



LIVESTOCK RISK PROTECTION (LRP) APPLICATION/CHANGE/TRANSFER/CANCEL FORM

Producers Ag Insurance Group®, 5601 Interstate 40 W, Suite 204, Amarillo, TX 79106

Date _____ Page _____ of _____

APPLICANT/INSURED'S NAME:			AGENCY NAME:			AGENCY CODE:		CROP YEAR:		POLICY NUMBER:			
STREET AND/OR MAILING ADDRESS:			ADDRESS:						STATE:				
CITY:		STATE:	ZIP CODE:		CITY:		STATE:	ZIP CODE:		COUNTY:			
TELEPHONE NUMBER:		CELL:	EMAIL ADDRESS:		TELEPHONE NUMBER:		AGENT'S EMAIL:			I AM A LIMITED RESOURCE FARMER?			
IDENTIFICATION NUMBER:		ID NUMBER TYPE:	PERSON TYPE:		INSURED'S AUTHORIZED REPRESENTATIVE:						YES	NO	
SPOUSE'S NAME:			SPOUSE'S ID NUMBER:		STATE OF INCORPORATION:						IS APPLICANT AT LEAST 18 YEARS OLD?	YES	NO

SBI INFORMATION: List all person(s) or entity(ies) 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. Use the SSN / EIN Reporting form for additional space.

NAME	COMPLETE ADDRESS	TELEPHONE NUMBER	IDENTIFICATION NUMBER	IDENTIFICATION NUMBER TYPE	PERSON TYPE	SHARE

TYPE OF POLICY

New Transfer Cancellation Add Livestock to Policy Policy Changes Reinstatement

CLASS(ES) OF LIVESTOCK OR LIVESTOCK PRODUCT TO BE INSURED	TYPE	INSURED'S SHARE
Feeder Cattle (0801)		
Fed Cattle (0802)		
Lamb (0804)		
Swine (0815)		

OTHER CHANGES

REASON FOR CANCELLATION

Add or Remove SBI	Correct SBI's Identification Number^	Correct Spelling of SBI's Name	Insured's Request	Death, Incompetence or Dissolution
Add / Change / Correct Insured's Authorized Rep.	Correct Insured's Identification Number^	Other - Explain Below		
Change / Correct Insured's Address	Correct Spelling of Insured's Name		Mutual Consent	Other (Explain in Remarks)

^If correcting an Insured's or SBI's identification number, provide previous Insured's or previous SBI's identification number.

REMARKS:



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Policy No. _____ Reinsurance Year _____ Date _____ Page _____ of _____

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 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 Agriculture?
- 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 livestock?

I understand that if coverage for any livestock is currently terminated or would have subsequently terminated for indebtedness has this application been filed after the termination date, no coverage can be provide 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 livestock and crop years specified and shall continue for each succeeding crop year, unless otherwise specified in the policy, until cancelled, terminated, or voided. The insurance contract, which includes the accepted application, is defined in the regulation published at 7 CFR Chapter IV. 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.

I understand that only a limited number of Livestock Risk Protection Insurance coverage will be accepted, and that I will have no Livestock Risk Protection Insurance coverage for the livestock described in this application unless the insurance company issues a written summary of insurance to me. I certify that the information on this application is complete and accurate; that none of the reasons for rejection in items 1 through 4 of the "Conditions of Acceptance" apply; and that I am aware of and understand that requirements of the Collection of Information and Data (Privacy Act), as well as all other provisions contained on this application.

CANCELLATION INFORMATION - To be completed only if cancelling insurance coverage without transferring to another Approved Insurance Provider (AIP)

I hereby request cancellation of my livestock insurance policy for the livestock and crop year shown on this cancellation. I understand that if this form is not executed on or before the cancellation date for any livestock listed, the cancellation of insurance on such livestock will not become effective until the following crop year.

_____ AIP Authorized Representative's Printed Name

_____ AIP Authorized Representative Signature

_____ Date

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 livestock insurance policy with (Ceding AIP Name and Policy Number) for the livestock and crop year(s) shown below because I have applied for insurance with another AIP. I understand that if this form is not executed on or before the established cancellation date for any livestock listed, the cancellation of insurance on such livestock will not become effective until the following crop year.

_____ Ceding AIP Insurance Company and Policy Number

_____ Livestock and Crop Year(s) to be cancelled and transferred

I hereby authorize and direct the _____ (Ceding AIP) shown above to furnish any information relative to my insurance policy to the _____ (Assuming AIP).

I understand that if coverage for any livestock is now terminated or would have subsequently terminated for delinquent debt had this transfer not occurred, no coverage can be provided by the

_____ (Assuming AIP)

By submission of this form, we agree to provide livestock insurance to this applicant for the livestock and crop year specified above unless this form is not executed on or before the established cancellation date for any livestock shown, in which case insurance will be provided for such livestock 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

_____ AIP Code



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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

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.

ANTI-REBATING - INSURED STATEMENT

I certify, for the crop year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, or given any benefit, including money, goods, or services for which payment is usually made, rebate, discount, abatement, credit, or reduction of premium, or any other valuable consideration, as an inducement to procure insurance or in exchange for purchasing this insurance policy after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any information on this form may subject me, and any person with a substantial beneficial interest in me, to sanctions, including but not limited to, criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 U.S.C. §1515(h)) and all other applicable federal statutes.

ANTI-REBATING - AGENT STATEMENT

I certify, for the crop year indicated, that I have neither offered nor promised, directly or indirectly, any benefit, including money, goods, or services for which payment is usually made, rebate, discount, credit, reduction of premium, or any other valuable consideration to this person either as an inducement to procure insurance or in exchange for obtaining insurance after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any violation may subject me, and all agencies/companies I represent, to sanctions, including but not limited, to criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 USC §1515(h)) and all other applicable federal statutes.

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

Date