



# AGRI SOMPO MPCl Application, Cancellation/Transfer of Experience

**NORTH AMERICA**

**Continuous Contract**

<b>Name:</b> _____		<b>Agency:</b> _____						
<b>Street and/or Mailing Address:</b> _____		<b>Agent:</b> _____						
<b>City, State, Zip:</b> _____		<b>Agency Code:</b> _____						
<b>Phone:</b> _____		<b>Address:</b> _____						
<b>Policy #:</b> _____		<b>City, St, Zip:</b> _____						
<b>Identification:</b> _____		<b>Phone:</b> _____						
<b>Identification Type:</b> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN <input type="checkbox"/>		<b>B Fax:</b> _____						
<b>Entity Type:</b> _____		<b>Email:</b> _____						
<b>Email:</b> _____		<b>Married:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>Is the applicant at least 18 years old?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>State Corporation was formed in (if applicable):</b> _____						
<p>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. (continued next page...)</p>								
Y <input type="checkbox"/>	N <input type="checkbox"/>	(a) Are you now indebted and the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?	Y <input type="checkbox"/>	N <input type="checkbox"/>	(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? <b>Not applicable in Missouri</b>	Y <input type="checkbox"/>	N <input type="checkbox"/>	(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?
Y <input type="checkbox"/>	N <input type="checkbox"/>	(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?	Y <input type="checkbox"/>	N <input type="checkbox"/>	(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?	Y <input type="checkbox"/>	N <input type="checkbox"/>	(f) Do you have like insurance on any of the crop(s)?
<input type="checkbox"/> Yes <input type="checkbox"/> No		I request insurance coverage for my share of the Category B crops (except forage) specified below with a designated county in all added counties within the state/nation where the crops are insurable. Identify primary county/crops with S or N (statewide or nationwide) in the 'Pri Cty' column. Previous statement excludes Category C (Perennial) Crops.						

For individual entities, if applicable, indicate spouse's name and SSN. For other insured entities, List all persons or entities with a substantial beneficial interest in you as defined in the applicable policy provisions (include landlords or tenants insured under the applicant). If none, state NONE.

Entity Type	Name	Address	Phone	Type of Identification	Identification Number





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**Conditions of Acceptance** (continued from previous page): 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.

**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 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**

**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](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](mailto: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).

If coverage state is:	Policy Issuing Company will be:
AL,AZ,AR,CA,CO,CT,DE,FL,GA,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY	American Agri-Business Insurance Co.

