

INDIVIDUAL CONTROLLED BUSINESS CERTIFICATION

To cover the _____ reinsurance year, beginning July 1, _____ and ending June 30, _____.
 YYYY YYYY YYYY

MUST BE SUBMITTED by _____, _____, _____.
 Month Day Year

I hereby certify that:

1. I understand that all individuals (including subagents) who receive compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit) for the sale or service of policies or plans of insurance reinsured by FCIC are required to complete this certification.
2. I understand the term 'immediate family' means an individual's father, mother, stepfather, stepmother, brother, sister, stepbrother, stepsister, son, daughter, stepson, stepdaughter, grandparent, grandson, granddaughter, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, the spouse of the foregoing, and the individual's spouse.
3. In the above referenced reinsurance year [*Please check the applicable box below*]:
 - ☐ a. I **DID NOT** receive compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit), for the sale or service of policies or plans of insurance reinsured by FCIC for which I or an immediate family member (as defined in paragraph 2. above) have a substantial beneficial interest. If you checked this box, you do not need to answer paragraph 4. below.
 - ☐ b. I **DID** receive compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit), for the sale or service of policies or plans of insurance reinsured by FCIC for which I or an immediate family member (as defined in paragraph 2. above) have a substantial beneficial interest.
4. If you checked the box for paragraph 3.b. above, [*Please check the applicable box below*]:
 - ☐ a. The total amount of compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit) I received in the above referenced reinsurance year for the sale or service of policies or plans of insurance reinsured by FCIC for which I or an immediate family member (as defined in paragraph 2. above) have a substantial beneficial interest, **DOES NOT** exceed 30 percent of the total compensation I have received for the sale or service of all FCIC policies or plans of insurance nor exceeds any applicable State specific limitation.
 - ☐ b. The total amount of compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit) I received in the above referenced reinsurance year for the sale or service of policies or plans of insurance reinsured by FCIC for which I or an immediate family member (as defined in Item 2. above) have a substantial beneficial interest, **DOES** exceed 30 percent of the total compensation I have received for the sale or service of all FCIC policies or plans of insurance or exceeds an applicable State specific limitation.

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

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

To File a Program Complaint

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Persons with Disabilities

Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

I acknowledge that failure to timely provide the required certification, certification I am not in compliance with the requirements of this paragraph, or certification I am in compliance when I am not may result in disqualification and civil fines under section 515(h) of the Federal Crop Insurance Act.

Individual's Name (Please Print):

Social Security Number:

Signature:

Date:

Individual's Title or Position:

Name of affiliate or contractor, if applicable: