

Livestock Risk Protection (LRP) Application / Change / Transfer / Cancel Form Issued by Producers Agriculture Insurance Company

5601 Interstate 40 W, Suite 204 Amarillo, TX 79106 Phone: (800) 366-2767

Fax: (866) 306-3038

	Business Name), Mailing and / or Street		Agency Nam	e and Agent Co	ontact Information		Crop Year	Policy	Number	r
Address and Other	Contact Information									
						İ		State		
						ľ		County		
Phone:										
Email:	FIN D DAN	l				-	Type of Policy			
ID Type and Number: ☐ SSN ☐	EIN 🔲 RAN	Phone:					Type of Policy ☐ New		☐ Tran	efor
Person Type:		Fax: Email:					☐ Add Livesto		☐ Train	
Authorized Representative: Power of Attorney:		Elliali.					☐ Policy Char	,	□ Cano □ Rein	
						_	T Olicy Chai	iges (- Item	State
Spouse's Name: Spouse's ID Type and Number: □	SSN 🗆 EIN 🗆 RAN		tate of Incorpo nly):	ration (applica	ble to LLCs and Co	rporations	Is applicant at le	east 18 years old?	□ Y	es 🗖 No
	entities with a substantial beneficial inter-	est in you as	defined in the ap	oplicable policy	provisions (include la	indlords or ter	nants insured und	der the applicant).	If none	, state
NONE. (See SSN / EIN Reporting Fo	orm for additional space.) Complete Address		l Dh	one	ID Type and N		Down	on Type		Share
Name	Complete Address		PII	one	SSN EIN		Perso	лгуре	+	Silare
					LI SSIN LI LIIN					
					SSN EIN	☐ RAN				
					SSN EIN	□ RAN			\top	
Class(es) of livestock or				Type						Insured's
livestock product to be insured				Type					l	Share
·	☐ Braham Wt 1 (813) ☐ Braham Wt 2 (814)) 🔲 Dairy Wt 1	1 (815) 🗖 Dairy \	Wt 2 (816) 🔲 He	eifers Wt 1 (811) 🚨 He	ifers Wt 2 (812)	Steers Wt 1 (8	309) 🗖 Steers Wt 2	(810)	
☐ Feeder Cattle (0801)		☐ Unborn St	teers & Heifers (81	17) 🗖 Unborn E	Brahman (818) 🚨 Unb	orn Dairy (819)				
☐ Fed Cattle (0802)				Steers & Heife	rs (820)]
☐ Swine (0815)			Unborn Sw	ine (821) 🔲 No	Type Specified (997)					
Remarks:										
omitted, concealed or misrepresented in this apport "yes" to these questions does not automatical Yes No (a) Are you now indebted an	accepted and insurance attaches in accordance w plication or in the submission of this application; (3 lly result in rejection of the application. For exampl id the debt is delinquent for insurance coverage ur) you have failed e, if you answer der the Federal	to provide complete "yes" to question (a Crop Insurance Act	e and accurate info) but your debt was ?	rmation required by this a discharged in bankrupto	pplication; or (4) y, the application	the answer to any o	f the following question		
	years been convicted under federal or state law of		0.0	•	•					
`,	ance coverage under the authority of the Federal (•			•	,		ent debt?		
	ebarred under the Federal Crop Insurance Act, the	=				_				
Yes No (e) Have you ever entered in agreement is still effective	nto an agreement with the Federal Crop Insurance re?	Corporation or w	vith the Department	of Justice that you	would refrain from partici	pating in program	is under the authority	of the Federal Crop Ir	isurance .	Act and that
☐ Yes ☐ No (f) Do you have like insuran										
I understand that if coverage for any livestock is Federal Crop Insurance Act until the cause for to	currently terminated or would have subsequently	terminated for inc	debtedness had this	application been f	iled after the termination of	late, no coverage	e can be provided an	d I am ineligible for any	/ benefits	under the
	fication in the United States mail, postage paid, to	the applicant's ac	ddress. Unless reje	cted or the sales cl	osing date has passed at	the time you sign	ned this application, i	nsurance shall be in ef	fect for th	ne
	tinue for each succeeding crop year, unless otherw						ncludes the accepted	application, is defined	in the rec	gulation
published at 7 OFK Chapter IV. NO terms of con	ndition of the contract shall be waived or changed u	unces such Walv	er or change is expl	icooiy allowed by tr	ie contract and is in writin	y.				
Other Ohennes () II ()						D	. 0 !! . !!	- to die of 1 1	-1-1	
Other Changes: (as indicated above		o idontification	a number ^	O Correct see	olling of CDIIs name	Reasons for	cancellation (a	s indicated above	∌):	
Add / change / correct insured's au	uthorized representative				elling of SBI's name ove "added county"	☐ Insured's	s Request	■ Mutual Conser	nt	
☐ Change / correct insured's address					lain in Remarks)	Death, Ir	ncompetence or	□ Other (Explain		
	entification number, provide previous insu			fication number.		Dissoluti	on	in Remarks)		

LRP-A (Rev. 03-2023)



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Applicant's Name	Agency and Agent Name	Reinsurance Year	Policy Number				
Cancellation Information – To be completed only if cancelling insurance cover livestock and crop year shown on this cancellation. I understand that if this form is not following crop year.		of insurance on such livestock w	ill not become effective until the				
AIP Authorized Representative's Printed Name	AIP Authorized Representative's Signature		Date				
Policy Transfer Information – To be completed only if cancelling previous policy and transferring the experience and insurance coverage from another Approved Insurance Provider (AIP): I hereby request cancellation of my livestock insurance policy with (Ceding AIP Name and Policy Number) for the livestock and crop year(s) shown below because I have applied for insurance with another AIP. I understand that if this form is not executed on or before the established cancellation date for any livestock listed, the cancellation of insurance on such livestock will not become effective until the following crop year.							
Ceding AIP Insurance Company and Policy N	umber Livestock and 0	Crop Year(s) to be cancelled and	transferred				
I hereby authorize and direct the (Ceding AIP) shown above to furnish any information relative to my insurance policy to Producers Ag Insurance Group, Inc . I understand that if coverage for any livestock is now terminated or would have subsequently terminated for delinquent debt had this transfer not occurred, no coverage can be provided by Producers Ag Insurance Group, Inc .							
By submission of this form, we agree to provide livestock insurance to this applicant for t shown, in which case insurance will be provided for such livestock for the following crop		ore the established cancellation of	date for any livestock				
Name of Assuming Agent	Assuming Agent's Address, City, State	and Zip					
Printed Name of AIP Representative Authorized to Accept Applications	Signature of AIP Representative Authorized to Accept Applications	Date of Acceptance	AIP Code				

Other Changes: (as indicated above)							
Add or remove SBI	Correct SBI's identification number ^	Correct spelling of SBI's name	l				
Add / change / correct insured's authorized representative	Correct insured's identification number ^	□ Add or remove "added county"					
Change / correct insured's address	Correct spelling of insured's name	Other (Explain in Remarks)	ļ				



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	Applicant's Name		Agency and Agent Name	Reinsurance Year	Policy Number		
Signati	ure Authorization						
and cond my livest The auth new App separatic an existin It is your livestock application	the person(s) listed below the authority to sign any and all livestock proditions of such documents and of the livestock price insurance contract. I cock price contract. I further understand that this authorization may be responsible to the insured person of the commodities reported on this Application, (ii) voidance or on or divorce if the authorized person is a spouse of the insured person; ng policy. sole responsibility to notify any other persons that have authority to sign price insurance documents. You shall be liable for all damages that responsed the grant of authority contained therein ProAg does not waive or or not example.	also understand that granting oked by me at any time upor son and insured commodities termination of the policy for a and c) does not extend to cha on your behalf, including per ult from your authorizing more any any federal or state law. a valid power of attorney.	g the following person(s) the authority to sign on my behalf does a written notice, signed and delivered to ProAg. It is reported on this Application and does not extend to any other my reason, including dissolution, death, disappearance or judicing anging plans of insurance or applying for new coverage, including sons authorized to act on your behalf under a power of attorneyse than one person to act on your behalf with respect to your live ProAg will not be held liable if the granting of authority under the	s not obligate that person(s) to policy or person; b) terminates ally declared incompetence of ng but not limited to, adding a y, that you are granting authori estock price insurance policy.	the terms and conditions of s upon (i) our receipt of a f the grantor, (iii) legal different class of livestock to ity to other person(s) to sign In accepting your		
L Text	Legal Name	Last 4 SSN	This Application without needing to list them in this section.				
	you only want certain SBI holders to have signing authority, they should ion's requirement to list all SBI holders.		II SBI holders must be listed in the appropriate section of this A	pplication; listing a person in th	nis section does not satisfy the		
☐ I he	reby revoke the authority to sign livestock price insurance documents on	behalf of the insured that wa	s previously granted to the following person(s):				
<u> </u>	Legal Name	Last 4 SSN					
By signi	ing below, I authorize the Company to offset from any indemnity any and	all unbilled and payable pren	nium and fees. Check here only if you do NOT authorize such c	offset.			

Othe	r Changes: (as indicated above)		
□ A ₀	dd or remove SBI	Correct SBI's identification number ^	☐ Correct spelling of SBI's name
□ Ac	dd / change / correct insured's authorized representative	Correct insured's identification number ^	☐ Add or remove "added county"
☐ C	hange / correct insured's address	□ Correct spelling of insured's name	☐ Other (Explain in Remarks)
	•	, •	· · · · · · · · · · · · · · · · · · ·



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Collection of Information and Data (Privacy Act) Statement

(Agent, 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 the 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, AIPs 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 TDD) 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 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).

Applicant's Printed Name		Applicant's Signature	Date
Agent's Printed Name	Code	Agent's Signature	Date