



CROP INSURANCE DIVISION
49 EAST FOURTH STREET
CINCINNATI, OH 45202

GAIC Conflict of Interest Disclosure Form

2011 Reinsurance Year – Crop Insurance Division

(Form must be completed by the earliest acreage reporting date)

(Choose One)

Name: _____ Part-Time Adjuster, Agent or Employee: _____

If Agent, Agency Name: _____ Last Four digits of SSN: _____

Address, City, State, Zip: _____ Profit Center: _____

Check here if you completed a Conflict of Interest Disclosure form with GAIC last year and no previously disclosed information has changed from the information contained in the previous year's disclosure. Read the certification statements and **SIGN** at discloser's signature below.

Please respond to the following questions

- | | Yes | No | |
|-----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a share in a Multiple Peril Crop Insurance (MPCI) Crop/Livestock policy with Great American Insurance Company (GAIC)? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Do any of your relatives* have a MPCI Crop/Livestock policy with GAIC? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a Power of Attorney to act on behalf of a policyholder with respect to a MPCI Crop/Livestock policy with GAIC? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have an ownership interest in any business (excluding stock in public corporations or other widely held entities with less than a ten percent interest) with any policyholder whose MPCI Crop/Livestock policy is insured by GAIC? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a rental or leasing arrangement for land, buildings, or equipment with any policyholder whose MPCI Crop/Livestock policy is insured by GAIC? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Are you an owner/operator of a business or a commission based employee that provides goods or services related to farming operations (custom farming, tractor sales, etc., but excluding insurance services) for which you receive revenue as the owner/operator or a direct commission as an employee with respect to any policyholder whose MPCI Crop/Livestock policy is insured by GAIC? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Are you an owner/operator of a business or a commission based employee that provides goods or services NOT related to farming operations (custom farming, tractor sales, etc., but excluding insurance services) for which you receive revenue as the owner/operator or a direct commission as an employee with respect to any policyholder whose MPCI Crop/Livestock policy is insured by GAIC? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Are you an employee of a financial institution and part of the approval decision making process of financial arrangements for any policyholder whose MPCI Crop/Livestock policy is insured by GAIC? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have an agent compensation, barter or financial arrangement (excluding those reported under question 8 above) for any policyholder whose MPCI Crop/Livestock policy is insured by GAIC? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a relationship with any policyholder whose MPCI Crop/Livestock policy is insured by GAIC, which may result in a Conflict of Interest that has not been identified above? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a relative* who works with the Federal Crop Insurance program for GAIC or any of its affiliates? |

Relative means an individual who: (1) is immediate family ; or (2) either resides in the household of, or engages in business with respect to, a farming operation with the person in question, regardless of whether or not the individual is immediate family.*

***Immediate family means an individual's father, mother, stepfather, stepmother, brother, sister, stepbrother, stepsister, son, daughter, stepson, stepdaughter, grandparent, grandson, granddaughter, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, the spouse of the foregoing, and the individual's spouse.*

Certification Statements
I certify that I am aware of the conflict of interest rules and agree to abide by the applicable rules in the Standard Reinsurance Agreement and its Appendices, and all applicable policies and procedures.
I certify that to the best of my knowledge all information provided is true and accurate, and that any false or inaccurate information may result in administrative, civil, and criminal sanctions under 18 U.S.C. §§ 1006 and 1014, 7 U.S.C. § 1506, 31 U.S.C. §§ 3729 and 3730 and any other applicable federal statutes or regulations.

Discloser's Signature	Date

(See Reverse Side Of Form For Statement Required By Privacy Act of 1974)

