Producers Ag Insurance Group®, 5601 Interstate 40 W, Suite 204, Amarillo, TX 79106

MPCI Application/Cancellation/Transfer/Policy Change with SCO/ECO Form Continuation

Date _____ Page _____ of _____

APPLICANT/INSURED'S NAME:	AGENCY NAME:	AGENCY CODE:	CROP YEAR:	POLICY NUMBER:

SECTION A - APPLICATION

ADD/ CHANGE /CANCEL	EFFECTIVE CROP YEAR	CROP	INSURED COUNTY	DESIGNATED COUNTY	NEW PRODUCER ()	PLAN CODE	COVERAGE LEVEL %	% OF PRICE ELECTION, PROJECTED PRICE, AMOUNT OF INSURANCE	TYPE	PRACTICE	OPTIONS, ELECTIONS, OR ENDORSEMENTS	UNIT STRUCTURE/ CODE	INTENDED ACRES*	FOR NEW POLICIES ONLY	
														CH / PP	$/ACRE

***INTENDED ACRES WILL NOT ESTABLISH LIABILITY. AN ACREAGE REPORT MUST BE FILED.**

REMARKS:

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