Crop Hail, Grain Fire Application

Check one:

- ☐ Fergus Farm Mutual (MT)
- ☐ NAU Country Insurance Company
- ☐ QBE Insurance Corporation

QBE NAU

Insured Information

Name: _____ ID # _____

Street/ Mailing Address: _____ ID # Type ☐ SSN ☐ EIN ☐ RAN

City, State, Zip: _____

Phone #: _____ Person Type: _____

Authorized Representative:

Crop Year: _____

State: _____

County: _____

Agency Information

Code: _____

Name: _____

Address: _____

City, State, Zip: _____

Policy Number:

MPCI Policy Number: _____

NAU Country Office: _____

Type	New	Renewal	Change
Crop-Hail			
EASYhail			

When this application is accepted by NAU Country Insurance Company, the premium for each growing season will be calculated on the basis of the rates in effect for such season for the limit of insurance in effect.

Binder - Policy Provisions shall take effect 12:01 AM of the day following the date you and the agent signed the application. However, if any acre of crop described is damaged by any peril before the effective hour of this insurance, no insurance shall be in effect and within 72 hours after such damage you shall be entitled to a return of premium on such acre. This binder may be cancelled by us by written notice to you in accordance with the policy conditions

County Name	Twp -Rng -Sec -Qtr - Farm Name	Crop	Practice	Policy Form	Endorsement	Acres	Interest %	$Ins/Acre	Amount of Ins.	Rate	Premium
	N W S E								$	$	$
	N W S E								$	$	$
	N W S E								$	$	$
	N W S E								$	$	$
	N W S E								$	$	$
	N W S E								$	$	$
	N W S E								$	$	$
	N W S E								$	$	$
	N W S E								$	$	$
	N W S E								$	$	$
	N W S E								$	$	$

1. Have any of the crops listed above been hailed on prior to signing this Application? ☐ Yes No ☐
2. Has additional insurance been purchased on the above crops? ☐ Yes No ☐
3. Do you have additional acres of the above crops not included on this Application? ☐ Yes No ☐

"Refer to rate manual for applicable information for your state"

A. Unless I pay premium in full by the applicable date of _____, I have waived my right to cash discount.

B. Minimum policy premium is $_____ initials _____

Total Liability $ _____ Premium $ _____

Other Disc. $ _____

Cash Discount N/A in Idaho $ _____

State/City Tax KY only $ _____

Net Premium $ _____

PROMISSORY NOTE - For value received, the undersigned promises to pay NAU Country Insurance Co., or its agents, the total premium due on or before October 1. If not paid within thirty days of the due date, an interest charge of 1.25% per month will be imposed on all overdue amounts, plus reasonable attorney fees, legal expenses, and collector costs. The Undersigned agrees and acknowledges that the Company may deduct any and all amounts owed under this policy or any other policy, whether or not due, from any loss payable to you under this policy.

documents@naucountry.com Fax to: 763-233-4400

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

Fraud Statements:

AR & LA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

CO: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

FL: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

KY:"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

TN, VA & WA:"It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NM:"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

NY:"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

OH:"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

OK:"WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

PA:"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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).

Applicant's Printed Name & Signature	Date Time _____ O'clock __M	Agent's Printed Name and Signature	Code Number	Date