

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

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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 AIPs 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.

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NONDISCRIMINATION STATEMENT

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

**MULTIPLE PERIL CROP INSURANCE
 CONTINUOUS HIGH-RISK LAND EXCLUSION OPTION
 (This option will be in effect until canceled.)**

Policy Number _____

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 (Check One) <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: FIRST EFFECTIVE CROP YEAR (_____)

The High Risk Land Exclusion applies to the following county(ies) and crop(s):

County(ies)	Crop(s)
_____	_____
_____	_____

YES NO I REQUEST THE HIGH-RISK LAND EXCLUSION OPTION TO APPLY FOR MY SHARE OF ALL CROPS IN ALL COUNTIES INSURED UNDER THIS POLICY NUMBER.

Part IV: TERMS AND CONDITIONS: Upon our approval of this option, we agree to amend your multiple peril crop insurance policy to exclude from crop insurance coverage all high-risk land for the identified crop(s) and county(ies) in which you have a share, subject to the following terms and conditions:

- A. The option must be submitted to us on or before the final date for accepting applications for the initial crop year in which you wish to exclude high-risk land.
- B. By signing this option, you are declining crop insurance coverage under the general crop insurance policy and the crop endorsement on your high-risk land.
- C. As used in this option, high-risk land is any land to which a high risk classification applies as contained in the actuarial document(s).
- D. This option may be canceled by either you or us for any succeeding crop year by giving written notice on or before the cancellation date provided by the policy, preceding such crop year.
- E. You must report, on the acreage report for each crop year, the acreage of the crop planted on high-risk land.
- F. In the event of a loss on any insured unit, you must provide separate production records showing planted acreage and harvested production for any acreage which is excluded from crop insurance coverage under this option.
- G. All other provisions of the policy not in conflict with this option are applicable.

Part V:

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

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).

See reverse side of this form for statement required by Privacy Act of 1974, and Nondiscrimination Statement.

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