

APPLICANT INFORMATION

 AGENCY

 SBI INFORMATION

 COMMODITY

1. Applicant/Insured's Name		2. Identification Number Type <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN		3. Crop Year		4. Policy Number	
5. Authorized Representative		6. Identification Number		7. Email		8. State	
9. Applicant/Insured's Street and/or Mailing Address		10. Person Type (Entity) <input type="checkbox"/> Individual <input type="checkbox"/> Married <input type="checkbox"/> Individual / Company <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 _____					
11. Applicant/Insured's City, State and Zip				12. Farm or Business Name			
13. Phone		14. Spouse's Name		15. Spouse Identification Type and Number <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN		16. Is the Applicant at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>	
17. Agency's Name		18. Agency Code	19. Agent's Name		20. Email		
21. Agency's Street and/or Mailing Address		22. Agency's City, State and Zip		23. Phone		24. Fax	

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.

25. Add or Remove SBI	26. Name	27. Complete Address	28. Phone	29. Identification Number Type	30. Identification Number	31. Person Type (Entity)	32. % Share
<input type="checkbox"/> Add <input type="checkbox"/> Remove							
<input type="checkbox"/> Add <input type="checkbox"/> Remove							
<input type="checkbox"/> Add <input type="checkbox"/> Remove							

33. App Code	34. County	35. Class of Livestock or Livestock Product	36. Commodity Code	37. Type	38. Type Code	39. Practice	40. Practice Code

41. Remarks:

Commodity	Type
Feeder Cattle (0801)	Steers Wt 1 (809); Steers Wt 2 (810); Heifers Wt 1 (811); Heifers Wt 2 (812); Brahman Wt 1 (813); Brahman Wt 2 (814); Dairy Wt 1 (815); Dairy Wt 2 (816); Unborn Steers and Heifers (817); Unborn Brahman (818); Unborn Dairy (819)
Fed Cattle (0802)	Steers & Heifers (820)
Lamb (0804)	No Type Specified (000)
Swine (0815)	No Type Specified (000); Unborn Swine (821)

42. Applicant/Insured's Initials

43. Agent's Initials



Livestock Risk Protection Application / Substantial Beneficial Interest (SBI) / Transfer-Cancellation Form

Applicant/Insured's Name	Crop Year	Policy Number
---------------------------------	------------------	----------------------

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 livestock insurance policy for the livestock or livestock product(s) 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 livestock or livestock product(s) will not become effective until the following crop year. I hereby authorize and direct the ceding company shown to furnish any information relative to my insurance policy to the assuming company. I understand that if coverage for any livestock or livestock product(s) is not terminated or would have subsequently terminated for indebtedness had this transfer not occurred, no coverage can be provided by the assuming company.

44. Assuming Company RCIS	45. Previous Carrier	46. Previous Policy Number	47. AIP Authorized Representative Signature
----------------------------------	-----------------------------	-----------------------------------	--

48. Conditions of Acceptance

This application is accepted and insurance attaches in accordance with the policy unless: (1) The Federal Crop Insurance Corporation determines that livestock insurance capacity limitations in accordance with the Federal Crop Insurance Act have been reached and this policy will exceed the limitations; (2) any material fact is omitted, concealed or misrepresented in this application and endorsement 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.

<p>Yes No</p> <p><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?</p> <p><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?</p> <p><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?</p>	<p>Yes No</p> <p><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?</p> <p><input type="checkbox"/> <input type="checkbox"/> (e) Have you ever entered into an agreement with the Federal Crop Insurance Corporation, Risk Management Agency, or with the Department of Justice that you would refrain from participating in the crop insurance program and that agreement is still effective?</p> <p><input type="checkbox"/> <input type="checkbox"/> (f) Do you have like insurance on any of the above livestock?</p>
--	---

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 Livestock commodity and crop years specified and shall continue for each succeeding crop year, unless otherwise specified in the policy, until canceled, terminated or voided. The insurance contract, which includes the accepted application, is defined in the regulation published at 7 CFR chapter IV. 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, 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.

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, 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, 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.



Livestock Risk Protection Application / Substantial Beneficial Interest (SBI) / Transfer-Cancellation Form

Applicant/Insured's Name	Crop Year	Policy Number
---------------------------------	------------------	----------------------

ANTI-REBATE 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 payment 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 and 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-REBATE 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 payment 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 and 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.

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.

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.

49. Applicant/Insured's Printed Name	50. Applicant/Insured's Signature	51. Date
52. Agent's Printed Name	53. Agent's Signature	54. Date
55. Agency Code	56. Agent Sub-Code	

