

Application

Livestock Risk Protection



Applicant Information		Reinsurance Year: _____	Agency Information			Policy Information		
Name: _____ ID #: _____		State: _____	Agency Code: _____			Policy Number: _____		
Address: _____ ID # Type: <input type="radio"/> SSN <input type="radio"/> EIN <input type="radio"/> RAN			Agency Name: _____			NAU Country Office (assigned to Agency)		
City, State, Zip: _____			Agent Name: _____			<input type="checkbox"/> NAU-CA <input type="checkbox"/> NAU-KS <input type="checkbox"/> NAU-ND		
Person Type: _____		Is applicant at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address: _____			<input type="checkbox"/> NAU-FR <input type="checkbox"/> NAU-MN <input type="checkbox"/> NAU-NC		
Phone #: _____ Fax #: _____			City, State, Zip: _____			<input type="checkbox"/> NAU-IA <input type="checkbox"/> NAU-MT <input type="checkbox"/> NAU-WI		
Email Address: _____			Phone #: _____					
Spouse's Name: _____ Spouse's ID #: _____			Fax #: _____					
Authorized Representative: _____		Email Address: _____						
Farm or Business Name: _____								
Name of Parent or Guardian: _____					In addition to my share on this policy, I am insuring: <input type="radio"/> My landlord's(L) share. <input type="radio"/> My tenant's(T) share under my crop policy. I am providing a Power of Attorney or Lease Agreement as evidence of my authority to insure their share.			
SBI Information: List all person(s) with 10 percent or more interest in the insurance entity identified above as the Applicant/Insured (include landlords or tenants insured under the applicant). If none, state NONE.								
Name	Address	City, State, Zip	Telephone	ID Number	ID Type	L/T	Person Type	Share
						<input type="radio"/> Y <input type="radio"/> N		
						<input type="radio"/> Y <input type="radio"/> N		
						<input type="radio"/> Y <input type="radio"/> N		
						<input type="radio"/> Y <input type="radio"/> N		
						<input type="radio"/> Y <input type="radio"/> N		
Legal Description of location of livestock (including unborn) or livestock product						State	Zip Code	
Crop Year	County	Class(es) of livestock or livestock product to be insured:			Commodity Code	Practice Code/End. Date		
		<input type="checkbox"/> Fed Cattle <input type="checkbox"/> Feeder Cattle <input type="checkbox"/> Swine						
		<input type="checkbox"/> Fed Cattle <input type="checkbox"/> Feeder Cattle <input type="checkbox"/> Swine						
		<input type="checkbox"/> Fed Cattle <input type="checkbox"/> Feeder Cattle <input type="checkbox"/> Swine						
<input type="checkbox"/> The AD-1026 form has been filed with the FSA office for compliance with the Highly Erodible Land Conservation (HELIC) and Wetland Conservation.								
Remarks: _____								

See final page for RMA required statements

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Insured's Name:	Agency Code:	Agency Name:	Policy #:
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Authority to sign crop insurance documents on behalf of the Insured
 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 of 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.

Name	Address	Telephone	Grant	Remove
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	(a) Are you now indebted and the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?
<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?
<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(f) Do you have like Insurance on any of the above livestock?

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 POLICY 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 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, audiotape, etc.) should contact 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.

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).

Insured's Printed Name and Signature	Date	Agent's Printed Name and Signature	Code Number	Date
Printed Name: _____	_____	Printed Name: _____	_____	_____
Signature: _____	_____	Signature: _____	_____	_____