



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

BEGINNING FARMER AND RANCHER AND VETERAN FARMER AND RANCHER APPLICATION

Date _____ Page _____ of _____

APPLICANT'S NAME:			AGENCY NAME:		AGENCY CODE:	CROP YEAR:
STREET AND/OR MAILING ADDRESS:			ADDRESS:			POLICY NUMBER:
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:	NEW AMENDED APPLICATION CANCELLATION
TELEPHONE NUMBER:	CELL:	APPLICANT'S EMAIL:	TELEPHONE NUMBER:	AGENT'S EMAIL:		
IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER TYPE:	PERSON TYPE:	APPLICANT'S AUTHORIZED REPRESENTATIVE:			

BEGINNING FARMER / RANCHER CERTIFICATION

I have produced the following crop(s) and / or livestock in the identified State(s) / County(ies) during the time period provided:

I request the following Beginning Farmer / Rancher authorized exclusions from consideration as crop years producing crop(s) or livestock. I certify that I was:

DATES PRODUCING ANY CROP OR LIVESTOCK					DATES OF EXCLUSION		
FROM (MM / YY)	STATE	TYPE OF CROP(S) / LIVESTOCK	CROP YEAR	USDA PROGRAM*	FROM (MM / YY)	TYPE OF EXCLUSION**	CROP YEAR(S)
TO (MM / YY)	COUNTY				TO (MM / YY)		

PRODUCTION HISTORY

I am / am not (circle one) requesting to use the actual production history from the previous producer for new acreage transferred to me.

If I have elected to use the actual production history from the previous producer; I will provide the required documentation to prove that I was previously involved in the decision making or the physical activities necessary to produce crop(s) or livestock, the documentation will also be specific as to which crop(s)/livestock that I was previously involved with; and I will identify whose actual production history will be used and the Farm/Tract and Field number of the acreage for the APH information being transferred.

NAME OF PERSON	CROP	QUALIFYING CROP YEAR(S)	FSA FARM / TRACT / FIELD NUMBER

BEGINNING FARMER / RANCHER ADDITIONAL INFORMATION (TO BE COMPLETED BY THE AIP)

CROP YEARS CROP / LIVESTOCK PRODUCED	NUMBER OF YEARS PRODUCING CROP / LIVESTOCK	CROP YEARS EXCLUDED	NUMBER OF YEARS EXCLUDED	NUMBER OF YEARS WHEN DETERMINING BFR
TOTAL YEARS				

Eligible Number of Crop Years the BFR applicant qualifies to receive BFR benefits _____ (_____ for WFRP), this number includes the crop year of BFR Application.

* Identify any USDA Agency / Program that you participated in for the crops / livestock. USDA Agency / Program options are AMS, FSA, NRCS, RMA, or Not Affiliated.

** Types of exclusions are Post Secondary Education, Minor under 18 years of age, National Guard and Active Military Service / Reservist.



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APPLICANT'S NAME				CROP YEAR	
BEGINNING FARMER / RANCHER STATEMENT					
<p>As provided by me on this form, I certify that I have not had an interest in any crop(s) or livestock for more than 5 crop years (10 years for WFRP), nationwide, excluding time periods that I was under the age of 18, in post-secondary studies or serving in active military service. I understand that an interest in crops or livestock includes an interest:</p> <p>(1) as an individual;</p> <p>(2) as an interest holder of at least 10 percent interest in another person; and/or</p> <p>(3) of any person(s) with an interest of at least 10 percent in me.</p> <p>I understand that any inaccurate certification will result in recalculation of my yield guarantees, administrative fee, premiums and any applicable loss payments.</p> <p>I understand that I must only complete one Application for BFR; no amendment is necessary unless I choose to cancel the benefits, correct a previously submitted form or amend my exceptions for consideration.</p> <p>I also understand that I must provide the Application for BFR to any other AIPs that I may have a policy with in the current or subsequent years.</p> <p>I understand that if at any time following this Application, any changes are made to the insured or substantial beneficial interest holder(s) to the policy, it may affect my eligibility for Beginning Farmer / Ranch benefits.</p> <p>I understand that if my policy has multiple substantial beneficial interest holders or is insuring a landlord / tenant's share, all must qualify as Beginning Farmer / Ranchers for benefits to apply.</p>					
VETERAN FARMER / RANCHER CERTIFICATION					
<p>I am a veteran, who served in the active military, naval, or air service in the Armed Forces and was discharged or released under conditions other than dishonorable in the Armed Forces.</p> <p>I have operated a farm in the identified State(s) / County(ies) less than 5 years during the time periods provided.</p>					
DATES OPERATING A FARM					
FROM (MM / YY)	TO (MM / YY)	STATE	COUNTY	CROP YEAR	USDA PROGRAM*
<p>* Identify any USDA Agency / Program that you participated in for the crops / livestock.</p>					
<p>If qualifying for Veteran Farmer / Rancher based on being discharged within the past 5 years, date of first discharge from active duty: _____</p>					
PRODUCTION HISTORY					
<p>I am / am not (circle one) requesting to use the actual production history from the previous producer for new acreage transferred to me.</p> <p>If I have elected to use the actual production history from the previous producer: I will provide the required documentations to prove that I was previously involved in the decision making or the physical activities necessary to produce crop(s) or livestock, the documentation will also be specific as to which crop(s)/livestock that I was previously involved with; and I will identify whose actual production history will be used and the Farm/Tract and Field number of the acreage for the APH information being transferred.</p>					
VETERAN FARMER / RANCHER STATEMENT					
<p>As provided to me on this form, I certify that I (select one)</p> <p><input type="checkbox"/> (1) have not operated a farm or ranch for more than five years; or</p> <p><input type="checkbox"/> (2) am a veteran who first obtained status as a veteran during the most recent five-year period.</p> <p>I understand that any inaccurate certification will result in recalculations of my yield guarantees, administrative fee, premiums and any applicable loss payments.</p> <p>I understand that I must only complete one application for VFR; no amendment is necessary unless I choose to cancel the benefits, correct a previously submitted form or amend my exceptions for consideration.</p> <p>I also understand that I must provide the application for VFR to any other AIPs that I may have a policy with in the current or subsequent years.</p> <p>I understand that if at anytime following the application, any changes are made to be insured or substantial beneficial interest holder(s) to the policy, it may affect my eligibility for Veteran Farmer / Rancher benefits.</p> <p>I understand that if my policy has multiple substantial beneficial interest holders, with the exception of a spouse, if applicable, or is insuring a landlord / tenant's share, all must qualify as Veteran Farmer / Rancher for benefits to apply.</p>					



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APPLICANT'S NAME	CROP YEAR
COMMENTS:	

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.

NON-DISCRIMINATION STATEMENT

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees and institutions participating in or administering USDA programs are prohibited from discriminating on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

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 www.usda.gov/oascr, 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, Center for Civil Rights Enforcement, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or email at program.intake@usda.gov.

Persons with Disabilities

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202)690-0443 (voice and TTD) or contact USDA through the Federal Relay Service at (800)877-8339. Additionally, program information may be made available in languages other than English. 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.

CERTIFICATION STATEMENT

I certify that to the best of my knowledge all information provided is true and accurate and that any false or inaccurate information may result in administrative, civil and criminal sanctions under 18 U.S.C. §§ 1006 and 1014, 7 U.S.C. § 1506, 31 U.S.C. §§ 3729 and 3730 and any other applicable federal statutes or regulations.

Applicant/Insured's Printed Name	Applicant/Insured's Signature	Date
Approved Insurance Provider's (AIP) Name & AIP Representative's Name	AIP Representative's Signature	Date