



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

MULTIPLE PERIL CROP INSURANCE POLICY CHANGE FORM

Policy Number _____

Page _____ of _____

Part I: INSURED'S INFORMATION				Part II: AGENT / AGENCY INFORMATION			
Name		Type of Entity		Name			
Authorized Representative		Identification Number		Agency Code Number		Telephone Number	
Street or Mailing Address				Street or Mailing Address			
Type of Identification Number <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Assigned Number							
City	State	Zip Code	Telephone Number	City	State	Zip Code	

Part III: SBI INFORMATION (List all persons or entities with a substantial beneficial interest in the insured/applicant 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	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	

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.

<p>Part IV: REASONS FOR CANCELLATIONS (Check one and explain in remarks)</p> <p><input type="checkbox"/> Insured's Request <input type="checkbox"/> Mutual Consent <input type="checkbox"/> Death, Incompetency, or Dissolution <input type="checkbox"/> Other</p>	<p>Part VI: REMARKS</p>
<p>Part V: OTHER CHANGES</p> <p><input type="checkbox"/> Successor-In-Interest and Effective Crop Year _____ (of the successor in-interest transaction)</p> <p><input type="checkbox"/> Add or change insured's authorized representative <input type="checkbox"/> Change insured's address</p> <p><input type="checkbox"/> Correct insured's identification number <input type="checkbox"/> Correct spelling of insured's name</p> <p><input type="checkbox"/> Correct SBI's identification number <input type="checkbox"/> Correct spelling of SBI's name</p>	

Part VII: Changes and Cancellations	Effective Crop Year	State	County	Name of Crop	Type, Class, Etc.	Plan of Insurance	Options (check box and list option)	Coverage Level	% Price Election
<input type="checkbox"/> Change Insurance <input type="checkbox"/> Cancel Insurance							<input type="checkbox"/> Add <input type="checkbox"/> Exclude <input type="checkbox"/> Cancel		
<input type="checkbox"/> Change Insurance <input type="checkbox"/> Cancel Insurance							<input type="checkbox"/> Add <input type="checkbox"/> Exclude <input type="checkbox"/> Cancel		
<input type="checkbox"/> Change Insurance <input type="checkbox"/> Cancel Insurance							<input type="checkbox"/> Add <input type="checkbox"/> Exclude <input type="checkbox"/> Cancel		
<input type="checkbox"/> Change Insurance <input type="checkbox"/> Cancel Insurance							<input type="checkbox"/> Add <input type="checkbox"/> Exclude <input type="checkbox"/> Cancel		
<input type="checkbox"/> Change Insurance <input type="checkbox"/> Cancel Insurance							<input type="checkbox"/> Add <input type="checkbox"/> Exclude <input type="checkbox"/> Cancel		

I certify that to the best of my knowledge and belief all of the information on this form is correct. 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 penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).

Part VIII:

_____ Insured's Signature	_____ Date	_____ Agent's Signature	_____ Date	_____ Agent's Code Number
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See reverse side of this form for statement required by Privacy Act of 1974, and Nondiscrimination Statement.

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

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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.