

Information Collection Standards – Conflict of Interest

At a Minimum, the Company Must Collect the Following Information For Disclosure:

“Name and address of the discloser.”

“Tax Identification Number of the discloser”

“Name and address of the approved insurance provider to which you are providing the disclosure statement, hereafter referred to as the ‘Company’.”

All Federal crop insurance servicing activities conducted on behalf of the Company or any other approved insurance provider (AIP). For example:

- Policy Sales
- Loss Adjustment
- Other (specify activity) _____

Responses to the following questions (Such responses can be in a YES NO format):

1. Do you have a share in a crop insured under any eligible crop insurance contract insured by the Company?
2. Do any of your relatives (a parent, brother, sister, child, spouse, grandchild or grandparent or either resides in the household of, or engages in business with respect to a farming operation with, the person in question regardless of whether or not the individual is related by blood, adoption or marriage) have a substantial beneficial interest in any eligible crop insurance contract insured by the Company?
3. Do you have power of attorney to act on behalf of a policyholder with respect to any eligible crop insurance contract insured by the Company?
4. Do you have an ownership interest in a business (excluding stock in public corporations or entities in which you own less than a ten percent interest) with any policyholder insured by the Company?
5. Do you have a rental or leasing arrangement for land, buildings, or equipment with any policyholder insured by the Company?
6. Are you an owner/operator of a business or a commissioned based employee that provides goods or services related to farming operations (custom farming, tractor sales, etc., but excluding insurance services) for

Attachment A

which you receive revenue as the owner/operator or a direct commission as an employee with respect to any policyholder insured by the Company?

7. Are you an owner/operator of a business or a commissioned based employee that provides goods or services not related to farming operations (excluding insurance services) for which you receive revenue as the owner/operator or a direct commission as an employee with respect to any policyholder insured by the Company?
8. Are you a financial institution employee and part of the approval decision-making process of financial arrangements for any policyholder insured by the Company?
9. Do you have an agent compensation, barter, or financial arrangement (excluding those reported under question 8. above) with any policyholder insured by the Company?
10. Do you have a business, familial, financial, or legal relationship that has not been identified above with any policyholder insured by the Company?
11. Do you have a relative who works with Federal crop insurance program for the Company or any of its affiliates?

Discloser Certification

The form must require the discloser to certify that they are aware of the conflict of interest rules and agree to abide by the applicable rules in the Standard Reinsurance Agreement and its Appendices, and all applicable policies, and procedures.

The form must require the discloser to certify that to the best of his/her knowledge all information provided is true and accurate, and that any false or inaccurate information may result in 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 any other applicable federal statutes or regulations.

Privacy Act Statement

The form must include the Privacy Act Statement.