



Producers Ag Insurance Group®
2025 South Hughes, Suite 200, Amarillo, TX 79109

REQUEST FOR ACTUARIAL CHANGE

Date _____

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All applicable information below must be completed, along with attaching any required documentation, before submitting to RMA / RO.

RENEWAL

NEW REQUEST

PRODUCER'S NAME (AS SHOWN ON APPLICATION):			AGENCY NAME:			AGENCY CODE:		CROP YEAR / POLICY NUMBER:					
STREET AND/OR MAILING ADDRESS:			AGENT'S STREET AND/OR MAILING ADDRESS:						STATE/COUNTY (OF REQUESTED LAND):				
CITY:	STATE:		ZIP CODE:		CITY:	STATE:		ZIP CODE:		COVERAGE LEVEL / INSURANCE PLAN:			
INSURED'S TELEPHONE NUMBER:		EMAIL:			TELEPHONE NUMBER:		AGENT EMAIL:			AIP CODE / TELEPHONE NUMBER:			
IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER TYPE:		PERSON TYPE:		PRODUCER IS: LANDLORD OPERATOR OWNER/OPERATOR		WA REQUEST TYPE CODE	PRODUCER REQUESTS A MULTI-YEAR WA, IF APPLICABLE		AIP EMAIL:			

NOTE: THE PRODUCERS NAME AND ADDRESS SHOWN ABOVE MUST BE THE SAME AS THAT LISTED ON THE APPLICATION, WHERE TWO OR MORE ENTITIES INSURE THE SAME LAND, A SEPARATE REQUEST MUST BE COMPLETED FOR EACH POLICY.

DESCRIPTION OF FARM: PROVIDE THE INFORMATION FOR THE LAND ON WHICH THE ACTUARIAL CHANGE IS REQUESTED.

LINE NO.	NAME OF CROP	PRACTICE	TYPE	WHOLE ACRES	INSURED SHARE	NAME OF OTHER PERSON(S) SHARING CROP	FSA FN	FSA TRACT NUMBER	FSA FIELD NUMBER	SECTION	TOWNSHIP	RANGE	SUB SECTION	SUB COUNTY AREA
1														
2														
3														
4														
5														
6														
7														
8														

Explanation of actuarial change for which a WA is requested. (Be specific - identify classification area and provide reasons which support this actuarial change for qualifying insurance plan) If additional space is needed, attach a separate page to the form containing the producer's name, state, county, and policy number on the additional page(s) for identification. For UA type WA requests only, this section must also require the identification of the request numbers of any existing WUAs.



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Land Identified:
Has been in crop production for _____ years
Comprises an entire unit? YES NO
Has the crop been planted? YES NO
Is a High-Risk Alternative Coverage Endorsement in effect? YES NO
Has been operated _____ years by the present operator.
If no, what other land is included in the unit (section/township/range, FSA FN/Tract/Field, and/or farm location).
Is a High-Risk Land Exclusion Option in effect? YES NO
Any other applicable information (thoroughly describe any land improvements such as, drainage, levee elevation, pump capacities, etc.). If additional space is needed attach a separate page to this form.
Do any pending losses for the requested crop and acreage exist? If so, explain (if additional space is needed attach a separate page to this form):

Crop Never Planted Certification Statement:

I certify that I have never planted _____ in _____ County or in the area.
(Crop Name) (County Name)

NOTES: Initial written agreements requested to establish insurability after the Sales Closing Date may require a crop inspection, and the insured must sign no later than the earlier of the first appraisal date or the expiration date, if the crop has been planted.

A request is not considered timely unless legible minimum documentation is included.

MINIMUM SUPPORTING DOCUMENTATION CHECKLIST

RENEWAL REQUESTS: (SCD deadline for all WA types except NL, see Written Agreement Handbook for NP renewal deadline)

- Completed, signed and date Request for Actuarial Change form (Required for all types).
The current year's completed APH database or the current year's applicable production reports signed and dated by the producer (Required for Request Types XC, TD, SC, TC, RE, SM, UA, TP, NB, HR & UC) (if applicable)
For perennial crops, when required by the CIH for the crop requesting a written agreement, Perennial Crop Pre-Acceptance Inspection Report and Producer's Pre-Acceptance Worksheet.

INITIAL REQUESTS: SEE THE WRITTEN AGREEMENT HANDBOOK FOR THE DEADLINES, MINIMUM SUPPORTING DOCUMENTATION, AND DETAILED INFORMATION.

I have read and understand the following:

- (a) I will have the option to accept or reject any written agreement approved by the Federal Crop Insurance Corporation (FCIC) based on this request for actuarial change.
(b) I agree that I must accept the written agreement by the expiration date, or the written agreement will be rejected.
(c) I agree that if I submit multiple Request for Actuarial Change forms, regardless of when the forms are submitted, for the same condition or for the same crop (e.g., to insure corn on ten legal descriptions where there are no actuarial documents in the county or the request is to change the premium rates from the high-risk rates), they may be treated as one request by FCIC and I will have the option of accepting or rejecting the written agreement in its entirety.
(d) If a crop inspection is required, I agree my written agreement will be rejected by FCIC, or some fields will not be insurable if: (1) The crop inspection of the planted acreage by the Approved Insurance Provider (AIP) determined the crop's potential is less than 90 percent of the yield used to determine the production guarantee or the amount of insurance; (2) I fail to sign and accept the written agreement on or before the earlier of the first date of the appraisal or the expiration date; or (3) The AIP has failed to comply with all applicable crop inspection procedures.
(e) If this request is denied or is not accepted by FCIC or the AIP, the written agreement is not approved by FCIC, I reject the written agreement under paragraph (a) above, I do not accept the written agreement by the expiration date specified in the written agreement or as provided in (d), or the written agreement is not timely returned to the Risk Management Agency and I am unable to establish that I complied with all deadlines, I agree that:
1. If insurance is available in the county for the crop, I must accept the rate and coverage from the policy and actuarial documents; or
2. If this request is to initially establish a rate and coverage not otherwise available in the county, no insurance will be provided.
(f) I agree that regardless of the determination described in paragraph (e), I cannot cancel my policy after the cancellation date.
(g) I agree that a written agreement is not effective until signed by FCIC.
(h) I agree that I am bound by the preceding statements in any administrative review, mediation, or appeal related to this request for a written agreement.



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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, 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 STATEMENT

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 is 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 www.ascr.usda.gov/ad-3027-usda-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, audiotope, 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.

PRODUCERS AG INSURANCE GROUP PRIVACY NOTICE

The Producers Ag Insurance Group (ProAg Group) is committed to respecting the individual privacy of our policyholders and their significant beneficial interest owners (Customers). We collect nonpublic personal information about Customers from information we receive from them such as information provided on applications or other forms, which may include name, address and social security numbers and from third parties such as a consumer reporting agency. To serve our customers and to service our business our employees have access to Customers personal information in the course of doing their jobs and we may share or disclose non-public personal information about the Customers to affiliates within the ProAg Group or with non affiliated third parties with whom we have a contractual relationship such as agencies within the united States Department of Agriculture, with your insurance agent and other insurance companies or with banks where a written permission to transfer such information has been granted by the policyholder. We may also share non-public personal information with affiliates and with non-affiliated third parties as permitted by law. The ProAg Group will not sell or share your personal information with anyone for purposes unrelated to our business functions with out our offering to the Customer the opportunity to "opt-out" or to "opt-in" as required by law.

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).

Producer's Printed Name Producer's Signature Date

I have reviewed the above information and to the best of my knowledge and belief it represents accurate information.

Agent's Printed Name Agent's Signature Agent Code Date

I recommend that the requested actuarial changes be approved.	
_____ AIP Authorized Representative Printed Name	
_____ AIP Authorized Representative Signature	_____ Date