



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).

## **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.