



CHUBB Crop Insurance Serviced by: RAIN AND HAIL L.L.C. RAIN AND HAIL INSURANCE SERVICE, L.L.C.
MPCI Application/Cancellation/Transfer/Policy Change Reporting Form

Policy No. _____ State _____ Date _____ Page _____ of _____
For _____ and succeeding years

Applicant/Insured Information				Signature Authorization				Agency/Agent Information					
APPLICANT/INSURED NAME				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.				AGENCY NAME					
STREET AND/OR MAILING ADDRESS								STREET OR MAILING ADDRESS					
CITY		STATE		ZIP CODE		CITY		STATE		ZIP CODE			
TELEPHONE NUMBER		MOBILE NUMBER		APPLICANT/INSURED AUTHORIZED REPRESENTATIVE				EMAIL ADDRESS					
IDENTIFICATION NUMBER		ID NUMBER TYPE <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN		PERSON TYPE		STATE OF INCORP.		TELEPHONE NUMBER		MOBILE NUMBER		AGENCY CODE	

Form Action Requested (check all that apply):
 New Applicant Transfer Coverage Change Cancellation Policy Change Required Field Review Acreage Report Production Report

Other Changes:
 Add/change/correct insured's authorized representative Add Signature Authorization Correct insured's identification number Remove Signature Authorization Correct SBI's identification number
 Change/correct Insured's address Correct the spelling of insured's name Correct the spelling of SBI's name

Yes No Is the applicant at least 18 years old?
 Yes No Is applicant insuring landlord's share? (List as SBI)
 Yes No Is applicant insuring tenant's share? (List as SBI)

The person who is insuring the other's share must provide evidence of the other party's approval, such as the lease agreement or power of attorney.

ADDED COUNTY ELECTION YES NO 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. I understand that the coverage in effect for the crop in the designated county (as selected in the "Designated County" column below) will apply to added county acreage which qualifies for such coverage.

APPLICATION INFORMATION																
County	Name of Crop	Effective Crop Year	Plan of Insurance		Coverage Level		Percentage of Price Election, Projected Price, Amount of Ins., or Prot. Factor		Practice/Type/Class etc.	Options, Elections or Endorsements	Unit Structure Code	Crop to Cancel	New Producer	Designated County	"X" if Zero Acres	ARC/SCO Coverage
			Current	Change	Current	Change	Current	Change								
																<input type="checkbox"/> YES <input type="checkbox"/> NO
																<input type="checkbox"/> YES <input type="checkbox"/> NO
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																<input type="checkbox"/> YES <input type="checkbox"/> NO
																<input type="checkbox"/> YES <input type="checkbox"/> NO

REMARKS/OTHER:
Policy Loss Payee and Address: _____ Crop: _____

SBI INFORMATION - List all persons with a substantial beneficial interest (10% or more) in the insured/applicant as defined in the applicable policy provisions (include landlords or tenants insured under the applicant). If none, state NONE. For spousal insureds/applicants, indicate the spouse's name, identification number and identification number type. If individual insured/applicant is not married, state No Spouse.

SBI Request	Name	Complete Address	Telephone Number	Identification Number	Identification Number Type	Person Type
<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> UPDATE					<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	
<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> UPDATE					<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	
<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> UPDATE					<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	

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CHUBB Crop Insurance Serviced by: <input type="checkbox"/> RAIN AND HAIL L.L.C. <input type="checkbox"/> RAIN AND HAIL INSURANCE SERVICE, L.L.C. MPCI Application/Cancellation/Transfer/Policy Change Reporting Form	Policy No. _____ For _____ and succeeding years	State _____	Date _____	Page _____ of _____
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CANCELLATION INFORMATION: 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: Mutual Consent Insured's Request
 Death, Incompetence or Dissolution Other _____

TRANSFER INFORMATION:

Part I: I hereby request cancellation of my insurance policy with [Enter Ceding AIP's Name and Policy No.] _____ for the crop(s) and crop year(s) shown on this application 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 Approved Insurance Provider shown above to furnish any information relative to my insurance policy to the Assuming Approved Insurance Provider specified under Part II. 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 Approved Insurance Provider.

Part II: By submission of this form, we agree to provide crop insurance to this applicant for the crop(s) and crop year shown on this application 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 AIP and Policy Issuing Company Code _____
 Signature of AIP Representative Authorized to Accept Applications _____ Date _____

A) CONDITIONS OF ACCEPTANCE STATEMENT: 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.

C) USDA MULTIPLE BENEFIT CERTIFICATION STATEMENT: I understand that obtaining multiple Federal benefits for the same loss, such as a Noninsured Crop Disaster Assistance Program (NAP) payment(s) and a Federal crop insurance indemnity, is prohibited by law. I certify that I have, or will disclose any other USDA benefit; including any NAP benefit, received for this crop. Failure to disclose the receipt of multiple Federal benefits, or failure to repay one of the multiple Federal benefits such as either the NAP benefit or the Federal crop insurance indemnity for the same crop, may result in my being disqualified from receiving Federal crop insurance benefits, as well as being ineligible for various programs administered by the Farm Service Agency for up to five (5) years.

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 the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

- 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 FCIC, or the USDA?
 - (e) Have you ever entered into an agreement with the FCIC 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)?
- D) ANTI-REBATING CERTIFICATION STATEMENT FOR APPLICANT/INSURED:** I certify, for the crop year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, or given any benefit, including money, goods, or services for which payment is usually made, rebate, discount, abatement, credit, or reduction of premium, or any other valuable consideration, as an inducement to procure insurance or in exchange for purchasing this insurance policy after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any information on this form may subject me, and any person with a substantial beneficial interest in me, to sanctions, including but not limited to, criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 U.S.C. §1515(h)) and all other applicable federal statutes.
- E) ANTI-REBATING CERTIFICATION STATEMENT FOR AGENT:** I certify, for the crop year indicated, that I have neither offered nor promised, directly or indirectly, any benefit, including money, goods, or services for which payment is usually made, rebate, discount, credit, reduction of premium, or any other valuable consideration to this person either as an inducement to procure insurance or in exchange for obtaining insurance after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any violation may subject me, and all agencies/companies I represent, to sanctions, including but not limited to, criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 USC §1515(h)) and all other applicable federal statutes.

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. 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.

B) 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).

F) 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.)

H) NEW PRODUCER: I certify that I have not produced the insured crop in the county for more than two APH crop years. I certify that I was not a member of another insured entity as a substantial beneficial interest holder, which produced the insured crop in the county for more than two APH crop years. I certify that any substantial beneficial interest holders for the policy in which new producer status is requested, have not produced the insured crop in the county for more than two APH crop years. I understand that any mis-certification may result in recalculation of my yield guarantees, premiums and any applicable loss payments. The certification statements contained in this paragraph apply to any crop(s)/county(ies) that have been marked as being a New Producer in the New Producer column of the application.

PROMISSORY NOTE: On or before _____ the Undersigned, in consideration of the issuance of the policy shown above, hereby agrees to pay, at 9200 Northpark Drive, Suite 300, Johnston, Iowa 50131, to the order of the Company the total premium and applicable administrative fees, all as allowed by law. The Undersigned agrees to pay the maximum amount of interest on the total unpaid premium after such due dates plus reasonable costs of collection and attorney fees, all as allowed by law as stated in 7 CFR 457.8 and consents to the Iowa Court jurisdiction and venue. The Undersigned agrees and acknowledges that the Company may deduct any and all amounts owed under this policy or any other policy, whether or not due, from any loss payable to you under this policy.

I certify that the information and answers on this application are correct to my knowledge and belief; that none of the reasons for rejection in items 1 through 4 of the 'Conditions of Acceptance' apply; and that I am aware of and understand the requirements of the Collection of Information and Data (Privacy Act), as well as all other provisions contained on this application. I personally guarantee payment of the total premium and any applicable administrative fees (premium not applicable to CAT coverage).

I certify that I am responsible for establishing the approved APH yields that are used to calculate the production guarantees contained in this acreage report and that such approved APH yields are correct to the best of my knowledge. I understand this form may be reviewed or audited, and that information inaccurately reported or failure to retain records to support information on this form, may result in a recomputation of the approved APH yield.

Applicant/Insured's Printed Name	Licensed Agent's Printed Name	Code	Native Sod: (IA, MN, MT, NE, ND, SD ONLY) <input type="checkbox"/> I HAVE <input type="checkbox"/> I HAVE NOT broken native sod after February 7, 2014. I understand that if I till native sod acreage, I will be assessed a reduction in yield guarantee and premium subsidy, these reductions apply in the crop year that my total native sod acreage tilled exceeds 5 acres in the county (cumulated across crops and crop years), and these reduction in benefits may be retroactively applied within a crop year.
Applicant/Insured's Signature	Licensed Agent's Signature	Date	

1 PERSON TYPE

- | | | | |
|---|--|----------------------------------|---------------------------------------|
| A. Public Schools | F. Transfer of Rights to Indemnity (SBI only) | P. Partnerships | X. Individual Operating as a Business |
| B. Trust-Bureau of Indian Affairs (BIA) and Indian Tribe Ventures | G. Receiver or Liquidator | R. Revocable Trust | Y. Limited Liability Company |
| C. Corporations | H. Public Agency State/Local Government | S†. Spousal/Married | |
| D. Estates | I. Individuals | T. Irrevocable Trust | |
| E. Non-Profit or Tax Exempt Organizations | J. Joint Operations/Joint Ventures/Co-Ownerships | U. Undivided Interest (CAT only) | |

† Enter the spouse's information on the front of the 5200 form in the SBI Information section. If not married, state No Spouse.

For all insured persons other than "S", list all persons or entities with 10 percent or more interest in the insured/applicant on the front of the 5200 form in the SBI Information section.

2 LEGAL DESCRIPTION

Section, township, range, other land identifier (e.g., Spanish land grants, metes and bounds, etc.)

3 NAME OF OTHER PERSON(S) SHARING IN THE CROP

If the landlord or tenant is insuring the others share on this policy, include the landlord or tenant's name and the percent of share of the landlord or tenant listed.

4 ACREAGE TYPE

- | | | | |
|--|---|---|--|
| A. Insured (planted) | E. Insured – New breaking acreage insured by WA and the insured is able to substantiate the acreage has previously been in production | I. Insured – Total native sod acreage greater than five acres insured by WA | R. Uninsurable due to new breaking and the insured cannot substantiate the acreage has previously been in production |
| B. Insured - Acreage emerging from an USDA program the initial crop year | F. Insured – New breaking acreage insured by WA and the insured is unable to substantiate the acreage has previously been in production | J. Insured – Short rated acreage | S. Uninsurable due to total native sod acreage greater than five acres and is not insured by SP or WA |
| C. Insured - New breaking acreage insured in accordance with the policy (i.e., 5 percent or less of insured acreage planted in the unit) the initial crop year or insured under SP and the insured is able to substantiate the acreage has previously been in production | G. Insured – Total native sod acreage greater than five acres insured under the terms of the policy | K. Insured – Late-planted acreage | T. Unreported acreage (within the same unit) |
| D. Insured – New breaking acreage insured in accordance with the policy or under SP and the insured is unable to substantiate the acreage has previously been in production | H. Insured – Total native sod acreage greater than five acres insured under the terms of the SP | L. Insured-UUF/Third Party damaged acreage | U. Unreported units |
| | | M. Prevented planting | V. Zero acreage report for unit |
| | | N. Uninsured | W. Zero acreage report for county |
| | | O. Uninsurable | |
| | | P. Uninsurable due to 2nd crop provisions | |
| | | Q. Uninsurable due to new breaking and the insured substantiates the acreage has been in production | |

5 RECORD TYPE

- | | | | |
|--|--|--|-----------------------|
| A. Harvested Production: Sold/Commercial Storage | F. Harvested Production: Livestock Feeding Records | K. Unharvested and Production Appraised by AIP (ARPI only) | Z. Zero Planted Acres |
| B. Harvested Production: Farm Stored/Measured by Insured | G. Harvested Production: Field Harvest Records | L. Unreported Production (ARPI only) | |
| C. Harvested Production: Pick/Daily Sales Records | H. Harvested Production: Other | M. Claim for Indemnity | |
| D. Harvested Production: Automated Yield Monitoring System | I. Unharvested and Destroyed (ARPI only) | N. Appraisal (non-loss) | |
| E. Harvested Production: Farm Stored/Measured by Authorized Representative | J. Unharvested and Put to Another Use (ARPI only) | O. UUF or Third Party Damage | |

6 INSURABILITY

Indicate whether acreage and production being reported is from insurable, uninsurable, uninsurable cause of loss appraisal, uninsured acreage or from acreage on which a PP payment was reduced due to a second crop being planted.

7 MULTI CROP YEAR REPORTING REASON

Enter the applicable code(s) for the reason the insured is reporting a crop year other than the most recent APH crop year. Insureds may certify production reports for crop years other than the most recent for various reasons, including:

- | | | | |
|--|--|---|-----------|
| A. certification of crop years not previously certified; | D. replacement of assigned yield; | G. recertification for new actuarial offer; | I. other. |
| B. correction; | E. certification by new insured; | H. recertification for new unit structure; or | |
| C. replacement of temporary yield; | F. certification using another producer's history for new acreage; | | |

If not applicable, leave blank.

8 SUPPLEMENTAL COVERAGE OPTION (SCO) ENDORSEMENT 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:

- 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.
- I may elect coverage under this Endorsement and the Farm Service Agency's Agriculture Risk Coverage Program, but the same acreage of the crop cannot be covered under both programs.
- 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.
- If at any time my Common Crop Insurance Policy for the crop is canceled or terminated, coverage under this endorsement is automatically canceled or terminated.
- 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.
- Separate Administrative Fees will be assessed for each crop insured under this Endorsement.

ARC Coverage YES NO means if you elected the SCO Endorsement, do you also have ARC Coverage?

9 STACKED INCOME PROTECTION PLAN (STAX) TERMS AND CONDITIONS

I may not elect coverage under this plan of insurance on the same acres I elect coverage for the Supplemental Coverage Option (SCO) Endorsement if I participate in the SCO. I understand that by signing this application, the coverage under this plan of insurance 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.

- Coverage Level represents STAX Coverage Range
- Percentage of Price Election represents STAX Protection Factor
- Designated County means when both SCO and STAX are elected for the same crop and county(ies), if land is added to this operation after the Sales Closing Date and reported by the Acreage Reporting Date, such acreage will be covered by SCO or STAX as indicated in this column. If no designation is made, the acreage is covered by SCO.
- SCO Coverage YES NO means if you elected the STAX Policy, do you also have SCO Coverage for the same county(ies)? If Yes, identify by APH Database whether SCO or STAX applies by listing the Yield No.(s) and plan in the REMARKS/OTHER section of this form. Any acres insured by the companion policy that are not designated for STAX coverage will be covered by SCO.