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Department  
of  
Agriculture**

**USDA**

**Risk  
Management  
Agency**

**Product  
Development  
Division**

**FCIC 24040**

**2004**

**Document and  
Supplemental  
Standards  
Handbook  
(DSSH)**



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U.S. DEPARTMENT OF AGRICULTURE  
WASHINGTON, D.C. 20250

<b>RISK MANAGEMENT AGENCY DIRECTIVE</b>		<b>NUMBER: 24040</b>
<b>SUBJECT:</b>  <b>DOCUMENT AND SUPPLEMENTAL STANDARDS HANDBOOK (DSSH)</b>	<b>DATE:</b> July 2003	
	<b>OPI:</b> Product Development Division	
	<b>APPROVED:</b>  Deputy Administrator, Research & Development	

**1 PURPOSE**

This directive provides submission requirements and document standards established by the Risk Management Agency (RMA) for the administration of the Federal crop insurance program and Non-Reinsured Supplemental (NRS) crop insurance policies, in accordance with the Standard Reinsurance Agreement (SRA) and the Federal Crop Insurance Act.

**2. Summary of Changes**

Standards added for "Crop Insurance Withdrawal of Claim" form.

Standards added for "Request For Policy Cancellation and Transfer of Experience Data" form.

Standards removed for "Request for Actuarial Change." See CIH.

Section 12, "Submission Requirements for Non-Reinsured Supplemental Crop Insurance Policies," added.

Section 13, "Approval for Non-Reinsured Supplemental Crop Insurance Policies," added.

Exhibit 5, "Acreage Report Certification Statement," revised to clarify the statement.

Exhibit 7, "Nondiscrimination Statement," Corrected address.

Applications, Exhibits 8, 9, and 10. The major changes are: Added county option question, Yes/No question regarding the applicant insuring the landlord's or tenant's share, Spouse's name and Social Security Number is required and a method for agents to sign and print their name if they do not have agent code numbers.

Exhibit 9, "Application/Cancellation and Transfer Form", the cancellation section must be in a box and requires the applicant to check " Yes."

Several exhibits will now show the insured's address as non-substantive.

Exhibit 12, "Policy Change Form," the added county option question" has been updated and the spouse's name and Social Security Number are required.

Exhibit 13, "Social Security Number and Employer Identification Number Reporting Form." The spouse's name and Social Security Number are required.

Exhibit 15, "Power of Attorney" form, requirements have changed. See General Information.

**NOTE: This is only a summary of the major changes. It is advised that you review the entire handbook carefully.**

### **3 SPECIAL INSTRUCTIONS**

- A This directive is effective on the date issued and will remain in effect until superseded or slip-sheeted.
- B RMA will amend this directive as needed to revise or issue new guidelines and to include additional MPCI documents requiring RMA approval.
- C Trade associations that service Insurance Providers will be considered the same as Insurance Providers for the purposes of this handbook.
- D The Submission Standards Handbook (FCIC 24030) is superseded by this directive.
- E The Document and Supplemental Standards Handbook (FCIC 24040) dated June 2003 replaces R&D Informational Memorandum: R&D-00-004.
- F The Documents Standards Handbook (FCIC 24040) issued July 1998 is superseded by this directive.

### **4 OPERATING POLICY**

- A Documents, described in this handbook, are required to contain all items identified as "Substantive." (See the exhibits contained in this directive for the items specific to individual documents.)
- B Any documents containing an interest rate for late premium payment cannot be higher than the rates stated in the Code of Federal Regulations (7 CFR § 401.8(d)).

- C Item entries for forms may be formatted as line entries, column headings, boxes, or blocks, as appropriate.
- D The Privacy Act Statement must be printed on the document or provided to the applicant/insured each time a document is signed that collects information for the applicant/insured.
- E All documents must be identified by an alpha and/or numeric document identification number, which may or may not include a date. Documents will be tracked by this identification number. Even though typeset, E-Commerce and Computer generated forms may look the same each must be approved by RMA.
- F All documents must bear at the top of the form the Insurance Provider's full name and address that holds the SRA. The address is not required if provided with the policy or policy jacket to the insured.
- G RMA expects all documents to have the text printed with no less than an 8-point font size. This will assist the applicants/insureds in reading and understanding documents presented to them.
- H When combining multiple documents into one document, the combined document must meet the applicable standards in place for each individual document.
- I All documents (except as described in K) developed by an Insurance Provider or trade association must be submitted for approval if:
  - (1) the Insurance Provider or trade association is not specifically authorized by RMA or the Standard Reinsurance Agreement to develop and issue documents without submission to RMA,
  - (2) no standards exist for the documents,
  - (3) the documents are not otherwise approved by RMA (e.g., Board approval of 508(h) documents).
- J Provisions in Section 9 must be followed when submitting documents to FCIC for approval.
- K Administrative documents (not requiring the insured's signature) for internal operations do not have to be submitted for approval.
- L These standards apply to all submissions prepared by persons, Insurance Provider and/or trade associations. Trade associations may submit and receive approval of submissions on behalf of their members. Submissions for RMA approval must comply with these standards.

M For answers to any questions regarding submission, standards, or the approval process contact the Product Development Division at (816) 926-7387.

## 5 ABBREVIATIONS

APH Actual Production History

CFR Code of Federal Regulations

CIH Crop Insurance Handbook

DSSH Document and Supplemental Standards Handbook

EIN Employer Identification Number

FSA Farm Service Agency

FSN Farm Serial Number

MPCI Multiple Peril Crop Insurance

NRS Non-Reinsured Supplemental

RMA Risk Management Agency

SBI Substantial Beneficial Interest

SRA Standard Reinsurance Agreement

SSN Social Security Number

USC United States Code

USDA United States Department of Agriculture

## 6 REPORTS (Reserved)

## 7 DOCUMENTS

A This directive contains standards for the following MPCI documents.

(1) Application

(2) Application/Cancellation and Transfer

(3) Application/Acreage Report

(4) Acreage Report



- (5) Policy Change
- (6) Social Security Number (SSN) and Employer Identification Number (EIN) Reporting Form
- (7) Policy Confirmation and/or Schedule of Insurance
- (8) APH Production and Yield Report
- (9) Power of Attorney
- (10) Assignment of Indemnity
- (11) Continuous Hail and Fire Exclusion Option Form
- (12) Request to Exclude Hail and Fire
- (13) Transfer of Right to an Indemnity
- (14) High Risk Land Exclusion Option
- (15) Production Certification Worksheet
- (16) Crop Insurance Withdrawal of Claim
- (17) Request For Policy Cancellation and Transfer of Experience Data

**B** Forms not contained in the DSSH are found in the Loss Adjustment Manual (LAM), Crop Loss Adjustment Standards Handbooks, Crop Insurance Handbook (CIH), Underwriting Guidelines, Adjusted Gross Revenue Standards Handbook and other applicable issuances approved by RMA.

**C** Policies, Options and Endorsements as issued by RMA are the standards that Insurance Providers must meet.

**8 DEFINITIONS**

**A** The Act - The Federal Crop Insurance Act, as amended.

**B** Agent - An individual licensed by the State in which the agent does business under contract with an Insurance Provider, its managing general agent, or any other entity, to sell and service eligible crop insurance contracts.

**C** Applicant - Any individual or legal entity applying for multiple peril crop insurance.

- D Approval - Authorization that the Insurance Provider may begin using the documents in its operation.
- E Authorized Representative - Any person authorized by the insured to conduct crop insurance business on the insured's behalf.
- F Disapproval – The document has been denied approval for use by the Insurance Provider.
- G Document - Policies, endorsements, forms, procedures, and other material used for the purpose of administering the MPCCI crop insurance program which require approval in accordance with the Standard Reinsurance Agreement.
- H Insurance Provider - A company reinsured by RMA providing crop insurance coverage to producers participating in any Federal crop insurance program administered under the Federal Crop Insurance Reform Act of 1994.
- I Non-Substantive - A term used by RMA informing the Insurance Provider that the recommended change(s) to a document may be made at the Insurance Provider's discretion.
- J Substantive - A term used by RMA informing the Insurance Provider that the specified change(s) to a document must be made before approval will be effective.

## 9 RESPONSIBILITIES

- A RMA's Product Development Division will:
  - (1) Establish minimum standards for documents and issue to all affected parties.
  - (2) Review all document submissions and identify substantive changes (required for approval) which Insurance Providers must make prior to document approval by RMA and their use in program delivery.
  - (3) Approve and disapprove documents, as applicable, by giving notification in writing.
  - (4) Provide guidance and clarification as needed regarding document standards.
  - (5) Maintain DSSH (update existing standards, develop new standards, incorporate recommended changes, etc).

B Insurance Providers will:

- (1) Develop documents in accordance with existing RMA standards.
- (2) Submit documents, document completion instructions, and applicable computation results of documents, as required, to RMA's Product Development Division for approval prior to issuing documents.

## 10 SUBMISSION REQUIREMENTS FOR DOCUMENTS

The Insurance Provider must submit for RMA's approval, as required, all documents incorporated by reference into the eligible crop insurance contracts reinsured under the SRA. Any such documents must not be used by the Insurance Provider until approved or otherwise authorized in writing by RMA.

A What to submit:

- (1) Two full sets of any documents requiring approval. Include both the front and back when information is contained on the reverse side (e.g., Privacy Act Statement) of any document.
  - (a) A transmittal memorandum which lists the documents submitted and their intended use.
  - (b) All documents used to administer the RMA-approved policy provisions, standards, and procedures for the determination of premiums, liability, indemnities, eligibility for insurance, special endorsements, amendments, exclusion documents, coverage determination documents, etc.
  - (c) All instructions that will be utilized for documents completion. Indicate whether documents will be computer generated or will be typeset and printed for distribution. Include examples of blank and completed documents. Document completion instructions for documents involving multiple crops (such as acreage report form completion instructions) will not require the submission of completed examples for each crop. The Insurance Provider will be notified when any additional examples are required.
  - (d) Examples and any explanations of the calculation process for any document used to compute the premium, liability and/or indemnities. RMA approved rounding rules must be utilized.
- (2) Any documents previously approved that are revised by the Insurance Provider in **ANY** manner, or that RMA determines must be revised.

In addition to the requirements specified in (1), the Insurance Provider must submit an outline identifying the specific revision(s) made.

**B**    Do not submit:

Internal documents, administrative instructions and/or letters that do not affect the RMA approved policy provisions or procedures.

**C**    When to submit:

Submit all submissions to RMA at least 90 days prior to use. For example, an application for insurance must be submitted at least 90 days prior to the beginning of formal training on its use in sales for the crop year.

Loss adjustment procedures, documents, instructions, etc., must be submitted at least 90 days prior to the earlier of (1) the earliest date insurance could attach (e.g., corn planting in February in southern states) or (2) the beginning of formal training on their use in loss adjustment.

**D**    Submit to:

(1)    Risk Management Agency  
        Research and Development  
        Attention: Product Development Division STOP 0812  
        6501 Beacon Drive  
        Kansas City, Missouri 64133-4676

(2)    Courtesy copy of the transmittal memo only to:

        Risk Management Agency  
        Attention: Reinsurance Services Division  
        1400 Independence Avenue, SW  
        Washington, D.C. 20250

**E**    Quality of documents submitted

All documents must be edited, checked for spelling, be in final form and conform to any standards issued by RMA. RMA WILL NOT SPECIFICALLY REVIEW DOCUMENTS FOR SPELLING, GRAMMAR, PUNCTUATION, FORMAT, ETC. FAXED COPIES ARE GENERALLY NOT ACCEPTABLE FOR REVIEW PURPOSES.

## **11    APPROVAL FOR DOCUMENTS**

The Product Development Division will review all documents requiring RMA

approval and will provide comments and/or changes in narrative form or in red ink on the actual submission. Comments and changes will be identified as substantive "S" and non-substantive "NS".

10The Product Development Division will issue a letter of approval, disapproval or conditional approval. Disapproval of documents will be accompanied with an explanation of why the documents were not approved. The Insurance Provider will have the opportunity to make the applicable corrections and resubmit the document for approval. Conditional approvals will require substantive changes and the final version of the form to be resubmitted to RMA within thirty-five (35) days or the approval is voided. Courtesy copies of document review determinations will be provided to the Reinsurance Services Division and the Deputy Administrator for Compliance.

## **12 SUBMISSION REQUIREMENTS FOR NON-REINSURED SUPPLEMENTAL (NRS) CROP INSURANCE POLICIES**

### **A What to Submit:**

- (1) All Supplemental policies required under the SRA.
- (2) Any policies previously approved that are changed in ANY manner.
- (3) Three complete copies of the new or revised policy and related material.

### **B When to Submit:**

Crop insurance policies not requesting RMA reinsurance must be submitted no later than 90 days prior to the first sales closing date.

### **C Submit to:**

Risk Management Agency  
Deputy Administrator, Research and Development  
Attention: Product Development Division STOP 0812  
6501 Beacon Drive  
Kansas City, Missouri 64133-4676

### **D Quality of Documents Submitted:**

All documents must be edited, checked for spelling, and be in final form. RMA will not specifically review documents for spelling, grammar, punctuation, format, etc.

**13 REVIEW OF NON-REINSURED SUPPLEMENTAL (NRS) CROP INSURANCE POLICIES**

Supplemental policies will be reviewed to determine that it is not likely to increase or shift risk to the underlying policy or plan of insurance, reduce or limit the rights of insureds, or cause market disruption.

- A RMA's Product Development Division will have 45 days to review the policies, provided all information required by RMA is included in the initial submission of the policy package.
- B Data requirements for Data Acceptance System (DAS) edits for supplemental policies will be specified in the DAS Handbook. Minimum data requirements for the DAS are established within a unique DAS Type 50 Record.

**JULY 2003**

**FCIC-24040**

Reserved

**DOCUMENT AND SUPPLEMENTAL  
STANDARDS HANDBOOK  
EXHIBITS**



**JULY 2003**

**FCIC-24040**

Reserved

**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 crops as specified below for the crop year. I understand that my share of all the crop grown on insurable land in the county (or state if the all county option question is marked "yes") as of the acreage reporting date must be insured. I also understand that the location of land which is not insurable, premium rates, applicable deadlines, and production guarantees or amounts of insurance are on file and available for my inspection in my agent's office. I further understand that no insurance will be available on a crop unless this application is completed and filed by the sales closing date for the crop. I also further understand that, although insurance under this application is continuous from year to year, policy terms, premium rates, production guarantees or amounts of insurance, and price elections may change from year to year. All changes will be available in my agent's office prior to the contract change date.

### CONDITIONS OF ACCEPTANCE STATEMENTS

**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 crop insurance 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, or 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 the crop insurance program and that agreement is still effective?
- \_\_\_ \_\_\_ (f) Do you have like insurance on any of the above 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 crops 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.

**REINSURANCE STATEMENT**

This insurance policy is reinsured by the Federal Crop Insurance Corporation (FCIC) under the provisions of the Federal Crop Insurance Act, as amended (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. The provisions of the policy are published in the Federal Register and codified in chapter IV of title 7 of the Code of Federal Regulations (CFR) under the Federal Register Act (44 U.S.C. 1501 et seq.), and may not be waived or varied in any way by the crop insurance agent or any other agent or employee of FCIC or the company. 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.

Through out this policy, “you” and “your” refer to the named insured shown on the accepted application and “we,” “us,” and “our” refer to the insurance company providing insurance. 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.

**FALSE CLAIM STATEMENT**

The information I have furnished on this form is complete and accurate. I understand that any false or inaccurate information may result in the sanctions outlined in my policy and administrative, civil, and criminal sanctions under 18 U.S.C. §§1006 and 1014, 7 U.S.C. § 1506, 31 U.S.C. §§ 3729 and 3730 and other federal statutes.

**ACREAGE REPORT  
CERTIFICATION STATEMENT**

I submit this report as required for the above identified policy and certify that to the best of my knowledge and belief the information is correct and includes my entire interest in all acreage of the reported crops planted in the county(ies) and that of any person sharing in any crops insured under my policy. I also understand that failure to report completely and accurately may result in voidance of my crop insurance contract and may result in criminal or civil false claims penalties (18 U.S.C. 1006 and 1014; 7 U.S.C. 1506; 31 U.S.C. 3729, and 3730).

**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.) 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 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.

The balance of the information requested is necessary for the insurance company and RMA to process this form to: provide insurance; provide 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 information furnished on this form will be used by Federal agencies, RMA employees, insurance companies, and contractors who require such information in the performance of their duties. The information may be furnished to: RMA contract agencies, employees and loss adjusters; reinsured companies; other agencies within the United States Department of Agriculture; The Department of Treasury including the Internal Revenue Service; the Department of Justice, or other Federal or State law enforcement 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, replanting payment, or other benefit; ineligibility for insurance; and a unilateral determination of any monetary amounts due.

**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.



**APPLICATION FORM**

**1 APPLICANT INFORMATION**

- A "Applicant's Name" (Substantive)
- B "Applicant's Authorized Representative" (Substantive)
- C "Street or Mailing Address" (Substantive)
- D "City and State" (Substantive)
- E "Zip Code" (Substantive)
- F "Applicant's Telephone Number" (Substantive)
- G "State and County Name" (Substantive)

**NOTE: The entry for "State and County Name" must be the state and county name where insurance attaches. Form-completion procedures must provide this information.**

**An option is allowed on the application that permits an applicant to obtain coverage for Category B crops (excluding forage production) listed on the application in any county added after the sale closing date. If Insurance Providers elect to include this option on the application, one or both of the following statements must appear on the application: "Substantive"**

**[ ] 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.**

**[ ] 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 within the state.**

**Guidelines to administer this option are found in the 18010 Crop Insurance Handbook, Section 4.**

- H "Policy Number" (Substantive)
- I "Tax Identification Number and type of Tax Identification Number" (Substantive)

**NOTE: Form-completion procedures must provide instructions to enter the appropriate identification number and identify the type of number as illustrated in (1) or (2) below.**

(1) "SSN/EIN/Other (Circle One):"

(2) "? SSN ? EIN ? Other (Check One):"

J "Type of Entity:" (Substantive)

**NOTE: Form-completion procedures must provide instructions to enter the specific type of entity, (i.e., partnership; trust; individual; joint-interest; corporation; etc) not entity code. This entry is verified for accuracy during applicable RMA and insurance providers review and at loss adjustment time. Insurance providers are required to electronically transmit the type of entity code, as defined in the M-13 Handbook, to RMA.**

K "Spouse's Name" (Substantive)

L "Spouse's SSN" (Substantive)

M "Is applicant at least 18 years old? Yes \_\_\_ No \_\_\_" (Substantive)

N "Is applicant insuring the tenant's share? Yes \_\_\_ No \_\_\_" (Substantive)

O "Is applicant insuring the landlord's share? Yes \_\_\_ No \_\_\_" (Substantive)

## 2 CROP INFORMATION

A "Effective Crop Year" (Substantive)

B "Name of Crop" (Substantive)

C "Options" or "Optional Coverage" (Substantive)

D "Type, Class, Etc." (Substantive)

E "Price Election" or "Amount of Insurance" (Substantive)

F "Level Election" or "Coverage Level" (Substantive)

G "Plan of Insurance" (APH, CRC, GRP, IP, AGR, etc.) (Substantive)

H "Designated County" (Substantive)

## 3 OTHER INFORMATION AND SIGNATURES

- A "Name of Previous Carrier (if any)" (Substantive)
- B "Policy Number under Previous Carrier (if any)" (Substantive)
- C Certification statement above Applicant's Signature line: (Substantive)

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

- D "Applicant's Signature" (Substantive)
- E "Date" (of Applicant's Signature) (Substantive)
- F "Agent's Signature, Date and Code Number" (Substantive)

**NOTE: If individual code numbers are not assigned to agent, then the agent completing the form must print his/her name. Following are two formats for this information (with and without the code number):**

<u>I.B. Agent</u>	<u>12RMA34</u>
(Agent's Signature) (Date)	(Code Number)

OR

<u>I.B. Agent</u>	<u>I.B. Agent</u>
(Agent's Signature) (Date)	(Print Name of Agent Completing Form)

- G "Agent's Address" (Non-Substantive)
- H "Agent's Telephone Number" (Substantive)
- I "Page \_\_\_\_ of \_\_\_\_" (Substantive)
- J "List all persons or entities with 10 percent or more interest in the applicant" (include landlords or tenants insured under the applicant). If none, state NONE. (See reverse side for additional space.)

Required Information: (Substantive) See note below.

1. Name
2. Address

3. Phone
4. Enter Code and Number  
S=SSN/E=EIN/O=OTHER
5. Type of Entity

**NOTE: This item is not required if an approved SSN/EIN form is used to record this information.**

K "Insurance Provider's Name and Address"

"Insurance Provider's Name (spelled out) as found on the Standard Reinsurance Agreement." (Substantive)

"Insurance Provider's Address" as found on the Standard Reinsurance Agreement. (Non-Substantive provided this information is supplied to the insured with the policy or policy jacket at time of issue. If not provided on either of these documents, the address is Substantive).

L "Form Identification Number (alpha and/or numeric)" (Substantive)

M "Form Title" (Substantive)

#### 4 REQUIRED STATEMENTS

A Application for Insurance Statement. See Exhibit 1. (Substantive)

B Conditions of Acceptance Statements. See Exhibit 2. (Substantive)

C Reinsurance Statement. See Exhibit 3. (Substantive)

D False Claim Statement. See Exhibit 4. (Substantive)

E Privacy Act Statement. See Exhibit 6. (Substantive)

- (1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of applicant/insured on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

- (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974."  
(Substantive)

F Nondiscrimination Statement. See Exhibit 7. (Substantive)

**5 (RESERVED)**

## APPLICATION/CANCELLATION AND TRANSFER FORM

### 1 GENERAL INFORMATION

This form must be designed and/or have explicit forms-completion procedures which provide that the applicant's/insured's original signature is on the application portion that is retained by the assuming Insurance Provider. The form should be designed to allow all application information to appear on a carbon copy. The cancellation/transfer portion of the form must be in a box (see Section 4) and have the following statement at the top of the box. "TO BE COMPLETED ONLY IF CANCELING PREVIOUS POLICY AND TRANSFERRING EXPERIENCE AND INSURANCE COVERAGE FROM ANOTHER INSURANCE PROVIDER." (Substantive)

### 2 APPLICANT INFORMATION

- A "Applicant's Name" (Substantive)
- B "Applicant's Authorized Representative" (Substantive)
- C "Street or Mailing Address" (Substantive)
- D "City and State" (Substantive)
- E "Zip Code" (Substantive)
- F "Applicant's Telephone Number" (Substantive)
- G "State and County Name" (Substantive)

**NOTE: The entry for the "State and County Name" must be the state and county name where insurance attaches. Form-completion procedures must provide this information.**

**An option is allowed on the application that permits an applicant to obtain coverage for Category B crops (excluding forage production) listed on the application in any county added after the sale closing date. If Insurance Providers elect to include this option on the application, one or both of the following statements must appear on the application: "Substantive"**

**[ ] 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.**

**[ ] 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 within the state.

**Guidelines to administer this option are found in the 18010 Crop Insurance Handbook, Section 4.**

- H "Policy Number" (Substantive)
- I "Tax Identification Number and type of Tax Identification Number" (Substantive)

**NOTE: Form-completion procedures must provide instructions to enter the appropriate identification number and identify the type of number as illustrated in (1) or (2) below.**

- (1) "SSN/EIN/Other (Circle One):"
- (2) "? SSN ? EIN ? Other (Check One):"

- J "Type of Entity:" (Substantive).

**NOTE: Form-completion procedures must provide instructions to enter the specific type of entity, (i.e., partnership; trust; individual; joint-interest; corporation; etc) not entity code. This entry is verified for accuracy during applicable RMA and insurance providers review and at loss adjustment time. Insurance providers are required to electronically transmit the type of entity code, as defined in the M-13 Handbook, to RMA.**

- K "Spouse's Name" (Substantive)
- L "Spouse's SSN" (Substantive)
- M "Is applicant at least 18 years old? Yes \_\_\_ No \_\_\_" (Substantive)
- N "Is applicant insuring the tenant's share? Yes \_\_\_ No \_\_\_" (Substantive)
- O "Is applicant insuring the landlord's share? Yes \_\_\_ No \_\_\_" (Substantive)

### 3 CROP INFORMATION

- A "Effective Crop Year" (Substantive)
- B "Name of Crop" (Substantive)
- C "Options" or "Optional Coverage" (Substantive)

- D "Type, Class, or Etc." (Substantive)
- E "Price Election" or "Amount of Insurance" (Substantive)
- F "Level Election" or "Coverage Level" (Substantive)
- G "Plan of Insurance" (APH, CRC, GRP, IP, AGR, etc.) (Substantive)
- H "Designated County" (Substantive)

#### 4 CANCELLATION/TRANSFER OF EXPERIENCE INFORMATION

"TO BE COMPLETED (CHECK BOX) ONLY IF CANCELING PREVIOUS POLICY AND TRANSFERRING THE EXPERIENCE AND INSURANCE COVERAGE FROM ANOTHER INSURANCE PROVIDER." (Substantive)

? Yes, I request cancellation of my previous policy and request transfer of experience and insurance coverage to the Assuming 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 insurance provider shown to furnish any information relative to my insurance policy to (Assuming Insurance Provider 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 Insurance Provider." (Substantive)

**NOTE: Item 4 above must be placed within a box above the application's insured's signature line and date.**

#### 5 OTHER INFORMATION AND SIGNATURES

- A Certification statement above Applicant's Signature line:

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



(Substantive)

- B "Applicant's Signature" (Substantive)
- C "Date" (of Applicant's Signature) (Substantive)
- D "Agent's Signature, Date and Code Number" (Substantive)

**NOTE: If individual code numbers are not assigned to agent, then the agent completing the form must print his/her name. Following are two formats for this information (with and without the code number):**

<u>I.B. Agent</u>	<u>12RMA34</u>
(Agent's Signature) (Date)	(Code Number)

OR

<u>I.B. Agent</u>	<u>I.B. Agent</u>
(Agent's Signature) (Date)	(Print Name of Agent Completing Form)

- E "Agent's Address" (Non-Substantive)
- F "Agent's Telephone Number" (Substantive)
- G "Page \_\_\_\_ of \_\_\_\_" (Substantive)
- H "List all persons or entities with 10 percent or more interest in the applicant" (include landlords or tenants insured under the applicant). If none, state NONE. (See reverse side for additional space.)

Required Information: (Substantive) See note below.

1. Name
2. Address
3. Phone
4. Enter Code and Number  
S=SSN/E=EIN/O=OTHER
5. Type of Entity

**NOTE: This item is not required if an approved SSN/EIN form is used to record this information.**

- I "Insurance Provider's Name and Address"  
  
"Insurance Provider's Name (spelled out) as found on the Standard Reinsurance Agreement." (Substantive)

"Insurance Provider's Address" as found on the Standard Reinsurance Agreement. (Non-Substantive, provided this information is supplied to the insured with the policy or policy jacket at time of issue. If not provided on either of these documents, the address is Substantive).

- J "Form Identification Number (alpha and/or numeric)" (Substantive)
- K "Form Title" (Substantive)

## 6 REQUIRED STATEMENTS

- A Application for Insurance Statement. See Exhibit 1. (Substantive)
- B Conditions of Acceptance Statements. See Exhibit 2. (Substantive)
- C Reinsurance Statement. See Exhibit 3. (Substantive)
- D False Claim Statement. See Exhibit 4. (Substantive)
- E Privacy Act Statement. See Exhibit 6. (Substantive)

- (1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of applicant/insured on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

- (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974." (Substantive)

- F Nondiscrimination Statement. See Exhibit 7. (Substantive)

## 7 RESERVED

**APPLICATION/ACREAGE REPORT FORM**

**1 APPLICANT INFORMATION**

- A "Applicant's Name" (Substantive)
- B "Applicant's Authorized Representative" (Substantive)
- C "Street or Mailing Address" (Substantive)
- D "City and State" (Substantive)
- E "Zip Code" (Substantive)
- F "Applicant's Telephone Number" (Substantive)
- G "State and County Name" (Substantive)

**NOTE: The entry for the "State and County Name" must be the state and county name where insurance attaches. Form-completion procedures must provide this information.**

**An option is allowed on the application that permits an applicant to obtain coverage for Category B crops (excluding forage production) listed on the application in any county added after the sale closing date. If Insurance Providers elect to include this option on the application, one or both of the following statements must appear on the application: "Substantive"**

**[ ] 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.**

**[ ] 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 within the state.**

**Guidelines to administer this option are found in the 18010 Crop Insurance Handbook, Section 4.**

- H "Policy Number" (Substantive)
- I "Tax Identification Number and type of Tax Identification Number" (Substantive)

**NOTE: Form-completion procedures must provide instructions to enter the appropriate identification number and identify the type of number as illustrated in (1) or (2) below.**

- (1) "SSN/EIN/Other (Circle One):"  
 (2) "? SSN ? EIN ? Other (Check One):"

J "Type of Entity:" (Substantive)

**NOTE: Form-completion procedures must provide instructions to enter the specific type of entity, (i.e., partnership; trust; individual; joint-interest; corporation; etc) not entity code. This entry is verified for accuracy during applicable RMA and insurance providers review and at loss adjustment time. Insurance providers are required to electronically transmit the type of entity code, as defined in the M-13 Handbook, to RMA.**

K "Spouse's Name" (Substantive)

L "Spouse's SSN" (Substantive)

M "List all persons or entities with 10 percent or more interest in the applicant" (include landlords or tenants insured under the applicant). If none, state NONE. (See reverse side for additional space.)

Required Information: (Substantive) See note below.

1. Name
2. Address
3. Phone
4. Enter Code and Number  
S=SSN/E=EIN/O=OTHER
5. Type of Entity

**NOTE: This item is not required if an approved SSN/EIN form is used to record this information.**

N "Is applicant at least 18 years old? Yes \_\_\_ No \_\_\_" (Substantive)

O "Is applicant insuring the tenant's share? Yes \_\_\_ No \_\_\_" (Substantive)

P "Is applicant insuring the landlord's share? Yes \_\_\_ No \_\_\_" (Substantive)

**2 CROP INFORMATION**

- A "Effective Crop Year" (Substantive)
- B "Name of Crop" (Substantive)
- C "Plan of Insurance" (APH, CRC, GRP, IP, AGR, etc.) (Substantive)
- D "Options" or "Optional Coverage" (Substantive)
- E "Type, Class, Etc." (Substantive)
- F "Section", "Township", and "Range" (Substantive)
- G "FSA Farm Serial Number" (Substantive)
- H "Planted Acres of Insured Crop" (Substantive)

**NOTE: Divide column and label "Whole" and "10ths or 100ths" underneath "Acres of insured crop." (Non-Substantive)**

- I "Insured's Share" (Substantive)
- J "Name of Other Person(s) Sharing in the Crop" (Substantive)
- K "Date Planting Completed" (Substantive)
- L "Practice" (Substantive)
- M "Classification Number" (Substantive)
- N "Unit Number" (Substantive)
- O "Price Election" or "Amount of Insurance" (Substantive)
- P "Level Election" or "Coverage Level" (Substantive)
- Q "Designated County" (Substantive)

**3 OTHER INFORMATION AND SIGNATURES**

- A "Name of Previous Carrier (if any)" (Substantive)
- B "Policy Number under Previous Carrier (if any)" (Substantive)
- C "Uninsured Acres" Create block area for this with an area large enough to

record crop, acres, legal locations of the uninsured acreage, and the reason acreage is uninsured. (Non-Substantive, but **highly** recommended)

D "Remarks Section" (Substantive)

**Create an area large enough to document pertinent information and the number of uninsured acres if a specific block area for recording uninsured acres is not developed.**

E Certification statement above Applicant's Signature line: (Substantive)

"I certify that the information and answers on this application/acreage report 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 and understand the requirements of the Collection of Information and Data (Privacy Act), as well as all other provisions contained on this application."

F "Applicant's Signature" (Substantive)

G "Date" (of Applicant's Signature) (Substantive)

H "Agent's Signature, Date and Code Number" (Substantive)

**NOTE: If individual code numbers are not assigned to agent, then the agent completing the form must print his/her name. Following are two formats for this information (with and without the code number):**

<u>I.B. Agent</u>	<u>12RMA34</u>
(Agent's Signature) (Date)	(Code Number)

OR

<u>I.B. Agent</u>	<u>I.B. Agent</u>
(Agent's Signature) (Date)	(Print Name of Agent Completing Form)

I "Agent's Address" (Substantive)

J "Agent's Telephone Number" (Substantive)

K "Page \_\_\_\_of\_\_\_\_" (Substantive)

- L "Insurance Provider's Name and Address"
- "Insurance Provider's Name (spelled out) as found on the Standard Reinsurance Agreement." (Substantive)
- "Insurance Provider's Address" as found on the Standard Reinsurance Agreement. (Non-Substantive provided this information is supplied to the insured with the policy or policy jacket at time of issue. If not provided on either of these documents, the address is Substantive).
- M "Form Identification Number (alpha and/or numeric)" (Substantive)
- N "Form Title" (Substantive)

#### 4 REQUIRED STATEMENTS

- A Application for Insurance Statement. See Exhibit 1. (Substantive)
- B Conditions of Acceptance Statements. See Exhibit 2. (Substantive)
- C Reinsurance Statement. See Exhibit 3. (Substantive)
- D Acreage Report Certification Statement. See Exhibit 5. (Substantive)
- E Privacy Act Statement. See Exhibit 6. (Substantive)
- (1) Include the Privacy Act Statement on the form or make available as a separate document.
- NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of applicant/insured on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**
- (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974." (Substantive)
- F Nondiscrimination Statement. See Exhibit 7. (Substantive)

#### 5 (RESERVED)

**ACREAGE REPORT FORM****1 INSURED INFORMATION**

- A "Insured's Name" (Substantive)
- B "Street or Mailing Address" (Non-Substantive)
- C "City and State" (Non-Substantive)
- D "Zip Code" (Non-Substantive)
- E "Spouse's Name" (Non-Substantive)
- F "Spouse's SSN" (Non-Substantive)
- G "State and County Name" (Substantive)

**NOTE: The entry for "State and County Name" must be the state and county name where insurance attaches. Form-completion procedures must provide this information.**

- H "Crop Year" (Substantive)
- I "Crops Insured" (List all crops insured whether reporting acres or not.) (Substantive)
- J "Policy Number" (Substantive)

**2 AGENT INFORMATION**

- A "Agent's Name" (Non-Substantive)
- B "Street or Mailing Address" (Non-Substantive)
- C "City and State" (Non-Substantive)
- D "Zip Code" (Non-Substantive)

**3 CROP INFORMATION**

- A "Section", "Township", and "Range" (Substantive)
- B "FSA Farm Serial Number" (Substantive)
- C "Name of Crop" (Substantive)
- D "Planted Acres of Insured Crop" (Substantive)



**NOTE: Divide column and label "Whole" and "10ths or 100ths" underneath "Acres of Insured Crop." (Non-Substantive)**

- E "Insured's Share" (Substantive)
- F "Name of Other Person(s) Sharing in the Crop" (Substantive)
- G "Date Planting is Completed" (Substantive)
- H "Practice" (Substantive)
- I "Type, Class, Etc." (Substantive)
- J "Classification Number" (Substantive)
- K " Plan of Insurance" (APH, CRP, GRP, IP, AGR, etc.) (Substantive)
- L "Unit Number" (Substantive)

**4 OTHER INFORMATION AND SIGNATURES**

A "Uninsured Acres" Create block area for this with an area large enough to record crop, acres, legal locations of the uninsured acreage, and the reason acreage is uninsured. (Non-Substantive, but **highly** recommended.)

B "Remarks Section" (Substantive)

**Create an area large enough to document pertinent information and the number of uninsured acres if a specific block area for recording uninsured acres is not developed.**

C "Insured's Signature" (Substantive)

D "Date" (of Insured's Signature) (Substantive)

E "Agent's Signature, Date and Code Number" (Substantive)

**NOTE: If individual code numbers are not assigned to agent, then the agent completing the form must print his/her name. Following are two formats for this information (with and without the code number):**

I.B. Agent  
(Agent's Signature) (Date)

12RMA34  
(Code Number)

OR

I.B. Agent  
(Agent's Signature) (Date)

I.B. Agent  
(Print Name of Agent Completing  
Form)

F "Page\_\_\_\_of\_\_\_\_" (Substantive)

G "Insurance Provider's Name and Address"

"Insurance Provider's Name (spelled out) as found on the Standard Reinsurance Agreement." (Substantive)

"Insurance Provider's Address" as found on the Standard Reinsurance Agreement. (Non-Substantive provided this information is supplied to the insured with the policy or policy jacket at time of issue. If not provided on either of these documents, the address is Substantive).

H "Form Identification Number (alpha and/or numeric)" (Substantive)

I "Form Title" (Substantive)

## 5 REQUIRED STATEMENTS

A Acreage Report Certification Statement. See Exhibit 5. (Substantive)

B False Claim Statement. See Exhibit 4. (Substantive)

C Privacy Act Statement. See Exhibit 6. (Substantive)

(1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of applicant/insured on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

(2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974."  
(Substantive)

D Nondiscrimination Statement. See Exhibit 7. (Substantive)

**POLICY CHANGE FORM**

**1 INSURED INFORMATION**

- A "Insured's Name" (Substantive)
- B "Insured's Authorized Representative" (Substantive)
- C "Street or Mailing Address" (Non-Substantive)
- D "City and State" (Non-Substantive)
- E "Zip Code" (Non-Substantive)
- F "State and County Name " (Substantive)

**NOTE: The entry for the "State and County Name" must be the state and county name where insurance attaches. Form-completion procedures must provide this information.**

**An option is allowed on the application that permits an applicant to obtain coverage for Category B crops (excluding forage production) listed on the application in any county added after the sale closing date. If Insurance Providers elect to include this option on the application, one or both of the following statements must appear on the application: "Substantive"**

**[ ] 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.**

**[ ] 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 within the state.**

**Guidelines to administer this option are found in the 18010 Crop Insurance Handbook, Section 4.**

- G "Policy/Contract Number" (Substantive)
- H "Tax Identification Number and type of Tax Identification Number" (Substantive)

**NOTE: Form-completion procedures must provide instructions to enter the appropriate identification number and identify the type of number as illustrated in (1) or (2) below.**

- (1) "SSN/EIN/Other (Circle One):"
- (2) "? SSN ? EIN ? Other (Check One)"

- I "Spouse's Name" (Substantive)
- J "Spouse's SSN" (Substantive)
- K "List all persons or entities with 10 percent or more interest in the applicant" (include landlords or tenants insured under the applicant). If none, state NONE. (See reverse side for additional space.)

Required Information: (Substantive) See note below.

1. Name
2. Address
3. Phone
4. Enter Code and Number  
S=SSN/E=EIN/O=OTHER
5. Type of Entity

**NOTE: This item is not required if an approved SSN/EIN form is used to record this information.**

- L "Designated County" (Substantive)

## 2 CHANGES

- A "Change Insurance ? " (Substantive)

**NOTE: Form-completion procedures must provide instructions to check this box when appropriate.**

- B "Effective Crop Year" (Substantive)
- C "Name of Crop" (For identification purposes only. A crop cannot be added using a policy change form.) (Substantive)
- D "Type, Class, or Etc." (Substantive)
- E "Price Election" or "Amount of Insurance" (Substantive)
- F "Level Election" or "Coverage Level" (Substantive)
- G "Practice" (Non-Substantive)
- H "Plan of Insurance" (APH, CRP, GRP, IP, AGR etc.) (For identification

purposes only. A plan of insurance cannot be changed using a policy change form.) (Substantive)

I "Options" (Substantive)

**3 CANCELLATIONS**

A "Cancel Insurance ? " (Substantive)

**NOTE: Form-completion procedures must provide instructions to check this box when appropriate.**

B "Effective Crop Year" (Substantive)

C "Name of Crop" (Substantive)

D "Options" or "Optional Coverage" (Substantive) See note pertaining to optional coverages at the end of this Exhibit.

E "Type, Class, or Etc." (Substantive)

**4 REASONS FOR CANCELLATION**

A "Reasons for Cancellation." Create item entries for Reason of Cancellation, similar to the example below. (Substantive)

(Check One)	(Explain in Remarks)
? Insured's Request	? Mutual Consent
? Death, Incompetency, or Dissolution	? Other

**NOTE: Create an item entry entitled "Reasons for Cancellation." Provide forms-completion procedures which instruct that the reason for cancellation must be explained in the remarks section of the form.**

**5 OTHER CHANGES**

A "? Successor-In-Interest" and "Effective Crop Year \_\_\_\_\_" (of the successor-in-interest transaction.) (Non-Substantive)

B "? Add or change insured's authorized representative" (Substantive)

C "? Change insured's address" (Substantive)

- D "? Correct insured's tax identification number" (Substantive)
- E "? Correct spelling of insured's name" (Substantive)

**NOTE: These item entries are required in order to identify the type of change being initiated. Form-completion procedures must provide instructions to convey this information.**

## 6 REMARKS SECTION

Create an area large enough to enter explanations or remarks. (Substantive)

## 7 OTHER INFORMATION AND SIGNATURES

- A "Insured's Signature" (Substantive)
- B "Date" (of Insured's Signature) (Substantive)
- C "Agent's Signature, Date and Code Number" (Substantive)

**NOTE: If individual code numbers are not assigned to agent, then the agent completing the form must print his/her name. Following are two formats for this information (with and without the code number):**

<u>I.B. Agent</u>	<u>12RMA34</u>
(Agent's Signature) (Date)	(Code Number)

OR

<u>I.B. Agent</u>	<u>I.B. Agent</u>
(Agent's Signature) (Date)	(Print Name of Agent Completing Form)

- D "Agent's Address and Phone Number" (Non-Substantive)
- E "Form Identification Number (alpha and/or numeric)" (Substantive)
- F "Insurance Provider's Name and Address"

"Insurance Provider's Name (spelled out) as found on the Standard Reinsurance Agreement." (Substantive)

"Insurance Provider's Address" as found on the Standard Reinsurance Agreement. (Non-Substantive provided this information is supplied to the insured with the policy or policy jacket at time of issue. If not provided on either of these documents, the address is Substantive).

G "Form Title" (Substantive)

## 8 SPECIAL FORM-DEVELOPMENT INFORMATION

A Optional Coverages

(1) Purchasing Optional Coverages

If optional coverages are purchased or coverage is excluded (when permitted by the policy) after basic coverage is established, the Policy Change form (Exhibit 12) may be used to add or exclude optional coverages. The application can also be used to add optional coverage; however, it is recommended that the Policy Change form be used to do this for an existing policy.

**NOTE: Forms-completion procedures must include instructions for adding optional coverages if this form is used to add optional coverages after the basic crop coverage has already been purchased.**

(2) Cancellation of Optional Coverages

The Policy Change form will be used to cancel optional coverages that the insured purchased or cancel coverage exclusion. This applies to all types of optional coverages; e.g., potato options, apple options, and High Risk Land Exclusion Option. Forms-completion procedures must include instructions to cancel optional coverages on this form.

B Adding Crops or Plans of Insurance

Adding crop coverage or changing plans of insurance is not permitted by use of a Policy Change Form. A new application must be completed.

## 9 REQUIRED STATEMENTS

A False Claim Statement. See Exhibit 4. (Substantive)

B Privacy Act Statement. See Exhibit 6. (Substantive)

(1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of**

**applicant/insured on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

- (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974."  
(Substantive)
  
- C Nondiscrimination Statement. See Exhibit 7. (Substantive)



**SOCIAL SECURITY NUMBER (SSN) AND EMPLOYER IDENTIFICATION NUMBER (EIN) REPORTING FORM****1 GENERAL INFORMATION**

- A Form Title is: "Social Security Number (SSN) and Employer Identification Number (EIN) Reporting Form" (Substantive)
- B "(YEAR) and Succeeding Crop Years" (Substantive)

**2 INSURED INFORMATION**

- A "Name of Applicant/Insured" (Substantive)
- B "Applicant's Telephone Number" (Substantive)
- C "Applicant's Address" (Non-Substantive)
- D "City and State" (Non-Substantive)
- E "Zip Code" (Non-Substantive)
- F "Policy Number (if applicable)" (Substantive)
- G "Tax Identification Number and type of Tax Identification Number" (Substantive)

**NOTE: Form-completion procedures must provide instructions to enter the appropriate identification number and identify the type of number as illustrated in (1) or (2) below.**

- (1) "SSN/EIN/Other (Circle One):"
- (2) "? SSN ? EIN ? Other (Check one)"

- H "Type of Entity" (Substantive)

**NOTE: Form-completion procedures must provide instructions to enter the specific type of entity, (i.e., partnership; trust; individual; joint-interest; corporation; etc) not entity code. This entry is verified for accuracy during applicable RMA and insurance providers review and at loss adjustment time. Insurance providers are required to electronically transmit the type of entity code, as defined in the M-13 Handbook, to RMA.**

- I "Spouse's Name" (Substantive)

- J "Spouse's SSN" (Substantive)
- K "Insurance Provider's Name and Address"
- "Insurance Provider's Name (spelled out) as found on the Standard Reinsurance Agreement." (Substantive)
- "Insurance Provider's Address" as found on the Standard Reinsurance Agreement. (Non-Substantive), Provided this information is supplied to the insured with the policy or policy jacket at time of issue. If not provided on either of these documents, the address is (Substantive).
- L "Form Identification Number (alpha and/or numeric)" (Substantive)

### 3 AGENT INFORMATION

- A "Name of Agent" (Substantive)
- B "Agent's Address" (Substantive)
- C "Agent's Signature, Date and Code Number" (Substantive)

**NOTE: If individual code numbers are not assigned to agent, then the agent completing the form must print his/her name. Following are two formats for this information (with and without the code number):**

<u>I.B. Agent</u>	<u>12RMA34</u>
(Agent's Signature) (Date)	(Code Number)

OR

<u>I.B. Agent</u>	<u>I.B. Agent</u>
(Agent's Signature) (Date)	(Print Name of Agent Completing Form)

### 4 OTHER PERSON AND/OR ENTITY INFORMATION

"List all persons or entities with 10 percent or more interest in the applicant" (include landlords or tenants insured under the applicant). If none, state NONE. (See reverse side for additional space.)

Required Information: (Substantive) See note below.

1. Name
2. Address
3. Phone

4. Enter Code and Number  
S=SSN/E=EIN/O=OTHER
5. Type of Entity

**NOTE: This item is not required if an approved SSN/EIN form is used to record this information.**

## 5 SIGNATURE BLOCK

"Signature of Applicant/Insured" and "Date" (Substantive)

## 6 REQUIRED STATEMENTS

- A False Claim Statement. See Exhibit 4. (Substantive)
- B Privacy Act Statement. See Exhibit 6. (Substantive)

- (1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of applicant/insured on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

- (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974."  
(Substantive)
- C Nondiscrimination Statement. See Exhibit 7. (Substantive)

**POLICY CONFIRMATION AND/OR SCHEDULE OF INSURANCE****1 INSURED INFORMATION**

- A "Insured's Name" (Substantive)
- B "Street or Mailing Address" (Non-Substantive)
- C "City and State" (Non-Substantive)
- D "Zip Code" (Non-Substantive)
- E "Insured's Tax Identification Number" (SSN, EIN, Other) (Non-Substantive)
- F "Spouse's Name" (Non-Substantive)
- G "Spouse's SSN" (Non-Substantive)
- H "Policy Number" (Substantive)
- I "State and County Name" (Substantive)

**NOTE: The entry for the "State and County Name" must be the state and county name where insurance attaches. Form-completion procedures must provide this information.**

**2 CROP INFORMATION**

- A "Crop Insured" (Substantive)
- B "Crop Type" (Substantive)
- C "Price Election" (Substantive)
- D "Level of Coverage" (Substantive)
- E "Options" (For example Hail/Fire, High Risk Exclusion, Potato Quality Option, etc.) (Substantive)
- F "Effective Crop Year" (Substantive)
- G "Plan of Insurance" (APH, CRP, GRP, IP, AGR etc.) (Substantive)

**3 AGENT INFORMATION**

- A "Agent's Name" (Substantive)

- B "Agent's Street or Mailing Address" (Substantive)
- C "Agent's City and State" (Substantive)
- D "Agent's Zip Code" (Substantive)
- E "Agent's Code Number" (Substantive)

**NOTE: If individual code numbers are not assigned to agent, then the agent completing the form must print his/her name. Following are two formats for this information (with and without the code number):**

12RMA34                      I.B. Agent  
(Code Number)            OR    (Print Name of Agent Completing Form)

- F "Agent's Telephone Number" (Substantive)

#### **4 OTHER INFORMATION**

- A "Form Title" (Substantive)
- B "Form Identification Number (alpha and/or numeric)" (Substantive)
- C "Insurance Provider's Name and Address"  
  
"Insurance Provider's Name (spelled out) as found on the Standard Reinsurance Agreement." (Substantive)  
  
"Insurance Provider's Address" as found on the Standard Reinsurance Agreement. (Non-Substantive provided this information is supplied to the insured with the policy or policy jacket at time of issue. If not provided on either of these documents, the address is Substantive).
- D "Date Issued" (Substantive)
- E "Amount of Administrative Fee Due the Insurance Provider" (Substantive)
- F "Amount of Subsidy Paid by RMA" (Substantive)

**POWER OF ATTORNEY**

**1 GENERAL INFORMATION**

A personal Power of Attorney created by an attorney for an insured does not have to be approved by RMA. However, if an insurance provider chooses to develop it's own form for use by insureds, such forms should comply with the non-substantive standards listed below.

**2 STATEMENTS**

A Use The Following Statements

"The undersigned does hereby make, constitute and appoint \_\_\_ of \_\_\_ in the County of \_\_\_ and State of \_\_, the true and lawful attorney, for and in the name, place and stead of the undersigned in connection with Multiple Peril Crop Insurance Policy and/or Contract Number \_\_\_\_\_.

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.

1. Making application for insurance
2. Making crop acreage reports
3. Giving notice of damage or loss
4. Making claim for indemnity
5. Making contract change
6. Making transfers and cancellations
7. Providing program required production reports
8. Taking all actions related to crop insurance for the above identified policy and/or contract number

This Power of Attorney shall be filed at the office where the official 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 file folder (such revocation shall be placed in the official file folder).

This Power of Attorney is signed and dated at (City), (State) this \_\_\_ day of \_\_\_\_\_, (YEAR).

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Witness Signature

I hereby accept the foregoing appointment:

\_\_\_\_\_  
Appointee's Signature

**ACKNOWLEDGMENT**

(For use by Notary Public)

State of  
County of

(Use acknowledgment form if required by the State where acknowledgment is taken)

**NOTE: Signatures of the insured and the appointee must be notarized when required by law.**

**3 OTHER INFORMATION AND SIGNATURES**

A "Notary Seal and Signature of Notary"

B "Insurance Provider's Name and Address"

"Insurance Provider's Name (spelled out) as found on the Standard Reinsurance Agreement."

"Insurance Provider's Address" as found on the Standard Reinsurance Agreement. (Non-Substantive provided this information is supplied to the insured with the policy or policy jacket at time of issue. If not provided on either of these documents, the address is Substantive).

C "Form Identification Number (alpha and/or numeric)"

D "Form Title"

E Privacy Act Statement. See Exhibit 6.

(1) Include the Privacy Act Statement on the form or make available as a separate document

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of applicant/insured on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

(2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974."

F Nondiscrimination Statement. See Exhibit 7.

**ASSIGNMENT OF INDEMNITY****1 INSURED INFORMATION**

- A "Insured's Name" (Substantive)
- B "Insured's Authorized Representative" (Substantive)
- C "Street or Mailing Address" (Substantive)
- D "City and State" (Substantive)
- E "Zip Code" (Substantive)
- F "Policy Number" (Substantive)
- G "Effective Crop Year" (Substantive)

**2 TERMS AND CONDITIONS**

- A "The assignment must read as follows": (Substantive)

"The Insured assigns to (Name of Lender) of (Mailing Address)  
(City, State and Zip) the right and interest of any indemnity payment(s)  
which may be payable to the insured under the insurance policy for the  
crop(s) shown:

**NOTE: The Name and Address of Lender must be contained in  
above statement unless listed on the form.**

**CONDITIONS**

- (1) This assignment will be binding upon the person(s) who succeed the Insured's interest in the insurance policy.
- (2) Indemnity payments made under the insurance policy will be subject to a deduction for any indebtedness due this insurance provider by the Insured.
- (3) This assignment will not grant the Lender any greater rights than originally held by the Insured.
- (4) The Lender's interest will be recognized upon insurance provider's approval of this assignment and the Lender will have the right to submit the loss notices and other forms as required by the Policy.
- (5) The insurance provider will determine the person(s) entitled to any indemnity payment(s) and the payment(s) will be by joint check.



(6) Cancellation of this assignment prior to and during the crop year stated above will be accepted by the insurance provider only upon notification in writing by the above identified Lender(s). It is understood and agreed that this assignment will be subject to the terms and conditions of the insurance policy. (Followed by signatures of the Insured, Lender and Witnesses)

B "The insurance provider hereby approves the foregoing assignment" (Followed by Authorized Representative's Signature for the insurance provider and Date) (Substantive)

C "This assignment was filed with the insurance provider on \_\_, (YEAR) at \_\_ a.m./p.m." (Substantive)

### 3 OTHER INFORMATION AND SIGNATURES

A "Insured's Signature and Date" (Substantive)

B "Witness Signature and Date" (Substantive)

C "Lender's Signature and Date" (Substantive)

D "Witness Signature and Date" (Substantive)

E "Insurance Provider's Authorized Representative Signature and Date" (Substantive)

F "Insurance Provider's Name and Address"

"Insurance Provider's Name (spelled out) as found on the Standard Reinsurance Agreement." (Substantive)

"Insurance Provider's Address" as found on the Standard Reinsurance Agreement. (Non-Substantive provided this information is supplied to the insured with the policy or policy jacket at time of issue. If not provided on either of these documents, the address is Substantive).

G "Form Identification Number (alpha and/or numeric)" (Substantive)

H "Form Title" (Substantive)

### 4 REQUIRED STATEMENT

A Privacy Act Statement. See Exhibit 6. (Substantive)

(1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of the applicant/insured on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

- (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974."  
(Substantive)

B Nondiscrimination Statement. See Exhibit 7. (Substantive)

**CONTINUOUS HAIL AND FIRE EXCLUSION OPTION FORM****1 INSURED INFORMATION**

- A "Insured's Name" (Substantive)
- B "Street or Mailing Address" (Non-Substantive)

**2 CROP INFORMATION**

- A "The Hail and Fire Exclusion applies to the following crop(s):  
\_\_\_\_\_ " (Substantive)
- B "First Effective Crop Year" (Substantive)
- C "MPCI Policy Number" (Substantive)

**3 TERMS AND CONDITIONS**

The following statements are required except for the calculation example:

- A "Hail and Fire will be excluded on a crop basis as insured causes of loss from your Multiple Peril Crop Insurance Policy for a reduced premium for each crop year the following terms and conditions are met." (Substantive)
- "The terms of this option apply to the first crop year requested and are continuous for each succeeding crop year as provided below. This option can be canceled or crops can be deleted if a request is submitted in writing on or before the applicable multiple peril crop insurance cancellation date for the crop(s), or crops can be added if a written request is submitted on or before the applicable sales closing date for the crop(s)." (Substantive)
- B "For the first crop year of this option:
- (1) The Hail and Fire Exclusion Option must be signed: (a) within 72 hours of the date a private Hail and Fire policy is first in effect or (b) on or before the date Multiple Peril Crop Insurance coverage attaches for a crop year after the first crop year a multi-season hail and fire policy is in effect.
  - (2) This option is effective only if the crop has not been damaged to the extent that a Multiple Peril Crop Insurance indemnity may be claimed on any unit of the insured crop." (Substantive)

- C "For each crop year, Hail and Fire insurance coverage must be in effect (and premiums earned) on all planted insurable acreage of the crop insured under the Multiple Peril Crop Insurance Policy and the total dollar amount of hail and fire insurance liability must equal or exceed the total Multiple Peril Crop Insurance liability for that crop acreage." (Substantive)
- D "For each crop year, you must provide a copy of the annual hail and fire declaration sheet showing the required amount of hail and fire coverage for the crop year or other proof that the required amount of hail and fire coverage has attached for the crop year." (Substantive)
- E "An appraisal for uninsured causes will be made when the crop is damaged by hail and/or fire, and the average percent damage to the crop insurance unit exceeds the coverage level percentage determined by subtracting the coverage level percentage from 100. This excess percentage amount will be multiplied by the guarantee per acre divided by your coverage level percentage and the result will be the appraisal for uninsured causes." (Substantive)

For example:

The average percent hail damage to the crop insurance unit = 45%. MPCl coverage level = 65%.  
 Per-acre guarantee = 100 bu.  
 Step 1:  $1.00 - .65 = .35$   
 Step 2:  $.45 - .35 = .10$  (excess percentage)  
 Step 3:  $.10 \times 100$  bu. (Per-acre guarantee)  
 Step 4:  $10 \div .65 = 15.4$  bu. per-acre appraisal for uninsured causes. " (Non-Substantive)

"EXCEPT THAT:

If hail and/or fire occurs and the original hail and fire liability under a private Hail and Fire policy has been reduced below the Multiple Peril Crop Insurance coverage, due to another cause of loss insured under the Multiple Peril Crop Insurance Policy, the hail and/or fire indemnity will be divided by the original hail and fire liability. This result will be multiplied by the Multiple Peril Crop Insurance guarantee per acre divided by your coverage level percentage and the result will be the appraisal for uninsured causes." (Substantive)

#### 4 OTHER INFORMATION AND SIGNATURE

- A "Information for the first-year hail/fire exclusion request." (Substantive)
- (1) "Hail and Fire Coverage Effective Date" (Substantive)
- (2) "Name of Hail and Fire Insurance Company(ies) and Policy Number(s)" (Substantive)

- B "Name and Address of Insurance Agency" (Non-Substantive)
- C The following statement is required above the insured's signature:  
(Substantive)

"I, the insured, will provide any information the insurance provider may require or authorize representative(s) of the insurance provider access to any information that the insurance provider may require regarding any hail and fire policy(ies) I have in effect for any crop year that this option is in effect." (Substantive)

- D "Insured's Signature and Date" (Substantive)
- E "Agent's Signature, Date and Code Number" (Substantive)

**NOTE: If individual code numbers are not assigned to agent, then the agent completing the form must print his/her name. Following are two formats for this information (with and without the code number):**

<u>I.B. Agent</u>	<u>12RMA34</u>
(Agent's Signature) (Date)	(Code Number)

OR

<u>I.B. Agent</u>	<u>I.B. Agent</u>
(Agent's Signature) (Date)	(Print Name of Agent Completing Form)

- F "Form Identification Number" (alpha and/or numeric) (Substantive)
- G "Form Title, as follows: Continuous Hail and Fire Exclusion Option" (Substantive)
- H "Insurance Provider's Name and Address"

"Insurance Provider's Name (spelled out) as found on the Standard Reinsurance Agreement." (Substantive)

"Insurance Provider's Address" as found on the Standard Reinsurance Agreement. (Non-Substantive provided this information is supplied to the insured with the policy or policy jacket at time of issue. If not provided on either of these documents, the address is Substantive).

**5 REQUIRED STATEMENT**

- A Privacy Act Statement. See Exhibit 6. (Substantive)

- (1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by the securing the signature and date of the applicant/insured on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

- (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974." (Substantive)

B Nondiscrimination Statement. See Exhibit 7. (Substantive)

**REQUEST TO EXCLUDE HAIL AND FIRE****1 INSURED INFORMATION**

- A "Insured's Name" (Substantive)
- B "Street or Mailing Address" (Non-Substantive)
- C "City, State and Zip Code" (Non-Substantive)

**2 CROP INFORMATION**

- A "The Request to Exclude Hail and Fire applies to the following crop(s):  
\_\_\_\_\_ " (Substantive)
- B "Effective Crop Year" (Substantive)
- C "MPCI Policy Number" (Substantive)

**3 TERMS AND CONDITIONS**

The following statements are required except for the calculation example.

- A "Hail and Fire will be excluded on a crop basis as insured causes of loss from your Multiple Peril Crop Insurance Policy for a reduced premium for the effective crop year provided the following terms and conditions are met." (Substantive)
- B "For the effective crop year of this request:
  - (1) The Request to Exclude Hail and Fire must be signed: (a) within 72 hours of the date a private Hail and Fire policy is in effect or (b) on or before the date Multiple Peril Crop Insurance coverage attaches for a crop year after the first crop year a multi-season hail and fire policy is in effect on a crop.
  - (2) This request is effective only if the crop has not been damaged to the extent that a Multiple Peril Crop Insurance indemnity may be claimed on any unit of the insured crop." (Substantive)
- C "Hail and Fire insurance coverage must be in effect (and premiums earned) on all planted insurable acreage of the crop insured under the Multiple Peril Crop Insurance Policy and the total dollar amount of hail and fire insurance liability must equal or exceed the total Multiple Peril Crop Insurance liability for that crop acreage." (Substantive)

- D "The Insured must provide a copy of the hail and fire declaration sheet showing the required amount of hail and fire coverage for the effective crop year or other proof that the required amount of hail and fire coverage as attached for the effective crop year." (Substantive)
- E "An appraisal for uninsured causes will be made when the crop is damaged by hail and/or fire, and the average percent damage to the crop insurance unit exceeds the coverage level percentage determined by subtracting the coverage level percentage from 100. This excess percentage amount will be multiplied by the guarantee per acre divided by your coverage level percentage and the result will be the appraisal for uninsured causes." (Substantive)

"For example:           The average percent hail damage to the crop insurance unit = 45%.   MPCI coverage level = 65%.  
Per-acre guarantee = 100 bu.  
Step 1:    1.00 - .65 = .35  
Step 2:    .45 - .35 = .10 (excess percentage)  
Step 3:    .10 x 100 bu. (Per-acre guarantee)  
Step 4:    10 ) .65 = 15.4 bu. per-acre appraisal for uninsured causes." (Non-Substantive)

"EXCEPT THAT:

If hail and/or fire occurs and the original hail and fire liability under a private Hail and Fire policy has been reduced below the Multiple Peril Crop Insurance coverage, due to another cause of loss insured under the Multiple Peril Crop Insurance Policy, the hail and/or fire indemnity will be divided by the original hail and fire liability. This result will be multiplied by the Multiple Peril Crop Insurance guarantee per acre divided by your coverage level percentage and the result will be the appraisal for uninsured causes." (Substantive)

#### 4 OTHER INFORMATION AND SIGNATURE

- A "Hail and Fire Coverage Effective Date" (Substantive)
- B "Name of Hail and Fire Insurance Company(ies) and Policy Number(s)" (Substantive)
- C "Name and Address of Insurance Agency" (Non-Substantive)
- D The following statement is required above the Insured's Signature. (Substantive)



"I, the insured, will provide any information the insurance provider may require or authorize representative(s) of the insurance provider access to any information that the insurance provider may require regarding any hail and fire policy(ies) I have in effect for the crop year of this request. I certify that the information reported above is true and correct"  
(Substantive)

E "Insured's Signature and Date" (Substantive)

F "Agent's Signature, Date and Code Number" (Substantive)

**NOTE: If individual code numbers are not assigned to agent, then the agent completing the form must print his/her name. Following are two formats for this information (with and without the code number):**

I.B. Agent  
(Agent's Signature) (Date)

12RMA34  
(Code Number)

OR

I.B. Agent  
(Agent's Signature) (Date)

I.B. Agent  
(Print Name of Agent Completing Form)

G "Form Identification Number" (alpha and/or numeric) (Substantive)

H "Form Title, as follows: Request to Exclude Hail and Fire" (Substantive)

I "Insurance Provider's Name and Address"

"Insurance Provider's Name (spelled out) as found on the Standard Reinsurance Agreement." (Substantive)

"Insurance Provider's Address" as found on the Standard Reinsurance Agreement. (Non-Substantive provided this information is supplied to the insured with the policy or policy jacket at time of issue. If not provided on either of these documents, the address is Substantive).

J "Page \_\_\_ of \_\_\_" (Substantive)

**5 REQUIRED STATEMENT**

A Privacy Act Statement. See Exhibit 6. (Substantive)

(1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by the securing the signature and date of the applicant/insured on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

(2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974." (Substantive)

B Nondiscrimination Statement. See Exhibit 7. (Substantive)

**TRANSFER OF RIGHT TO AN INDEMNITY****1 GENERAL INFORMATION**

- A "Transferor's Name" (Substantive)
- B "Street and Mailing Address" (Non-Substantive)
- C "Contract Number" (Substantive)
- D "Section", "Township", "Range" or "FSA Farm Serial Number" (Substantive)

**2 CROP INFORMATION**

- A "Crop" (Substantive)
- B "Crop Year" (Substantive)
- C "Unit No" (Substantive)
- D The following information must be on the form. (Substantive)
  - (1) Is all of the insured acreage and all of the insured share on this unit being transferred? Yes ( ) No ( )
  - (2) Statement a below may be used alone. If both statements are used the form should indicate: "Check One of the Boxes"
    - ? a Make check payable jointly to insured and transferee(s). Check will be mailed to the insured's address (unless an assignment of indemnity is on file); or
    - ? b Make checks payable to transferee(s) only. Check will be mailed to address shown in 3B.

**3 OTHER INFORMATION**

- A "Transferee(s) Names" (Substantive)
- B "Transferee(s) Address, City, State, and Zip Code" (Substantive)
- C "Transferee's Tax Identification Number" (Substantive)

**NOTE: Form-completion procedures must provide instructions to enter the appropriate identification number and identify the**

**type of number as illustrated in (1) or (2) below.**

- (1) "SSN/EIN/Other (Circle One):"
- (2) "? SSN ? EIN ? Other (Check one)"

- D "Acreage Transferred" (Substantive)
- E "Share Transferred" (Substantive)
- F "Effective Date of Transfer" (Substantive)
- G "Nature of Transfer" (Substantive)
- H "Form Identification Number" (alpha and/or numeric) (Substantive)
- I "Form Title" (Substantive)
- J "Insurance Provider's Name and Address"

"Insurance Provider's Name (spelled out) as found on the Standard Reinsurance Agreement." (Substantive)

"Insurance Provider's Address" as found on the Standard Reinsurance Agreement. (Non-Substantive) provided this information is supplied to the insured with the policy or policy jacket at time of issue. If not provided on either of these documents, the address is (Substantive).

#### **4 TERMS AND CONDITIONS**

- A The following information must be on the form. (Substantive)

Acceptance by the insurance provider of the above-described transfer shall transfer the insured's right to an indemnity to the above-named transferee subject to:

- (1) Receipt by the insurance provider of satisfactory evidence that said transfer occurred before the end of the insurance period; i.e., (a) the date harvest was completed on the unit, (b) the calendar date for the end of the insurance period, or (c) the date the entire crop on the unit was destroyed, as determined by the Insurance Provider.
- (2) The terms of the above-identified insurance contract, including any outstanding assignment of indemnity made by the transferor prior to the date of transfer.
- (3) All other terms and provisions set forth herein.

- B The insurance provider shall not be liable for anymore indemnity than existed before the transfer occurred.
- C The insurance contract of the transferor covers the share hereby transferred only to the end of the insurance period for the current crop year.
- D The Transferee and the transferor shall be jointly and severally liable for any unpaid premium earned for the current crop year on the acreage and share transferred. The premium for the unit has been paid: Yes ( ) No ( )
- E Total premium on this unit \$\_\_\_\_\_
- F Premium on acreage transferred \$\_\_\_\_\_
- G Premium on retained acreage \$\_\_\_\_\_
- H Premium paid with transfer \$\_\_\_\_\_

**5 REQUIRED SIGNATURES**

- A "Transferor's Signature and Date" (Substantive)
- B "Transferee(s) Signature and Date" (Substantive)
- C "Agent's Signature, Date and Code Number" (Substantive)

**NOTE: If individual code numbers are not assigned to agent, then the agent completing the form must print his/her name. Following are two formats for this information (with and without the code number):**

<u>I.B. Agent</u>	<u>12RMA34</u>
(Agent's Signature) (Date)	(Code Number)

OR

<u>I.B. Agent</u>	<u>I.B. Agent</u>
(Agent's Signature) (Date)	(Print Name of Agent Completing Form)

**6 REQUIRED STATEMENT**

- A Privacy Act Statement See Exhibit 6. (Substantive)
  - (1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of the applicant/insured on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

(2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974." (Substantive)

B Nondiscrimination Statement. See Exhibit 7. (Substantive)

**HIGH-RISK LAND EXCLUSION OPTION****1 INSURED INFORMATION**

- A "Insured's Name" (Substantive)
- B "Contract Number" (Substantive)
- C "Street or Mailing Address" (Substantive)
- D "City, State and Zip Code" (Substantive)
- E "County Name" (Substantive)
- F "Identification No. SSN TAX" (Substantive)

**2 CROP INFORMATION**

- A "Crop(s)" (Substantive)
- B "Crop Year" (Substantive)

**3 TERMS AND CONDITIONS**

The following information must be on the form. (Substantive)

Upon our approval of this Option, we agree to amend your Federal Crop Insurance Policy to exclude from crop insurance coverage all high-risk land for the identified crop(s) and county in which you have a share, subject to the following terms and conditions:

- A The Option must be submitted to us on or before the final date for accepting applications for the initial crop year in which you wish to exclude high-risk land.
- B In the event of a loss on any insured unit, you must provide separate production records showing planted acreage and harvested production for any acreage which is excluded from crop insurance coverage under this Option.
- C By signing this Option, you are declining crop insurance coverage under the general crop insurance policy and the crop endorsement on your high-risk land.

- D As used in this Option, "high-risk" land is any land to which a high risk classification applies as classified by the actuarial document.
- E This Option may be canceled by either you or us for any succeeding crop year by giving written notice on or before the cancellation date provided by the policy, preceding such crop year.
- F You must report, on the acreage report for each crop year, the acreage of the crop planted on high-risk land.
- G All other provisions of the policy not in conflict with this Option are applicable.

#### 4 REQUIRED SIGNATURES

- A "Insured's Signature and Date" (Substantive)
- B "Agent's Signature, Date and Code Number" (Substantive)

**NOTE: If individual code numbers are not assigned to agent, then the agent completing the form must print his/her name. Following are two formats for this information (with and without the code number):**

<u>I.B. Agent</u> (Agent's Signature) (Date)	<u>12RMA34</u> (Code Number)
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OR

<u>I.B. Agent</u> (Agent's Signature) (Date)	<u>I.B. Agent</u> (Print Name of Agent Completing Form)
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#### 5 OTHER INFORMATION

- A "Form Identification Number" (alpha and/or numeric) (Substantive)
- B "Form Title" (Substantive)
- C "Insurance Provider's Name and Address"

"Insurance Provider's Name (spelled out) as found on the Standard Reinsurance Agreement." (Substantive)

"Insurance Provider's Address" as found on the Standard Reinsurance Agreement. (Non-Substantive provided this information is supplied to the insured with the policy or policy jacket at time of issue. If not provided on either of these documents, the address is Substantive).



**6 REQUIRED STATEMENTS**

A False Claim Statement. See Exhibit 4. (Substantive)

B Privacy Act Statement. See Exhibit 6. (Substantive)

- (1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of applicant/insured on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

- (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974." (Substantive)

C Nondiscrimination Statement. See Exhibit 7. (Substantive)

**PRODUCTION CERTIFICATION WORKSHEET****1 INSURED INFORMATION**

- A "Insured's Name" (Substantive)
- B "Street or Mailing Address" (Non-Substantive)
- C "City and State" (Non-Substantive)
- D "Zip Code" (Non-Substantive)
- E "Insured's Telephone Number" (Substantive)
- F "Tax Identification Number" (Non-Substantive)
- G "Policy Number" (Substantive)
- H "State and County Name" (Substantive)

**NOTE: The entry for the "State and County Name" must be the state and county name where insurance attaches. Form-completion procedures must provide this information.**

- I "Crop Year" (Substantive)

**2 CROP INFORMATION**

- A "Name of Crop" (Substantive)
- B "Practice and Type" (Substantive)
- C "Unit Number" (Substantive)
- D "Section", "Township" and "Range" (Substantive)
- E "Land Other County Yes\_\_ No\_\_" (Substantive)
- F "Other Entity (ies)" (Substantive)
- G "Record Type" (Substantive)

- 1.\_ Production Sold/Commercial Storage
- 2.\_ On Farm Storage, Recorded Bin Measurement
- 3.\_ Livestock Feeding Records
- 4.\_ FSA Loan Record
- 5.\_ Appraisals
- 6.\_ Other

- H "Processor Number/Name and/or Number Trees Or Vines" (Substantive)
- I "FSA Farm Serial Number" (Substantive)
- J "T Yield" (Substantive)
- K "Crop Year of History" (Substantive)
- L "Total Production" (Substantive)
- M "Acres" (Substantive)
- N "Yield" (Substantive)

**NOTE: For items K, L, M and N above allow space to provide ten years of history.**

- O "Preliminary Yield" (Substantive)
- P "Required: Field Review \_ Inspection \_" (Substantive)
- Q "New Producer ? " (Substantive)
- R "Added Land P/T/ V ? " (Substantive) (Practice/Type/Variety)

**3 AGENT INFORMATION**

- A "Agent's Signature, Date and Code Number" (Substantive)

**NOTE: If individual code numbers are not assigned to agent, then the agent completing the form must print his/her name. Following are two formats for this information (with and without the code number):**

<u>I.B. Agent</u>	<u>12RMA34</u>
(Agent's Signature) (Date)	(Code Number)

OR

<u>I.B. Agent</u>	<u>I.B. Agent</u>
(Agent's Signature) (Date)	(Print Name of Agent Completing Form)

- B "Agent's Complete Address" (Non-Substantive)
- C "Agent's Telephone Number" (Non-Substantive)

**4 OTHER INFORMATION AND SIGNATURE**

A "Insurance Provider's Name and Address"

"Insurance Provider's Name (spelled out) as found on the Standard Reinsurance Agreement." (Substantive)

"Insurance Provider's Address" as found on the Standard Reinsurance Agreement. (Non-Substantive provided this information is supplied to the insured with the policy or policy jacket at time of issue. If not provided on either of these documents, the address is Substantive).

B "Form Title" (Substantive)

C "Form Identification Number (alpha and/or numeric)" (Substantive)

D "Insured's Signature" (Substantive)

E "Date" (Of Insured's Signature) (Substantive)

F "Page\_\_ of\_\_" (Substantive)

**5 REQUIRED STATEMENTS**

A Certification statement above Insured's Signature line

"I certify that the information I have furnished as reflected on this form is complete and accurate for the commodity(ies), unit(s) and year(s) shown. I understand this form may be reviewed or audited and that information inaccurately reported or failure to retain records to support information on this form, may result in a recomputation of the approved APH yield. I also understand that failure to report completely and accurately may result in avoidance of my crop insurance contract and may result in criminal or civil false claims penalties (18 U.S.C. 1006 and 1014; 7 U.S.C. 1506; 31 U.S.C. 3729, and 3730)." (Substantive)

B Privacy Act Statement. See Exhibit 6. (Substantive)

(1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of applicant/insured on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

(2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974." (Substantive)

C Nondiscrimination Statement. See Exhibit 7. (Substantive)

## CROP INSURANCE WITHDRAWAL OF CLAIM

### 1 INSURED AND POLICY INFORMATION

- A "Insured's Name" (Substantive)
- B "Claim Number" (Substantive)
- C "Policy Number" (Substantive)
- D "Tax Identification Number and type of Tax Identification Number"  
(Non-Substantive)

**NOTE: Form-completion procedures must provide instructions to enter the appropriate identification number and identify the type of number as illustrated in (1) or (2) below.**

- (1) "SSN/EIN/Other (Circle One):"
- (2) "? SSN ? EIN ? Other (Check One)"

- E "Name of Crop" (Substantive)
- F "Unit Number(s)" (Substantive)

### 2 TERMS AND CONDITIONS

The following statement is required: (Substantive)

Withdrawal Statement: "For the unit numbers listed above I withdraw this claim against the Insurance Provider on this policy up to this date. I agree and understand that signing this withdrawal in no way changes the terms of the policy nor affects any other loss that may subsequently occur."

### 3 OTHER INFORMATION AND SIGNATURE

- A "Insured's Signature and Date" (Substantive)
- B "Insurance Provider's Name and Address"

"Insurance Provider's Name (spelled out) as found on the Standard Reinsurance Agreement." (Substantive)

"Insurance Provider's Address" as found on the Standard Reinsurance Agreement. (Non-Substantive provided this information is supplied to the insured with the policy or policy jacket at time of issue. If not provided on either of these documents, the address is Substantive).

- C "Form Identification Number (alpha and/or numeric)" (Substantive)
- D "Form Title" (Substantive)
- E "Agency Name and Address" (Substantive)

#### 4 REQUIRED STATEMENT

- A Privacy Act Statement. See Exhibit 6. (Substantive)
  - (1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of applicant/insured on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

- (2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974." (Substantive)
- B Nondiscrimination Statement. See Exhibit 7. (Substantive)

**REQUEST FOR  
POLICY CANCELLATION AND TRANSFER  
OF EXPERIENCE DATA**

**1 REQUIRED LANGUAGE FOR REQUEST (Substantive)**

- A "Part I  
I hereby request cancellation of my crop insurance policy with (Ceding Company Name and Company Code) for the crop(s) and crop year(s) shown below because I have applied for crop insurance with another company. I understand that if this form is not executed on or before the established cancellation date for any crop listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year."
- B "Crop(s)" to be canceled and transferred (Substantive)
- C "Crop Year" of crops being canceled and transferred (Substantive)

**2 REQUIRED LANGUAGE TO AUTHORIZE (Substantive)**

- A "I hereby authorize and direct the ceding company shown above to furnish any information relative to my insurance policy to the assuming company 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 company."
- B "Signature of Policyholder and Date" (Substantive)
- C "Policy Number" (Substantive)

**3 REQUIRED LANGUAGE TO PROVIDE INSURANCE (Substantive)**

- A "Part II  
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."
- B "Name of Assuming Agent" (Substantive)
- C "Assuming Agent's Address, City, State and Zip Code" (Substantive)
- D "Signature of Company Representative Authorized to Accept Applications" (Substantive)



E "Date of Acceptance by Assuming Company" (Substantive)

F "Assuming Company's Group Code" (Substantive)

#### 4 OTHER INFORMATION AND SIGNATURES

A "Insurance Provider's Name and Address"

"Insurance Provider's Name (spelled out) as found on the Standard Reinsurance Agreement." (Substantive)

"Insurance Provider's Address" as found on the Standard Reinsurance Agreement. (Non-Substantive provided this information is supplied to the insured with the policy or policy jacket at time of issue. If not provided on either of these documents, the address is Substantive).

B "Form Identification Number (alpha and/or numeric)" (Substantive)

C "Form Title" (Substantive)

D DISTRIBUTION: (Substantive)

"Original - Assuming Company (Forward to Ceding Company upon Acceptance)

1st Copy - Assuming Company

2nd Copy - Assuming Agent

3rd Copy - Policyholder"

#### 5 REQUIRED STATEMENTS

A Privacy Act Statement. See Exhibit 6. (Substantive)

(1) Include the Privacy Act statement on the form or make available as a separate document.

**NOTE: If the Privacy Act statement is provided as a separate document, evidence of receipt of this statement must be shown by securing the signature and date of applicant/insured on a copy retained by the insurance provider. This process must be completed for each document that requires the Privacy Act statement.**

(2) If the Privacy Act statement is on the back of the form, add the following statement to the front of the form: "See reverse side of form for statement required by Privacy Act of 1974." (Substantive)

B Nondiscrimination Statement. See Exhibit 7. (Substantive)

RESERVED