



ACE PROPERTY AND CASUALTY INSURANCE CO

Livestock Insurance Serviced by: ☐ RAIN AND HAIL L.L.C.
☐ RAIN AND HAIL INSURANCE SERVICE, L.L.C.

LIVESTOCK INSURANCE POWER OF ATTORNEY (FOR LIVESTOCK RISK PROTECTION AND/OR LIVESTOCK GROSS MARGIN)

The undersigned _____, _____
(Insured's Name) (Policy Number)

does hereby make, constitute and appoint _____
(Designated Power of Attorney)

of _____, County of _____,
(Address)

State of _____, _____, the true and lawful attorney, for and in the name, place and stead of the
(Zip Code)

undersigned in connection with livestock insurance policy(ies) issued or to be issued through Rain and Hail.

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

- ☐ Make application(s) for insurance
- ☐ Provide program-required reports regarding insurable number of livestock or amount of milk
- ☐ Give notice of damage or loss
- ☐ Make claim(s) for indemnity
- ☐ Sign loss forms to the extent allowed by government rules and procedures
- ☐ Make policy changes
- ☐ Make transfers and cancellations
- ☐ Take all actions authorized by the insured under the policy
- ☐ Endorse all drafts or checks relating to payment of indemnity
- ☐ Provide the Taxpayer Identification Number (SSN/EIN) of the insured and sign the W-9 Form.

This Power of Attorney will be filed at the office of Rain and Hail, at its Division Office, and the undersigned further directs that actions taken pursuant to this Power of Attorney may be fulfilled through electronic signature and that this Power of Attorney will take effect immediately and will be continuous until such time as there is filed of record a duly witnessed revocation of this instrument in said office.

Words and phrases herein will be construed as in the singular and plural number, and as masculine or feminine gender, according to the context.

Dated and signed at _____, this _____ day of _____, 20_____.
(City & State)

(Printed Insured Name) (Insured Signature)

I hereby accept the foregoing appointment: _____
(Printed Name of Designated Power of Attorney / Signature of Designated Power of Attorney)

ACKNOWLEDGMENT (For use by Notary Public)	WITNESS (if required by state)
State of _____ County of _____	Witness No. 1 Printed Name: _____
Subscribed to and sworn or affirmed before me this _____ day	Witness No.1 Signature: _____
of (Month) _____, (Year) _____.	Witness No. 2 Printed Name: _____
My Commission Expires: _____.	Witness No. 2 Signature: _____
_____ Signature of Notary Public	
NOTARY SEAL:	AGENCY _____ _____ _____

NONDISCRIMINATION STATEMENT

Non-Discrimination Policy:

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, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

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.