



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

REQUEST FOR ACTUARIAL CHANGE

CROP YEAR [ ]

INSURANCE PLAN \_\_\_\_\_
COVERAGE LEVEL \_\_\_\_\_
REQUEST TYPE CODE \_\_\_\_\_

All applicable information below must be completed, along with attaching any required documentation, before submitting to RMA/RO.
Where two or more entities insure the same land, a request must be completed for each contract. (Please type or print legibly.)

Producer Name (as shown on application) Company Name Company Code Agency or Service Office Name Agent Code
Address (as shown on application) Address Address
City State Zip County City State Zip City State Zip
Contract Number Social Security/Tax I.D. No. E-mail Address Phone E-mail Address Phone

Producer is: [ ] Landlord [ ] Operator [ ] Owner/Operator

Provide the following information for the land on which the actuarial change is requested:

Table with columns: DESCRIPTION OF FARM, Name of Crop(s), Whole Acres, Practice, Type, Class Variety, Current Area No., Insured Share, Name of Other Person(s) Sharing in Crop (Print). Includes sub-headers for Section, TWP, Range, FSA Farm/Tract, etc.

Actuarial change, which is requested (Be specific - identify classification area and provide reasons which support this actuarial change for qualifying insurance plan). If additional space is needed, attach a separate page to this form.

Land identified above:
a) Has been in crop production for \_\_\_\_ years
b) Has been operated \_\_\_\_ years by the present operator
c) Comprises an entire unit? [ ] Yes [ ] No

Any other pertinent information? (Thoroughly describe any land improvements such as drainage, levee elevation, pump capacities, etc. Attach a separate page, if necessary.)

If no, what other land is included in the unit (section, township, range, FSN(s)/Tracts) and/or farm location) \_\_\_\_\_

Note: Initial written agreements requested to establish insurability after the Sales Closing Date require an inspection, and the insured must sign no later than the earlier of the first appraisal date or the termination date, if the crop has been planted.

d) Has the crop been planted? [ ] Yes [ ] No
e) Is a High Risk Land Exclusion Option in affect? [ ] Yes [ ] No

INITIAL REQUESTS
SEE THE CROP INSURANCE HANDBOOK FOR THE DEADLINES, MINIMUM SUPPORTING DOCUMENTATION AND DETAILED INFORMATION.
I have read and understand the following:
(a) I will have the option to accept or reject any written agreement approved by FCIC based on this request for actuarial change. I cannot pick and choose which terms of the written agreement to accept or reject.
(b) I agree that I must accept the written agreement by the expiration date or the written agreement will be rejected.
(c) I agree that if I submit multiple Request for Actuarial Change forms, regardless of when the forms are submitted, for the same condition or for the same crop (e.g., to insure corn on ten legal descriptions where there are no actuarial documents in the county or the request is to change the premium rates from the high risk rates) they may be treated as one request by FCIC and I will have the option of accepting or rejecting the written agreement in its entirety. I cannot reject some terms and conditions of the written agreement and accept others.
(d) If a crop inspection is required, I agree my written agreement will be rejected by FCIC if: (1) an appraisal of the planted acreage by the insurance provider determined the crop's potential is less than 90 percent of the yield used to determine the production guarantee or the amount of insurance, as determined on the same day the written agreement is presented to me; (2) I fail to sign and accept the written agreement on the date of the appraisal; or (3) the insurance provider has failed to comply with all applicable appraisal procedures.
(e) If this request is denied or is not accepted by FCIC or the insurance provider, the written agreement is not approved by FCIC, I reject the written agreement under subparagraph (a), I do not accept the written agreement by the expiration date specified in the written agreement, or the written agreement is not timely returned to the Risk Management Agency and I am unable to establish that I complied with all deadlines, I agree that:
(1) If insurance is available in the county for the crop, I must accept the rate and coverage from the policy and actuarial documents, or
(2) If this request is to initially establish a rate and coverage not otherwise available in the county, no insurance will be provided.
(f) I agree that regardless of the determinations described in subparagraph (e), I cannot cancel my policy after the cancellation date.
(g) I agree that a written agreement is not effective until signed by FCIC.
(h) I agree that I am bound by the preceding statements in any reconsideration, mediation, or appeal related to this request for a written agreement.

MINIMUM SUPPORTING DOCUMENTATION CHECKLIST
Note: A Request is not considered timely received unless legible minimum documentation is included. Requests that are missing minimum documentation will be returned to the company.
REISSUANCES (Always Sales Closing Date Deadline)
[ ] Completed, signed and dated Request for Actuarial Change (Required for all types). Separate forms and supporting documentation must be submitted by county.
[ ] The current year's completed APH form or the current year's applicable production reports signed and dated by the producer (Required for Request Types XC, TD, SC, TC, RE, SM, UA, TP, NB, HR, & UC) (if applicable).
[ ] Copy of the previous agreement (Required for all types).
[ ] Applicable inspection report and if required, a Producer's Pre-Acceptance Worksheet as provided in the CIH (applicable to perennial crops).
INITIAL REQUESTS: SEE THE WRITTEN AGREEMENT HANDBOOK FOR THE DEADLINES, MINIMUM SUPPORTING DOCUMENTATION AND DETAILED INFORMATION.

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).
I have reviewed the above information and to the best of my knowledge and belief it represents accurate information.
Signature of Agent Date
I recommend that the requested actuarial change be approved.
Signature of Company Representative Date
Signature of Producer Date Print Agent Name Print Company Representative Name

## 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 AIP's 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.

Furnishing other information is also voluntary. However, failure to report the information specified in your policy may result in rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; a unilateral determination of any monetary amounts due; or any remedy provided in the policy.

## 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 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, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.



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

REQUEST FOR ACTUARIAL CHANGE

CROP YEAR [ ]

INSURANCE PLAN \_\_\_\_\_
COVERAGE LEVEL \_\_\_\_\_
REQUEST TYPE CODE \_\_\_\_\_

All applicable information below must be completed, along with attaching any required documentation, before submitting to RMA/RO.
Where two or more entities insure the same land, a request must be completed for each contract. (Please type or print legibly.)

Producer Name (as shown on application) Company Name Company Code Agency or Service Office Name Agent Code
Address (as shown on application) Address Address
City State Zip County City State Zip City State Zip
Contract Number Social Security/Tax I.D. No. E-mail Address Phone E-mail Address Phone

Producer is: [ ] Landlord [ ] Operator [ ] Owner/Operator

Provide the following information for the land on which the actuarial change is requested:

Table with 10 columns: Section (To the nearest 1/4 Section), TWP, Range, FSA Farm/Tract CLU/Field No.'s, Name of Crop(s), Whole Acres, Practice, Type, Class Variety, Current Area No., Insured Share, Name of Other Person(s) Sharing in Crop (Print). Includes County and State fields.

Actuarial change, which is requested (Be specific - identify classification area and provide reasons which support this actuarial change for qualifying insurance plan). If additional space is needed, attach a separate page to this form.

Land identified above:
a) Has been in crop production for \_\_\_\_ years
b) Has been operated \_\_\_\_ years by the present operator
c) Comprises an entire unit? [ ] Yes [ ] No

If no, what other land is included in the unit (section, township, range, FSN(s)/Tracts) and/or farm location) \_\_\_\_\_

d) Has the crop been planted? [ ] Yes [ ] No
e) Is a High Risk Land Exclusion Option in affect? [ ] Yes [ ] No

Any other pertinent information? (Thoroughly describe any land improvements such as drainage, levee elevation, pump capacities, etc. Attach a separate page, if necessary.)

Note: Initial written agreements requested to establish insurability after the Sales Closing Date require an inspection, and the insured must sign no later than the earlier of the first appraisal date or the termination date, if the crop has been planted.

INITIAL REQUESTS
SEE THE CROP INSURANCE HANDBOOK FOR THE DEADLINES, MINIMUM SUPPORTING DOCUMENTATION AND DETAILED INFORMATION.

- I have read and understand the following:
(a) I will have the option to accept or reject any written agreement approved by FCIC based on this request for actuarial change. I cannot pick and choose which terms of the written agreement to accept or reject.
(b) I agree that I must accept the written agreement by the expiration date or the written agreement will be rejected.
(c) I agree that if I submit multiple Request for Actuarial Change forms, regardless of when the forms are submitted, for the same condition or for the same crop (e.g., to insure corn on ten legal descriptions where there are no actuarial documents in the county or the request is to change the premium rates from the high risk rates) they may be treated as one request by FCIC and I will have the option of accepting or rejecting the written agreement in its entirety. I cannot reject some terms and conditions of the written agreement and accept others.
(d) If a crop inspection is required, I agree my written agreement will be rejected by FCIC if: (1) an appraisal of the planted acreage by the insurance provider determined the crop's potential is less than 90 percent of the yield used to determine the production guarantee or the amount of insurance, as determined on the same day the written agreement is presented to me; (2) I fail to sign and accept the written agreement on the date of the appraisal; or (3) the insurance provider has failed to comply with all applicable appraisal procedures.
(e) If this request is denied or is not accepted by FCIC or the insurance provider, the written agreement is not approved by FCIC, I reject the written agreement under subparagraph (a), I do not accept the written agreement by the expiration date specified in the written agreement, or the written agreement is not timely returned to the Risk Management Agency and I am unable to establish that I complied with all deadlines, I agree that:
(1) If insurance is available in the county for the crop, I must accept the rate and coverage from the policy and actuarial documents, or
(2) If this request is to initially establish a rate and coverage not otherwise available in the county, no insurance will be provided.
(f) I agree that regardless of the determinations described in subparagraph (e), I cannot cancel my policy after the cancellation date.
(g) I agree that a written agreement is not effective until signed by FCIC.
(h) I agree that I am bound by the preceding statements in any reconsideration, mediation, or appeal related to this request for a written agreement.

MINIMUM SUPPORTING DOCUMENTATION CHECKLIST
Note: A Request is not considered timely received unless legible minimum documentation is included. Requests that are missing minimum documentation will be returned to the company.
REISSUANCES (Always Sales Closing Date Deadline)
[ ] Completed, signed and dated Request for Actuarial Change (Required for all types). Separate forms and supporting documentation must be submitted by county.
[ ] The current year's completed APH form or the current year's applicable production reports signed and dated by the producer (Required for Request Types XC, TD, SC, TC, RE, SM, UA, TP, NB, HR, & UC) (if applicable).
[ ] Copy of the previous agreement (Required for all types).
[ ] Applicable inspection report and if required, a Producer's Pre-Acceptance Worksheet as provided in the CIH (applicable to perennial crops).
INITIAL REQUESTS: SEE THE WRITTEN AGREEMENT HANDBOOK FOR THE DEADLINES, MINIMUM SUPPORTING DOCUMENTATION AND DETAILED INFORMATION.

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).
I have reviewed the above information and to the best of my knowledge and belief it represents accurate information.
Signature of Agent Date
I recommend that the requested actuarial change be approved.
Signature of Company Representative Date
Signature of Producer Date Print Agent Name Print Company Representative Name

## 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 AIP's 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.

Furnishing other information is also voluntary. However, failure to report the information specified in your policy may result in rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; a unilateral determination of any onetary amounts due; or any remedy provided in the policy.

## 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 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, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.



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

REQUEST FOR ACTUARIAL CHANGE

CROP YEAR [ ]

INSURANCE PLAN \_\_\_\_\_
COVERAGE LEVEL \_\_\_\_\_
REQUEST TYPE CODE \_\_\_\_\_

All applicable information below must be completed, along with attaching any required documentation, before submitting to RMA/RO.
Where two or more entities insure the same land, a request must be completed for each contract. (Please type or print legibly.)

Producer Name (as shown on application) Company Name Company Code Agency or Service Office Name Agent Code
Address (as shown on application) Address Address
City State Zip County City State Zip City State Zip
Contract Number Social Security/Tax I.D. No. E-mail Address Phone E-mail Address Phone

Producer is: [ ] Landlord [ ] Operator [ ] Owner/Operator

Provide the following information for the land on which the actuarial change is requested:

Table with 10 columns: Section (To the nearest 1/4 Section), TWP, Range, FSA Farm/Tract CLU/Field No.'s, Name of Crop(s), Whole Acres, Practice, Type, Class Variety, Current Area No., Insured Share, Name of Other Person(s) Sharing in Crop (Print). Includes County and State fields.

Actuarial change, which is requested (Be specific - identify classification area and provide reasons which support this actuarial change for qualifying insurance plan). If additional space is needed, attach a separate page to this form.

Land identified above:
a) Has been in crop production for \_\_\_\_ years
b) Has been operated \_\_\_\_ years by the present operator
c) Comprises an entire unit? [ ] Yes [ ] No

If no, what other land is included in the unit (section, township, range, FSN(s)/Tracts) and/or farm location) \_\_\_\_\_

d) Has the crop been planted? [ ] Yes [ ] No
e) Is a High Risk Land Exclusion Option in affect? [ ] Yes [ ] No

Any other pertinent information? (Thoroughly describe any land improvements such as drainage, levee elevation, pump capacities, etc. Attach a separate page, if necessary.)

Note: Initial written agreements requested to establish insurability after the Sales Closing Date require an inspection, and the insured must sign no later than the earlier of the first appraisal date or the termination date, if the crop has been planted.

INITIAL REQUESTS
SEE THE CROP INSURANCE HANDBOOK FOR THE DEADLINES, MINIMUM SUPPORTING DOCUMENTATION AND DETAILED INFORMATION.

- I have read and understand the following:
(a) I will have the option to accept or reject any written agreement approved by FCIC based on this request for actuarial change. I cannot pick and choose which terms of the written agreement to accept or reject.
(b) I agree that I must accept the written agreement by the expiration date or the written agreement will be rejected.
(c) I agree that if I submit multiple Request for Actuarial Change forms, regardless of when the forms are submitted, for the same condition or for the same crop (e.g., to insure corn on ten legal descriptions where there are no actuarial documents in the county or the request is to change the premium rates from the high risk rates) they may be treated as one request by FCIC and I will have the option of accepting or rejecting the written agreement in its entirety. I cannot reject some terms and conditions of the written agreement and accept others.
(d) If a crop inspection is required, I agree my written agreement will be rejected by FCIC if: (1) an appraisal of the planted acreage by the insurance provider determined the crop's potential is less than 90 percent of the yield used to determine the production guarantee or the amount of insurance, as determined on the same day the written agreement is presented to me; (2) I fail to sign and accept the written agreement on the date of the appraisal; or (3) the insurance provider has failed to comply with all applicable appraisal procedures.
(e) If this request is denied or is not accepted by FCIC or the insurance provider, the written agreement is not approved by FCIC, I reject the written agreement under subparagraph (a), I do not accept the written agreement by the expiration date specified in the written agreement, or the written agreement is not timely returned to the Risk Management Agency and I am unable to establish that I complied with all deadlines, I agree that:
(1) If insurance is available in the county for the crop, I must accept the rate and coverage from the policy and actuarial documents, or
(2) If this request is to initially establish a rate and coverage not otherwise available in the county, no insurance will be provided.
(f) I agree that regardless of the determinations described in subparagraph (e), I cannot cancel my policy after the cancellation date.
(g) I agree that a written agreement is not effective until signed by FCIC.
(h) I agree that I am bound by the preceding statements in any reconsideration, mediation, or appeal related to this request for a written agreement.

MINIMUM SUPPORTING DOCUMENTATION CHECKLIST

Note: A Request is not considered timely received unless legible minimum documentation is included. Requests that are missing minimum documentation will be returned to the company.

REISSUANCES (Always Sales Closing Date Deadline)

- [ ] Completed, signed and dated Request for Actuarial Change (Required for all types). Separate forms and supporting documentation must be submitted by county.
[ ] The current year's completed APH form or the current year's applicable production reports signed and dated by the producer (Required for Request Types XC, TD, SC, TC, RE, SM, UA, TP, NB, HR, & UC) (if applicable).
[ ] Copy of the previous agreement (Required for all types).
[ ] Applicable inspection report and if required, a Producer's Pre-Acceptance Worksheet as provided in the CIH (applicable to perennial crops).

INITIAL REQUESTS: SEE THE WRITTEN AGREEMENT HANDBOOK FOR THE DEADLINES, MINIMUM SUPPORTING DOCUMENTATION AND DETAILED INFORMATION.

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).
I have reviewed the above information and to the best of my knowledge and belief it represents accurate information.
I recommend that the requested actuarial change be approved.
Signature of Agent Date Signature of Company Representative Date
Signature of Producer Date Print Agent Name Print Company Representative Name

## 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 AIP's 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.

Furnishing other information is also voluntary. However, failure to report the information specified in your policy may result in rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; a unilateral determination of any onetary amounts due; or any remedy provided in the policy.

## 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 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, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.