

APPLICANT INFO	<b>1. Applicant's Name</b>	<b>2. Identification Number Type</b> <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	<b>3. Crop Year</b>	<b>4. Policy Number</b>
	<b>5. Authorized Representative</b>	<b>6. Identification Number</b>	<b>7. State</b>	<b>8. County(s)</b>
	<b>9. Street and/or Mailing Address</b>	<b>10. Person Type (Entity)</b> <input type="checkbox"/> Individual <input type="checkbox"/> Married <input type="checkbox"/> Individual / Business <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Operator <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Other _____		
	<b>11. City, State and Zip</b>	<b>12. Phone</b>	<b>13A. Is the Applicant at least 18 years old?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>13B. Is Applicant insuring the landlord's share?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>13C. Is Applicant insuring the tenant's share?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14. Spouse's Name</b>			<b>15. Spouse's Identification Number</b>	

**SBI** List all persons with a substantial beneficial interest (SBI) in you as defined in the applicable policy provisions (include landlords or tenants insured under the applicant). If none, state NONE. An SBI is any person or entity that has a direct or indirect interest of at least 10% in the insured person, including any individual or entity that comprises a direct or indirect SBI. The share of the SBI must be reported if the SBI is not eligible for crop insurance. If insuring a landlord or tenant share on your policy, you must list the landlord or tenant and provide their identification Number.

SBI INFO	16. Add or Remove SBI	17. Name	18. Complete Address	19. Phone	20. Identification Number Type	21. Identification Number	22. Type of Person (Entity)	23. LLT	24. % Share
	<input type="checkbox"/> Add <input type="checkbox"/> Remove								<input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Remove								<input type="checkbox"/>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove								<input type="checkbox"/>	

**25. TO BE COMPLETED ONLY IF CANCELING PREVIOUS POLICY AND TRANSFERRING THE EXPERIENCE AND INSURANCE COVERAGE TO ANOTHER APPROVED INSURANCE PROVIDER.**

I hereby request cancellation of my crop insurance policy for the crop(s) and crop year shown on this application. 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.

<b>26. Assuming Company</b> <b>RCIS</b>	<b>27. Previous Carrier</b>	<b>28. Previous Policy Number</b>	<b>29. Signature of Company Representative</b>	<b>30. Date</b>
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**31. Rainfall Index Disclaimer**

By signing below, I certify that I understand the following:

- 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.
- 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.
- 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.
- It is possible for me to have low crop production or receive low precipitation amounts on the acreage I insure and still not receive an indemnity payment under this plan.**
- The only insurable cause of loss is having a final grid index less than my trigger grid index.
- 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.

\_\_\_\_\_  
**32. Applicant's Initials**

\_\_\_\_\_  
**33. Agent's Initials**



# Annual Forage Application / Transfer-Cancellation Form

<b>Applicant's Name</b>	<b>Crop Year</b>	<b>Policy Number</b>
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34. App Code	35. County	36. Crop	37. Plan	38. Growing Season	39. Coverage Level	40. Productivity Factor	41. Index Interval	42. Percent of Value	43. Options
		Annual Forage	RI						
		Annual Forage	RI						
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<b>Applicant's Name</b>	<b>Crop Year</b>	<b>Policy Number</b>
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## 44. 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.

<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	(a) Are you now indebted, and the debt is delinquent, for crop insurance coverage under the Federal Crop Insurance Act?	<input type="checkbox"/>	<input type="checkbox"/>	(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 Agriculture?
<input type="checkbox"/>	<input type="checkbox"/>	(b) Have you in the last 5 years been convicted under federal or state law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	(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?
<input type="checkbox"/>	<input type="checkbox"/>	(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?	<input type="checkbox"/>	<input type="checkbox"/>	(f) Do you have like insurance on any of the above crops?

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.

### 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.

### NONDISCRIMINATION STATEMENT

**Non-Discrimination Policy:** 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.



## Annual Forage Application / Transfer-Cancellation Form

<b>Applicant's Name</b>	<b>Crop Year</b>	<b>Policy Number</b>
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**45. Signing Authority**

Add authority for designated person(s) to sign crop insurance documents on behalf of the insured.  
 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 is applicable only to the insured person and insured commodities reported on this Application and does not extend to any other policy of the insured . The authority granted under this provision terminates upon (i) our receipt of a new Application, or (ii) upon voidance or termination of the policy for any reason, including dissolution, death or divorce.

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 results from your authorizing more than one person to act on your behalf with respect to your multi -peril crop insurance policy. In accepting your application and the grant of authority contained therein RCIS does not waive or vary any federal or state law. RCIS will not be held liable if the granting of authority under Authorized Signer 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

Print Legal First Name:	Print Legal Last Name:	Date:

Remove authority for designated person(s) to sign crop insurance documents on behalf of the insured.

Print Legal First Name:	Print Legal Last Name:	Date:

I certify that the acreage reported for the dual use option is intended to be grazed.

I certify that the information and answers on this application are correct to my knowledge and belief; that none of the reasons for rejection in Items 1 through 4 of the "Conditions of Acceptance" apply; and that I am aware of and understand the requirements of the Collection of Information and Data (Privacy Act), as well as all other provisions contained on this application.

HAVE or  HAVE NOT broken native sod after February 7, 2014. For any native sod acreage broken after December 20, 2018, identify the year it was broken separately for each parcel: \_\_\_\_\_  
 I understand that if I till native sod acreage, I will be assessed a reduction in yield guarantee and premium subsidy, these reductions apply in the crop year that my total native sod acreage tilled exceeds 5 acres in the county (cumulated across crops and crop years), and these reduction in benefits may be retroactively applied within a crop year.

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.

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

This agency is a licensed insurance agency representing and compensated by the insurer or its managing general agent based on the amount of insurance sold.

<b>46. Applicant's Printed Name</b>	<b>47. Applicant's Signature</b>	<b>48. Date</b>
<b>49. Licensed Agent's Printed Name</b>	<b>50. Licensed Agent's Printed Signature</b>	<b>51. Date</b>
<b>52. Agent's Phone</b>	<b>53. Agent's Email</b>	<b>54. Agency Code</b>
		<b>55. Agent Sub-Code</b>

