



# INDIVIDUAL CONTROLLED BUSINESS CERTIFICATION

Date \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

To cover the 2010 reinsurance year, beginning July 1, 2009, and ended June 30, 2010.

**MUST BE SUBMITTED** to the Company by **APRIL 1, 2011.**

**I hereby certify that all of the following are true and correct:**

1. I understand that all individuals (including subagents) who receive compensation (including any commission, profit sharing, bonus, or any other direct or indirect benefit) for the sale or service of policies or plans of insurance reinsured by FCIC are required to complete this certification.
2. I understand the term 'immediate family' means an individual's father, mother, stepfather, stepmother, brother, sister, step brother, stepsister, son, daughter, stepson, stepdaughter, grandparent, grandson, granddaughter, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, the spouse of the foregoing, and the individual's spouse.
3. In the above referenced reinsurance year [*Please check the applicable box below.*]:
  - a. **I DID NOT** receive compensation (including any commission, profit sharing, bonus, or any other direct or indirect benefit), for the sale or service of policies or plans of insurance reinsured by FCIC for which I or an immediate family member (as defined in paragraph 2 above) have a substantial beneficial interest. If you checked this box, you do not need to answer paragraph 4 below.
  - b. **I DID** receive compensation (including any commission, profit sharing, bonus, or any other direct or indirect benefit), for the sale or service of policies or plans of insurance reinsured by FCIC for which I or an immediate family member (as defined in paragraph 2 above) have a substantial beneficial interest.
4. If you checked the box for paragraph 3.b above, [*Please check the applicable box below*]:
  - a. The total amount of compensation (including any commission, profit sharing, bonus, or any other direct or indirect benefit) I received in the above referenced reinsurance year for the sale or service of policies or plans of insurance reinsured by FCIC for which I or an immediate family member (as defined in paragraph 2 above) have a substantial beneficial interest, **DOES NOT** exceed 30 percent of the total compensation I have received for the sale or service of all FCIC policies or plans of insurance nor exceed any applicable State specific limitation.
  - b. The total amount of compensation (including any commission, profit sharing, bonus, or any other direct or indirect benefit) I received in the above referenced reinsurance year for the sale or service of policies or plans of insurance reinsured by FCIC for which I or an immediate family member (as defined in Item 2 above) have a substantial beneficial interest, **DOES** exceed 30 percent of the total compensation I have received for the sale or service of all FCIC policies or plans of insurance or exceeds an applicable State specific limitation.
5. I acknowledge that failure to timely provide the required certification, certification I am not in compliance with the requirements of this paragraph, or certification I am in compliance when I am not may result in disqualification and civil fines under section 515(h) of the Federal Crop Insurance Act.



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Date \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

## 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.

## 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, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (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 to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

## 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. 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."

## PRODUCERS AG INSURANCE GROUP PRIVACY NOTICE

The Producers Ag Insurance Group (ProAg Group) is committed to respecting the individual privacy of our policyholders and their significant beneficial interest owners (Customers). We collect nonpublic personal information about Customers from information we receive from them such as information provided on applications or other forms, which may include name, address and social security numbers and from third parties such as a consumer reporting agency. To serve our Customers and to service our business our employees have access to Customers personal information in the course of doing their jobs and we may share or disclose non-public personal information about the Customers to affiliates within the ProAg Group or with non affiliated third parties with whom we have a contractual relationship such as agencies within the United States Department of Agriculture, with your insurance agent and other insurance companies or with banks where a written permission to transfer such information has been granted by the policyholder. We may also share non-public personal information with affiliates and with non-affiliated third parties as permitted by law. The ProAg Group will not sell or share your personal information with anyone for purposes unrelated to our business functions with out our offering to the Customer the opportunity to "opt-out" or to "opt-in" as required by law.

Print Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title or Position \_\_\_\_\_

Name of Affiliate or Contractor, if Applicable \_\_\_\_\_