



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) | | | PO BOX 513 |
| | Entity State Filed | | | LISBON, ND 58054-0513 |
| | | | | B: (701) 683-5253 F: (888) 436-5536 |
| | Identification Type and Identification Number | | | walt@nd-insure.com;grant@nd-insure.com |
| | <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"/> Add or remove SBI | <input type="checkbox"/> Add/Change Insurance | <input type="checkbox"/> Correct insured's identification number | <input type="checkbox"/> Correct SBI's identification number |
| <input type="checkbox"/> New Application | <input type="checkbox"/> Cancel Insurance | <input type="checkbox"/> Add/change/correct insured's authorized representative | <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 | Percentage of Price Election | Options, Elections, Endorsements | Unit Option Code | NP | ECO | | HIP-WI | SCO | | | STAX | | |
|--------|--------------------------|--------------------|-------------------|----------------|------------------------------|----------------------------------|------------------|--------------------------|-------------------|---------------------|---------------------|--------------------------|----------------|---------------------|----------------|-------------------|-------------------|
| | | | | | | | | | Area Loss Trigger | Coverage Percentage | Coverage Percentage | ARC Coverage | Coverage Range | Coverage Percentage | Coverage Range | Area Loss Trigger | Protection Factor |
| | <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"/> | | | | | |
| | <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. | | |
| <div>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.</div> <div>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</div> | | |





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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 | UD: Unit Division | | |
| 02: WU | 04: EI-IRR | 06: EC-Both | 08: EC-NFAC | 10: ET-Single | 12: EO-Organic | BU: Basic | 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. | | | | | | | | | | |





Form 100 (12-2024)
American Agri-Business Insurance Co. (601)

