



Crop Insurance Division

**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 \_\_\_\_\_ Person Type \_\_\_\_\_ Identification Number \_\_\_\_\_ ID No. Type  SSN  EIN  RAN

Street or Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Part IV: CROP INFORMATION**

Unit Number	State	County	Name of Crop	Section, Township, Range and Other Land Identifier	FSA Farm Number	Acreage Transferred	Share Transferred	Total Premium For Unit	Premium on Acreage Transferred	Premium on Retained Acreage	Premium Paid with Transfer

Effective Date of Transfer \_\_\_\_\_ Nature of Transfer \_\_\_\_\_ Premium paid with Transfer \_\_\_\_\_

Is the entire insured acreage and the entire insured share on this unit being transferred?  Yes  No

**Part V: CHECK ONE OF THE BOXES**

- 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 VI: 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



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Part VII: REQUIRED STATEMENTS

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT
Agents, Loss Adjusters and Policyholders

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.

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.

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.

Part VIII: CERTIFICATION STATEMENT

"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; U.S.C. §1506; U.S.C. §3729, §3730 and any other applicable federal statutes).

I, \_\_\_\_\_, the Transferee, understand that all billing statements and due process letters will only be issued to

\_\_\_\_\_, the Transferor. Any unpaid premium and/or administrative fees on the termination date of the policy will make both the transferee and the transferor ineligible for the crop insurance program.

Insured's/Transferor's Printed Name and Signature

Date

Agent's Printed Name and Signature

Date

Code Number

Transferee's Printed Name and Signature

Date