



January 9, 2012

Dear Valued Agent,

On January 5, 2009, all AIPs were mandated by RMA to follow guidelines contained within [MGR-09-001](#). In summary, the bulletin gives direction to companies and their affiliates in regards to the Non-Disclosure Statement and the requirements surrounding protected information. This bulletin was incorporated into the 2012 Document and Supplemental Standards Handbook (DSSH).

Attached to this file, you will find the Individual Non-Disclosure Statement and the Certification Form, which must be signed by an officer of the agency.

1. It is the responsibility of the agency to distribute and collect the Individual Non-Disclosure Statement from any persons that have signed the ProAg agency agreement form, have been appointed by ProAg as a licensed agent within your organization, or agency staff having access to protected information. **The NDS from the licensed agents must be received in the appropriate ProAg Regional Office no later than March 1, 2012.** These forms will be scanned into the ProAg system under the individual agent record. A copy should also be maintained at your office. The NDS for agency staff does not need to be sent back to ProAg, only maintained in your office for inspection upon request from RMA.

It is not necessary to complete a new Individual NDS form yearly. This is a one-time form; meaning if your agency has the Individual NDS form already on file in your office from prior years, **no further action** is needed for the Individual NDS.

In a situation where an agent has already signed a NDS form with another AIP, ProAg will accept this form if all RMA language is contained within the form. The same procedure as above should be used to submit the form.

2. Once **All** Individual Non-Disclosure Statements are collected, **it is the responsibility of the agency to sign the certification form by an officer of the agency, and return the certification form to ProAg by March 1, 2012. The certification must be signed yearly by an officer of the agency.** Please return to the appropriate ProAg Regional Office. At that time, the form will be scanned under the Agency Master record.

Note If you are a **Master** or **General** agency, it is not necessary for those sub-contractors who work with you to fill out the certification form, only the Individual Non-Disclosure Statement.

We will be posting both forms on our PORTAL and also on our website www.proag.com for your convenience. Please do not hesitate to contact us with questions or concerns. We continually thank you for the opportunity to work with your agency.

Respectfully,

ProAg National Operations

www.ProAg.com

THE PAST, PRESENT AND FUTURE OF AGRICULTURAL RISK MANAGEMENT®

The insurance products offered by Producers Ag Insurance Group, Inc., d/b/a ProAg®, may not be a complete list of all products offered and may not be offered in all states. ProAg prohibits discrimination on the basis of race, color, national origin, sex, religion, disability, political beliefs, and marital or familial status.



Producers Ag Insurance Group, Inc.,
2025 South Hughes, Amarillo, TX 79109

INDIVIDUAL NON-DISCLOSURE STATEMENT

1. I hereby agree that I shall keep private and not publish, use or disclose to any other individual or entity, either directly or indirectly, Protected Information, except that I may:
 - (a) Make use of such information to the extent necessary in the performance of my duties, as required under the Standard Reinsurance Agreement, and in accordance with applicable procedures issued by the Risk Management Agency;
 - (b) Disclose Protected Information only to employees or contractors of the approved insurance provider or its affiliates authorized to receive such information, and who have signed an Individual Non-Disclosure Statement; and
 - (c) Disclose Protected Information pursuant to a subpoena, court order, statute, law, rule, regulation or other similar requirement (a "Legal Requirement"). Prompt notice of such Legal Requirement shall be provided to the affected policyholders prior to its disclosure so they may seek an appropriate protective order or other appropriate remedy or waive compliance with the provisions of this Agreement.
2. I hereby agree that I shall keep secure all electronic and hard copy Protected Information and not provide access to any person not expressly authorized by the approved insurance provider or its affiliate to receive such information.
3. I agree that my obligation to secure and not disclose any Protected Information shall continue in perpetuity, which includes the time I am employed or under contract with an approved insurance provider and after I leave such employment or are no longer under contract. I understand that I may fulfill this obligation by properly destroying Protected Information for which retention requirements have ended.
4. I certify that I will adhere to all security policies and rules provided by RMA in handling USDA information and systems.
5. I understand that violation of this agreement may result in civil and criminal penalties under the Privacy Act or section 1770(c) of the Food Security Act of 1985 (7 U.S.C. § 2276c)."
6. For the purposes of this document:
 - (a) **Protected Information** means any personally identifiable information about a policyholder, or information about the policyholder's farming operation or insurance policy, acquired from the policyholder, USDA, the Comprehensive Information Management System, or the insured's previous or current approved insurance provider or agent that is protected from disclosure by the Privacy Act, section 502(c) of the Federal Crop Insurance Act (Act), or any other applicable statute. This includes all hard copy or electronic information.
 - (b) **Personally Identifiable Information** means any information about an individual maintained by an Agency, including but not limited to, education, financial transactions, medical history, and criminal or employment history and information which can be used to distinguish or trace an individual's identity, such as name, social security number, date and place of birth, mother's maiden name, biometric records, etc., including any other personal information which is linked or linkable to an individual.
 - (c) **RMA** means the Risk Management Agency, which operates the Federal crop insurance program on behalf of the Federal Crop Insurance Corporation.
 - (d) **USDA** includes the Risk Management Agency, Farm Service Agency, and any other agency within the United States Department of Agriculture.

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT Agents, Loss Adjusters and Policyholders

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIP's contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to voidance of the policy, and in criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).

Individual's Printed Name

Individual's Signature

Date

Individual's Title or Position

Affiliate or Contractors Printed Name

Affiliate or Contractor's Signature

Date



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2025 South Hughes, Amarillo, TX 79109

CERTIFICATION FOR CONTRACTORS AND AFFILIATES

ProAg must obtain an annual certification from each of its contractors and affiliates that the respective contractor or affiliate has obtained an NDS from each person who has access to any Protected Information and who is employed by or has a contract with the contractor or the affiliate. The purpose of the annual certification by the contractor or affiliate to ProAg is to ensure that the contractor or affiliate annually reviews its files to determine that any new employees or other persons having access to Protected Information have signed an NDS.

I hereby certify that _____ has reviewed its files and, as of _____, all employees or other persons having access to Protected Information have signed a non-disclosure statement.

(Agency Name)

(Date)

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