



HIGHER INCOME PROTECTION (HIP) APPLICATION & POLICY CHANGE FORM

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

Date _____ Page _____ of _____

APPLICANT'S NAME:			AGENCY:			AGENCY CODE:			CROP YEAR:					
STREET ADDRESS:						ADDRESS:						POLICY NUMBER:		
CITY:		STATE:		ZIP:		CITY:		STATE:		ZIP:		STATE:		
PHONE:			CELL:			PHONE:						<input type="checkbox"/> NEW POLICY <input type="checkbox"/> CHANGE REQUEST		
IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER TYPE:		PERSON TYPE:		POWER OF ATTORNEY:								
AUTHORIZED REPRESENTATIVE:				APPLICANT A LIMITED RESOURCE FARMER? <input type="checkbox"/> YES <input type="checkbox"/> NO		APPLICANT 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS APPLICANT INSURING THE TENANT'S SHARE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IS APPLICANT INSURING THE LANDLORD'S SHARE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

YES NO I request insurance coverage for my share of the Category B crops (except forage production) specified below with a designated county in all added counties where the crops are insurable.
 YES NO I request insurance coverage for my share of the Category B crops (except forage production) specified below with a designated county in all added counties within the state where the crops are insurable. If your designated plan of insurance, level of coverage, or price is not available in the added county, coverage will be provided through the Catastrophic Risk Protection Endorsement, if the crop is insurable in the actuarial documents for an added county.

Crop Information

Policy (N = New C = Change)	State	County	Crop	Acres Covered (If not all)	All planted Acres ✓	Estimated Acres	HIP Trigger Level	HIP Cap	Effective Crop Year	Practice
					<input type="checkbox"/>					
					<input type="checkbox"/>					
					<input type="checkbox"/>					
					<input type="checkbox"/>					
					<input type="checkbox"/>					
					<input type="checkbox"/>					
					<input type="checkbox"/>					
					<input type="checkbox"/>					

REMARKS:

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 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 without our offering to the Customer the opportunity to 'opt-out' or 'opt-in' as required by law.

OTHER CHANGES: (AS INDICATED ABOVE)

Add/Change/Correct insured's authorized representative. Correct insured's identification number.* Add or remove "added county" election.
 Change/Correct insured's address. Correct spelling of insured's name. Other (Explain in remarks)

* If correcting an identification number, provide previous identification number.



HIGHER INCOME PROTECTION (HIP) APPLICATION & POLICY CHANGE FORM

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

Policy No. _____

Crop Year _____

Date _____

Page ____ of ____

REQUIRED STATEMENTS FOR HIGHER INCOME PROTECTION POLICIES, BY STATE:

INDIANA—Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KENTUCKY—Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

MINNESOTA—A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

OHIO—Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

TENNESSEE—It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.

For All Other States: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Please see the Policy Jacket for Privacy Notice.

I certify that the information that I have furnished on this form is complete and accurate. I understand that any false or inaccurate information on this form may result in the imposition of sanctions outlined in my policy and administrative, civil, and criminal sanctions under 18 U.S.C. 1001,1006 and 1014; 7 U.S.C. 1515; 31 U.S.C. 3729 and 3730 and any other applicable 21 federal statutes.

<p>I declare the facts stated herein to be true. By _____ (Applicant's Signature)</p>	<p>Signed by Applicant _____ o' clock _____ M, _____ Year _____ By _____ Agent Code _____ (Licensed Agent's Signature)</p>
---	--