



RURAL COMMUNITY INSURANCE COMPANY

Power of Attorney

The undersigned does hereby make, constitute and appoint _____ of _____

1. Name _____

_____ in the County of _____

2. Residing in City _____ **3. Residing in County** _____

and State of _____ the true and lawful attorney, for and in the name, place and stead of the undersigned in

4. Residing in State _____

connection with Insurance Policy and/or _____ insured with Rural Community Insurance Services.

5. Policy

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: (This power of attorney is not affected by subsequent disability or incapacity of the principal.)

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

This Power of Attorney shall be filed at the office where the official insurance file folder 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).

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, 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.

This Power of Attorney is signed and dated at _____, _____ this _____	
6. Signed in City	7. Signed in State
8. Signed on Day _____ day of _____	9. Signed on Month _____, 10. Signed on Year _____
11. Insured's Printed Name _____	12. Insured's Signature _____
13. Witness' Printed Name _____	14. Witness' Signature _____
15. Witness' Printed Name _____	16. Witness' Signature _____
I hereby accept the foregoing appointment	
17. Appointee's Printed Name _____	18. Appointee's Signature _____
Acknowledgement (For use by Notary Public) (Use acknowledgement form if required by the State where acknowledgement is taken.) Signatures of the insured and the appointee must be notarized when required by law. Witness signatures are not required if notarized. State of: _____ County of: _____ Signature of Notary: _____	Notary Seal

