



# ANNUAL FORAGE APPLICATION/CANCELLATION/TRANSFER/POLICY CHANGE FORM

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

Date \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

APPLICANT/INSURED'S NAME:			AGENCY:		AGENCY CODE:	CROP YEAR:	POLICY NUMBER:	
STREET AND/OR MAILING ADDRESS:			ADDRESS:			STATE:	COUNTY (WHERE INSURANCE ATTACHES):	
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:	CROPS:		
TELEPHONE NUMBER:	CELL:	EMAIL ADDRESS:	TELEPHONE:	AGENT'S EMAIL ADDRESS:		PLAN OF INSURANCE / COVERAGE / % OF PRICE:		
IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER TYPE:	PERSON TYPE:	APPLICANT'S/INSURED'S AUTHORIZED REPRESENTATIVE:			NAME OF PREVIOUS AIP (IF ANY):		
SPOUSE'S NAME:	SPOUSE'S IDENTIFICATION NUMBER:	IS APPLICANT AT LEAST 18 YEARS OLD?    YES    NO		STATE OF INCORPORATION:		POLICY NUMBER UNDER PREVIOUS AIP (IF ANY):		

### Substantial Beneficial Interest (SBI) Reporting

\*\*\*Substantial beneficial interest - An interest held by any person of at least 10% in you. The spouse of any individual applicant or individual insured will be presumed to have a substantial beneficial interest in the applicant or insured unless the spouses can prove they are legally separated or otherwise legally separate under the applicable State dissolution of marriage laws. The total of all SBIs' shares may exceed 100 percent. List all person(s) with a substantial beneficial interest in you as defined in the applicable policy provisions (include landlords or tenants insured under the applicant). If none, state NONE.

SBI Holder Name	Complete Address	Telephone Number	Identification Number	Identification Number Type	Person Type	Landlord Insuring Share? **	Tenant Insuring Other Share? **	L/T
						Y	N	L    T
						Y	N	L    T
						Y	N	L    T
						Y	N	L    T

**APPLICATION** (Complete Section A)  
**CANCELLATION** (Complete Section A and B)  
**TRANSFER** (Complete Section A and C)

#### OTHER CHANGES FOR MPCJ POLICIES ONLY

Add or Remove SBI  
 Correct Insured's Identification Number\*\*\*  
 Correct Spelling of SBI's Number

Add/Change/Correct Insured's Authorized Representative  
 Correct Spelling of Insured's Name  
 \*\*\*Enter Previous ID number if this item is checked:

Change/Correct Insured's Address  
 Correct SBI's Identification Number\*\*\*

### Section A - Application

Effective Crop Year	County	Crop	Vertically Integrated Producer	Plan	Growing Season	Index Interval (Practice) ~	Coverage Level	Production Factor	Percent of Value ~	Options***

**Legend:** ~Not applicable for CAT coverage.    \*\*\*Options, Elections or Endorsements  
 \*\*\*The total of all SBIs' shares may exceed 100 percent. Example: M, Inc. is owned by S&W Partnership. S&W Partnership is owned by two individuals, each with 50 percent ownership in S&W Partnership. Therefore, the SBIs for M, Inc., would include S&W Partnership at 100 percent, and both individuals with ownership in S&W Partnership at 50 percent each, for a total SBI percentage of 200 percent.



# ANNUAL FORAGE APPLICATION/CANCELLATION/TRANSFER/POLICY CHANGE FORM

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

Policy No. \_\_\_\_\_ Crop Year \_\_\_\_\_ Date \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

### Continued Section A - Application

Effective Crop Year	County	Crop	Vertically Integrated Producer	Plan	Growing Season	Index Interval (Practice) ~	Coverage Level	Production Factor	Percent of Value ~	Options***

### Conditions Of Acceptance

This application is accepted and insurance attaches in accordance with the policy unless: (1) The Federal Crop Insurance Corporation determines that, in accordance with the regulations, the risk is excessive; (2) any material fact is omitted, concealed or misrepresented in this application or in the submission of this application; (3) you have failed to provide complete and accurate information required by this application; or (4) the answer to any of the following questions is "yes." An answer of "yes" to these questions does not automatically result in rejection of the application. For example, if you answer "yes" to question (a) but your debt was discharged in bankruptcy; the application would not be rejected.

- YES NO (a) Are you now indebted and the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?
- YES NO (b) Have you in the last five years been convicted under federal or state law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance?
- YES NO (c) Have you ever had insurance coverage under the authority of the Federal Crop Insurance Act terminated for violation of the terms of the contract or regulations, or for failure to pay your delinquent debt?
- YES NO (d) Are you disqualified or debarred under the Federal Crop Insurance Act, the regulations of the Federal Crop Insurance Corporation, or the United States Department of Agricultural?
- YES NO (e) Have you ever entered into an agreement with the Federal Crop Insurance Corporation or with the Department of Justice that you would refrain from participating in programs under the authority of the Federal Crop Insurance Act and that agreement is still effective?
- YES NO (f) Do you have like insurance on any of the above crop(s)?

I understand that if coverage for any crop is currently terminated or would have subsequently terminated for indebtedness had this application been filed after the termination date, no coverage can be provided and I am ineligible for any benefits under the Federal Crop Insurance Act until the cause for termination is corrected.

We will notify you of rejection by depositing notification in the United States mail, postage paid, to the applicant's address. Unless rejected or the sales closing date has passed at the time you signed this application, insurance shall be in effect for the crop(s) and crop years specified and shall continue for each succeeding crop year, unless otherwise specified in the policy, until canceled, terminated or voided. No term or condition of the contract shall be waived or changed unless such waiver or change is expressly allowed by the contract and is in writing.

### Section B—Cancellation Information - To be completed only if cancelling insurance coverage without transferring to another Approved Insurance Provider (AIP)

I hereby request cancellation of my crop insurance policy for the crop(s) 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 crop(s) will not become effective until the following crop year.

### Section C—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 insurance policy with Ceding AIP and Policy Number for the crop(s) 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 crop listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year.

Ceding AIP Insurance Company and Policy Number \_\_\_\_\_

Crop(s) 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 crop(s) 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 crop insurance to this applicant for the crop(s) and crop year specified above unless this form is not executed on or before the established cancellation date for any of the crop(s) shown, in which case insurance will be provided for such crop(s) for the following crop year.

Name of Assuming Agent \_\_\_\_\_

Assuming Agent's Address, City, State, and Zip Code \_\_\_\_\_

Printed Name of AIP Representative Authorized to Accept Applications \_\_\_\_\_

Signature of AIP Representative Authorized to Accept Applications \_\_\_\_\_

Date of Acceptance by API \_\_\_\_\_

AIP Code \_\_\_\_\_



# ANNUAL FORAGE APPLICATION/CANCELLATION/TRANSFER/POLICY CHANGE FORM

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

Policy No. \_\_\_\_\_ Crop Year \_\_\_\_\_ Date \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

## SIGNATURE AUTHORIZATION

I grant the person(s) listed below the authority to sign any and all crop 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 crop 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 crop insurance contract. I further understand that this authorization may be revoked by me at any time upon written notice, signed and delivered to my Approved Insurance Provider.

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 new crop 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 crop 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 multiple-peril crop 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.

Legal Name	Last 4 SSN

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.

**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 crop insurance documents on behalf of the insured that was previously granted to the following person(s):

Legal Name

## RAINFALL INDEX DISCLAIMER

**By signing below, I certify that I understand the following.**

1. The Rainfall Index plan of insurance is not a plan of insurance against a loss of actual production. The terms and conditions of the Rainfall Index are different from those of an Actual Production History plan of insurance. The Rainfall Index plan of insurance does not measure, capture, or utilize the actual crop production of any producer or any of the actual crop production within the grid, county or state. It is based upon grid indices, not individual farm yields.
2. Selecting index intervals when precipitation is not needed for the insured crop or when precipitation does not normally occur is not an effective use of the Rainfall Index plan of insurance.
3. The Rainfall Index is a risk management tool to insure against a decline in an index value that is based on the long-term historical average precipitation for the grid and index interval. It is best suited for producers whose production tends to follow and correlate to the historical average interpolated precipitation patterns for the grid.
4. It is possible for me to have low crop production or receive low precipitation amounts for the acreage I insure and still not receive an indemnity payment under this plan.
5. The only insurable cause of loss is having a final grid index less than my trigger grid index.
6. There are historical indices, information, and other tools on the RMA web site to help me determine if the Rainfall Index is suitable for my risk management needs.

## USDA MULTIPLE BENEFIT STATEMENT

I understand that obtaining multiple Federal benefits for the same loss, such as a Noninsured Crop Disaster Assistance Program (NAP) payment(s) and a Federal crop insurance indemnity, is prohibited by law. I certify that I have, or will disclose any other USDA benefit; including any NAP benefit, received for this crop. Failure to disclose the receipt of multiple Federal benefits, or failure to repay one of the multiple Federal benefits such as either the NAP benefit or the Federal crop insurance indemnity for the same crop, may result in my being disqualified from receiving Federal crop insurance benefits, as well as being ineligible for various programs administered by the Farm Service Agency for up to five (5) years.



# ANNUAL FORAGE APPLICATION/CANCELLATION/TRANSFER/POLICY CHANGE FORM

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

Policy No. \_\_\_\_\_ Crop Year \_\_\_\_\_ Date \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

## 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](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, audiotope, 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.

## ANTI-REBATING CERTIFICATION - APPLICANT / INSURED STATEMENT

I certify, for the crop year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, or given any benefit, including money, goods, or services for which payment is usually made, rebate, discount, abatement, credit, or reduction of premium, or any other valuable consideration, as an inducement to procure insurance or in exchange for purchasing this insurance policy after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payments approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any information on this form may subject me, and any person with a substantial beneficial interest in me, to sanctions, including but not limited to, criminal or civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 U.S.C. §1515(h)) and all other applicable federal statutes.

## ANTI-REBATING CERTIFICATION - AGENT STATEMENT

I certify, for the crop year indicated, that I have neither offered nor promised, directly or indirectly, any benefit, including money, goods, or services for which payment is usually made, rebate, discount, credit, reduction of premium, or any other valuable consideration to this person either as an inducement to procure insurance or in exchange for obtaining insurance after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payments approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any violation may subject me, and all agencies/companies I represent, to sanctions, including but not limited to, criminal or civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 U.S.C. §1515(h)) and all other applicable federal statutes.

## 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).

By signing below, I authorize the Company to offset from any indemnity or prevented planting payment any and all unbilled and payable premium and fees.

Check here only if you do **NOT** authorize such offset.

### For Cancellation Only:

\_\_\_\_\_ AIP Authorized Rep Name

\_\_\_\_\_ AIP Authorized Rep Signature

\_\_\_\_\_ Date

\_\_\_\_\_  
Applicant/Insured's Printed Name

\_\_\_\_\_  
Applicant/Insured's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Printed Name

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Agent Code

\_\_\_\_\_  
Date