

# ADJUSTED GROSS REVENUE APPLICATION CONTINUOUS CONTRACT

COMPANY NAME:

(Unless otherwise specified in the Contract)

1. Name of Applicant	2. Street or Mailing Address	3. City and State	4. ZIP Code
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5. Applicant's Tele. No.	6. Applicant's Authorized Representative	7. Policy Number	8. State and Code - County and Code	9. Type of Entity
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10. Is Applicant at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO	11. Identification Number	12. Check Applicable <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	13. I request insurance coverage for my approved Adjusted Gross Revenue for the insurance year specified on my Annual Farm Report. <input type="checkbox"/> Yes <input type="checkbox"/> NO
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A. Subject to the provisions of the Federal Crop Insurance Act and the regulations issued under that Act, I hereby apply for Adjusted Gross Revenue insurance on my tax entity. I understand that my insurable adjusted gross revenue (as indicated in box 13 above) must be insured. I also understand that the premium rates, and applicable deadlines are on file and available for my inspection in my agent's office. I further understand that no insurance will be available for my adjusted gross revenue unless this application and required forms (Annual Farm Report and farm tax forms) are completed and filed prior to the sales closing date for the insurance year. I also further understand that, although insurance under this application is continuous from year to year, policy terms, premium rates, the insurable adjusted gross revenue may change from year to year. All changes will be available in my agent's office prior to the contract change date.

14. Insurance Year	15. Annual Farm Report and farm tax forms attached <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Coverage Level/Payment Rate	17. Name of Previous Carrier (if any)	18. Policy Number Under Previous Carrier (if any)
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B. List all persons or entities with 10 percent or more interest in the applicant's farming operations. (See reverse side for additional space)

Name	Address	Phone (Include Area Code)	S=SSN E=EIN O=OTHER (Enter Code & Number)	Entity Type

C. 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; (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	Question
		(a) Are you now indebted, and the debt is delinquent, for insurance coverage under the Federal Crop Insurance Act?
		(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?
		(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 indebtedness?
		(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?
		(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?
		(f) Do you have like insurance on any of the above crops?

I understand that if coverage 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 above address. Unless rejected or the sales closing date has passed at the time you signed this application, the insurance contract shall be in effect for the insurance year specified and shall continue for each succeeding insurance 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.

I certify that to the best of my knowledge and belief all of the information on this form is correct. I understand this form may be reviewed or audited and that information inaccurately reported or failure to retain records to support information on this form may result in a recomputation of the approved adjusted gross revenue. 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 false claims penalties (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.

19. Applicant's Signature	20. Date	21. Location of Farm Headquarters	Phone Number
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22. Agent's Signature	23. Code Number	24. Date	25. Agent's Address	Phone Number
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