



AUTHORIZATION TO TRANSFER ACTUAL PRODUCTION HISTORY

Date _____

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INSURED'S NAME:			AGENCY:		AGENCY CODE:	CROP YEAR/POLICY NUMBER:		
STREET AND/OR MAILING ADDRESS:			ADDRESS:			STATE/COUNTY:		
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:	CROP(S):		
INSURED'S TELEPHONE NUMBER:		CELL:	TELEPHONE NUMBER:			PLAN OF INSURANCE/COVERAGE/% OF PRICE		
IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER TYPE:	PERSON TYPE:	INSURED'S AUTHORIZED REPRESENTATIVE:					

STATE	COUNTY	CROP	UNIT NUMBER	TYPE, CLASS, ETC.	PRACTICE	SECTION TOWNSHIP RANGE	FSN	INTEREST

AUTHORIZATION
 I hereby authorize the above named insured to use my production records which I have certified under my Multiple Crop Insurance Policy for the crop(s) listed above. I certify that: (a) I have turned all or part of the farming operation over to the above named insured and he/she has participated (managed, performed the physical activities necessary to produce the crop, or received a share of the crop) in the operation and establishment of the approved APH yield or (b) I have not transferred the farming operation over to the above named insured; however, we will both have an insurable interest in the crop(s) listed above for the effective crop year. A copy of my APH Production and Yield Report is attached.

Authorization Name (Print) _____ Policy Number _____ Authorization Signature _____ Signature Date _____

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.

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To File an Employment Complaint: If you wish to file an employment complaint, you must contact your Agency's EEO Counselor, within 45 days of the date of the alleged discriminatory act, event, or in the case of a personnel action. Additional filing information can be found online at :[http://www .ascr.usda.gov/complaint_filing_file.html](http://www.ascr.usda.gov/complaint_filing_file.html).

To File a Program Complaint: If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at pro-gram.intake@usda.gov.

Persons with Disabilities: Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

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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.

I certify that (a): I have participated (managed, performed the physical activities necessary to produce the crop, or receive a share of the crop) in the operation and establishment of the approved APH yield or (b) we will both have an insurable interest in the crop(s) listed above for the effective crop year. I also understand that I may certify the APH records provided by this transfer on my APH Production and Yield Report by the applicable production reporting date.

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).

Insured's Printed Name

Insured's Signature

Date

Agent's Printed Name

Agent's Signature

Agent Code

Date

Version 2.0

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Updated: October 27, 2015

PROAG-16027