



1. Agency Name Agency Name Code Number Code Number

The undersigned does hereby make, constitute and appoint 2 in the County of 3 and State of 4, the true and lawful attorney, for and in the name, place and stead of the undersigned in connection with Insurance Policy and/or Policy Number 5.

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

1. _____ Making application for insurance
2. _____ Making crop acreage reports
3. _____ Giving notice of damage or loss
4. _____ Making claim for indemnity
5. _____ Making policy change
6. _____ Making transfers and cancellations
7. _____ Providing program required production reports
8. _____ Taking all actions related to the insurance coverage provided under the above identified policy and/or policy number

This Power of Attorney shall be filed at the office where the official insurance file is maintained and shall remain in full force and effect until written notice of its revocation has been received by the office maintaining the official insurance file folder (such revocation shall be placed in the official insurance file folder).

This Power of Attorney is signed and dated at Atlanta, Georgia on 01/01/2019 day of January, 2019.



Livestock Power of Attorney

INSURED NAME	AGENCY NAME	CROP YEAR	POLICY NUMBER
--------------	-------------	-----------	---------------

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, 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.

NONDISCRIMINATION 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 [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.

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

12. Insured's Printed Name	13. Insured's Signature	14. Date
15. Witness's Printed Name	16. Witness's Signature	17. Date
18. Witness's Printed Name	19. Witness's Signature	20. Date
21. Appointee's Printed Name	22. Appointee's Signature	23. Date

I hereby accept the foregoing appointment:

ACKNOWLEDGEMENT (For use by Notary Public)

24. State of: _____

25. County of: _____

26. NOTARY SEAL AND SIGNATURE OF NOTARY:

On this, the _____ day of _____, _____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that _____ executed the same for the purposes therein contained. In witness hereof, I hereunto set my hand and official seal.

Note: Use the acknowledgment block if required by the State where acknowledgment is taken. This statement appears only as an example acknowledgement statement. The AIP may use any similar statement it elects in accordance with state law. Any existing and/or executed Power of Attorney documents do not need to be revised. The acknowledgement may be modified for various person types, (e.g., corporation, partnership, LLC), to be contractually consistent with state law. Signatures of the insured and the appointee must be notarized when required by law. Witness signatures are not required, if notarized, unless otherwise required by state law.



Livestock Power of Attorney

INSURED NAME	AGENCY NAME	CROP YEAR	POLICY NUMBER

