Policy Transfer/Application

PRF/API
Multiple Peril Crop Insurance

NAU COUNTRY

Identification Number:	Effective Crop Year:	Policy #:
Type of Identification Number ◯ SSN ◯ EIN ◯ RAN	State:	Agency Code:
Person Type: Additional Documentation may be required*	County(ies)	Agency/Agent Name and Address:
Applicant's Name:		
Applicant's Authorized Representative:	In addition in my share on this policy. I am insuring: ◯ My Landlord's share ◯ My tenants's share under my crop policy. I am providing a Power of Attorney or Lease Agreement as evidence of my authority to insure their share.	
Street or Mailing Address:		
City: State: Zip:		
Spouses Name:		
Spouses ID Number:	Name of Parent or Guardian	
Name of Previous AIP: (if any)	Applicant's Telephone Number:	
Policy Number under Previous AIP: (if any)	Additional Phone # and/or Email Address	
Is applicant at least 18 years old? ◯ Yes ◯ No		

List all Person(s) with a substantial beneficial interest in you as defined in the applicable policy provisions (including landlords or tenants insured under the applicant. If none, state NONE. (list below or attach SSN/EIN form for additional space)

Name	Identification #	ID Number Type	Person Type	Address	Telephone

County	Name of Crop (PRF/API)	Plan of Insurance (Rainfall/Vegetation)	Coverage Level	Productivity Factor	Intended Use (Haying/Grazing)	Grid ID	Index Interval	Percent Value

Important:
The grid ID is determined based on a Point of Reference selected by the insured using the interactive maps and tools contained on RMA's web site. Go to http://www.rma.usda.gov/policies/pasturerangeforage and click on Grid ID Locator, Decision Support Tool, Historical Indices. A printed copy must be supplied with this application.

Please verify with County Special Provisions for applicable practice intervals

Rainfall Index						Index Intervals	Vegetation Index			
Jan-Feb (625)	Mar-Apr (627)	May-Jun (629)	Jul-Aug (631)	Sep-Oct (633)	Nov-Dec (635)		Feb-Apr (646)	Apr-Jun (648)	Jun-Aug (650)	Aug-Oct (652)
Feb-Mar (626)	Apr-May (628)	Jun-Jul (630)	Aug-Sep (632)	Oct-Nov (634)			Mar-May (647)	May-Jul (649)	Jul-Sep (651)	Sep-Nov (653)

See following pages for all RMA required statements

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Insured's Name:	Agency code: Agency Name:	Policy Number:

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?
☐	☐	(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?
☐	☐	(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?
☐	☐	(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?
☐	☐	(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?
☐	☐	(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.

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

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202)720-2600)voice and TDD).

To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

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).

I hereby authorize and direct the _____ shown above to furnish any information relative to my insurance policy to the Assuming
(Ceding Approved Insurance Provider)
Approved Insurance Provider listed below. 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 NAU Country.
(The Assuming Approved Insurance Provider)

Part I
I hereby request cancellation of my insurance policy with_____for the crop(s) shown above because I have applied for insurance with another Approved Insurance Provider. 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.

Part II
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 year.

Remarks

Name of Assuming Agent:
Address, City, St., Zip:

Date of acceptance by Assuming Approved Insurance Provider:

Assuming AIP & Policy Issuing Company Code:

Signature of Approved Insurance Provider Representative Authorized to Accept Applications.

Insured's Printed Name and Signature	Date	Signature applicable to:	Agent's Printed Name and Signature	Code Number	Date
		☐ Transfer/Application ☐ Rainfall Disclaimer ☐ Vegetation Disclaimer			

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Insured's Name:	Agency code: Agency Name:	Policy Number:

Rainfall Index Disclaimer

June 2012 - RMA 18150 - Exhibit 5

By signing above, 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 condition 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 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.

Vegetation Index Policy Disclaimer

June 2012 - RMA 18150 - Exhibit 5

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

1. The Vegetation Index plan of insurance is not a plan of insurance against a loss of actual production. The terms and conditions of the Vegetation index are different from those of an Actual Production History plan of insurance. The Vegetation Index plan of insurance does not measure, capture, or utilize the actual crop production of any producer or 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 vegetative growth does not normally occur or is not needed is not an effective use of the Vegetation Index plan or insurance.
3. The Vegetation Index is a risk management tool to insure against a decline, caused by natural occurrences, in an index value that is based on the long-term historical average for the grid and index interval. It is best suited for producers whose past production correlates with the historical average vegetation index patterns for the grid.
4. **It is possible for me to have low crop production 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 that is due to natural causes.
6. There are historical indices, information, and other tools on the RMA web site to help me determine if the Vegetation Index is suitable for my risk management needs.