



CROP INSURANCE DIVISION
49 East Fourth Street, Suite 400
Cincinnati, Ohio 45202-3803

MULTIPLE PERIL CROP INSURANCE
APPLICATION/CANCELLATION AND TRANSFER FORM

Policy Number _____

Page ____ of ____

Part I: APPLICANT'S INFORMATION (Complete Part III to list all SBI information)				Part II: AGENT/AGENCY INFORMATION	
Name	Identification Number	(Type of ID No.) <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Assigned No.	Type of Entity	Name	
Authorized Representative	Telephone Number	E-mail Address		Agency Code Number	Telephone Number
Street or Mailing Address	If applicant is married, please complete:			Street or Mailing Address	
City	State	Zip Code	Spouse's Name _____	City	State
			Spouse's Identification Number _____	Zip Code	

Is the Applicant insuring the Tenant/Landlord's share? Yes No Is Applicant at least 18 years old? Yes No If Corporation, where are articles located? _____

Part III: List all persons or entities with a substantial beneficial interest in you as defined in the applicable policy provisions (include landlords or tenants insured under the applicant). If none, state NONE.

Name of person and/or entity Complete Address (St., R.R., or P.O. Box, City, State, Zip, etc.)	Telephone Number	Tax Identification Number & Type (Check One)	Entity Type
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Assigned Number	
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Assigned Number	
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Assigned Number	

Part IV: YES NO I request insurance coverage for my share of the Category B crops (except forage production) specified below with a designated county in all added counties where the crops are insurable.

Effective Crop Year	Name of State	Name of County	Des. County	Name of Crop	Type, Class Etc.	New Producer	Plan of Insurance	Coverage Level	% Price Election	Options/Endorsements
			<input type="checkbox"/>			<input type="checkbox"/>				
			<input type="checkbox"/>			<input type="checkbox"/>				
			<input type="checkbox"/>			<input type="checkbox"/>				
			<input type="checkbox"/>			<input type="checkbox"/>				
			<input type="checkbox"/>			<input type="checkbox"/>				
			<input type="checkbox"/>			<input type="checkbox"/>				
			<input type="checkbox"/>			<input type="checkbox"/>				

Part V: 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 the application; (3) you have failed to provide complete and accurate information required by the 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 (a) Are you now indebted, and the debt is delinquent, for the crop insurance coverage under the Federal Crop Insurance Act?
- Yes No (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?
- Yes No (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?
- Yes No (d) Are you disqualified or debarred under the Federal Crop Insurance Act, or the regulations of the Federal Crop Insurance Corporation or the United States Department of Agriculture?
- Yes No (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?
- Yes No (f) Do you have like insurance on any of the above listed crops?

Part VI: Cancellation/Transfer of Experience Information "To be completed only if cancelling previous policy and transferring the experience and insurance coverage from another Approved Insurance Provider."

Yes, I request cancellation of my previous policy and request transfer of experience and insurance coverage to the assuming Approved Insurance Provider shown on this application.

Name of Ceding Insurance Provider and previous policy number: _____

"I hereby request cancellation of my crop insurance policy for the crop(s) and crop year as shown on this application. I understand that if this form is not executed on or before the cancellation date for any crop year listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year. I hereby authorize and direct the ceding approved insurance provider shown to furnish any information relative to my insurance policy to Great American Insurance Group. I understand that if coverage for any crop(s) is now terminated or would have subsequently terminated for indebtedness had this transfer not occurred no coverage can be provided by the assuming Approved Insurance Provider."

Part VII: "I certify that the information and answers on this application are correct to my knowledge and belief; that none of the reasons for rejection in items 1 through 4 of the 'Conditions of Acceptance' apply; and that I am aware of and understand the requirements of the Collection of Information and Data (Privacy Act), as well as all other provisions contained on this application."

Applicant's Signature _____ Date _____ Agent's Signature _____ Date _____ Agent's Code Number _____

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.

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, audiotape, 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.