



**RURAL COMMUNITY INSURANCE SERVICES®**

**Representing:**  EMPIRE FIRE & MARINE INSURANCE CO.  FIREMAN'S FUND INSURANCE CO.  OTHER \_\_\_\_\_  
 EMPIRE INDEMNITY INSURANCE CO.  RURAL COMMUNITY INSURANCE CO.

**Adjusted Gross Revenue (AGR)  
 Application/Transfer-Cancellation**  
 AGR  AGR-Lite

APPLICANT INFO	1. NAME OF APPLICANT AND/OR BUSINESS			7. STATE	8. COUNTY(IES)	9. POLICY NO.	
	2. AUTHORIZED REPRESENTATIVE		6. IS THE APPLICANT AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	10a. TAX ID TYPE (Check One) <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	10b. TAX ID NUMBER (Write In)	12. <input type="checkbox"/> FISCAL YEAR APPLIES BEGIN: END:	
	3. STREET OR MAILING ADDRESS			11. TYPE OF ENTITY (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Spousal <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Joint Operator <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Other			
	4. CITY, STATE AND ZIP		13a. SPOUSE'S NAME		13b. SPOUSE'S TAX ID NUMBER		16. COVERAGE LEVEL / PAYMENT RATE
	5. TELEPHONE NUMBER(S) HOME: OFFICE: CELL:		14. <input type="checkbox"/> YES <input type="checkbox"/> NO I request insurance coverage for my approved Adjusted Revenue for the insurance year specified on my Annual Farm Report. Annual Farm Report and farm tax forms attached			15. INSURANCE YEAR	
SBI INFO	LIST ALL PERSONS OR ENTITIES (INCLUDING SPOUSES) WITH A SUBSTANTIAL BENEFICIAL INTEREST IN THE INSURED/APPLICANT AS DEFINED IN THE APPLICABLE POLICY PROVISIONS.						
	17a. NAME:	18a. COMPLETE ADDRESS:	19a. PHONE NUMBER:	20a. TAX ID: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	21a. ENTITY TYPE:	22a. % SHARE:	
	17b. NAME:	18b. COMPLETE ADDRESS:	19b. PHONE NUMBER:	20b. TAX ID: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	21b. ENTITY TYPE:	22b. % SHARE:	
	17c. NAME:	18c. COMPLETE ADDRESS:	19c. PHONE NUMBER:	20c. TAX ID: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	21c. ENTITY TYPE:	22c. % SHARE:	
	17d. NAME:	18d. COMPLETE ADDRESS:	19d. PHONE NUMBER:	20d. TAX ID: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	21d. ENTITY TYPE:	22d. % SHARE:	

23. 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.

<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>Yes</b></td> <td style="width:10%;"><b>No</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(a) Are you now indebted and the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(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?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(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 indebtedness?</td> </tr> </table>	<b>Yes</b>	<b>No</b>		<input type="checkbox"/>	<input type="checkbox"/>	(a) Are you now indebted and the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?	<input type="checkbox"/>	<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?	<input type="checkbox"/>	<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 indebtedness?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>Yes</b></td> <td style="width:10%;"><b>No</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(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?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(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?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(f) Do you have like insurance on any of the above crop(s)?</td> </tr> </table>	<b>Yes</b>	<b>No</b>		<input type="checkbox"/>	<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?	<input type="checkbox"/>	<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?	<input type="checkbox"/>	<input type="checkbox"/>	(f) Do you have like insurance on any of the above crop(s)?
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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.

Subject to the provisions of the Federal Crop Insurance Act and the regulations issued under that Act, I hereby apply for Adjusted Gross Revenue insurance on my tax entity. I understand that my insurable adjusted gross revenue (as indicated in box 14 above) must be insured. I also understand that the premium rates and applicable deadlines are on file and available for my inspection in my agent's office. I further understand that no insurance will be available for my adjusted gross revenue unless this application and required forms (Annual Farm Report and farm tax forms) are completed and filed prior to the sales closing date for the insurance year. I also further understand that, although insurance under this application is continuous from year to year, policy terms, premium rates, the insurable adjusted gross revenue may change from year to year. All changes will be available in my agent's office prior to the contract change date.

24. TO BE COMPLETED ONLY IF CANCELING PREVIOUS POLICY AND TRANSFERRING THE EXPERIENCE AND INSURANCE COVERAGE FROM ANOTHER APPROVED INSURANCE PROVIDER.  
 Yes, I request cancellation of my previous policy and request transfer of experience and insurance coverage to the assuming Approved Insurance Provider shown on this application. I hereby request cancellation of my crop insurance policy for the crop(s) and crop year as shown on this application. 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. I hereby authorize and direct the ceding Approved Insurance Provider shown to furnish any information relative to my insurance policy to RCIS. I understand that if coverage for any crop(s) is now terminated or would have subsequently terminated for indebtedness had this transfer not occurred no coverage can be provided by the Assuming Approved Insurance Provider.

25. ASSUMING COMPANY <b>RCIS</b>	26. PREVIOUS CARRIER	27. PREVIOUS POLICY NO.	28. SIGNATURE OF COMPANY REPRESENTATIVE	DATE
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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).

29. APPLICANT'S SIGNATURE		DATE	30. LICENSED AGENT'S NAME	AGENCY CODE	AGENT SUB-CODE
See attached form for statements required by Privacy Act of 1974.			31. AGENT PHONE NUMBER		
			32. LICENSED AGENT'S SIGNATURE	DATE	
			33. LOCATION OF FARM HEADQUARTERS	PHONE NUMBER	

Notwithstanding the cancellation date stated in the policy, if there are insufficient funds appropriated by the Congress to deliver the crop insurance program, the policy will automatically terminate without liability.

This policy will be voided in the event you are restricted from receiving benefits under the Federal Crop Insurance Act, or other Federal Law. Any amount due the Company relating to Federal Crop Insurance may be deducted from any indemnity payment due you.

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**Collection of Information and Data (Privacy Act)** - To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.) (Act) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Act and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

Your policy also specifies other information that must be provided. The principle purposes of this information are to provide insurance; reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The routine uses of this information include: (1) Referral to the appropriate agency, whether Federal, State, local or foreign including the Department of Justice, charged with the responsibility of investigating or prosecuting a violation of law, or of enforcing or implementing a statute, rule regulation or order issued pursuant thereto, of any record within this system when information available indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute or by rule, regulation or order issued pursuant thereto; (2) Disclosure to a court, magistrate or administrative tribunal, or to opposing counsel in a proceeding before a court, magistrate or administrative tribunal, of any record within the system that constitutes evidence on that proceeding, or which is sought in the course of discovery, to the extent that FCIC determines that the records sought are relevant to the proceeding; (3) Disclosure to a congressional office in response to any inquiry from the congressional office made at the request of that individual; (4) Disclosure to Approved Insurance Providers (AIP) for any purpose relating to the sale, service, and administration of the Federal crop insurance program and the policies insured under the authority of the Act; (5) Disclosure to other Federal agencies and contractors, cooperators, and partners of FCIC for the purpose of conducting research, development, analyses, and evaluation into all aspects relating to new and existing crop insurance programs and other risk management tools; (6) Disclosure to contractors or other Federal agencies to conduct research and analysis to identify patterns, trends, anomalies, instances and relationships of AIP's, agents, loss adjusters and policyholders that may be indicative of fraud, waste, and abuse; (7) Disclosure to AIPs, contractors, and other applicable Federal agencies to determine whether information has been accurately provided to FCIC and the AIP's and to determine compliance with program requirements; and (8) Disclosure to AIPs, contractors, cooperators, partners of FCIC, and other Federal agencies for any purpose relating to the sale, service, administration, analysis and evaluation of the Federal crop insurance program.

Furnishing other information is also voluntary. However, failure to report the information specified in your policy may result in rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; a unilateral determination of any monetary amounts due; or any remedy provided in the policy.

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**Nondiscrimination Statement** - The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

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Throughout this policy, "you" and "your" refer to the named insured shown on the accepted application and "we," "us," and "our" refer to the insurance company providing insurance. Unless the context indicates otherwise, use of the plural form of a word includes the singular and use of the singular form of the word includes the plural.

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This agency is a licensed insurance agency representing and compensated by the insurer or its managing general agent based on the amount of insurance sold.

Insured's Signature \_\_\_\_\_

Date \_\_\_\_\_