

Policy Transfer/Application

Rainfall Index

Multiple Peril Crop Insurance



Identification Number:		Effective Crop Year:	Policy #:
Identification Number Type: <input type="radio"/> SSN <input type="radio"/> EIN <input type="radio"/> RAN		State:	Agency Code:
Person Type: Additional Documentation may be required*		County(ies):	Agency/Agent Name and Address:
State in which articles of incorporation/organization are held:			
Applicant's Name:		In addition to my share on this policy. I am insuring: <input type="radio"/> My Landlord's share <input type="radio"/> 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.	
Applicant's Authorized Representative:			
Street and/or Mailing Address:			
City:	State:	Zip:	
Spouse's Name:		Name of Parent or Guardian	
Spouse's ID Number:		Applicant's Telephone Number:	
Name of Previous AIP: (if any)		Additional Phone # and/or Email Address:	
Policy Number under Previous AIP: (if any)			
Is applicant at least 18 years old? <input type="radio"/> Yes <input type="radio"/> 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/AF)	Plan of Insurance (Rainfall)	Coverage Level	Productivity Factor	Intended Use (Haying/Grazing) (Leave blank for AF)	Grid ID (PRF only)	Growing Season (AF only)	Index (PRF only) / Growing Season Interval (AF only)	Percent Value

Please verify with County Special Provisions for applicable practice intervals. Attach Application Continuation page if necessary.

Important: The grid ID is determined based on a Point of Reference (POR) selected by the insured using the interactive maps and tools contained on RMA's web site. Go to <https://www.rma.usda.gov/en/Policy-and-Procedure/General-Policies/Pasture-Rangeland-Forage> and click on Grid ID Locator, Decision Support Tool, Historical Indices. A printed copy of the POR must be submitted with this application for PRF and with the Acreage Report for Annual Forage.

PRF Rainfall Index - Grazing Jan-Feb (625) Mar-Apr (627) May-Jun (629) Jul-Aug (631) Sep-Oct (633) Nov-Dec (635) Feb-Mar (626) Apr-May (628) Jun-Jul (630) Aug-Sep (632) Oct-Nov (634)	Annual Forage - Growing Season 1: planted July 16 - October 15 Acreage Reporting Date - October 15th Sep-Oct (655) Oct-Nov (657) Nov-Dec (659) Dec-Jan (660) Jan-Feb (662) Feb-Mar (664) Sep-Mar (678)*
PRF Haying / Irrigated Jan-Feb (425) Mar-Apr (427) May-Jun (429) Jul-Aug (431) Sep-Oct (433) Nov-Dec (435) Feb-Mar (426) Apr-May (428) Jun-Jul (430) Aug-Sep (432) Oct-Nov (434)	Annual Forage - Growing Season 2: planted October 16 - January 15 Acreage Reporting Date - January 15th Dec-Jan (661) Jan-Feb (663) Feb-Mar (665) Mar-Apr (666) Apr-May (668) May-Jun (670) Dec-Jun (679)*
PRF Haying / Non-Irrigated Jan-Feb (525) Mar-Apr (527) May-Jun (529) Jul-Aug (531) Sep-Oct (533) Nov-Dec (535) Feb-Mar (526) Apr-May (528) Jun-Jul (530) Aug-Sep (532) Oct-Nov (534)	Annual Forage - Growing Season 3: planted January 16 - April 15 Acreage Reporting Date - April 15th Mar-Apr (667) Apr-May (669) May-Jun (671) Jun-Jul (672) Jul-Aug (674) Aug-Sep (676) Mar-Sep (680)*
	Annual Forage - Growing Season 4: planted April 16 - July 15 Acreage Reporting Date - July 15th Jun-Jul (673) Jul-Aug (675)** Aug-Sept (677) Sep-Oct (656)** Oct-Nov (658) June-Nov (681)*

*CAT **ND, SD

See following pages for all RMA required statements

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

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	
<input type="checkbox"/>	<input type="checkbox"/>	(a) Are you now indebted and the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?
<input type="checkbox"/>	<input type="checkbox"/>	(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?
<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"/>	(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"/>	(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"/>	(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.

NON-DISCRIMINATION POLICY STATEMENT

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 <https://www.ascr.usda.gov/ad-3027usda-program-discrimination-complaint-form>, 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, Office of the Assistant Secretary for Civil Rights, 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, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) 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.

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 Approved Insurance Provider (Ceding 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)

<p>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.</p>	<p>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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Name of Assuming Agent: Address, City, St., Zip:</td> <td style="width:20%; padding: 2px;">Assuming AIP & Policy Issuing Company Code:</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date of acceptance by Assuming Approved Insurance Provider:</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Signature of Approved Insurance Provider Representative Authorized to Accept Applications.</td> </tr> </table>	Name of Assuming Agent: Address, City, St., Zip:	Assuming AIP & Policy Issuing Company Code:	Date of acceptance by Assuming Approved Insurance Provider:		Signature of Approved Insurance Provider Representative Authorized to Accept Applications.	
Name of Assuming Agent: Address, City, St., Zip:	Assuming AIP & Policy Issuing Company Code:						
Date of acceptance by Assuming Approved Insurance Provider:							
Signature of Approved Insurance Provider Representative Authorized to Accept Applications.							
<p>Remarks</p>							

Applicant/Insured's Printed Name and Signature	Date	Signature applicable to:	Agent's Printed Name and Signature	Code Number	Date
Printed Name:		<input type="checkbox"/> Transfer/Application <input type="checkbox"/> Rainfall Disclaimer	Printed Name:		
Signature:			Signature:		

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

Rainfall Index Disclaimer

August 2015 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 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.