

APPLICANT INFO	1. Insured's Name <input type="checkbox"/> Correct		2. Identification Number Type <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN		3. Crop Year		4. Policy Number	
	5. Authorized Rep. <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Correct		6. Identification Number <input type="checkbox"/> Correct		7. State		8. Email	
	9. Street and/or Mailing Address <input type="checkbox"/> Change <input type="checkbox"/> Correct		10. Person Type (Entity) <input type="checkbox"/> Individual <input type="checkbox"/> Married <input type="checkbox"/> Individual / Business <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (State Filed _____) <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Joint Operator <input type="checkbox"/> LLC (State Filed _____) <input type="checkbox"/> Estate <input type="checkbox"/> Other _____					
	11. City, State and Zip		12. 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. If your designated plan of insurance, level of coverage, or price is not available in the added county, coverage will be provided through the Catastrophic Risk Protection Endorsement, if the crop is insurable in the actuarial documents for an added county. Place an "X" in the Designated County/Crop column next to the county/crop you are designating as primary. <input type="checkbox"/> Yes <input type="checkbox"/> No					
13. Phone		14. Spouse's Name		15. Spouse's Identification Number				

List all persons with a substantial beneficial interest (SBI) in you as defined in the applicable policy provisions (include landlords or tenants insured under the applicant). If insuring a landlord or tenant share on your policy, you must list the landlord or tenant and provide their identification number. SBI's are any person or entities that have a 10% or greater interest in the farming operations. If none, state NONE.

16. Add, Correct or Remove SBI	17. Name	18. Complete Address	19. Phone	20. Id Type	21. Identification Number	22. Person Type (Entity)	23. LLT
<input type="checkbox"/> Add <input type="checkbox"/> Correct <input type="checkbox"/> Remove							<input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Correct <input type="checkbox"/> Remove							<input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Correct <input type="checkbox"/> Remove							<input type="checkbox"/>

24. Change or Cancel Insurance	25. Effective Crop Year	26. County Crop	27. Plan Underlying MPCl Plan	28. Designated County / Crop	29. Type	30. Practice	31. Coverage Level Area Loss Trigger	32. % of Price Protection Factor	33. Coverage Range	34. Unit Structure Intended Acres	35. Options, Elections or Endorsements	36. DM ARC
					Commodity Class Sub Class Intended Use	Irrigation Cropping Organic Interval						
<input type="checkbox"/> Change <input type="checkbox"/> Cancel				<input type="checkbox"/>								<input type="checkbox"/>
											<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Change <input type="checkbox"/> Cancel				<input type="checkbox"/>								<input type="checkbox"/>
										<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Change <input type="checkbox"/> Cancel				<input type="checkbox"/>								<input type="checkbox"/>
										<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Change <input type="checkbox"/> Cancel				<input type="checkbox"/>								<input type="checkbox"/>
										<input type="checkbox"/> Yes <input type="checkbox"/> No		

☐ 37. 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. **Reason for Cancellation** (Check one and explain in Remarks) ☐ Insured's Request ☐ Mutual Consent ☐ Death, Incompetence or Dissolution ☐ Other

38. Remarks

The FCIC may provide additional price elections no later than 15 days prior to the applicable Sales Closing Date (SCD). The additional price elections will not be less than those available on the Contract Change Date, must be selected on or before the applicable SCD and if elected, will be used to determine the amount of premium and any claim settlement. RCIS will default to the additional price for applicable crops unless otherwise informed by applicant / insured that the established price is to be used for the crop.



Policy Change / Cancellation Form

Insured's Name	Agency Name	Crop Year	Policy Number
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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.

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, audiotope, 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.

39. Signing 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.

The authority granted under this provision is applicable only to the insured person and insured commodities reported on this Application and does not extend to any other policy of the insured. The authority granted under this provision terminates upon (i) our receipt of a new Application, or (ii) upon voidance or termination of the policy for any reason, including dissolution, death or divorce.

It is your sole responsibility to notify any other persons that have authority to sign on your behalf, including persons authorized to act on your behalf under a power of attorney, that you are granting authority to other person(s) to sign crop insurance documents. You shall be liable for all damages that results from your authorizing more than one person to act on your behalf with respect to your multi-peril crop insurance policy. In accepting your application and the grant of authority contained therein RCIS does not waive or vary any federal or state law. RCIS will not be held liable if the granting of authority under Authorized Signer language is determined to be invalid under state or federal law or is superseded by any grant of authority under a valid power of attorney.

Print Legal First Name	Print Legal Last Name	Date	Grant	Remove
			<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"/>

ECO Application Terms and Conditions:

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 elect coverage under this Endorsement and Stacked Income Protection Plan for the upland cotton, but the same acreage cannot be insured under both.

(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) I understand that the Enhanced Coverage Option Endorsement and Stacked Income Protection Plan are not available for the upland cotton, but the same acreage cannot be insured under both.



Policy Change / Cancellation Form

Insured's Name	Agency Name	Crop Year	Policy Number
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SCO Application Terms and Conditions:

Terms and Conditions

In addition to Section 3B(2) of the Basic Provisions, I hereby elect this Supplemental 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 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.
- (3) 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.
- (4) 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.
- (5) 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.
- (6) Separate Administrative Fees will be assessed for each crop insured under this Endorsement.

Unit Structure Election: **EC06**-Both Cropping Practices, **EC07**-Following Another Crop, **EC08**-Not Following Another Crop, **EI03**-Both Irrigation Practices, **EI04**-Irrigated Only, **EI05**-Non-Irrigated Only, **ET09**-Multiple Types, **ET10** ET-Single Type, **EU01**-Enterprise Unit, **EO11**-Both Organic Practices, **EO12**-Organic, **EO13**-Non-Organic, **WU02**-Whole Farm

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 the event of a claim, the insurer may deny the claim.

40. Applicant's Printed Name	41. Applicant's Signature		42. Date
43. Agent's Printed Name	44. Agent Code	45. Agent's Signature	46. Date
47. AIP Authorized Representative's Printed Name	48. AIP Authorized Rep's Signature		49. Date

