



MPCI Application, Cancellation, Change, Transfer Form

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Print Date: 01.16.2026

Applicant/Insured's Name, Street and/or Mailing Address, City, State, Zip Code, Telephone Number, Email		Crop Year / Reinsurance Year	Policy Number	State	Agency Name/Code, Agent Name, Street and/or Mailing Address, City, State, Zip Code, Telephone Number, Email
		County(ies)			Walock - Johnson Insurance, Inc. 381570
		Person Type (Entity Type)		Entity State Filed	PO BOX 513 LISBON, ND 58054-0513 B: (701) 683-5253 F: (888) 436-5536 walt@nd-insure.com;grant@nd-insure.com
		Identification Type and Identification Number			
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN			
		Spouse's Name and Spouse's Identification Number			
Applicant/Insured's Authorized Representative or Power of Attorney				Is applicant at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Is applicant insuring the landlord/tenant's share? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> No Changes <input type="checkbox"/> Policy Transfer <input type="checkbox"/> New Application <input type="checkbox"/> Cancel Insurance		<input type="checkbox"/> Add or remove SBI <input type="checkbox"/> Add/Change Insurance <input type="checkbox"/> Add/change/correct insured's authorized representative		<input type="checkbox"/> Correct insured's identification number <input type="checkbox"/> Correct SBI's identification number <input type="checkbox"/> Correct spelling of insured's name <input type="checkbox"/> Correct spelling of the SBI's name	

Substantial Beneficial Interest – List all person(s) 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. If additional room is needed, use continuation page or SSN and EIN Reporting Form.

Name	Address	Telephone Number	Identification Type and Number	Person Type	Share %	Landlord/Tenant
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Crop Information

Added County Election – National

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

County	Primary County	Crop Type/Practice	Plan of Insurance	Coverage Level	1Percentage of Price Election	Options, Elections, Endorsements	4Unit Option Code	2ECO		HIP-WI	2SCO			2STAX		
								5NP	Area Loss Trigger		Coverage Percentage	Coverage Percentage	ARC Coverage Range	Coverage Percentage	Coverage Range	Area Loss Trigger
	<input type="checkbox"/>							<input type="checkbox"/>					<input type="checkbox"/>			
	<input type="checkbox"/>							<input type="checkbox"/>					<input type="checkbox"/>			
	<input type="checkbox"/>							<input type="checkbox"/>					<input type="checkbox"/>			
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	<input type="checkbox"/>							<input type="checkbox"/>					<input type="checkbox"/>			
	<input type="checkbox"/>							<input type="checkbox"/>					<input type="checkbox"/>			
	<input type="checkbox"/>							<input type="checkbox"/>					<input type="checkbox"/>			

¹Percentage of Price Election, Projected Price, Amount of Insurance, or Protection Factor

²If both STAX and SCO and/or ECO are elected, identify by APH Database whether SCO, ECO, or STAX applies. If land is added to this operation after the Sales Closing Date and reported by the Acreage Reporting Date, such acreage will be covered by SCO/ECO STAX

²If the Cottonseed (SE option) Endorsement is elected on the policy Cotton base plan of insurance and is not wanted on supplemental endorsements (i.e. ECO, SCO, and/or STAX), indicate which endorsements Cottonseed (SE) is elected on.





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Insured's Name:	Policy Number:	Crop Year:
Dry Bean/Dry Pea Revenue Insurance Disclaimer (only applicable for RP and RP-HPE plans)		
By signing below, I certify that I understand and agree to the following.		
<ol style="list-style-type: none">1. If a projected price cannot be determined, a projected price shall be established in accordance with Section 7(e) of the Dry Bean Revenue Endorsement. That projected price will be used to determine the protection guarantee (per acre). The same projected price will also be the harvest price. The price volatility will be set to zero; thus, the premium rate will be the rate that applies to yield protection under the Dry Bean Crop Provisions.2. If a harvest price cannot be determined, but a projected price was established in accordance with the Dry Bean Revenue Endorsement, the harvest price shall be established in accordance with Section 7(e) of the Dry Bean Revenue Endorsement. The harvest price will equal the projected price; consequently, the coverage will effectively become yield-based coverage. Should this situation occur, there will be no adjustment to the premium due		





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Insured's Name:	Policy Number:	Crop Year:					
Required Statements							
³Person Types A: Public Schools; B: Bureau of Indian Affairs and Indian Tribe Treaties; C: Corporation; D: Estates; E: Non-Profit or Tax-Exempt Organizations; F: Transfer of Right to Indemnity (SBI Only); G: Receiver or Liquidator; H: State/Local Government; I: Individuals; J: Joint Operations/ventures and co-ownerships; P: Partnership; R: Trust – Revocable; S: Spousal/Married; T: Trust – Irrevocable; X: Individual Operating as a Business; Y: Limited Liability Company							
⁴Unit Structure Option Legend							
01: EU	03: EI-Both	05: EI-NIRR	07: EC-FAC	09: ET-Multi	11: EO-Both	13: EO-Non-Organic	OU: Optional
02: WU	04: EI-IRR	06: EC-Both	08: EC-NFAC	10: ET-Single	12: EO-Organic	BU: Basic	UD: Unit Division UA: Unit WA UG: Unit Grid
⁵New Producer 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.							
Enhanced Coverage Option (ECO) Terms and Conditions In addition to Section 3B (2) of the Basic Provisions, I hereby elect this Enhanced Coverage Option Endorsement, and by this election I understand: (1) I must have purchased a policy under the Common Crop Insurance Policy Basic Provisions and applicable Crop Provisions to elect this Endorsement and must also purchase this Endorsement with the same Approved Insurance Provider as my Common Crop Insurance Policy. (2) I may elect coverage under this Endorsement and Stacked Income Protection Plan for the upland cotton, but the same acreage cannot be insured under both. (3) If at any time my Common Crop Insurance Policy for the crop is cancelled or terminated, coverage under this Endorsement is automatically cancelled or terminated. (4) That by electing this Endorsement, it will continue from year to year unless I or you cancel or change my election by written notice on or before the cancellation date or my coverage is otherwise canceled or terminated under the terms of my policy. (5) Separate Administrative Fees will be assessed for each crop insured under this Endorsement.							
Hurricane Insurance Protection - Wind Index (HIP-WI) Terms and Conditions In addition to Section 3(b)(2) of the Basic Provisions, I hereby elect this Hurricane Insurance Protection - Wind Index Endorsement, and by this election I understand: (1) I must have purchased an underlying policy consisting of the Common Crop Insurance Policy Basic Provisions and applicable Crop Provisions to elect this Endorsement and must also purchase this Endorsement with the same Approved Insurance Provider as my Common Crop Insurance Policy. (2) If at any time my underlying policy for the crop is cancelled or terminated, coverage under this Endorsement is automatically cancelled or terminated. (3) That by electing this Endorsement, it will continue from year to year unless I or you cancel or change my election by written notice on or before the cancellation date or my coverage is otherwise canceled or terminated under the terms of my underlying policy. (4) The Hurricane Insurance Protection - Wind Index (HIP-WI) Endorsement is not an endorsement against a loss of actual production. The terms and conditions of the HIPWI Endorsement are different from those of an Actual Production History plan of insurance. The HIP-WI Endorsement does not measure, capture, or utilize the actual crop production of any producer or any of the actual crop production within the county or state. It is based upon hurricane wind data and, if elected, rainfall and tropical storm wind data, not individual farm yields. It is possible for you to have low crop production or receive high winds and high precipitation amounts on the acreage you insure and still not receive an indemnity payment under this plan. (5) Separate Administrative Fees will be assessed for each crop insured under this Endorsement.							
Supplemental Coverage Option Endorsement (SCO) Terms and Conditions In addition to Section 3(b)(2) of the Basic Provisions, I hereby elect this Supplemental Coverage Option Endorsement and by this election I understand: (a) I must have purchased a policy under the Common Crop Insurance Policy Basic Provisions and applicable Crop Provisions to elect this Endorsement and must also purchase this Endorsement with the same Approved Insurance Provider as my Common Crop Insurance Policy. (b) I may elect coverage under this Endorsement and the Farm Service Agency's Agriculture Risk Coverage Program, but the same acreage of the crop cannot be covered under both programs. (c) I may elect coverage under this Endorsement and Stacked Income Protection Plan for the upland cotton, but the same acreage cannot be insured under both. (d) If at any time my Common Crop Insurance Policy for the crop is canceled or terminated, coverage under this endorsement is automatically canceled or terminated. (e) That by electing this Endorsement, it will continue from year to year unless I or you cancel or change my election by written notice on or before the cancellation date or my coverage is otherwise canceled or terminated under the terms of my policy. (f) Separate Administrative Fees will be assessed for each crop insured under this Endorsement.							
Stacked Income Protection Plan (STAX) Terms and Conditions I may not elect coverage under this plan of insurance on the same acres I elect coverage for the Supplemental Coverage Option Endorsement (SCO) and/or the Enhanced Coverage Option (ECO) if I participate in the SCO and/or ECO. I may elect coverage under this plan of insurance and the Farm Service Agency's Agriculture Risk Coverage Program or Price Loss Coverage Program, but the same acreage of the crop cannot be covered under both programs. I understand that by signing this Application, the coverage under this plan of insurance it will continue from year to year unless I or you cancel or change my election by written notice on or before the cancellation date or my coverage is otherwise canceled or terminated under the terms of my policy.							
RMA Privacy Act Statement – Collection of Information and Data 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.							
RMA Non-Discrimination Statement In accordance with Federal civil rights 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 based on race, color, national origin, religion, sex, 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). Remedies and complaint filing deadlines vary by program or incident. 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 Agency 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. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at www.usda.gov (search How to File a Program Discrimination Complaint) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov . USDA is an equal opportunity provider, employer, and lender.							





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Insured's Name:	Policy Number:	Crop Year:												
Policy Cancellation <input type="checkbox"/> Insured's Request <input type="checkbox"/> Death, Incompetence, or Dissolution <input type="checkbox"/> Mutual Consent <input type="checkbox"/> Other I hereby request cancellation of my crop insurance policy for the crop(s) and crop year shown on this cancellation. 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.														
Policy Transfer Name of Previous AIP: _____ Policy Number of Previous AIP: _____ I hereby request cancellation of my insurance policy with the Ceding AIP for the crop(s) and crop year(s) shown below because I have applied for insurance with AgriSompo North America. I understand that if this form is not executed on or before the established cancellation date for any crop 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 AIP shown above to furnish any information relative to my insurance policy to AgriSompo North America. I understand that if coverage for any crop(s) is now terminated or would have subsequently terminated for delinquent debt had this transfer not occurred, no coverage can be provided by AgriSompo North America. By submission of this form, we agree to provide crop insurance to this applicant for the crop(s) and crop year specified above unless this form is not executed on or before the established cancellation date for any of the crop(s) shown, in which case insurance will be provided for such crop(s) for the following crop year. Assuming Approved Insurance Provider: WN (601)														
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.														
<table> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>(a) Are you now indebted and the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>(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?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>(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?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>(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?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>(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?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>(f) Do you have like insurance on any of the above crop(s)?</td> </tr> </table>			<input type="checkbox"/> Yes <input type="checkbox"/> No	(a) Are you now indebted and the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(f) Do you have like insurance on any of the above crop(s)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	(a) Are you now indebted and the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?											
<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?											
<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(f) Do you have like insurance on any of the above crop(s)?											
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.														
Intended Acreage This section is used to establish eligible Prevent Plant acreage for New Producer when the insured qualifies for an intended acreage report. This section may also be used to report eligible acres for HIP-WI if a qualifying event triggers the county before the insured reports acreage for their underlying policy. Record the county, crop, and acreage intended to be planted for each crop below.														
County	Crop	Intended Acreage	County	Crop	Intended Acreage	County	Crop	Intended Acreage						
Authorization to Sign Insurance Documents <input type="checkbox"/> Grant Authority <input type="checkbox"/> Remove Authority 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.														
Person(s) Authorized to Sign: _____														
RMA 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).														
Remarks: _____														
Applicant/Insured's Printed Name			Applicant/Insured's Signature			Signature Date								
Agent's Printed Name and Code Number			Agent's Signature			Signature Date								
AIP Representative Authorized to Accept Applications Printed Name (if applicable)			AIP Representative Authorized to Accept Applications Signature (if applicable)			Signature Date								

