



Crop Insurance Division

**Multiple Peril Crop Insurance Assignment Of Indemnity**

Policy Number \_\_\_\_\_

**Effective Crop Year** \_\_\_\_\_

**Part I: INSURED'S INFORMATION**

Name		
Authorized Representative		
Street or Mailing Address		
City	State	Zip Code

**Part II: AGENT/AGENCY INFORMATION**

Name		
Code Number	Telephone Number	
Street or Mailing Address		
City	State	Zip Code

**Part III TERMS AND CONDITIONS**

The Insured assigns to \_\_\_\_\_ of \_\_\_\_\_ of \_\_\_\_\_  
 (Name of Creditor) (Street or Mailing Address) (City State Zip Code)

the right and interest of any indemnity payment(s) which may be payable to the insured under the insurance policy for the county/commodity(ies) shown:

<b>Crop Name</b>	<b>County Name</b>
_____	_____
_____	_____
_____	_____

**CONDITIONS**

- (1) This assignment will be binding upon the person(s) who succeed the insured's interest in the insurance policy,
- (2) Indemnity payments made under the insurance policy will be subject to a deduction for any indebtedness due this Approved Insurance Provider by the insured,
- (3) This assignment will not grant the Creditor any greater rights than originally held by the insured.
- (4) The Creditor's interest will be recognized upon Approved Insurance Provider's approval of this assignment and the Creditor will have the right to submit the loss notices and other forms as required by the insurance policy,
- (5) The Approved Insurance Provider will determine the person(s) entitled to any indemnity payment(s) and the payment(s) will be by joint check,
- (6) Cancellation of this assignment prior to and during the crop year stated above will be accepted by the Approved Insurance Provider only upon notification in writing by the above identified Creditor(s).  
It is understood and agreed that this assignment will be subject to the terms and conditions of the insurance policy."
- (7) "If the assignment is not canceled according to item (6), the assignment will cease at the end of the effective crop year.



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Part IV: REQUIRED STATEMENTS

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, 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.

Signature lines for Insured's Printed Name, Signature, Date, Creditor's Printed Name, Signature, Date, Witness' Printed Name, Signature, Date.

Part V: APPROVED INSURANCE PROVIDER AUTHORIZATION

This assignment was filed with the approved insurance provider on \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_  AM  PM. (Month & Day) (Year) (Time) (Check One)

The approved insurance provider hereby approves the foregoing assignment \_\_\_\_\_ Date \_\_\_\_\_ (Approved Insurance Providers Authorized Representative Printed Name and Signature)