Clear Entire Form

Rain and Hail
A Chubb Company

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

Policy Number:

LIVESTOCK RISK PROTECTION APPLICATION

1. APPLICANT/INSURED			2. INSURANCE AGENCY		
Applicant/Insured's Name: ☐ SSN ☐ EIN ☐ Other			Insurance Agency's Name:		Agency's Code:
Spouse's Name:	Spouse's SSN:	Spouse's Share %	Insurance Agent's Name:		Agent's Code:
Farm or Business Name:	Type of Entity:		E-Mail Address:		
Street or Mailing Address:			Street or Mailing Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Crop Year:	E-Mail Address:	Phone:	Phone:	Fax:	
Authorized Representative (Submit Completed Power of Attorney Form)			Class(es) of livestock or livestock product to be insured: ☐ Swine ☐ Feeder Cattle ☐ Fed Cattle ☐ Lamb		

☐ New Applicant ☐ Name Change or Correction ☐ Address Change ☐ Correct Tax ID

☐ Add/Change Authorized Representative (attach form) ☐ Transfer: Ceding AIP's Name and Policy No.:_____

☐ Policy Cancellation: Crop Year _____ Reason for Cancellation _____

CONDITIONS OF ACCEPTANCE STATEMENTS

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.

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 indebtedness?
☐	☐	(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 same livestock?
☐	☐	(g) Is the applicant at least 18 years old?

I understand that if coverage for any crop or commodity 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 crops or commodities and crop years or reinsurance years specified and shall continue for each succeeding crop year or reinsurance 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 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.

PROMISSORY NOTE

On or before _____ the Undersigned, in consideration of the issuance of the policy shown above, hereby agrees to pay, at 9200 Northpark Drive, Suite 300, Johnston, Iowa 50131, to the order of the Company the total premium and applicable administrative fees, all as allowed by law. The Undersigned agrees to pay the maximum amount of interest on the total unpaid premium after such due dates plus reasonable costs of collection and attorney fees, all as allowed by law as stated in 7 CFR 457.8 and consents to the Iowa Court jurisdiction and venue. The Undersigned agrees and acknowledges that the Company may deduct any and all amounts owed under this policy or any other policy, whether or not due, from any loss payable to you under this policy. (Not Applicable to LRP Lambs)

Applicant/Insured's Signature	Date	Licensed Agent's Signature	Date

COMPANY/AGENCY COPY

See reverse side for additional statements.

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).

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.