





# 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

Applicant's Name	Agency and Agent Name	Reinsurance Year	Policy Number

**Cancellation Information – To be completed only if cancelling insurance coverage without transferring to another Approved Insurance Provider (AIP):**

livestock and crop year shown on this cancellation. I understand that if this form is not executed on or before the cancellation date for any crop year listed, the cancellation of insurance on such livestock will not become effective until the following crop year.

\_\_\_\_\_ 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 Number

\_\_\_\_\_ Livestock and 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 the livestock and crop year specified above unless this form is not executed on or before the established cancellation date for any livestock shown, in which case insurance will be provided for such livestock for the following crop year.

\_\_\_\_\_ 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)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Add or remove SBI  | <input type="checkbox"/> Correct SBI's identification number ^     | <input type="checkbox"/> Correct spelling of SBI's name |
| <input type="checkbox"/> Add / change / correct insured's authorized representative | <input type="checkbox"/> Correct insured's identification number ^ | <input type="checkbox"/> Add or remove "added county"   |
| <input type="checkbox"/> Change / correct insured's address                         | <input type="checkbox"/> Correct spelling of insured's name        | <input type="checkbox"/> Other (Explain in Remarks)     |



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## Signature Authorization

☐ I grant the person(s) listed below the authority to sign any and all livestock price insurance documents on my behalf. I understand that by authorizing such persons to sign documents on my behalf I am legally bound by all terms and conditions of such documents and of the livestock price insurance contract. I also understand that granting the following person(s) the authority to sign on my behalf does not obligate that person(s) to the terms and conditions of my livestock price contract. I further understand that this authorization may be revoked by me at any time upon written notice, signed and delivered to ProAg. The authority granted under this provision: a) is applicable only to the insured person and insured commodities reported on this Application and does not extend to any other policy or person; b) terminates upon (i) our receipt of a new Application for the commodities reported on this Application, (ii) voidance or termination of the policy for any reason, including dissolution, death, disappearance or judicially declared incompetence of the grantor, (iii) legal separation or divorce if the authorized person is a spouse of the insured person; and c) does not extend to changing plans of insurance or applying for new coverage, including but not limited to, adding a different class of livestock to an existing policy.

It is your sole responsibility to notify any other persons that have authority to sign on your behalf, including persons authorized to act on your behalf under a power of attorney, that you are granting authority to other person(s) to sign livestock price insurance documents. You shall be liable for all damages that result from your authorizing more than one person to act on your behalf with respect to your livestock price insurance policy. In accepting your application and the grant of authority contained therein ProAg does not waive or vary any federal or state law. ProAg will not be held liable if the granting of authority under this Signature Authorization language is determined to be invalid under state or federal law or is superseded by any grant of authority under a valid power of attorney.

☐ I extend the above grant of authority, subject to all terms and conditions above, to all SBI holders listed on this Application without needing to list them in this section.

Legal Name	Last 4 SSN

Note: If you only want certain SBI holders to have signing authority, they should be listed above. However, all SBI holders must be listed in the appropriate section of this Application; listing a person in this section does not satisfy the application's requirement to list all SBI holders.

☐ I hereby revoke the authority to sign livestock price insurance documents on behalf of the insured that was previously granted to the following person(s):

<input type="checkbox"/>	Legal Name	Last 4 SSN
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

By signing below, I authorize the Company to offset from any indemnity any and all unbilled and payable premium and fees. Check here only if you do NOT authorize such offset. ☐

## Other Changes: (as indicated above)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Add or remove SBI  | <input type="checkbox"/> Correct SBI's identification number ^     | <input type="checkbox"/> Correct spelling of SBI's name |
| <input type="checkbox"/> Add / change / correct insured's authorized representative | <input type="checkbox"/> Correct insured's identification number ^ | <input type="checkbox"/> Add or remove "added county"   |
| <input type="checkbox"/> Change / correct insured's address                         | <input type="checkbox"/> Correct spelling of insured's name        | <input type="checkbox"/> 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](http://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](mailto: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	Agent's Signature	Date