



**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 \_\_\_\_\_

**Part II: AGENCY INFORMATION**

Name \_\_\_\_\_ Agency Code Number \_\_\_\_\_

**Part III: TRANSFEREE'S INFORMATION**

Name \_\_\_\_\_ Identification Number Type:  SSN  EIN  Assn. # \_\_\_\_\_ Street or Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**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 the 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) 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.