



RURAL COMMUNITY INSURANCE SERVICES

Livestock Risk Protection Application/ Substantial Beneficial Interest (SBI)/ Cancellation-Transfer Form

Representing: _____

A P P L I C A N T I N F O	1. APPLICANT/INSURED'S NAME		2. SSN/EIN (CHECK ONE AND WRITE THE NUMBER.) <input type="checkbox"/> SSN <input type="checkbox"/> EIN		13. AGENCY NAME		14. POLICY NUMBER		
	3. SPOUSE'S NAME		4. SSN/EIN (CHECK ONE AND WRITE THE NUMBER.) <input type="checkbox"/> SSN <input type="checkbox"/> EIN		15. AGENT'S NAME			16. CROP YEAR	
	5. AUTHORIZED REPRESENTATIVE		6. ENTITY TYPE		17. STREET OR MAILING ADDRESS				
	7. STREET OR MAILING ADDRESS			8. PHONE NUMBERS () () ()		18. CITY/STATE/ZIP+4			
	9. CITY/STATE/ZIP+4					19. PHONE NUMBERS () () ()		20. EMAIL ADDRESS	
	10. IS APPLICANT AT LEAST 18 YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. FARM/BUSINESS NAME		12. STATE/COUNTY		21. CLASS(ES) OF LIVESTOCK OR LIVESTOCK PRODUCT TO BE INSURED: <input type="checkbox"/> Swine <input type="checkbox"/> Feeder Cattle <input type="checkbox"/> Fed Cattle		22. COMMODITY CODE(S)
	23. SBI: List persons and/or entities with 10 percent or more interest in the insurance entity identified above as the applicant/insured.								
	PRINT NAME		COMPLETE MAILING ADDRESS (ST, RR, PO BOX, ZIP, ETC.)			SSN/EIN (CHECK ONE & ENTER NUMBER.) <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	PHONE NO.	ENTITY TYPE	SHARE
						<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER			
	SBI CERTIFICATION STATEMENTS: (Individual and Spousal entities MUST Initial) For individual policies that do not contain an SBI social security number record, failure to initial these statements will result in the denial of insurance and no indemnity will be due.								
Insured's Initials 24a. _____ I understand that I am required to provide the social security numbers of all individuals who have a substantial beneficial interest (SBI) in the applicant or insured, as herein required. b. _____ I understand that my spouse has an SBI in the applicant or insured unless my spouse can show differently in accordance with the procedures established by the Federal Crop Insurance Corporation. c. _____ I understand that if I fail to provide the social security number of any individual with a SBI in the applicant or insured, the insured share of such crops will be reduced commensurate with the share of the individual whose SSNs were not reported.									
25. To be completed only if cancelling and transferring previous policy with another Insurance Provider. <input type="checkbox"/> Yes, I request Cancellation and Transfer of Experience of my previous policy with another Insurance Provider. I hereby request cancellation of my livestock insurance policy for the livestock or livestock product(s) 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 livestock or livestock product(s) will not become effective until the following crop year. I hereby authorize and direct the ceding company shown to furnish any information relative to my insurance policy to the assuming company. I understand that if coverage for any livestock or livestock product(s) is not terminated or would have subsequently terminated for indebtedness had this transfer not occurred, no coverage can be provided by the assuming company.									
26. ASSUMING COMPANY RCIS		27. PREVIOUS CARRIER		28. PREVIOUS POLICY NO.		29. INSURANCE PROVIDER REPRESENTATIVE'S SIGNATURE		DATE	
30. Conditions of Acceptance: This application is accepted and insurance attaches in accordance with the policy unless: (1) the Risk Management Agency determines that livestock insurance capacity limitations in accordance with the 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; (4) the answer to any of the following questions is "Yes."									
Yes No <input type="checkbox"/> <input type="checkbox"/> (a) Are you now indebted, and the debt is delinquent, for crop or commodity insurance coverage under the Federal Crop Insurance Act? (Do not answer "Yes," if your debt was discharged in bankruptcy.) <input type="checkbox"/> <input type="checkbox"/> (b) Have you in the last 5 years been convicted under Federal or State law of planting, cultivating, growing, producing, harvesting or storing a controlled substance? <input type="checkbox"/> <input type="checkbox"/> (c) Are you presently disqualified or debarred under the Federal Crop Insurance Act, the regulations of the Federal Crop Insurance Corporation, the United States Department of Agriculture or any other Federal Agency? <input type="checkbox"/> <input type="checkbox"/> (d) Do you have an agreement with the Federal Crop Insurance Corporation, Risk Management Agency, or with the Department of Justice that you would refrain from participating in the crop or commodity insurance program and that agreement is still effective?									
False Claim Statement: I certify that the information that I have furnished on this form is complete and accurate. I understand that any false or inaccurate information may result in the imposition of sanctions outlined in my policy and administrative, civil, and criminal sanctions under 18 U.S.C. 1001, 1006 and 1014, 7 U.S.C. 1515, 31 U.S.C. 3729 and 3730 and any other applicable federal statutes.									
Certification Statement: I certify that the information on this application is complete and accurate; that none of the reasons for rejection in items a. through d. 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.									
Application for Insurance Statement: Subject to the provisions of the Federal Crop Insurance Act, and the regulations issued under that Act, I hereby apply for insurance on my share of the commodity as specified above for the effective year. I understand that the premium rates, coverage prices, and insurance periods are on file and available for my inspection in my agent's office. I further understand that no insurance will be available on a commodity unless an application and specific coverage endorsement form is completed and filed with my agent by the sales closing date, if applicable. I also further understand that, although insurance under this application is continuous from year to year, policy terms may change from crop year to crop year. These changes will be made by the contract change date. Premium rates and coverage prices will change on a daily basis.									
31. APPLICANT/INSURED'S SIGNATURE						DATE			
32. AGENT'S SIGNATURE				CODE NO.		DATE			

Conditions of Acceptance (continued)

I understand that if coverage for any crop or commodity is currently terminated or would have subsequently been terminated for indebtedness and this application has been filed after the termination date for such crop or commodity, 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. 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.

Reinsurance Statement

This insurance policy is reinsured by the Federal Crop Insurance Corporation (FCIC) under the provisions of the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.) (Act). All provisions of the policy and rights and responsibilities of the parties are specifically subject to the Act and may not be waived or varied in any way by any agent or employee of FCIC or the Insurance Provider. In the event we cannot pay your loss, your claim will be settled in accordance with the provisions of this policy and paid by FCIC. No state guarantee fund will be liable for your loss.

Throughout this policy, "you" and "your" refer to the named insured shown on the accepted application and "we," "us," and "our" refer to the Insurance Provider. Unless the context indicates otherwise, use of the plural form of a word includes the singular and use of the singular form of the word includes the plural.

Collection of Information and Data (Privacy Act)

The following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a and section 502(c) of the Federal Crop Insurance Act (7 U.S.C. 1502(c)). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act, (7 U.S.C. 1501 et seq.) 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 Federal Crop Insurance Act (7 U.S.C. 1506), 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 Risk Management Agency (RMA). Furnishing the SSN or EIN is voluntary. However, failure to furnish that number will result in denial of program participation and benefits.

The balance of the information requested is necessary for the Insurance Provider, RMA and the Farm Service Agency (FSA) to process this form to: provide insurance; provide reinsurance; determine eligibility; determine the correct parties to the agreement; determine premiums or other monetary amounts; pay benefits and insure compliance with all program requirements. The information furnished on this form will be used by Federal agencies, RMA and FSA employees, insurance companies, and contractors who require such information in the performance of their duties. The information may be furnished to: RMA contract agencies within the United States Department of Agriculture (USDA); the Department of Treasury, including the Internal Revenue Service; the Department of Justice, or other Federal or State law enforcement or regulatory agencies; credit reporting agencies and collection agencies; other Federal agencies as requested in computer matching programs; and in response to judicial orders in the course of litigation. The information may also be furnished to congressional representatives and senators making inquiries on your behalf. Furnishing the information required by this form is voluntary; however, failure to report the correct and complete information requested may result in rejection of this form; rejection of any claim for indemnity; ineligibility for insurance; and a unilateral determination of any monetary amounts due and the imposition of administrative, civil or criminal sanctions.

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, gender, religion, age, disability, political beliefs, sexual orientation and marital or family status. (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 USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202)720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.