DAIRY REVENUE PROTECTION APPLICATION/CANCELLATION/TRANSFER/POLICY CHANGE

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

Date _____ Page _____ of _____

APPLICANT/INSURED'S NAME:			AGENCY NAME:		AGENCY CODE:	EFFECTIVE CROP YEAR:	POLICY NUMBER:
STREET AND/OR MAILING ADDRESS:			ADDRESS:			STATE:	COUNTY (WHERE INSURANCE ATTACHES):
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:	CROPS:	
TELEPHONE NUMBER:	CELL:	APPLICANT'S EMAIL:	TELEPHONE NUMBER:	AGENT'S EMAIL:		PLAN OF INSURANCE:	
IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER TYPE:	PERSON TYPE:	APPLICANT'S AUTHORIZED REPRESENTATIVE:			NAME OF PREVIOUS AIP (IF ANY):	
SPOUSE'S NAME:		SPOUSE'S IDENTIFICATION NUMBER:	IS APPLICANT AT LEAST 18 YEARS OLD? ☐ YES ☐ NO		STATE OF INCORPORATION:	POLICY NUMBER UNDER PREVIOUS AIP (IF ANY):	

SBI SECTION - List all person(s) with a substantial beneficial interest in you as defined in the applicable policy provisions (including landlords or tenants insured under the applicant). If none, state NONE.

NAME	COMPLETE ADDRESS	TELEPHONE NUMBER	IDENTIFICATION NUMBER	IDENTIFICATION NUMBER TYPE	PERSON TYPE	LANDLORD/TENANT INSURING OTHER'S SHARE?**	L/T
						☐ Y ☐ N	☐ L ☐ T
						☐ Y ☐ N	☐ L ☐ T
						☐ Y ☐ N	☐ L ☐ T
						☐ Y ☐ N	☐ L ☐ T

☐ **APPLICATION** (Complete Section A)
☐ **CANCELLATION** (Complete Section A and B)
☐ **TRANSFER** (Complete Section A and C)

OTHER CHANGES FOR MPCI POLICIES ONLY

☐ Add or Remove SBI
☐ Correct Insured's Identification Number***
☐ Correct Spelling of SBI's Name
☐ Add/Change/Correct Insured's Authorized Representative
☐ Correct Spelling of Insured's Name
☐ ***Enter Previous ID number if this item is checked:
☐ Change/Correct Insured's Address
☐ Correct SBI's Identification Number***

SECTION A - APPLICATION

ADD/ CHANGE/ CANCEL	EFFECTIVE CROP YEAR	STATE	COUNTY	CROP	PLAN OF INSURANCE	NEW PRODUCER	OPTIONS/ ELECTIONS/ ENDORSEMENTS

****In addition to my share on the policy. Attached is evidence of their approval (POA, Lease Agreement, etc.).**

The insurance products offered by Producers Ag Insurance Group® d/b/a ProAg® may not be a complete list of all products offered and may not be offered in all states. ProAg prohibits discrimination on the basis of race, color, national origin, sex, religion, disability, political beliefs, and marital or familial status.

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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 regulations, 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 Agricultural?
☐ 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. 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.

SECTION B - CANCELLATION INFORMATION - To be completed only if cancelling 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 cancellation. 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.

REASON FOR CANCELLATION (CHECK ONE): ☐ Insured's Request ☐ Mutual Consent ☐ Death, Incompetence, or Dissolution ☐ Other _____

AIP Representative Printed Name	AIP Representative's Signature	Date

SECTION C - POLICY TRANSFER INFORMATION - To be completed only if cancelling previous policy and transferring the experience and insurance coverage from another Approved Insurance Provider (AIP)

☐ I hereby request cancellation of my insurance policy with _____ for the crop(s) and crop year(s) shown above
Ceding AIP Name and Policy Number
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 Cancelled and Transferred	Crop Year of Crops Being Cancelled and Transferred

☐ I hereby authorize and direct the _____ shown above to furnish any information relative to my insurance policy to the Assuming Approved Insurance Provider listed below.
Ceding Approved Insurance Provider
I understand that if coverage for any crop(s) is now terminated or would have subsequent terminated for delinquent debt had this transfer not occurred, no coverage can be provided by the Assuming Approved Insurance Provider) **Producers Ag Insurance Group, Inc**.

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 Code

Printed Name of AIP Representative Authorized to Accept Applications	Signature of AIP Representative Authorized to Accept Applications	Date of Acceptance by AIP	AIP Code

Version 1.1
Updated: February 1, 2019

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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, audiotape, 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).

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

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