Diversified Crop Insurance Services

CROP INSURANCE APPLICATION / CANCELLATION - TRANSFER

1608 A West Lafayette, Jacksonville IL 62650

APPLICANT'S NAME:					AGENCY:					AGENCY	CODE:	POLICY NUME	BER:	
					ADDRESS:							ISSUING COM	IPANY:	
STREET OR MAILING ADDRESS:					ADDINESS.	•								
CITY, STATE, ZIP CODE				CITY, STATE, ZIP							INSURED STA	INSURED STATE:		
APPLICANT'S TELEPHONE NUMBER:				PHONE: FAX:						NEW REINSTATE TRANSFER ADD CROP TO POLICY				
				APPLICANT 18 YEARS OR OLDER				I AM A LIMITED RESOURCE FARMER						
APPLICANT'S AUTHORIZED REPRESENTATIVE OR POWER OF ATTORNEY (circle one):				Yes No				Yes No				ERSON TYPE (CHECK O		
IDENTIFICATION NUMBER: IDENTIFICATION NUMBER TYPE: NAME AND IDENTIFICATION OTHER					TION NUMBER OF SPOUSE:				APPLICANT'S E-MAIL ADDRESS:			L = LAI	DRPORATION Y = LLC	DUSAL
In accordance with Handbook 2- release all requested Form 578 F insurance provider for this and all	Producer Prints	and ae	rial pho <u>to</u> g	authorized to graphs to the No	List all	person(s)) with a c	ompanion poli	cy and their p	olicy numbe	ers	R = RE J = CO	VOCABLE TRUST E = TAX /JOINT OPERATORS	RTNERSHIP K EXEMPT
List all person(s) with a substantial l Required information: Name, Addre	beneficial intere	st in you Number,	as defined	in the applicable p	olicy prov be, Persor	isions (incl n Type	ude landlo	rds or tenants ins	sured under the	applicant), If r	ione, state None	of the Cate specified a	I request insurance coverage egory B crops (except forage purpose to libove with a designated count	oroduction) y in all
Name		Complete Addre				ess		Phone Number	ID Number ID T		pe Person Typ	-	nties where the crops are inso imary county/crops with S or I	
												or nationwi	de) in the Insured County Col	umn
													acres will not establish liability port must be filed.	y. An
						Effective	Plan of		. Percent of		Intended	ı l		1
Name of Crop	Insured County	/* S/N F	New Producer	Type, Class		Crop Year	Insurance	e Coverage Leve	Price Election	Options	Acres**	HAIL PLAN	ENDORSEMENTS	\$/Acre
					-									
		+	-			_		-						
		++	-											
		++	-					+						
		-												
		+	-											
		++						-						
CONDITIONS OF ACCEPTANCE: This a concealed or misrepresented in this appli questions does not automatically result in	cation or in the gui	hmissinn c	of this applic	ation: (3) you have faile	ed to provid	e complete a	ind accurate	information require	ed by this application	n: or (4) the ans	wer to any of the fo	ulations, the ris llowing question	 k is excessive; (2) any material fac ns is "yes." An answer of "yes" to t	t is omitted, hese
YES NO (a) Are you now inde	bted and the debt	is delinque	ent for insura	ance coverage under th	he Federal (Crop Insuran	ce Act?							
YES NO (b) Have you in the la	ast five years been	convicted	under fede	ral or state law of plant	ting, cultivat	ing, growing, ct terminated	producing, for violation	harvesting, or storing of the	ng a controlled subs	tance? ions. or for failu	re to pay your delin	quent debt?		
YES NO (d) Are you disqualified	ed or debarred und	der the Fe	deral Crop II	surance Act, the regul	lations of th	e Federal Cr	op Insuranci	e Corporation, or the	e United States De	partment of Agri	culture?			
YES NO (e) Have you ever en still effective?	tered into an agre	ement with	h the Federa	il Crop Insurance Corp	oration or w	vith the Depa	rtment of Ju	stice that you would	d refrain from partici	pating in progra	ms under the auth	ority of the Fede	eral Crop Insurance Act and that ag	greement is
YESNO (f) Do you have like in understand that if coverage for any crop	nsurance on any o	of the abov	re crop(s)?	.b vandh i domai nafad	l for indobto	doors had th	is applicatio	on hear filed after th	e termination date	no coverage ca	in he provided and	I am ineligible f	or any henefits under the Federal (Cron
Insurance Act until the cause for terminat	ion is corrected.													
We will notify you of rejection by depositir specified and shall continue for each succondition of the contract shall be waived of APPLICA	ceeding crop year, or changed unless	unless of	herwise spe /er or chang	cified in the policy, until	I canceled, by the conti	terminated o ract and is in	r voided, Th writing.	e insurance contrac	ct, which includes th	e accepted app	lication, is defined	in the regulation	published at 7 CFR chapter IV. N	op years o term or

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).

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 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 eliqibility 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.

CANCELLATION/TRANSFER of Experience Information - To be completed if canceling previous policy with another insurance provider.									
I hereby request cancellation of my crop insurance policy	with	for the crop(s) and crop year 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 insurance provider shown to furnish any information relative to my insurance policy to the assuming company. 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 insurance provider.									
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.									
AUTHORIZED PERSON	AUTHORIZED PERSON	AUTHORIZED PERSON							
AUTHORIZED PERSON	AUTHORIZED PERSON	AUTHORIZED PERSON							
I certify that to the best of my knowledge and belief all of the information on this form is correct; 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. 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, 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.	I certify, for the crop year indicated, that I have neither offered nor promised, any benefit, including money, goods, or services for which payment is usually discount, credit, reduction of premium, or any other valuable consideration to as an inducement to procure insurance or in exchange for obtaining insurance procured. I understand that this prohibition does not include payment of admit performance based discounts, and any other payment approved by FCIC that under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure accurately report any violation may subject me, and all agencies/companies is sanctions, including but not limited, to criminal and civil penalties and administ accordance with section \$15(h) of the Act (7 USC §1515(h)) and all other appreciations.	directly or indirectly, y made, rebate, this person either be after it has been inistrative fees, at are authorized (ACt) (7 U.S.C. §§ a to completely and represent, to strative sent to strativ							
APPLICANT'S SIGNATURE DATE	AGENT'S SIGNATURE	DATE INSURANCE PROVIDER DATE							
APPLICANT'S PRINTED NAME	AGENT'S CODE NUMBER AND PRINTED NAME								

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