



Controlled Business Certification Form

Reinsurance Year 2010

To cover the 2010 reinsurance year, beginning July 1, 2009 and ended June 30, 2010.

I hereby certify that:

1. I have read section 508(a)(10) of the Federal Crop Insurance Act;
2. During the previous reinsurance year, I have / have not (select one) received compensation (including any commission, profit sharing, bonus, or any other direct or indirect benefit), from the sales and service of FCIC policies or plans of insurance for which I or an immediate family member (as defined in section 508(a)(10)(A))* have a substantial beneficial interest; and,
3. If the answer to Item 2 above is affirmative, the total amount of compensation (including any commission, profit sharing, bonus, or any other direct or indirect benefit) I have received during the previous reinsurance year for the sales and service of FCIC policies or plans of insurance for which I or an immediate family member (as defined in section 508(a)(10)(A))* have a substantial beneficial interest, does / does not (select one) exceed 30** percent of the total compensation I have received for the sale and service of all FCIC policies or plans of insurance.

* (A) DEFINITION OF IMMEDIATE FAMILY. – In this paragraph, the term ‘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.

** By signing below, I certify that, if any state in which I have sold a FCIC policy(s) in the above stated crop reinsurance year and if said state has a lesser limit than the 30% stated in Number 3 above, my compensation for said state did not exceed the lesser limit. (The agent must abide by any state laws that might have a lesser controlled business amount requirement.)

Agent Name (please print)

SSN (last four digits)

Agent Signature

Date

(See Reverse Side of Form for Statement Required by Privacy Act of 1974)

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT

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.

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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).

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