



**Substantial Beneficial Interest
REPORTING FORM
AND SUCCEEDING CROP YEARS**

NAME OF APPLICANT/INSURED:		POLICY NUMBER:	
<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER (Check One)		ADDRESS OF AGENT:	
SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER:			
AGENT NAME:	AGENT CODE NUMBER:	COMPANY NAME:	

List persons and/or entities with 10 percent or more interest in the insurance entity identified above as the Applicant/Insured.

NAME (Print or Type)	COMPLETE ADDRESS (St., R.R., P.O. Box, Zip, etc.)	SSN/EIN (Check One & Enter No.)	TELEPHONE NUMBER	ENTITY TYPE	SHARE
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	()		
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	()		
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	()		
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	()		
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		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	()		
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	()		

SIGNATURE OF APPLICANT/INSURED:	DATE:
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The information I have furnished on this form is complete and accurate. I understand that any false or inaccurate information may result in the sanctions outlined in my policy and administrative, civil, and criminal sanctions under 18 U.S.C. " 1006 and 1014, 7 U.S.C. ' 1506, 31 U.S.C. " 3729 and 3730 and other federal statutes.

CERTIFICATION STATEMENT

I certify that the information and answers on this application are correct to my knowledge and belief; that none of the reasons for rejection in items 1 through 4 of the 'Conditions of Acceptance' apply; and that I am aware of and understand the requirements of the Collection of Information and Data (Privacy Act), as well as all other provisions contained on this application.

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.