop Insurance	Act and
that agreeme YES NO (f) Do you have	ent is still effect like insurance o		ins?														
I understand that if coverage f				d have subse	equently term	ninated for i	ndebte	dness ha	d this app	lication been fi	led after	r the terminati	on date, no c	overage can be	provided and I a	m ineligible for any benef	its under

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.

APPLICANT MUST PROVIDE SIGNATURE ON FOLLOWING PAGE TO CERTIFY TO THE ACCURACY OF THE INFORMATION PROVIDED ABOVE AND OFFICIALLY APPLY FOR INSURANCE COVERAGE

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



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SUPPLEMENT 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 elect coverage under this Endorsement and the Farm Service Agency's Agriculture Risk Coverage Program, but the same acreage of the crop cannot be covered under both programs.
- 3. I may elect coverage under this Endorsement and Stacked Income Protection Plan for the upland cotton, but the same acreage cannot be insured under both.

If at any time	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 Adr												
Please indicate your e	lection of the SCO Endorsement in the options col	umn, by crop, on page 1 of this a	application.									
Has applicant elected	Agriculture Risk Coverage (ARC) with the FSA Office	ce? (circle one) Yes	No									
CANCELLATION/TRAN	SFER of Experience Information: To be completed	if cancelling previous policy with	another insurance provider.									
Part I: I hereby reques	t cancellation of my insurance policy(s) with	for the cro	p(s) and crop year(s) shown on this application for the following policy(s)because	have applied for insurance with another							
Approved Insurance Pr	ovider. I understand that if this form is not execute	ed on or before the established ca	ancellation date for any crop listed, the cancellation of insurance on suc	h crop(s) will not become effect	ve until the following crop year.							
I hereby authorize and	direct the ceding Approved Insurance Provider sho	own above to furnish any informa	tion relative to my insurance policy to the Assuming Approved Insurance	e Provider listed. I understand t	hat if coverage for any crop(s) is now terminated							
or would have subsequ	ently terminated for delinquent debt had this tran	sfer not occurred, no coverage ca	an be provided by the assuming Approved Insurance Provider.									
Part II: 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 da	te for any of the crop(s) shown, in which case							
insurance will be provi	ded for such crop(s) for the following crop year.											
and conditions of such	0 , , ,	also understand that granting the	rop insurance documents on my behalf. I understand that by authoriz e following person(s) the authority to sign on my behalf does not oblig and delivered to my Approved Insurance Provider. AUTHORIZED PERSON	gate that person(s) to the terms	, , ,							
	AUTHORIZED PERSON	-	AUTHORIZED PERSON	AUTI	HORIZED PERSON							
I certify that to the be	st of my knowledge and belief all of the informatio	n on this form is correct. I also u	nderstand that failure to report completely and accurately may result	n sanctions under my policy, inc	cluding 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. §150	06; 31 U.S.C. §3729, §3730 and ar	ny other applicable federal statutes).									
I certify, for the crop ye	ear indicated, that I have not directly or indirectly r	eceived, accepted, or been paid,	I certify, for the crop year indicated, that I have neither offered nor pr	omised, directly or indirectly,								
offered, promised, or g	given any benefit, including money, goods, or service	ces for which payment is usually	any benefit, including money, goods, or services for which payment is	usually made, rebate,								
made, rebate, discoun	t, abatement, credit, or reduction of premium, or a	ny other valuable consideration,	discount, credit, reduction of premium, or any other valuable conside	ration to this person either as								
	rocure insurance or in exchange for purchasing this		an inducement to procure insurance or in exchange for obtaining insu									
•	rstand that this prohibition does not include payme		procured. I understand that this prohibition does not include paymen									
performance based dis	counts, and any other payment approved by FCIC t	hat are authorized under	performance based discounts, and any other payment approved by FO									
sections 508(a)(9)(B) a	nd 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and	sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act									
	nd that a false certification or failure to completely		and 1508(d)(3)). I understand that a false certification or failure to cor									
	m may subject me, and any person with a substant		any violation may subject me, and all agencies/companies I represent									
	t not limited to, criminal and civil penalties and ad-		limited, to criminal and civil penalties and administrative sanctions in									
accordance with section	on 515(h) of the Act (7 U.S.C. §1515(h)) and all othe	r applicable federal statutes.	of the Act (7 USC §1515(h)) and all other applicable federal statutes.									
APPLICANT'S SIGNATU	RE	DATE	AGENT'S SIGNATURE	DATE	INSURANCE PROVIDER							
APPLICANT'S PRINTED	NAME		AGENT'S CODE NUMBER AND PRINTED NAME		DATE							
			its customers, employees, and applicants for employment on the bases									

Non Discrimination Statement: 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).

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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