



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

SUPPLEMENTAL REPLANT COVERAGE (SRC) APPLICATION

Date _____ Page __ of __

Disclaimer: The Supplemental Replant Coverage product is a product issued and underwritten by PAIC and is not reinsured by the Federal Crop Insurance Corporation.

APPLICANT'S NAME:			AGENCY:			AGENCY CODE/SUB CODE:					
STREET ADDRESS:						ADDRESS:					
CITY:		STATE:		ZIP:		CITY:		STATE:		ZIP:	
PHONE:			CELL:			PHONE:					
IDENTIFICATION NUMBER:			IDENTIFICATION NUMBER TYPE:			SRC POLICY NUMBER:					

Crop Year	State
Crop	Insurance Per Acre based on 100% share*

***The actual insurance per acre will be equal to the selected insurance per acre based on 100% share times the interest in the crop, rounded to the nearest \$0.01.**

MPCI Policy Number(s) Plan(s) (Example: "26-987-123456 RP")

FRAUD STATEMENTS

ARKANSAS and LOUISIANA—WARNING: 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.

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

Michigan Disclaimer (Only Applies to the State of Michigan)

This is a commercial insurance policy and as such thus is exempt from the filing requirements of the state of Michigan (section 2236 of the insurance code of 1956, 1956 PA 218, MCL 500.2236.)

Signed by applicant _____ o'clock __M. _____/_____/20_____

I declare the facts stated herein to be true and agree to the terms and conditions stated in this endorsement.

Applicant's Printed Name

Applicants Signature

Date

Licensed Agent's Printed Name

Licensed Agent's Signature

Date