



MPCI Application / Change / Transfer / Cancel Form

Advanced AgProtection, LLC
 4211 I-40 West, Suite 101
 Amarillo, TX 79106
 Phone: (102) 345-6789

Applicant / Insured's Name, Mailing and / or Street Address and Other Contact Information	Agency Name and Agent Contact Information	Crop Year	Policy Number
Phone: Email: ID Type and Number: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN Person Type: Signature Authorization(s)**:	Phone: Email: Underwriter: State of Incorporation (applicable to LLCs and Corporations only):		State
		Type of Policy:	
		<input type="checkbox"/> New <input type="checkbox"/> Add Crop to Policy <input type="checkbox"/> Policy Changes <input type="checkbox"/> Transfer <input type="checkbox"/> Cancellation <input type="checkbox"/> Reinstate	
		I am a limited resource farmer: <input type="checkbox"/> Yes <input type="checkbox"/> No Is applicant at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Is applicant insuring the tenant's share? <input type="checkbox"/> Yes <input type="checkbox"/> No Is applicant insuring the landlord's share? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SBI Information List spouse, if applicable, and all other 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. See SSN / EIN Reporting Form for additional space.

Name	Complete Address	Phone	ID Type and Number	Person Type	
			<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN		<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. If your designated plan of insurance, level of coverage, or price is not available in the added county, coverage will be provided through the Catastrophic Risk Protection Endorsement, if the crop is insurable in the actuarial documents for an added county.
			<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN		
			<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN		

Crop Information

Policy ^ (N = New, C = Change, T = Transfer, X = Cancel)	County (Code)	Des. Cty (Y)	Crop (Code)	New Prod. (Cat B Only)	VIP *	Intended Acres	Plan	Coverage Level	% of Price, Proj. Price, Amt. of Ins. or Prot. Factor	APE +	Options, Elections or Endorsements	Effective Crop Year	Type / Practice	For Company Use Only

Remarks:

Other Changes: (as indicated above) <input type="checkbox"/> Add or remove SBI <input type="checkbox"/> Correct SBI's identification number ^ <input type="checkbox"/> Correct spelling of SBI's name <input type="checkbox"/> Add / change / correct insured's authorized representative <input type="checkbox"/> Correct insured's identification number ^ <input type="checkbox"/> Add or remove "added county" election <input type="checkbox"/> Change / correct insured's address <input type="checkbox"/> Correct spelling of insured's name <input type="checkbox"/> Other (Explain in Remarks)	Reasons for Cancellation: <input type="checkbox"/> Insured's Request <input type="checkbox"/> Mutual Consent <input type="checkbox"/> Death, Incompetence or Dissolution <input type="checkbox"/> Other (Explain in Remarks)
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Legend: ^ If correcting an insured's or SBI's identification number, provide previous insured's or previous SBI's identification number.
 BFR = Beginning Farmer / Rancher LLT = Landlord / Tenant VFR = Veteran Farmer / Rancher
 * VIP = Vertically Integrated Producer ** A completed Power of Attorney form must be submitted with the initial application.
 + Added Price Election (APE) - The Established Price will apply unless an additional price is published and selected.

Insured's Name:
Agency Name:

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Crop Year:
Policy Number:

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 (a) Are you now indebted and the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?
- Yes No (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?
- Yes No (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 regulation, or for failure to pay your delinquent debt?
- Yes No (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?
- Yes No (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?
- Yes No (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. The insurance contract, which includes the accepted application, is defined in the regulation published at 7 CFR Chapter IV. No terms 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.

Policy Cancellation Information – To be completed only if canceling insurance coverage without transferring to another Approved Insurance Provider (AIP):

I hereby request cancellation of my crop insurance policy for the crop(s) and crop year shown on this form. I understand that if this form is not executed on or before the cancellation date for any crop listed, the cancellation of insurance on such crops(s) will not become effective until the following crop year.

AIP Authorized Representative's Printed Name

AIP Authorized Representative's Signature

Date

Policy Transfer Information – To be completed only if canceling previous policy and transferring the experience and insurance coverage from another Approved Insurance Provider (AIP):

I hereby request cancellation of my crop insurance policy with (Ceding AIP Name and Policy Number) _____

for the crop(s) and crop year(s) shown below 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.

Crop(s) to be Canceled and Transferred

Crop Year of Crops Being Canceled and Transferred

I hereby authorize and direct the (Ceding AIP Name) _____ shown above to furnish any information relative to my insurance policy to **Palomar Specialty Insurance**. 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 to **Palomar Specialty Insurance**.

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 crop year.

Name of Assuming Agent

Assuming Agent's Address, City, State and Zip

Printed Name of AIP Representative Authorized to Accept Applications

Signature of AIP Representative Authorized to Accept Applications

Date of Acceptance

AIP Code

Insured's Name:
Agency Name:

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Anti-Rebating Certification

Applicant / Insured Statement

I certify, for the crop year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, or given any benefit, including money, goods, or services for which payment is usually made, rebate, discount, abatement, credit, or reduction of premium, or any other valuable consideration, as an inducement to procure insurance or in exchange for purchasing this insurance policy after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any information on this form may subject me, and any person with a substantial beneficial interest in me, to sanctions, including but not limited to, criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 U.S.C. §1515(h)) and all other applicable federal statutes.

Agent Statement

I certify, for the crop year indicated, that I have neither offered nor promised, directly or indirectly, any benefit, including money, goods, or services for which payment is usually made, rebate, discount, credit, reduction of premium, or any other valuable consideration to this person either as an inducement to procure insurance or in exchange for obtaining insurance after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any violation may subject me, and all agencies / companies I represent, to sanctions, including but not limited, to criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 USC §1515(h)) and all other applicable federal statutes.

New Producer Certification

I certify that I have not produced the insured crop(s) in the county for more than two years.

Grant Authority 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 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.

List all person(s) designated to sign crop insurance documents on the applicant's behalf:

Insured's Name:
Agency Name:

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Collection of Information and Data (Privacy Act) Statement (Agent, 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 the 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 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 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, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or 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.

Advanced AgProtection, LLC

We do not disclose any nonpublic personal information about our individual policyholders or claimants to any affiliate or any nonaffiliated third party other than those permitted by law and only for the purpose of transacting the business of insurance coverage or claims for our policyholders. We do not sell any customer or policyholder information to mailing list companies or mass marketing companies. We treat our policyholder information as confidential.

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 / Insured's Printed Name		Applicant / Insured's Signature		Date
Agent's Printed Name	Code	Agent's Signature		Date