



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

**MULTIPLE PERIL CROP INSURANCE
 TRANSFER OF COVERAGE AND RIGHT TO AN INDEMNITY
 EFFECTIVE FOR THE CROP YEAR**

Policy Number _____

Part I: INSURED'S/TRANSFEROR'S INFORMATION

Name	Street or Mailing Address	City	State	Zip Code
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Part II: AGENCY INFORMATION

Name	Agency Code Number
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Part III: TRANSFEREE'S INFORMATION

Name	Identification Number	Type: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Assn. #	Street or Mailing Address	City	State	Zip Code
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Part IV: TRANSFERRED CROP INFORMATION

Unit Number	State	County	Name of Crop	Section, Township, Range and Other Land Identifier	FSA Farm Serial Number	Insured Acres	Insured Share	Total Premium For Unit	Acreage Transferred	Share Transferred	Premium on Acreage Transferred

Effective Date of Transfer _____ Nature of Transfer _____ Premium paid with Transfer _____

Is all of the insured acreage and all of the insured share on unit(s) being transferred? Yes No (If no, complete section V)

Part V: RETAINED CROP INFORMATION

Unit Number	State	County	Name of Crop	Section, Township (N/S), and Range (E/W)	FSA Farm Serial Number	Insured Acres	Insured Share	Total Premium for Unit	Acreage Retained	Share Retained	Premium on Retained Acreage

Part VI: INDEMNITY PAYMENTS (Check One)

- a. Make check payable jointly to insured and transferee(s). Check will be mailed to the insured's address (unless an assignment of indemnity is on file); or
- b. Make check payable to transferee(s) only. Check will be mailed to transferee(s) address above.

Part VII: TERMS AND CONDITIONS: (A) Acceptance by the Approved Insurance Provider of the above-described transfer shall transfer the insured's right to an indemnity to above named transferee subject to: (1) Receipt by the Approved Insurance Provider of satisfactory evidence that said transfer occurred before the end of the insurance period; i.e., (a) the date harvest was completed on the unit, (b) the calendar date for the end of the insurance period, or (c) the date the entire crop on the unit was destroyed, as determined by the Approved Insurance Provider. (2) The terms of the above-identified insurance contract, including any outstanding assignment made by the transferor prior to the date of transfer. (3) All other terms and provisions set forth herein. (B) The insurance provider shall not be liable for any more indemnity than existed before the transfer occurred. (C) The insurance policy of the transferor covers the share hereby transferred only to the end of the insurance period for the current crop year. (D) The transferee and the transferor shall be jointly and severally liable for any unpaid premium earned for the current crop year on the acreage and share transferred. The premium for the unit(s) has been paid? Yes No

Insured's/Transferor's Signature	Date	Agent's Signature	Date	Agent's Code Number
Transferee's Signature	Date			

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

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 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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Effective Date of Transfer _____ Nature of Transfer _____ Premium paid with Transfer _____

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Unit Number	State	County	Name of Crop	Section, Township (N/S), and Range (E/W)	FSA Farm Serial Number	Insured Acres	Insured Share	Total Premium for Unit	Acreage Retained	Share Retained	Premium on Retained Acreage

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Insured's/Transferor's Signature	Date	Agent's Signature	Date	Agent's Code Number
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