

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.) (Act) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Act and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

Your policy also specifies other information that must be provided. The principle purposes of this information are to provide insurance; reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The routine uses of this information include: (1) Referral to the appropriate agency, whether Federal, State, local or foreign including the Department of Justice, charged with the responsibility of investigating or prosecuting a violation of law, or of enforcing or implementing a statute, rule regulation or order issued pursuant thereto, of any record within this system when information available indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute or by rule, regulation or order issued pursuant thereto; (2) Disclosure to a court, magistrate or administrative tribunal, or to opposing counsel in a proceeding before a court, magistrate or administrative tribunal, of any record within the system that constitutes evidence on that proceeding, or which is sought in the course of discovery, to the extent that FCIC determines that the records sought are relevant to the proceeding; (3) Disclosure to a congressional office in response to any inquiry from the congressional office made at the request of that individual; (4) Disclosure to Approved Insurance Providers (AIP) for any purpose relating to the sale, service, and administration of the Federal crop insurance program and the policies insured under the authority of the Act; (5) Disclosure to other Federal agencies and contractors, cooperators, and partners of FCIC for the purpose of conducting research, development, analyses, and evaluation into all aspects relating to new and existing crop insurance programs and other risk management tools; (6) Disclosure to contractors or other Federal agencies to conduct research and analysis to identify patterns, trends, anomalies, instances and relationships of AIP's, agents, loss adjusters and policyholders that may be indicative of fraud, waste, and abuse; (7) Disclosure to AIPs, contractors, and other applicable Federal agencies to determine whether information has been accurately provided to FCIC and the AIP's and to determine compliance with program requirements; and (8) Disclosure to AIPs, contractors, cooperators, partners of FCIC, and other Federal agencies for any purpose relating to the sale, service, administration, analysis and evaluation of the Federal crop insurance program.

Furnishing other information is also voluntary. However, failure to report the information specified in your policy may result in rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; a unilateral determination of any monetary amounts due; or any remedy provided in the policy.

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.



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

**MULTIPLE PERIL CROP INSURANCE
 POWER OF ATTORNEY**

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		Type of Identification Number <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Assigned Number		Street or Mailing Address	
City	State	Zip Code	Telephone Number	City	State Zip Code

Part III: The undersigned does hereby make, constitute and appoint _____ of _____ in the County of _____ and State of _____, the true and lawful attorney, for and in the name, place and stead of the undersigned in connection with Multiple Peril Crop Insurance Policy and / or Policy Number _____

The undersigned gives and grants unto said attorney full authority and power to do and perform actions as initialed below fully ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof:

- | | |
|---|--|
| _____ 1. Making application for insurance | _____ 5. Making policy change |
| _____ 2. Making crop acreage reports | _____ 6. Making transfers and cancellations |
| _____ 3. Giving notice of damage or | _____ 7. Providing program required production reports |
| _____ 4. Making claim for indemnity | _____ 8. Taking all actions related to the insurance coverage provided under the above identified policy and/or policy number. |

This Power of Attorney shall be filed at the office where the official insurance file folder is maintained and shall remain in full force and effect until written notice of its revocation has been received by the office maintaining the official insurance file folder (such revocation shall be placed in the official insurance file folder).

Part IV:

This Power of Attorney is signed and dated at (City) _____, (State) _____ this _____ day of (Month) _____, (Year) _____.

Print Insured's Name _____

Insured's Signature _____

Print Witness Name _____

Witness Signature _____

I hereby accept the foregoing appointment: _____
 (Print Appointee Name)

Appointee's Signature: _____

Part V: **ACKNOWLEDGMENT (For use by Notary Public)**

State of _____ County of _____

Subscribed to and sworn or affirmed before me this _____ day of (Month) _____, (Year) _____.

My Commission Expires: _____.

 Signature of Notary Public

NOTARY SEAL:

Copy To: Agent

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Name _____	Type of Entity _____	Name _____	
Authorized Representative _____	Identification Number _____	Agency Code Number _____	Telephone Number _____
Street or Mailing Address _____	Type of Identification Number <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Assigned Number	Street or Mailing Address _____	
City _____ State _____ Zip Code _____	Telephone Number _____	City _____ State _____ Zip Code _____	

Part III: The undersigned does hereby make, constitute and appoint _____ of _____ in the County of _____ and State of _____, the true and lawful attorney, for and in the name, place and stead of the undersigned in connection

with Multiple Peril Crop Insurance Policy and / or Policy Number _____

The undersigned gives and grants unto said attorney full authority and power to do and perform actions as initialed below fully ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof:

- | | |
|---|--|
| _____ 1. Making application for insurance
_____ 2. Making crop acreage reports
_____ 3. Giving notice of damage or
_____ 4. Making claim for indemnity | _____ 5. Making policy change
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Part IV:

Part V: ACKNOWLEDGMENT (For use by Notary Public)

This Power of Attorney is signed and dated at (City) _____, (State) _____ this _____ day of (Month) _____, (Year) _____.

State of _____ County of _____

Print Insured's Name _____

Subscribed to and sworn or affirmed before me this _____ day of (Month) _____, (Year) _____.

Insured's Signature _____

My Commission Expires: _____.

Print Witness Name _____

 Signature of Notary Public

Witness Signature _____

NOTARY SEAL:

I hereby accept the foregoing appointment: _____
 (Print Appointee Name)

Appointee's Signature: _____

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