



February 12, 2010

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.

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, 2010.** These forms will be scanned into PASS 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.

NEW FOR 2010: 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 forms already on file in your office, **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 15, 2010. 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 MANAGEMENTSM



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 to only employees or contractors of the approved insurance provider or their affiliates authorized to receive such information, and who have, after March 2, 2009, 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 1770c of the Food Security Act of 1985 (7 U.S.C. § 2276c).

6. For the purposes of this document:

"Approved Insurance Provider" means an insurance company that has entered into a Standard Reinsurance Agreement with the Federal Crop Insurance Corporation for the applicable reinsurance year, or any of its affiliates, with which I am employed, with which I have been employed or with which I have contracted to provide services in the administration, sales or servicing of crop insurance policies reinsured by the FCIC.

"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 policyholder'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.

"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.

"RMA" means the Risk Management Agency, which operates the Federal crop insurance program on behalf of the Federal Crop Insurance Corporation.

"USDA" includes the Risk Management Agency, Farm Service Agency, and any other agency within the United States Department of Agriculture.

Print Name: _____

Signature: _____

Date: _____

Title or Position: _____

Name of affiliate or contractor, if applicable: _____



CERTIFICATION FOR CONTRACTORS & 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.

Printed Name

Position

Signature

Date

Form Updated February 11, 2010
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Producers Ag Insurance GroupTM D/B/A ProAgSM is a wholly owned subsidiary of CUNA Mutual Group. These entities are equal opportunity providers.
The insurance products offered may not be a complete list of all products offered and may not be offered in all states.