RICE DAIRY RISK SERVICES

Application/Change/Transfer/SSN/EIN Form
Dairy Revenue Protection

Applicant's/Insured's Name and Address	Agent's Name and Address	Policy Number/State	Effective Crop Year/Season
		FB Membership No.	Account Number
		Power of Attorney	
Phone: Alt. Phone:	Phone: Agent Code:	Assignment of Indemnity	
Email:	Email:		

Identification Type	Identification Number	*Spouse's Name	Spouse's SSN	Additional Applicant/Insured Information
☐ SSN ☐ EIN ☐ RAN				☐ Yes ☐ No Is applicant at least 18 years old?

Person Type

☐ *Married Individual (Spousal)	☐ Trust - Irrevocable	☐ Trust - BIA
☐ Individual (Not Married)	☐ Trust - Revocable	☐ Receiver or Liquidator
☐ Indiv. Operating as Business	☐ Estate	☐ Non-Profit or Tax-Exempt Org.
☐ Partnership	☐ Joint Venture	☐ State/Local Government
☐ Corporation: State Incorporation Filed: _____	☐ Limited Liability Company: State Incorporation Filed: _____	☐ Public Schools

Authorized Representative(s)

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.
Any change in entity or plan of insurance, adding or removing crops/counties, or cancellations require recertification of the Authorized Representative. (The Named Insured is required to sign.) Additional documents may be required.

☐ **MAKE NO CHANGES TO MY EXISTING COVERAGE** ☐ **CANCEL INSURANCE (See Required Statements)** ☐ **TRANSFER (See Required Statements)**

Action: ADD CHG DLT	Plan of Insurance	County Name *	Name of Crop

* Name of the County where your dairy operation is physically located. If it spans multiple counties, then the application county is the one in which the largest value of milk is produced.

Signatures required on final page.

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Required Statements

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COLLECTION OF INFORMATION AND DATA STATEMENT - PRIVACY ACT

for 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.

NON-DISCRIMINATION STATEMENT

In accordance with Federal 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 on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, martial 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 actvitiy conducted or funded by USDA (not all bases apply to all programs). 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 https://www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form, 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, Office of Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or email at program.intake@usda.gov. Persons with Disabilities: 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 State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additional, program information may be made available in languages other than English. Persons with disablities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email.

CERTIFICATION STATEMENT

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 criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).

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Required Statements

Applicant's/Insured's Name	Agent's Name	Policy Number/State	Effective Crop Year/Season

APPLICATION CONDITIONS OF ACCEPTANCE

This application is accepted and insurance attaches in accordance with the policy unless: (1) The Federal Crop Insurance Corporation determines that, in accordance with the regulations, the risk is excessive; (2) any material fact is omitted, concealed or misrepresented in this application or in the submission of this application; (3) you have failed to provide complete and accurate information required by this application; or (4) the answer to any of the following questions is "yes." An answer of "yes" to these questions does not automatically result in rejection of the application. For example, if you answer "yes" to question (a) but your debt was discharged in bankruptcy, the application would not be rejected.

Yes	No	
☐	☐	(a) Are you now indebted and the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?
☐	☐	(b) Have you in the last five years been convicted under federal or state law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance?
☐	☐	(c) Have you ever had insurance coverage under the authority of the Federal Crop Insurance Act terminated for violation of the terms of the contract or regulations, or for failure to pay your delinquent debt?
☐	☐	(d) Are you disqualified or debarred under the Federal Crop Insurance Act, the regulations of the Federal Crop Insurance Corporation, or the United States Department of Agriculture?
☐	☐	(e) Have you ever entered into an agreement with the Federal Crop Insurance Corporation or with the Department of Justice that you would refrain from participating in programs under the authority of the Federal Crop Insurance Act and that agreement is still effective?
☐	☐	(f) Do you have like insurance on any of the above crop(s)?

I understand that if coverage for any crop is currently terminated or would have subsequently terminated for indebtedness had this application been filed after the termination date, no coverage can be provided and I am ineligible for any benefits under the Federal Crop Insurance Act until the cause for termination is corrected.

We will notify you of rejection by depositing notification in the United States mail, postage paid, to the applicant's address. Unless rejected or the sales closing date has passed at the time you signed this application, insurance shall be in effect for the crop(s) and crop years specified and shall continue for each succeeding crop year, unless otherwise specified in the policy, until canceled, terminated or voided. The insurance contract, which includes the accepted application, is defined in the regulation published at 7 CFR chapter IV, this is not applicable to Rainfall and Vegetation Index plans. No term or condition of the contract shall be waived or changed unless such waiver or change is expressly allowed by the contract and is in writing.

PAYMENT TERMS

The Applicant/Insured agrees to pay the Company the Crop Insurance premium shown as "Amount Due" on the Summary of Coverage of the Policy, issued as a result of this Application. Interest will accrue at the rate of 1.25 percent simple interest per calendar month, or any portion thereof, on any unpaid amount due us. For the purpose of premium amounts due us, the interest will start to accrue on the first day of the month following the premium billing date specified in the Special Provisions. Expenses of collection and reasonable attorney fees are payable by the Applicant/Insured.

REMARKS

CANCEL INSURANCE

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

POLICY TRANSFER REQUEST

Ceding AIP Box I hereby request cancellation of my insurance policy with the Ceding AIP shown below for the crop(s) and crop year(s) shown because I have applied for insurance with another Approved Insurance Provider. I understand that if this form is not executed on or before the established cancellation date for any crop listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year.

I hereby authorize and direct the Ceding AIP shown below to furnish any information relative to my insurance policy to the Assuming AIP listed below. I understand that if coverage for any crop(s) is now terminated or would have subsequently terminated for delinquent debt had this transfer not occurred, no coverage can be provided by the Assuming AIP.

Ceding Approved Insurance Provider (AIP)

Assuming Approved Insurance Provider (AIP)

PROVIDE INSURANCE

By submission of this form, we agree to provide crop insurance to this applicant for the crop(s) and crop year specified unless this form is not executed on or before the established cancellation date for any of the crop(s) shown, in which case insurance will be provided for such crop(s) for the following crop year.

Assuming Agent's Name and Address

Assuming AIP Representative

X

Assuming AIP Acceptance Date

Assuming AIP Code & PIC Code

CHANGE INSURANCE

- ☐ Change/Correct insured's address
- ☐ *Correct insured's identification number
- ☐ Correct spelling of insured's name
- ☐ Add/change/correct insured's authorized representative
- ☐ Add or remove SBI
- ☐ *Correct SBI's identification number
- ☐ Correct spelling of SBI's name

REMARKS

* Enter previous identification number if this item is checked.

Applicant's/Insured's Printed Name and Signature Note: if you are not the named insured, add your title and authority to sign for the insured.	Date	Agent's Printed Name and Signature	Agent Code	Date
Print **X**		Print **X**		

See additional page for required statements.

RICE DAIRY
RISK SERVICES

Social Security Number (SSN) and Employer Identification Number (EIN) Reporting/Verification Form

Policy Number/State	Crop Year

* PLEASE REVIEW AND VERIFY *

Below is the information that we have received on your policy. Please check thoroughly for accuracy. Failure to provide accurate Social Security Numbers (SSN), Employer Identification Numbers (EIN) and/or RMA Assigned Number (RAN) may result in voidance of your policy in accordance with the Basic Provisions. If any changes, additions, or deletions are made, please sign, date and return the form.

Applicant's/Insured's Name and Address		Agent's Name and Address
Phone:		Phone: Agent Code:
Identification Type	Identification Number	Email:
☐ SSN ☐ EIN ☐ RAN		
Person Type		

List all persons with a substantial beneficial interest(SBI) in the applicant/insured as defined in the applicable policy provisions. (Include landlords or tenants insured under the applicant). Landlord/Tenant SBI must be listed below regardless of interest in the applicant, IF INSURED ON THIS POLICY. If none, state NONE.

Other Person(s) Name and Address	Telephone Number	Identification Number / Identification Type	*Person Type	Landlord Tenant	Action: Add,Chg, Del
		Enter corrected if changing: ☐ SSN ☐ EIN ☐ RAN		☐	
		Enter corrected if changing: ☐ SSN ☐ EIN ☐ RAN		☐	
		Enter corrected if changing: ☐ SSN ☐ EIN ☐ RAN		☐	
		Enter corrected if changing: ☐ SSN ☐ EIN ☐ RAN		☐	

* **Person Types**			
Married Individual (Spousal)	Transfer Right of Indemnity	Estate	Public Schools
Individual	Trust - Irrevocable	Trust - BIA	
Individual Operating as Business	Trust - Revocable	Receiver or Liquidator	
Corporation	Limited Liability Company	Non-Profit or Tax-Exempt Org.	
Partnership	Joint Venture	State/Local Government	

Remarks

See reverse side or additional page for required statements.