



Multiple Peril Crop Insurance
Pasture Rangeland Forage/Apiculture
Rainfall Index/Vegetative Index

Application/Cancellation/Transfer and Acreage Form

Policy Number _____

Page _____ of _____

Part I: Applicant's Information (Complete Part III to list all SBI Information) Part II: Agent/Agency Information

Form with fields for Name, Identification Number, Type of ID No., Type Of Entity, Authorized Representative, Telephone Number, E-mail Address, Code Number, Telephone Number, Street or Mailing Address, Spouse's Name, Spouse's Identification Number, City, State, Zip Code.

Is the Applicant insuring the Tenant/Landlord's share? [] Yes [] No Is Applicant at least 18 years old? [] Yes [] No If Corporation, where are articles located?

Part III: List all persons or entities with a substantial beneficial interest in you as defined in the applicable policy provisions (include landlords or tenants insured under the applicant). In none, state NONE.

Table with columns: Name of person and/or entity, Complete Address (St., R.R., or P.O. Box, City, State, Zip, etc.), Telephone Number, Tax Identification Number & Type (Check one), Entity Type, Insurance Plan, Crop Year, Name of State, Name of County, Crop Type, Class, Etc., Coverage Level, Grid ID, Insurable Acreage/Colonies, Insured Acreage/Colonies, Share Percentage, Index Interval, Unit Number, Productivity Factor, \$ Amount Prot/Ac.

Part IV: Conditions of Acceptance: This application is accepted and insurance attaches in accordance with the policy unless: (1) The Federal Crop Insurance Corporation determines that livestock insurance capacity limitations in accordance with the Federal Crop Insurance Act have been reached and this policy will exceed the limitations; (2) any material fact is omitted, concealed or misrepresented in this application and endorsement or in the submission of this application; (3) you have failed to provide complete and accurate information required by this application; or (4) the answer to any of the following questions is "yes." An answer of "yes" to these questions does not automatically result in rejection of the application.

- (a) Are you now indebted, and the debt is delinquent, for the crop insurance coverage under the Federal Crop Insurance Act?
(b) Have you in the last five years been convicted under federal or state law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance?
(c) Have you ever had insurance coverage under the authority of the Federal Crop Insurance Act terminated for violation of the terms of the contract or regulations, or for failure to pay your indebtedness?
(d) Are you disqualified or debarred under the Federal Crop Insurance Act, or the regulations of the Federal Crop Insurance Corporation or the United States Department of Agriculture?
(e) Have you ever entered into an agreement with the Federal Crop Insurance Corporation or with the Department of Justice that you would refrain from participating in programs under the authority of the Federal Crop Insurance Act and that agreement is still effective?
(f) Do you have like insurance on any of the above listed crops?

I understand that if coverage for any crop is currently terminated or would have subsequently terminated for indebtedness had this application been filed after the termination date, no coverage can be provided and I am ineligible for any benefits under the Federal Crop Insurance Act until the cause for termination is corrected.

We will notify you of rejection by depositing notification in the United States mail, postage paid, to the applicant's address. Unless rejected or the sales closing date has passed at the time you signed this application, insurance shall be in effect for the crop(s) and crop years specified and shall continue for each succeeding crop year, unless otherwise specified in the policy, until canceled, terminated or voided.

Part V: Cancellation/Transfer of Experience Information "To be completed only if cancelling previous policy and transferring the experience from another Approved Insurance Provider."
[] Yes, I request cancellation of my previous policy and request transfer of experience and insurance coverage to the assuming Approved Insurance Provider shown on this application.

Name of Ceding Insurance Provider and previous policy number:
"I hereby request cancellation of my crop insurance policy for the crop(s) and crop year as shown on this application. I understand that if this form is not executed on or before the cancellation date for any crop year listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year. I hereby authorize and direct the ceding insurance provider shown to furnish any information relative to my insurance policy to Great American Insurance Group. I understand that if coverage for any crop(s) is now terminated or would have subsequently terminated for indebtedness had this transfer not occurred no coverage can be provided by the assuming Approved Insurance Provider."
See reverse side of form for statement required by Privacy Act of 1974; Nondiscrimination Statement; and Certification Statement.

Part VI: Certification Statements
The point of reference used for each grid ID is identifying my insured acres covered under the RI/VI Basic Provisions and the applicable Crop Provisions; and that the acreage assigned to each grid ID is accurate to the best of my knowledge. The point of reference used for each grid ID is identifying the locations of my insured colonies covered under these Crop Provisions; that colonies assigned to each grid ID is accurate to the best of my knowledge; that the colonies qualify as apicultures; and the selected practices support the vegetation production necessary for the insured crop.
"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."

Applicant's Signature _____ Date _____ Agent's Signature _____ Date _____ Code _____

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.