



## SUGAR BEET REPLANT SUPPLEMENT APPLICATION

APPLICANT INFORMATION		AGENCY INFORMATION
NAME		NAME
ADDRESS		ADDRESS
TOWN, STATE, ZIP		TOWN, STATE, ZIP
SOCIAL SECURITY NUMBER		AGENCY CODE NUMBER
TELEPHONE NUMBER		TELEPHONE NUMBER

NEW MPCCI POLICY # \_\_\_\_\_
  ADDITIONAL CROP TO POLICY NO. \_\_\_\_\_

EFFECTIVE CROP YEAR	COUNTY/STATE	CROP	ESTIMATED ACRES (MANDATORY)

**Acceptance.** The insurance company designated above ("Company") reserves the right to reject this application. Upon acceptance by the company, this policy shall be in effect for the crop year specified above. The Sugar Beet Replant Payment Supplement is not a continuous policy. The coverages provided must be renewed each crop year no later than the date set forth in the policy.

We will not provide coverage if you knowingly conceal or misrepresent any material fact or circumstances relating to this insurance. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For the purposes relating to the insurance to be provided by the Company, I hereby authorize representative(s) of the Company designated above to access any credit information pertinent to this application.

**PROMISSORY NOTE:** On or before \_\_\_\_\_ the Undersigned, for value received, hereby promise(s) to pay to the order of \_\_\_\_\_ at their office in \_\_\_\_\_ in the sum of \$ \_\_\_\_\_ with interest at the rate of \_\_\_\_\_ % per annum after due date. Reasonable costs of collection and Attorney's fee may be added. I agree the Company may offset against any loss payment any Amounts unpaid on Any PROMISSORY NOTE OF ACCOUNT (whether due or not). Upon this same date, I hereby acknowledge receipt of a copy of this instrument and all other documents relating to this debt. \_\_\_\_\_ APPLICANT'S INITIALS

**READ CAREFULLY-MUST BE ANSWERED**

- |  |                          | YES                      | NO                       |
|--|--------------------------|--------------------------|--------------------------|
| 1. Are you indebted to any private crop insurance agent or company for any crop insurance premium for previous years?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. As a corporation and/or in your individual capacity, have any lawsuits been filed or judgements been entered against you, or have any bankruptcy proceedings been instituted against you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had a crop insurance policy canceled or otherwise terminated for any reason other than unpaid premium?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

DATE SIGNED BY APPLICANT \_\_\_\_\_ 20\_\_\_\_\_ I declare the facts stated herein to be true.

BY \_\_\_\_\_ BY \_\_\_\_\_  
 Licensed Agent's Signature Applicant's Signature