Rain and Hail
A Chubb Company

Livestock Insurance Serviced by: ☐ RAIN AND HAIL L.L.C.
☐ RAIN AND HAIL INSURANCE SERVICE, L.L.C.

LIVESTOCK INSURANCE POWER OF ATTORNEY

(FOR LIVESTOCK RISK PROTECTION AND/OR LIVESTOCK GROSS MARGIN)

The undersigned _____ (Insured's Name) , _____ (Policy Number)

does hereby make, constitute and appoint _____ (Designated Power of Attorney)

of _____ (Address), County of _____ ,

State of _____ , _____ (Zip Code) , the true and lawful attorney, for and in the name, place and stead of the undersigned in connection with livestock insurance policy(ies) issued or to be issued through Rain and Hail.

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

1. ☐ Make application(s) for insurance
2. ☐ Provide program-required reports regarding insurable number of livestock or amount of milk
3. ☐ Give notice of damage or loss
4. ☐ Make claim(s) for indemnity
5. ☐ Sign loss forms to the extent allowed by government rules and procedures
6. ☐ Make policy changes
7. ☐ Make transfers and cancellations
8. ☐ Take all actions authorized by the insured under the policy
9. ☐ Endorse all drafts or checks relating to payment of indemnity
10. ☐ Provide the Taxpayer Identification Number (SSN/EIN) of the insured and sign the W-9 Form.

This Power of Attorney will be filed at the office of Rain and Hail, at its Division Office, and the undersigned further directs that actions taken pursuant to this Power of Attorney may be fulfilled through electronic signature and that this Power of Attorney will take effect immediately and will be continuous until such time as there is filed of record a duly witnessed revocation of this instrument in said office.

Words and phrases herein will be construed as in the singular and plural number, and as masculine or feminine gender, according to the context.

Dated and signed at _____ (City & State) , this _____ day of _____ , 20 _____.

_____ (Printed Insured Name)

_____ (Insured Signature)

I hereby accept the foregoing appointment: _____ (Printed Name of Designated Power of Attorney / Signature of Designated Power of Attorney)

ACKNOWLEDGMENT (For use by Notary Public)

State of _____ County of _____

Subscribed to and sworn or affirmed before me this _____ day

of (Month) _____ , (Year) _____ .

My Commission Expires: _____ .

_____ Signature of Notary Public

NOTARY SEAL:

WITNESS (if required by state)

Witness No. 1 Printed Name: _____

Witness No.1 Signature: _____

Witness No. 2 Printed Name: _____

Witness No. 2 Signature: _____

AGENCY

_____

_____

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NON-DISCRIMINATION STATEMENT

Non-Discrimination Policy

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 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.

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 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.