



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
_____ 2. Making crop acreage reports
_____ 3. Giving notice of damage or
_____ 4. Making claim for indemnity | _____ 5. Making policy changes
_____ 6. Making transfers and cancellations
_____ 7. Providing program required production reports
_____ 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) _____,
 _____ 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 _____ (State)

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

My Commission Expires: _____.

 Signature of Notary Public

NOTARY SEAL:

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.