RURAL COMMUNITY INSURANCE COMPANY

RURAL COMMUNITY INSURANCE SERVICES®

Representing: ❑ EMPIRE FIRE & MARINE INSURANCE CO. ❑ FIREMAN'S FUND INSURANCE CO ❑ OTHER _____
❑ EMPIRE INDEMNITY INSURANCE CO. ❑ RURAL COMMUNITY INSURANCE CO.

_____ Multiple Peril Crop Insurance Application/Transfer-Cancellation

APPLICANT INFO

1. APPLICANT'S NAME		**7. STATE**	**8. COUNTY(S)** / **9. POLICY NUMBER**
2. AUTHORIZED REPRESENTATIVE	**6a.** IS THE APPLICANT AT LEAST 18 YEARS OLD? ❑YES ❑NO	**10a. TAX ID TYPE (Check One)** ❑ SSN ❑ EIN ❑ OTHER	**10b. TAX ID NUMBER (Write In)**
3. STREET OR MAILING ADDRESS	**6b.** IS APPLICANT INSURING THE LANDLORD'S SHARE? ❑YES ❑NO	**11. TYPE OF ENTITY (Check One)** ❑ Individual ❑ Spousal ❑ Individual/Company ❑ Partnership ❑ Joint Operator ❑ Corporation ❑ LLC ❑ Estate ❑ Revocable Trust ❑ Irrevocable Trust ❑ Other _____	
4. CITY, STATE AND ZIP	**6c.** IS APPLICANT INSURING THE TENANT'S SHARE? ❑YES ❑NO	**12a. SPOUSE'S NAME**	**12b. SPOUSE'S TAX ID**
5. TELEPHONE NUMBER(S) HOME: OFFICE: CELL:		**13.** ❑YES ❑NO I request insurance coverage for my share of the Category B crops (except forage production) specified below with a designated county in all added counties where the crops are insurable. Place an 'X' in the Designated County/Crop column next to the county/crop you are designating as primary.	

SBI INFO

LIST ALL PERSONS OR ENTITIES (INCLUDING SPOUSES) WITH A SUBSTANTIAL BENEFICIAL INTEREST IN THE INSURED/APPLICANT AS DEFINED IN THE APPLICABLE POLICY PROVISIONS. IF INSURING A LANDLORD OR TENANT SHARE ON YOUR POLICY, YOU MUST LIST THE LANDLORD OR TENANT AND PROVIDE THEIR IDENTIFICATION NUMBER.

14a. NAME:	**15a. ADDRESS:**	**16a. TELEPHONE NUMBER:**	**17a. TAX ID:** ❑ SSN ❑ EIN ❑ OTHER	**18a. ENTITY TYPE:**	**19a. %SHARE:**
14b. NAME:	**15b. ADDRESS:**	**16b. TELEPHONE NUMBER:**	**17b. TAX ID:** ❑ SSN ❑ EIN ❑ OTHER	**18b. ENTITY TYPE:**	**19b. %SHARE:**
14c. NAME:	**15c. ADDRESS:**	**16c. TELEPHONE NUMBER:**	**17c. TAX ID:** ❑ SSN ❑ EIN ❑ OTHER	**18c. ENTITY TYPE:**	**19c. %SHARE:**

CROP INFO

20. APP CODE	21. CROP YEAR	22. DESIGNATED COUNTY / CROP	23. CROP	24. PLAN	25. TYPE, CLASS, etc.	26. UNIT STRUCTURE	27. OPTION(S)	28. LEVEL	29. % OF PRICE ELECTION	30. INTENDED ACRES
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31. 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 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. 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 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, the regulations of the Federal Crop Insurance Corporation of 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 crop(s)?

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.

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 understand the requirements of the Collection of Information and Data (Privacy Act), as well as all other provisions contained on this application.

32. *TO BE COMPLETED ONLY IF CANCELING PREVIOUS POLICY AND TRANSFERRING THE EXPERIENCE AND INSURANCE COVERAGE FORM TO 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.** 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 Approved Insurance Provider shown to furnish any information relative to my insurance policy to (Assuming Approved Insurance Provider's name). 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.

33. ASSUMING COMPANY	34. PREVIOUS CARRIER	35. PREVIOUS POLICY NUMBER	36. SIGNATURE OF COMPANY REPRESENTATIVE	DATE
RCIS				

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). See attached form for statements required by Privacy Act of 1974.

37. APPLICANT'S SIGNATURE	DATE	38. LICENSED AGENT'S NAME	
39. AGENT'S TELEPHONE NUMBER	**40. AGENCY CODE**	**AGENT SUB-CODE**	**41. LICENSED AGENT'S SIGNATURE** / **DATE**

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 Federal Crop Insurance Act (7 U.S.C. 1501-1524) (Act) and the regulations contained in 7 C.F.R. chapter IV provides the authority to request the information on this form.

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 of any record within the system that constitutes evidence in 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), contractors, cooperators, partners of FCIC, and other Federal agencies 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, or abuse; (7) Disclosure to AIPs, contractors, and other applicable Federal agencies to determine whether information has been accurately provided to FCIC and the AIPs and to determine compliance with program requirements; and (8) Disclosure to the Comprehensive Information Management System (CIMS) authorized under the Farm Security and Rural Investment Act of 2002, Section 10706 (All information disclosed to CIMS may be further disclosed to any contractor engaged in the development or maintenance of CIMS, to the Farm Service Agency (FSA) and to AIPs, their insurance agents and loss adjusters, for information associated with their insured producers and only with regard to such policies); and (9) To appropriate agencies, entities, and persons when: (a) USDA suspects or has confirmed that the security or confidentiality of information in the system of records has been compromised; (b) USDA has determined that as a result of the suspected or confirmed compromise there is a risk of harm to economic or property interests, identity theft or fraud, or harm to the security or integrity of this system or other systems or programs (whether maintained by the Department or another agency or entity) that rely upon the compromised information; and (c) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with the Department's efforts to respond to the suspected or confirmed compromise and prevent, minimize, or remedy such harm.

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 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.

Insured’s Signature _____ Date _____