

POWER OF ATTORNEY

The undersigned does hereby make, constitute and appoint _____ of (address) _____

in the county of _____ and State of _____

the true and lawful attorney, for and in the name, place and stead of the undersigned in connection with

Multiple Peril Crop Insurance Policy Number _____ insured with (Insurance Provider's name and address) _____

for the following crops _____

The undersigned gives and grants unto said attorney full authority and power to do and perform actions as initialed below, fully ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof.

- 1. Making application for insurance.
2. Making crop acreage reports.
3. Giving notice of damage or loss.
4. Making claim for indemnity.
5. Making contract change.
6. Making transfers and cancellations.
7. Providing program-required production reports.
8. Taking all actions related to crop insurance for the above-identified policy number.

This Power of Attorney shall be filed at the office where the official file folder is maintained and shall remain in full force and effect until written notice of its revocation has been received by the office maintaining the official file folder (such revocation shall be placed in the official file folder).

This Power of Attorney is signed and dated at _____ (City), _____ (State)

this _____ (Date) day of _____ (Month), _____ (Year)

Witness' Printed Name _____

Witness' Signature _____

Insured's Signature _____

I hereby accept the foregoing appointment: _____ Appointee's Signature

ACKNOWLEDGMENT (For use by Notary Public)
(Use acknowledgment form required by the State where acknowledgment is taken)
Note: Power of attorney only has to be notarized in states which require it to be notarized.
State of: _____
County of: _____
Notary Seal and Signature of Notary: _____

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.) 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 Federal Crop Insurance Act (7 U.S.C. 1506), 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.

The balance of the information requested is necessary for the insurance company and FCIC to process this form to: provide insurance; provide 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 information furnished on this form will be used by Federal agencies, FCIC employees, insurance companies, and contractors who require such information in the performance of their duties. The information may be furnished to: FCIC contract agencies, employees and loss adjusters; reinsured companies; other agencies within the United States Department of Agriculture; The Department of Treasury including the Internal Revenue Service; the Department of Justice, or other Federal or State law enforcement agencies; credit reporting agencies and collection agencies; other Federal agencies as requested in computer matching programs; and in response to judicial orders in the course of litigation. The information may also be furnished to congressional representatives and senators making inquiries on your behalf. Furnishing the information required by this form is voluntary; however, failure to report the correct and complete information requested may result in rejection of this form; rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; and a unilateral determination of any monetary amounts due.

NONDISCRIMINATION STATEMENT

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.