



Crop Insurance Division

Multiple Peril Crop Insurance Pasture Rangeland Forage/Apiculture Rainfall Index/Vegetative Index Application/Transfer and Acreage Form

Policy Number _____

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Part I: Applicant's Information (Complete Part III to list all SBI Information)

Name	Identification Number	Type of ID No. <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	Person Type
Authorized Representative	Telephone Number	E-mail Address	
Street or Mailing Address		If applicant is married, please complete:	
City	State	Zip Code	Spouse's Name _____ Spouse's Identification Number _____

Part II: Agent/Agency Information

Name	
Code Number	Telephone Number
Street or Mailing Address	
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, indicate State where articles are filed.

Part III: "SUBSTANTIAL BENEFICIAL INTEREST INFORMATION" List all person(s) with a substantial beneficial interest in you as defined in the applicable policy provisions (include landlords or tenants applicant under the applicant). If none, state NONE. (Attach SBI Reporting Form if additional space is needed and check box SBI Reporting Form is attached)

Name	Address	Telephone Number	ID Number	ID No Type (Check one)	Person Type
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	

Part IV: CROP INFORMATION:

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	Protection Factor	\$ Amount Prot/Ac

Part V: Conditions of Acceptance: This application is accepted and insurance attaches in accordance with the policy unless: (1) The Federal Crop Insurance Corporation determines that, in accordance with the regulations, the risk is excessive; (2) any material fact is omitted, concealed, or misrepresented in this application or in the submission of the application; (3) you have failed to provide complete and accurate information required by the application; (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.

- For example, if you answer yes to question (a) but your debt was discharged in bankruptcy, the application would not be rejected.
- Yes No (a) Are you now indebted, and the debt is delinquent, for the crop insurance coverage under the Federal Crop Insurance Act?
 - Yes No (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?
 - Yes No (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 delinquent debt?
 - Yes No (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?
 - Yes No (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?
 - Yes No (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. The insurance contract, which includes the accepted application, is defined in the regulation published at 7 CFR chapter IV. No term or condition of the contract shall be waived or changed unless such waiver or change is expressly allowed by the contract and is in writing.



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Part VI: 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 VII: POLICY TRANSFER REQUEST "To be completed only if cancelling previous policy and transferring the experience and insurance coverage from another Approved Insurance Provider."

I hereby request cancellation of my insurance policy with (Ceding Approved Insurance Provider Name) _____ for the crop(s) and crop year(s) shown below because I have applied for insurance with another Approved Insurance Provider.

"Crop(s)" to be canceled and transferred: _____

"Crop Year" of crops being canceled and transferred: _____ "Policy Number" with Ceding Approved Insurance Provider: _____

I hereby authorize and direct the Ceding Approved Insurance Provider shown above to furnish any information relative to my insurance policy to the Assuming Approved Insurance Provider listed below. 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) GREAT AMERICAN INSURANCE COMPANY.

Part VIII: CERTIFICATION STATEMENT

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 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).

Applicant's Printed Name

Signature

Date

Agent's Printed Name

Signature

Date

Part IX: AIP POLICY TRANSFER ACCEPTANCE (To be completed if policy is being transferred from another AIP)

ASSUMING APPROVED INSURANCE PROVIDER: GREAT AMERICAN INSURANCE COMPANY

POLICY ISSUING COMPANY CODE: 084

By submission of this form, we agree to provide crop insurance to this applicant for the crop(s) and crop year specified above unless this form is not executed on or before the established cancellation date for any of the crop(s) shown, in which case insurance will be provided for such crop(s) for the following crop year.

Printed Name and Signature of AIP Representative Authorized to Accept Applications

Date of Acceptance by Assuming AIP

Regional Office Address and Phone Number: _____