



Controlled Business Practice - Agency Certification

_____ Reinsurance Year - Crop Insurance Division

To cover the _____ reinsurance year, beginning July 1, _____ and ended June 30, _____.

MUST BE SUBMITTED to the Company by April 30, _____

CROP INSURANCE DIVISION
49 EAST FOURTH STREET
CINCINNATI, OH 45202

Agency Name: _____

Name: _____

Title: _____

I hereby certify that all of the following are true and correct:

1. I am an officer or an owner of the affiliate named above and I am authorized to sign this document on behalf of the affiliate or contractor named above. The affiliate named above has been designated by Great American Insurance Company to receive all certifications required under 7 U.S.C. 1508(a)(10)(C) with regard to the service or sale of eligible crop insurance contracts through the affiliate.

I Am

2. All individuals (including subagents), who received, directly or indirectly, any compensation through the affiliate for the service or sale of any eligible crop insurance contract in the above referenced reinsurance year, have submitted certifications and all individuals certified that the total amount of compensation they received did not exceed the amount allowed under 7 U.S.C. 1508(a)(10)(B).

a. All individuals are in compliance with the requirements of 7 U.S.C. 1508(a)(10).

b. One or more individuals are not in compliance with the requirements of 7 U.S.C. 1508(a)(10).

3. If you checked the box for paragraph 2 (b) above, you must attach a list of individuals who are not in compliance with requirements of 7 U.S.C. 1508(a)(10). For each individual listed, include one of the following three explanations as to why the individual is not in compliance:

Name

Reason

Authorized Signature	Date

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

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, AIPs 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

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.