MPCI Application, Cancellation/Transfer of Experience

Continuous Contract

Approved Insurance Provider	Applicant	Agency
ARMtech Insurance Services 7101 82nd Street Lubbock, TX 79424	Policy #: **Name:** **Street and/or Mailing Address:** **City, State, Zip:** **Identification Number:** **Identification Number Type:** SSN ☐ EIN ☐ RAN ☐ **Entity Type:**	Agency Code: **Agency Name:** **Agent Name:** **Address:**
U/W: (800) 335-0120 Bus.: (806) 473-0333 Claims: (800) 335-6010 B Fax: (806) 473-0334 Email: ARMtech@armt.com	**Phone:** Email:	**Phone:** Email:

Authorized Rep:

Loss Payee:

Married: ☐ Not Married: ☐

State Corporation was formed in: _____

Is this applicant at least 18 years old? ☐ Yes ☐ No

☐ **No** ☐ **Yes,** I request insurance coverage for my share of the Category B crops (except forage) specified below with a designated county in all added counties within the state/nation where the crops are insurable.

Identify primary county/crops with S or N (statewide or nationwide) in the 'Pri Cty' column.

Previous statement excludes Category C (Perennial) Crops.

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. (continued next page...)

Yes	No		
☐	☐	(a)	Are you now indebted, and the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?
☐	☐	(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?
☐	☐	(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?
☐	☐	(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?
☐	☐	(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?
☐	☐	(f)	Do you have like insurance on any of the crops?

For individual entities, if applicable, indicate spouse's name and SSN. For other insured entities, List all persons or entities with a substantial beneficial interest in you as defined in the applicable policy provisions (include landlords or tenants insured under the applicant). If none, state NONE.

Entity Type	Name	Address	Phone	Type of Identification No	Identification Number
				☐ SSN ☐ EIN ☐ RAN	
				☐ SSN ☐ EIN ☐ RAN	
				☐ SSN ☐ EIN ☐ RAN	

Effective Crop Year	State	County	Crop	Ins. Plan	Coverage Level	Elect LP IRR	Elect LP NIRR	Price Elect/ Amt of Ins/ Prot Fact	Options, Elections, Endorsements	Type / Practice	Intended Use	Pri Cty S or N	New Prod	Intended Acres
													☐	
													☐	
													☐	
													☐	
													☐	
													☐	

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													☐	

☐ NEW PRODUCER CERTIFICATION STATEMENTS

I certify that I have not produced the insured crop in the county for more than two APH crop years;

I certify that I was not a member of another insured entity as a substantial beneficial interest holder, which produced the insured crop in the county for more than two APH crop years;

I certify that any substantial beneficial interest holders for the policy in which new producer status is requested, have not produced the insured crop in the county for more than two APH crop years;

I understand that any mis-certification may result in recalculation of my yield guarantee, premiums and any applicable loss payments.

TO BE COMPLETED ONLY IF CANCELING PREVIOUS POLICY AND TRANSFERRING THE EXPERIENCE AND INSURANCE COVERAGE FROM ANOTHER APPROVED INSURANCE PROVIDER:

☐ Yes, I request cancellation of my previous policy and request transfer of experience and insurance coverage to the assuming Approved Insurance Provider shown on this application.

I hereby request cancellation of my crop insurance policy for the crop(s) and crop year as shown on this application. 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. I hereby authorize and direct the ceding Approved Insurance Provider shown to furnish any information relative to my insurance policy to (ARMtech Insurance Services). I understand that if coverage for any crop(s) is now terminated or would have subsequently terminated for indebtedness had this transfer not occurred no coverage can be provided by the Assuming Approved Insurance Provider.

Previous AIP (if any):

Previous Policy # (if any):

(Approved Insurance Provider Authorization) *(Date)* **WN** *(RO)*

☒ 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.

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). I certify that the information and answers on this application are correct to my knowledge and belief; 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 the requirements of the Collection of Information and Data (Privacy Act), as well as all other provisions contained on this application (front and back). See reverse side of form for statement required by Privacy Act of 1974.

(Insured Print Name) *(Insured Signature)* *(Date)* *(Agent Printed Name)* *(Agent Signature)* *(Date)* **(Agent Code)**

CONDITIONS OF ACCEPTANCE (continued from previous page): 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. 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.

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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, AIPs 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 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

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

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 http://www.ascr.usda.gov/complaint_filing_cust.html, 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, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Persons with Disabilities

Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). 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. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

Contact Information

If coverage state is:	Policy Issuing Company will be:
AL,AZ,AR,CA,CO,CT,DE,FL,GA,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY	American Agri-Business Insurance Co.