

## 2011 FCIC 24040-01 Document and Supplemental Standards Handbook (DSSH)

Listed below are changes to the Reinsured Supplemental submission procedures (Sec. 11C) and the 2011 Standard Reinsurance Agreement modified A&O Subsidy language for the Summary of Coverage (Schedule of Insurance) and the Policy Confirmation (Policy Declaration) forms (Exhibit 11 and 12) being made by slip-sheet. Refer to the actual slip-sheet to the 2011 DSSH to identify clarifications/changes that have been made effective July 2011.

<b>REFERENCE</b>	<b>DESCRIPTION OF ADDITIONS, CHANGES, OR CLARIFICATIONS.</b>
Section 11 C	Added the email address for electronic submissions.
Exhibit 11 Summary of Coverage (Schedule of Insurance)	Added the revised A&O in accordance with the 2011 SRA.
Exhibit 12 Policy Confirmation (Policy Declaration)	Added the revised A&O in accordance with the 2011 SRA.



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

<b>RISK MANAGEMENT AGENCY DIRECTIVE</b>		<b>NUMBER:</b>  <b>24040-01</b>
<b>SUBJECT:</b>  <b>DOCUMENT AND SUPPLEMENTAL STANDARDS HANDBOOK (DSSH)</b>	<b>DATE: 08/02/2010</b>	
	<b>OPI:</b> <b>Product Administration and Standards Division (PASD)</b>	
	<b>APPROVED:</b> <b>/s/ Rodger Matthews for Tim B. Witt</b>  <b>Deputy Administrator, Product Management</b>	

**1 PURPOSE**

To update and transmit clarifications and revisions to the 2011 FCIC 24040 Document and Supplemental Standards Handbook for the 2011 and subsequent crop years. The DSSH provides the form standards and procedures for use in the sales and service of any eligible crop insurance policy; Approved Insurance Provider (AIP) required statements and disclosures; and the standards for submission and review of non-reinsured supplemental policies in accordance with the Standard Reinsurance Agreement (SRA).

**2 EFFECTIVE DATE.**

Upon approval.

**3 SERIES REPLACED.**

Conversion of the above issuance will take place upon receipt of this amendment.

**4 FILING INSTRUCTIONS.**

<b>REMOVE PAGES</b>		<b>INSERT PAGES</b>	
15-16	Dated June 2011	15-16	Dated July 2011
37-39	Dated June 2011	37-39	Dated July 2011
40-42	Dated June 2011	40-42	Dated July 2011

**DISTRIBUTION:** Risk Management Agency Directors, Branch Chiefs, Washington, D.C., and Kansas City; Regional and Risk Compliance Field Offices; Reinsure Companies, National Appeals Division, National Crop Insurance Services and Crop Insurance Research Bureau.



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

This section provides submission requirements for NRS crop policies that offer additional coverage, other than coverage for losses related to hail, to a policy or plan of insurance that is reinsured by FCIC.

### **A WHAT TO SUBMIT:**

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

### **B WHEN TO SUBMIT:**

NRS policies not requesting RMA reinsurance must be submitted no later than 120 days prior to the first sales closing date. Electronic submissions are allowed.

### **C WHERE TO SUBMIT:**

If by mail submit to:

Deputy Administrator, Product Management  
Risk Management Agency  
Attention: Product Administration and Standards Division Stop 0812  
USDA/RMA/Stop 0801  
P.O. Box 419205  
Kansas City, MO 64141-6205

If electronic, submit to

Deputy Administrator, Product Management  
Risk Management Agency  
Attention: Product Administration and Standards Division  
[DirectorPDD@rma.uds.gov](mailto:DirectorPDD@rma.uds.gov)

### **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, formatting, etc.

**12 REVIEW OF NRS CROP INSURANCE POLICIES**

The AIP shall not sell a contract of insurance or similar instrument, which is written in conjunction with an eligible insurance contract and not reinsured by FCIC, unless it has complied with the requirements of 7 C.F.R. 400.713. FCIC will not provide reinsurance for an eligible insurance contract if the AIP sold a contract or similar instrument that FCIC determines to have shifted risk to, or increases the risk, reduces or limits the rights of the insured with respect to the underlying policy or causes disruption in the market place of, such eligible insurance contract reinsured under the SRA. RMA shall review supplemental policies 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 PASD will have 60 days to review the policies, provided all information required by RMA is included in the initial submission of the policy package.
- B The AIP must maintain and make available at the request of FCIC, the underwriting information pertaining to a non-reinsured contract or similar instrument of insurance, including the policy number and all SSNs, EINs, or RMA assigned number(s) related to the eligible crop insurance contract.

**SOCIAL SECURITY NUMBER AND EMPLOYER IDENTIFICATION NUMBER  
REPORTING**

**4 SIGNATURE**

A "Applicant/Insured Printed Name, Signature, and "Date" (Substantive)

**5 REQUIRED STATEMENTS**

A Certification Statement [(Substantive) See Exhibit 2]

B Privacy Act Statement [(Substantive) See Exhibit 3]

C Nondiscrimination Statement [(Substantive) See Exhibit 4]

**11 SUMMARY OF COVERAGE (SCHEDULE OF INSURANCE)**

This form is issued to the insured after the crop(s) is planted, reports his/her acreage, and the AIP has calculated the associated premium and liability. The AIP has the election of titling this form either the Summary of Coverage or the Schedule of Insurance.

**1 INSURED INFORMATION**

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

**2 CROP INFORMATION**

- A "Crop(s) Insured" (Substantive)
- B "Crop Practice/Type" (Substantive)
- C "Percentage of Price Election, Projected Price or Amount of Insurance" (Substantive)
- D "Coverage Level" (Substantive)
- E "Options" (Substantive)
- F "Effective Crop Year" (Substantive)
- G "Plan of Insurance" (Substantive)
- H "State and County Name" (Substantive)
- I "Guarantee or Amount of Coverage" (Substantive)
- J "Liability" (Substantive)
- K "Insured's Premium" (Substantive)



**SUMMARY OF COVERAGE (SCHEDULE OF INSURANCE)****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)
- F "Agent's Telephone Number" (Substantive)

**4 OTHER INFORMATION**

- A The AIP shall display the A&O subsidy amount based on the full 2.3 percent reduction, but shall include a footnote stating the following:

**"\*Note: This amount may increase by 1.15 percent of the net book premium, if the loss ratio in the state exceeds 1.20 or may otherwise change if required by the Standard Reinsurance Agreement. However, the amount of premium the policyholder is required to pay will not change."**

Alternatively, the actual dollar amount that is the difference between the 2.3 percent reduction and the 1.15 percent reduction may be substituted for the phrase "...1.15 percent of net book premium..." in the above footnote.  
(Substantive)

- B "Date Issued" (Substantive)
- C "Amount of Administrative Fee Due the Approved Insurance Provider" (Substantive)
- D "Amount of Subsidy Paid by RMA" (Substantive)

**12 POLICY CONFIRMATION (POLICY DECLARATION)**

This form is issued to the insured after the AIP accepts the completed application. The AIP has the election of titling this form the Policy Confirmation or the Policy Declaration. This form is optional for the 2011 crop year.

**1 INSURED INFORMATION**

- A "Insured's Name" (Substantive)
- B "Street or Mailing Address" (Substantive)
- C "City and State" (Substantive)
- D "Zip Code" (Substantive)
- E "Insured's Identification Number" (Substantive)
- F "Identification Number Type" (Substantive)
- G "Person Type" (Substantive)
- H "Spouse's Name" (Substantive)
- I "Spouse's Identification Number" (Substantive)
- J "Policy Number" (Substantive)

**2 CROP INFORMATION**

- A "Crop(s) Insured" (Substantive)
- B "Type" (Substantive)
- C "Percentage of Price Election, Projected Price, or Amount of Insurance" (Substantive)
- D "Coverage Level" (Substantive)
- E "Options" (Substantive)
- F "Effective Crop Year" (Substantive)
- G "Plan of Insurance" (Substantive)
- H "State and County Name" (Substantive)

**POLICY CONFIRMATION (POLICY DECLARATION)****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)
- F "Agent's Telephone Number" (Substantive)

**4 OTHER INFORMATION**

If this form is to be combined with the Summary of Coverage (Schedule of Insurance), include the following items:

- A The AIP shall display the A&O subsidy amount based on the full 2.3 percent reduction, but shall include a footnote stating the following:

**"\*Note: This amount may increase by 1.15 percent of the net book premium, if the loss ratio in the state exceeds 1.20 or may otherwise change if required by the Standard Reinsurance Agreement. However, the amount of premium the policyholder is required to pay will not change."**

Alternatively, the actual dollar amount that is the difference between the 2.3 percent reduction and the 1.15 percent reduction may be substituted for the phrase "...1.15 percent of net book premium..." in the above footnote.  
(Substantive)

- B "Date Issued" (Substantive)
- C "Amount of Administrative Fee Due the Approved Insurance Provider" (Substantive)
- D "Amount of Subsidy Paid by RMA" (Substantive)

13 POWER OF ATTORNEY

1 GENERAL INFORMATION

A personal Power of Attorney created by an attorney for an insured does not have to adhere to form standards issued by RMA. However, if an AIP chooses to develop a Power of Attorney form for use by their insureds, such forms should comply with the "Substantive" standards listed below and also the applicable state laws that govern power of attorney documents. Agent and loss adjuster use of a power of attorney form may be limited by conflict of interest requirements contained in the Standard Reinsurance Agreement. [Refer to Section 11, see also Sec. 6 of the CIH.]

2 STATEMENTS

A The following statements are "Substantive":

"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 Insurance Policy and/or Policy 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 policy change.
6. Making transfers and cancellations.
7. Providing program required production reports.
8. Taking all actions related to the insurance coverage provided under the above identified policy and/or policy number.

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

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

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

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

\_\_\_\_\_  
Print Insured Name

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

I hereby accept the foregoing appointment:

\_\_\_\_\_  
Print Appointee Name

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