

Insured's Name _____ Insured's Authorized Representative _____ Street or Mailing Address _____ City _____ State _____ Zip Code _____ County Name _____ State Name _____ Identification Number & Type of Identification No. (below) <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Assigned Number (Check One) Spouse's Name _____ Spouse's Identification No. _____	Policy Number _____ Designated County _____ County(ies) _____ Approved Insurance Provider's Name _____ Approved Insurance Provider's Address _____ Added County Election: <input type="checkbox"/> Yes <input type="checkbox"/> No I request insurance coverage for my share of the Category B crops (except forage production) specified below with a designated county in all added counties where the crops are insurable <input type="checkbox"/> Yes <input type="checkbox"/> No I request insurance coverage for my share of the Category B crops (except forage production) specified below with a designated county in all added counties within the state where the crops are insurable.
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Check appropriate box	County	Effective Crop Year	Name of Crop	Type, Class, Etc.	Plan of Insurance	Options or Optional Coverage	Price Election or Amount of Insurance	Level Election or Coverage Level
<input type="checkbox"/> Change Insurance								
<input type="checkbox"/> Cancel Insurance							Reasons for Cancellation (check one & explain in Remarks) <input type="checkbox"/> Insured's Request <input type="checkbox"/> Mutual <input type="checkbox"/> Death, Incompetence, or Dissolution <input type="checkbox"/> Other	

Other Changes (as indicated above)	<input type="checkbox"/> Successor-in-Interest (complete SBI information): Effective Crop Year _____ <input type="checkbox"/> Add or change insured's authorized representative <input type="checkbox"/> Correct insured's identification number <input type="checkbox"/> Change insured's address <input type="checkbox"/> Correct spelling of insured's name <input type="checkbox"/> Correct SBI's identification number <input type="checkbox"/> Correct spelling of SBI's name <input type="checkbox"/> Add or remove "all counties" election <input type="checkbox"/> Other (explain in Remarks)
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List all persons or entities with a substantial beneficial interest in you as defined in the applicable policy provisions (include landlords or tenants insured under the applicant). If none, state NONE.

Name	Complete Address	Telephone Number	Identification Number	Type of Identification No.	Type of Entity
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Assigned Number	
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Assigned Number	
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Assigned Number	
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Assigned Number	

Remarks

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).

_____ Insured's Signature	_____ Date	_____ Agent's Signature & Code Number	_____ Date
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(See reverse side of form for statement required by Privacy Act of 1974)

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.) (Act) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Act and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

Your policy also specifies other information that must be provided. The principle purposes of this information are to provide insurance; reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The routine uses of this information include: (1) Referral to the appropriate agency, whether Federal, State, local or foreign including the Department of Justice, charged with the responsibility of investigating or prosecuting a violation of law, or of enforcing or implementing a statute, rule regulation or order issued pursuant thereto, of any record within this system when information available indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute or by rule, regulation or order issued pursuant thereto; (2) Disclosure to a court, magistrate or administrative tribunal, or to opposing counsel in a proceeding before a court, magistrate or administrative tribunal, of any record within the system that constitutes evidence on that proceeding, or which is sought in the course of discovery, to the extent that FCIC determines that the records sought are relevant to the proceeding; (3) Disclosure to a congressional office in response to any inquiry from the congressional office made at the request of that individual; (4) Disclosure to Approved Insurance Providers (AIP) for any purpose relating to the sale, service, and administration of the Federal crop insurance program and the policies insured under the authority of the Act; (5) Disclosure to other Federal agencies and contractors, cooperators, and partners of FCIC for the purpose of conducting research, development, analyses, and evaluation into all aspects relating to new and existing crop insurance programs and other risk management tools; (6) Disclosure to contractors or other Federal agencies to conduct research and analysis to identify patterns, trends, anomalies, instances and relationships of AIP's, agents, loss adjusters and policyholders that may be indicative of fraud, waste, and abuse; (7) Disclosure to AIPs, contractors, and other applicable Federal agencies to determine whether information has been accurately provided to FCIC and the AIP's and to determine compliance with program requirements; and (8) Disclosure to AIPs, contractors, cooperators, partners of FCIC, and other Federal agencies for any purpose relating to the sale, service, administration, analysis and evaluation of the Federal crop insurance program.

Furnishing other information is also voluntary. However, failure to report the information specified in your policy may result in rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; a unilateral determination of any monetary amounts due; or any remedy provided in the policy.

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 a 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.