



RURAL COMMUNITY INSURANCE COMPANY

Policy Change / Cancellation Form

|                    |  |  |   |  |  |          |                  |  |  |
|--------------------|--|--|---|--|--|----------|------------------|--|--|
| POLICY INFORMATION | 1. Insured's Name <input type="checkbox"/> Correct   |  | 2. Identification Number Type<br><input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN |  | 3. Crop Year   |          | 4. Policy Number |  |  |
|                    | 5. Authorized Rep. <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Correct |  |   | 6. Identification Number <input type="checkbox"/> Correct  |  | 7. State |                  |  |  |
|                    | 8. Street and/or Mailing Address <input type="checkbox"/> Change <input type="checkbox"/> Correct                |  |   |  | 9. Person Type (Entity) <input type="checkbox"/> Individual <input type="checkbox"/> Married <input type="checkbox"/> Individual / Business <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (State Filed _____)<br><input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Joint Operator <input type="checkbox"/> LLC (State Filed _____) <input type="checkbox"/> Estate <input type="checkbox"/> Other _____ |          |                  |  |  |
|                    | 10. City, State and Zip  |  |   | 11. 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. If your designated plan of insurance, level of coverage, or price is not available in the added county, coverage will be provided through the Catastrophic Risk Protection Endorsement, if the crop is insurable in the actuarial documents for an added county. Place an "X" in the Designated County/Crop column next to the county/crop you are designating as primary. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |          |                  |  |  |
| 12. Phone          |  |  | 13. Spouse's Name   |  | 14. Spouse's Identification Number   |          |                  |  |  |

List all persons with a substantial beneficial interest (SBI) in you as defined in the applicable policy provisions (include landlords or tenants insured under the applicant). If insuring a landlord or tenant share on your policy, you must list the landlord or tenant and provide their identification number. SBI's are any person or entities that have a 10% or greater interest in the farming operations. If none, state NONE.

| POLICY INFORMATION  | 15. Add, Correct or Remove SBI  | 16. Name | 17. Complete Address | 18. Phone | 19. Id Type | 20. Identification Number | 21. Person Type (Entity) | 22. LLT                  |
|---|---|----------|----------------------|-----------|-------------|---------------------------|--------------------------|--------------------------|
|   | <input type="checkbox"/> Add <input type="checkbox"/> Correct <input type="checkbox"/> Remove |          |                      |           |             |                           |                          |                          |
| <input type="checkbox"/> Add <input type="checkbox"/> Correct <input type="checkbox"/> Remove |   |          |                      |           |             |                           |                          | <input type="checkbox"/> |
| <input type="checkbox"/> Add <input type="checkbox"/> Correct <input type="checkbox"/> Remove |   |          |                      |           |             |                           |                          | <input type="checkbox"/> |

| POLICY INFORMATION   | 23. Change or Cancel Insurance                                     | 24. Effective Crop Year | 25. County Crop | 26. Plan Underlying MPC I Plan | 27. Designated County / Crop | 28. Type<br>Commodity Class<br>Sub Class<br>Intended Use | 29. Practice<br>Irrigation<br>Cropping<br>Organic<br>Interval | 30. Coverage Level<br>Area Loss<br>Trigger | 31. % of Price<br>Protection<br>Factor | 32. Coverage Range | 33. Unit Structure<br>Intended<br>Acres | 34. Options,<br>Elections or<br>Endorsements             | 35. DM<br>ARC            | 36. VIP                  |
|--|--|-------------------------|-----------------|--------------------------------|------------------------------|--|---|--|--|--------------------|---|--|--------------------------|--------------------------|
|  | <input type="checkbox"/> Change<br><input type="checkbox"/> Cancel |                         |                 |                                |                              | <input type="checkbox"/>                                 |   |  |  |                    |   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Change<br><input type="checkbox"/> Cancel |  |                         |                 |                                | <input type="checkbox"/>     |  |   |  |  |                    |   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Change<br><input type="checkbox"/> Cancel |  |                         |                 |                                | <input type="checkbox"/>     |  |   |  |  |                    |   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Change<br><input type="checkbox"/> Cancel |  |                         |                 |                                | <input type="checkbox"/>     |  |   |  |  |                    |   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> |

37. 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 (Check one and explain in Remarks)  Insured's Request  Mutual Consent  Death, Incompetence or Dissolution  Other

38. Remarks

The FCIC may provide additional price elections no later than 15 days prior to the applicable Sales Closing Date (SCD). The additional price elections will not be less than those available on the Contract Change Date, must be selected on or before the applicable SCD and if elected, will be used to determine the amount of premium and any claim settlement. RCIS will default to the additional price for applicable crops unless otherwise informed by applicant / insured that the established price is to be used for the crop.



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|                       |                    |                  |                      |
|-----------------------|--------------------|------------------|----------------------|
| <b>Insured's Name</b> | <b>Agency Name</b> | <b>Crop Year</b> | <b>Policy Number</b> |
|-----------------------|--------------------|------------------|----------------------|

**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**

**Non-Discrimination Policy:** 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, marital 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 activity 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 the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

**Persons with Disabilities:** Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, 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. Additionally, program information may be made available in languages other than English.

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.

**39. Signing Authority**

Add authority for designated person(s) to sign crop insurance documents on behalf of the insured.

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.

The authority granted under this provision is applicable only to the insured person and insured commodities reported on this Application and does not extend to any other policy of the insured. The authority granted under this provision terminates upon (i) our receipt of a new Application, or (ii) upon voidance or termination of the policy for any reason, including dissolution, death or divorce.

It is your sole responsibility to notify any other persons that have authority to sign on your behalf, including persons authorized to act on your behalf under a power of attorney, that you are granting authority to other person(s) to sign crop insurance documents. You shall be liable for all damages that results from your authorizing more than one person to act on your behalf with respect to your multi-peril crop insurance policy. In accepting your application and the grant of authority contained therein RCIS does not waive or vary any federal or state law. RCIS will not be held liable if the granting of authority under Authorized Signer language is determined to be invalid under state or federal law or is superseded by any grant of authority under a valid power of attorney.

|                          |                         |      |                          |                         |      |
|--------------------------|-------------------------|------|--------------------------|-------------------------|------|
| Printed Legal First Name | Printed Legal Last Name | Date | Printed Legal First Name | Printed Legal Last Name | Date |
|--------------------------|-------------------------|------|--------------------------|-------------------------|------|

Remove authority for designated person(s) to sign crop insurance documents on behalf of the insured.

|                          |                         |      |                          |                         |      |
|--------------------------|-------------------------|------|--------------------------|-------------------------|------|
| Printed Legal First Name | Printed Legal Last Name | Date | Printed Legal First Name | Printed Legal Last Name | Date |
|--------------------------|-------------------------|------|--------------------------|-------------------------|------|

**ECO Application Terms and Conditions:**

Terms and Conditions  
In addition to Section 3B(2) of the Basic Provisions, I hereby elect this Enhanced Coverage Option Endorsement, and by this election I understand:  
 (1) 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.  
 (2) 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.



**Policy Change / Cancellation Form**

|                       |                    |                  |                      |
|-----------------------|--------------------|------------------|----------------------|
| <b>Insured's Name</b> | <b>Agency Name</b> | <b>Crop Year</b> | <b>Policy Number</b> |
|-----------------------|--------------------|------------------|----------------------|

**SCO Application Terms and Conditions:**

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:

- (1) 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.
- (2) I may elect coverage under this plan of insurance and the Farm Service Agency's Agriculture Risk Coverage Program or Price Loss Coverage Program, but the same acreage of the crop cannot be covered under both programs.
- (3) 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.
- (4) If at any time my Common Crop Insurance Policy for the crop is cancelled or terminated, coverage under this Endorsement is automatically cancelled or terminated.
- (5) 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.
- (6) Separate Administrative Fees will be assessed for each crop insured under this Endorsement.

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

|   |   |                              |                 |
|---|---|------------------------------|-----------------|
| <b>40. Insured's Printed Name</b>                       | <b>41. Insured's Signature</b>            |                              | <b>42. Date</b> |
| <b>43. Agent's Printed Name</b>                         | <b>44. Agent Code</b>                     | <b>45. Agent's Signature</b> | <b>46. Date</b> |
| <b>47. AIP Authorized Representative's Printed Name</b> | <b>48. AIP Authorized Rep's Signature</b> |                              | <b>49. Date</b> |

