



The undersigned does hereby make, constitute and appoint _____ of (address) _____
(Insert Name of Appointee)

in the County of _____ and State of _____, the true and lawful attorney, for and in the name, place
(Insert County of Execution) (Insert State of Execution)

and stead of the undersigned in connection with Insurance Policy and/or Policy Number _____
(Insert Policy or Policy Number)

The undersigned gives and grants unto said attorney full authority and power to do and perform actions as initialed below fully ratifying and
confirming all that said attorney shall lawfully do or cause to be done by virtue hereof:

- 1. Making application for insurance. 2. Making crop acreage reports.
3. Giving notice of damage or loss. 4. Making claim for indemnity.
5. Making policy change. 6. Making transfers and cancellations.
7. Providing program required production reports.
8. Taking all actions related to the insurance coverage provided under the above identified policy and/or policy number.

This Power of Attorney shall be filed at the office where the official insurance file is maintained and shall remain in full force and effect until
written notice of its revocation has been received by the office maintaining the official insurance file folder (such revocation shall be placed in
the official insurance file folder)

This Power of Attorney is signed and dated at _____, _____ this _____ day of _____, _____.
(City) (State) (Day) (Month) (Year)

Print Witness Name Witness' Signature Date Print Witness Name Witness' Signature Date

Print Insured Name Insured's Signature Date

I hereby accept the foregoing appointment:

Print Appointee Name Appointee's Signature Date

See Page Two for Required Statements

ACKNOWLEDGEMENT: (For use by Notary Public)

(Use acknowledgement if required by the State where acknowledgement is taken) Signatures of the insured and appointee must be notarized when
required by law. Witness signatures are not required if notarized.

State of: _____
(Insert State of Execution)

County of: _____
(Insert County of Execution)

On this, _____ day for _____, _____.
(Day) (Month) (Year)

before me a notary public, the undersigned officer, personally
appeared _____, known to me (or
(Insert Name of Insured)
satisfactorily proven) to be the person whose name is subscribed
to the within instrument, and acknowledge that he or she executed the
same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Seal and Signature of Notary:



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 <https://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.