



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

REQUEST FOR ACTUARIAL CHANGE

Date _____

Page ____ of ____

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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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