



# Power of Attorney

The undersigned does hereby make, constitute and appoint \_\_\_\_\_ of \_\_\_\_\_  
NAME  
 in the County of \_\_\_\_\_  
ADDRESS  
 and State of \_\_\_\_\_, the true and lawful attorney, for and in the name, place and stead of the undersigned in connection with Insurance Policy and /or Policy Number \_\_\_\_\_ insured with Rural Community Insurance Services.  
 The undersigned gives and grants unto said attorney full authority and power to do and perform actions as initialed below fully ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof: (This power of attorney is not affected by subsequent disability or incapacity of the principal.)

1. \_\_\_\_\_ Making application for insurance
2. \_\_\_\_\_ Making crop acreage reports
3. \_\_\_\_\_ Giving notice of damage or loss
4. \_\_\_\_\_ Making claim for indemnity
5. \_\_\_\_\_ Making policy changes
6. \_\_\_\_\_ Making transfers and cancellations
7. \_\_\_\_\_ Providing program required production reports
8. \_\_\_\_\_ Taking all actions related to the insurance coverage provided under the above identified policy and/or policy number, except to initiate, participate in, or prosecute legal action against RCIS or any agent or employee of RCIS.

This Power of Attorney shall be filed at the office where the official insurance file folder is maintained and shall remain in full force and effect until written notice of its revocation has been received by the office maintaining the official insurance file folder (such revocation shall be placed in the official insurance file folder).

This Power of Attorney is signed and dated at \_\_\_\_\_, \_\_\_\_\_, STATE \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, YEAR \_\_\_\_\_.  
CITY MONTH YEAR

PRINT INSURED'S NAME \_\_\_\_\_ PRINT WITNESS NAME \_\_\_\_\_  
 INSURED'S SIGNATURE \_\_\_\_\_ WITNESS SIGNATURE \_\_\_\_\_

I hereby accept the foregoing appointment: \_\_\_\_\_ APPOINTEE'S SIGNATURE  
PRINT APPOINTEE NAME

**ACKNOWLEDGEMENT**  
 (For use by Notary Public)  
**(Use acknowledgement form if required by State where acknowledgement is taken.)**  
 Signatures of the insured and the appointee must be notarized when required by law.  
 Witness signatures are not required if notarized.

State of: \_\_\_\_\_  
 County of: \_\_\_\_\_  
 Signature of Notary: \_\_\_\_\_

**NOTARY SEAL**

**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 authority for requesting information to be furnished on this form is the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.) (Act) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

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 in a proceeding before a court, magistrate or administrative tribunal, of any record within the system that constitutes evidence on 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) 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, and abuse; (7) Disclosure to AIPs, contractors, and other applicable Federal agencies to determine whether information has been accurately provided to FCIC and the AIP's and to determine compliance with program requirements; and (8) Disclosure to AIPs, contractors, cooperators, partners of FCIC, and other Federal agencies for any purpose relating to the sale, service, administration, analysis and evaluation of the Federal crop insurance program.

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.