

1. Applicant'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. State		8. Email			
9. Street and/or Mailing Address		10. Person Type (Entity) <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 _____								
11. City, State and Zip		12. Phone			13A. Is the Applicant at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		13B. Is Applicant insuring the landlord's share? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Spouse's Name					13C. Is Applicant insuring the tenant's share? <input type="checkbox"/> Yes <input type="checkbox"/> No		15. Spouse's Identification Number			
<p>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.</p>										
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"/>	
25. App Code	26. County	27. Crop	28. Plan	29. Type (PRF Only)		30. Practice	31. Total County Insurable Acres or Colonies	32. Coverage Level	33. Productivity Factor	
				<input type="checkbox"/> Grazing <input type="checkbox"/> Haying						
				<input type="checkbox"/> Grazing <input type="checkbox"/> Haying						
				<input type="checkbox"/> Grazing <input type="checkbox"/> Haying						
				<input type="checkbox"/> Grazing <input type="checkbox"/> Haying						
				<input type="checkbox"/> Grazing <input type="checkbox"/> Haying						
34. Total Number of Colonies in the U.S.		35. Total Number of Hives in the Colonies			36. Total Insurable Acres					
37. 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.										
38. Assuming Company RCIS		39. Previous Carrier		40. Previous Policy Number		41. Signature of Company Representative			42. Date	
43. 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 on 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.										

44. Applicant's Initials

45. Agent's Initials



Rainfall Index (RI) Application / Acreage Report / Transfer-Cancellation / Change Combination Form

Applicant's Name	Crop Year	Policy Number
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46. County	47. Crop	48. Plan	49. Type / Intended Use	50. Irrigation Practice	51. Organic Practice	52. Grid ID #	53. Coverage Level	54. Productivity Factor	55. Share	56. LLT	57. Options		
										<input type="checkbox"/>			
58. Common Land Unit (CLU)** (Required)				59. Sect-Twp-Rng / FN / Other	60. Point of Reference Latitude / Longitude	61. Shareholder [Landlord / Tenant]	62. Insured Acres by Grid or Colonies	63. Practice Index Interval***			64. Unit / Unit Structure	65. Percent of Value	
FSA Farm #	Tract #	Field #	RLU ID					Rainfall Index					
								Jan-Feb					
								Feb-Mar					
								Mar-Apr					
								Apr-May					
								May-Jun					
								Jun-Jul					
								Jul-Aug					
								Aug-Sep					
								Sep-Oct					
								Oct-Nov					
								Nov-Dec					
66. County Base Value								67. Coverage Level		68. Productivity Factor		69. Dollar Amount of Protection per Acre or Colony	
	X			X								Total	

46. County	47. Crop	48. Plan	49. Type / Intended Use	50. Irrigation Practice	51. Organic Practice	52. Grid ID #	53. Coverage Level	54. Productivity Factor	55. Share	56. LLT	57. Options		
										<input type="checkbox"/>			
58. Common Land Unit (CLU)** (Required)				59. Sect-Twp-Rng / FN / Other	60. Point of Reference Latitude / Longitude	61. Shareholder [Landlord / Tenant]	62. Insured Acres by Grid or Colonies	63. Practice Index Interval***			64. Unit / Unit Structure	65. Percent of Value	
FSA Farm #	Tract #	Field #	RLU ID					Rainfall Index					
								Jan-Feb					
								Feb-Mar					
								Mar-Apr					
								Apr-May					
								May-Jun					
								Jun-Jul					
								Jul-Aug					
								Aug-Sep					
								Sep-Oct					
								Oct-Nov					
								Nov-Dec					
66. County Base Value								67. Coverage Level		68. Productivity Factor		69. Dollar Amount of Protection per Acre or Colony	
	X			X								Total	

70. Remarks

* Additional Exist LLT = Landlord/Tenant

** Common Land Unit information (FSA Farm, Tract, Field Number, Latitude and Longitude) is required by the Acreage Reporting Date in order for coverage to apply. Legal Description is optional.

*** Do not select any Index Interval that has overlapping months with another selected Index Interval.



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Summary of Land Locations for Pasture, Rangeland, Forage (PRF) with Shareholders and Landlord/Tenants

71. County 72. Plan	73. Grid ID 74. Share	75. Type/Practice Intended Use Irrigation Prac Cropping Prac Organic Prac	76. Interval	Common Land Unit (CLU)* (Required)					82. Section-Township- Range / FN / Other	83. Point of Reference Latitude	84. Point of Reference Longitude	85. Shareholder [Landlord / Tenant]	86. Shareholder's Share (if provided to RCIS)
				77. FSA Farm Number	78. Tract Number	79. Field Number	80. RLU ID	81. Planted Acres					

* Common Land Unit information (FSA Farm, Tract, Field Number, Latitude and Longitude) is required by the Acreage Reporting Date in order for coverage to apply. Legal Description is optional.



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87. 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		Yes	No	
<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, 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, 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.



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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.

For organic practice producers: I certify that I have an organic plan, or organic certificate in place or that I have provided a written request for an updated plan or certificate to the certifying agent for all acreage reported as certified organic or transitional organic.

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.

I certify:

- The point of reference used for each grid ID is identifying my insured acres or the locations of my insured colonies covered under the applicable Index Basic Provisions and applicable Crop Provisions;
- That the acreage or colonies assigned to each grid ID is accurate to the best of my knowledge;
- The colonies noted above qualify as apiculture and the selected index intervals support the vegetation production necessary for the colonies;
- To the best of my knowledge, the Grid ID accurately identifies the location of the insured acreage; and acreage assigned to each Grid ID is accurate.

I 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.

88. Applicant's Printed Name	89. Applicant's Signature	90. Date	
91. Licensed Agent's Printed Name	92. Licensed Agent's Signature	93. Date	
94. Agent's Phone	95. Email	96. Agency Code	97. Agent Sub-Code

