



AGRI SOMPO MPCl Application, Cancellation/Transfer of Experience

Continuous Contract

American Agri-Business Insurance Co. (601)

Applicant's Name:		Agency Name:	
Street or Mailing Address, City, State, Zip Code		Agent:	
Policy Number:		Agency Code:	
Identification Type: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN		Street or Mailing Address, City, State, Zip Code	
Identification Number:		Business:	
Person Type:		Fax:	
Phone Number:		Email:	
Email:		Loss Payable to Me and:	
Authorized Rep. / Power of Attorney:		Married: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the applicant at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<p>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. (continued next page...)</p>			
<p>Y <input type="checkbox"/> N <input type="checkbox"/> (a) Are you now indebted and the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?</p>	<p>Y <input type="checkbox"/> N <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? Not applicable in Missouri</p>	<p>Y <input type="checkbox"/> N <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?</p>	
<p>Y <input type="checkbox"/> N <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?</p>	<p>Y <input type="checkbox"/> N <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?</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> (f) Do you have like insurance on any of the crop(s)?</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No I request insurance coverage for my share of the Category B crops (except forage) specified below with a designated county in all added counties within the state/nation where the crops are insurable. Identify primary county/crops with S or N (statewide or nationwide) in the 'Pri Cty' column. Previous statement excludes Category C (Perennial) Crops.</p>			

For individual entities, if applicable, indicate spouse's name and SSN. For other insured entities, 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.

Entity Type	Name	Address	Phone	Type of Identification	Identification Number

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Policy #:

Effective Crop Year	State	County	Crop	Elect LP		Ins. Plan	Coverage Level	Price Elec/ Amt of Ins	Options, Elections or Endorsements	Type/Practice	Intended Use & Acres	Primary Cty S or N	New Producer
				IRR	NIRR								

MP Type: _____ Practice: _____ Coverage Level: _____

SCO Has ARC Coverage: Yes No Area Loss Trigger: _____ Coverage Range: _____ Protection Factor: _____

ECO SE: Area Loss Trigger: _____ Coverage Range: _____ Protection Factor: _____

STAX Ins. Plan: RP RP-HPE Type: _____ Practice: _____ SE: Area Loss Trigger: _____ Coverage Range: _____ Protection Factor: _____

SCO and/or ECO Coverage: Yes No If yes, identify by APH Database whether SCO, ECO or STAX applies. If land is added to this operation after the Sales Closing Date and reported by the Acreage Reporting Date, such acreage will be covered by: SCO ECO STAX

HIP-WI Coverage Range: _____ Protection Factor: _____

Private Products Policy Form: _____ Options: _____ Coverage/Acre: _____

Xtra: High Risk: CHPP Enterprise Units: _____ Practice: _____

MP Type: _____ Practice: _____ Coverage Level: _____

SCO Has ARC Coverage: Yes No Area Loss Trigger: _____ Coverage Range: _____ Protection Factor: _____

ECO SE: Area Loss Trigger: _____ Coverage Range: _____ Protection Factor: _____

STAX Ins. Plan: RP RP-HPE Type: _____ Practice: _____ SE: Area Loss Trigger: _____ Coverage Range: _____ Protection Factor: _____

SCO and/or ECO Coverage: Yes No If yes, identify by APH Database whether SCO, ECO or STAX applies. If land is added to this operation after the Sales Closing Date and reported by the Acreage Reporting Date, such acreage will be covered by: SCO ECO STAX

HIP-WI Coverage Range: _____ Protection Factor: _____

Private Products Policy Form: _____ Options: _____ Coverage/Acre: _____

Xtra: High Risk: CHPP Enterprise Units: _____ Practice: _____

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ECO SE: Area Loss Trigger: _____ Coverage Range: _____ Protection Factor: _____

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SCO Has ARC Coverage: Yes No Area Loss Trigger: _____ Coverage Range: _____ Protection Factor: _____

ECO SE: Area Loss Trigger: _____ Coverage Range: _____ Protection Factor: _____

STAX Ins. Plan: RP RP-HPE Type: _____ Practice: _____ SE: Area Loss Trigger: _____ Coverage Range: _____ Protection Factor: _____

SCO and/or ECO Coverage: Yes No If yes, identify by APH Database whether SCO, ECO or STAX applies. If land is added to this operation after the Sales Closing Date and reported by the Acreage Reporting Date, such acreage will be covered by: SCO ECO STAX

HIP-WI Coverage Range: _____ Protection Factor: _____

Private Products Policy Form: _____ Options: _____ Coverage/Acre: _____

Xtra: High Risk: CHPP Enterprise Units: _____ Practice: _____

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Policy #:

SCO Terms and Conditions

In addition to Section 3B(2) of the Basic Provisions, I hereby elect this Supplemental Coverage Option Endorsement, and by this election I understand:

- (1) I must have purchased a policy under the Common Crop Insurance Policy Basic Provisions and applicable Crop Provisions to elect this Endorsement and must also purchase this Endorsement with the same Approved Insurance Provider as my Common Crop Insurance Policy.
- (2) I may elect coverage under this Endorsement and the Farm Service Agency's Agriculture Risk Coverage Program, but the same acreage of the crop cannot be covered under both programs.
- (3) I may elect coverage under this Endorsement and Stacked Income Protection Plan for the upland cotton, but the same acreage cannot be insured under both.
- (4) If at any time my Common Crop Insurance Policy for the crop is cancelled or terminated, coverage under this endorsement is automatically cancelled or terminated.
- (5) That by electing this Endorsement, it will continue from year to year unless I or you cancel or change my election by written notice on or before the cancellation date or my coverage is otherwise canceled or terminated under the terms of my policy.
- (6) Separate Administrative Fees will be assessed for each crop insured under this Endorsement.

ECO Terms and Conditions

In addition to Section 3B(2) of the Basic Provisions, I hereby elect this Enhanced Coverage Option Endorsement, and by this election I understand:

- (1) I must have purchased a policy under the Common Crop Insurance Policy Basic Provisions and applicable Crop Provisions to elect this Endorsement and must also purchase this Endorsement with the same Approved Insurance Provider as my Common Crop Insurance Policy.
- (2) I may elect coverage under this Endorsement and Stacked Income Protection Plan for the upland cotton, but the same acreage cannot be insured under both.
- (3) If at any time my Common Crop Insurance Policy for the crop is cancelled or terminated, coverage under this Endorsement is automatically cancelled or terminated.
- (4) That by electing this Endorsement, it will continue from year to year unless I or you cancel or change my election by written notice on or before the cancellation date or my coverage is otherwise canceled or terminated under the terms of my policy.
- (5) Separate Administrative Fees will be assessed for each crop insured under this Endorsement

STAX Terms and Conditions

I may not elect coverage under this plan of insurance on the same acres I elect coverage for the Supplemental Coverage Option Endorsement (SCO) and/or the Enhanced Coverage Option (ECO) if I participate in the SCO and/or ECO.

I may elect coverage under this plan of insurance and the Farm Service Agency's Agriculture Risk Coverage Program or Price Loss Coverage Program, but the same acreage of the crop cannot be covered under both programs.

I understand that by signing this application, the coverage under this plan of insurance it will continue from year to year unless I or you cancel or change my election by written notice on or before the cancellation date or my coverage is otherwise canceled or terminated under the terms of my policy.

HIP-WI Terms and Conditions

In addition to Section 3B(2) of the Basic Provisions, I hereby elect this Hurricane Insurance Protection – Wind Index Endorsement, and by this election I understand:

- (1) I must have purchased a policy under the Common Crop Insurance Policy Basic Provisions and applicable Crop Provisions to elect this Endorsement and must also purchase this Endorsement with the same Approved Insurance Provider as my Common Crop Insurance Policy.
- (2) If at any time my Common Crop Insurance Policy for the crop is cancelled or terminated, coverage under this Endorsement is automatically cancelled or terminated.
- (3) That by electing this Endorsement, it will continue from year to year unless I or you cancel or change my election by written notice on or before the cancellation date or my coverage is otherwise canceled or terminated under the terms of my underlying policy.
- (4) Separate Administrative Fees will be assessed for each crop insured under this Endorsement.

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NEW PRODUCER CERTIFICATION STATEMENTS

By requesting new producer status for APH database establishment for the crop(s) and county(ies) identified above:

I certify that I have not produced the insured crop in the county for more than two APH crop years;

I certify that I was not a member of another insured entity as a substantial beneficial interest holder, which produced the insured crop in the county for more than two APH crop years;

I certify that any substantial beneficial interest holders for the policy in which new producer status is requested, have not produced the insured crop in the county for more than two APH crop years;

I understand that any mis-certification may result in recalculation of my yield guarantee, premiums and any applicable loss payments.

Yes, I request cancellation of my previous policy and request transfer of experience and insurance coverage to the assuming Approved Insurance Provider shown on this application. I hereby request cancellation of my crop insurance policy for the crop(s) and crop year as shown on this application. I understand that if this form is not executed on or before the cancellation date for any crop year listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year. hereby authorize and direct the ceding Approved Insurance Provider shown to furnish any information relative to my insurance policy to AgriSampo North America. 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 the Assuming Approved Insurance Provider.

Previous AIP (if any):

Previous Policy # (if any):

_____ (Approved Insurance Provider Authorization) _____ (Date) **WN**
(RO)

Signature Statement

I grant the person(s) listed below the authority to sign any and all crop insurance documents on my behalf . I understand that by authorizing such persons to sign documents on my behalf I am legally bound by all terms and conditions of such documents and of the crop insurance contract. I also understand that granting the following person(s) the authority to sign on my behalf does not obligate that person(s) to the terms and conditions of my crop insurance contract. I further understand that this authorization may be revoked by me at any time upon written notice, signed and delivered to my Approved Insurance Provider.

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 certify that the information and answers on this application are correct to my knowledge and belief; that none of the reasons for rejection in items 1 through 4 of the 'Conditions of Acceptance' apply; and that I am aware of and understand the requirements of the Collection of Information and Data (Privacy Act), as well as all other provisions contained on this application (front and back). See reverse side of form for statement required by Privacy Act of 1974.

Applicant's Printed Name _____ (Insured Signature) _____ (Date) Agent's Printed Name _____ (Agent Signature) _____ (Date) _____ (Agency Code)

Conditions of Acceptance (continued from previous page): 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. The insurance contract, which includes the accepted application, is defined in the regulation published at 7 CFR chapter IV. 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.

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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, AIPs 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 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.

RMA Non-Discrimination 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.usda.gov/oascr>, 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, Director, Center for Civil Rights Enforcement, 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, audiotope, etc.) should contact USDA's TARGET Center at (202) 690-0443 (voice and TDD) 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.

If coverage state is:

Policy Issuing Company will be:

AL,AZ,AR,CA,CO,CT,DE,FL,GA,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

American Agri-Business Insurance Co.