

Application

Livestock Risk Protection

Applicant Information		Agency Information	Policy Information																												
<p>Name: _____ ID # _____</p> <p>Address _____ ID # Type <input type="radio"/> SSN <input type="radio"/> EIN <input type="radio"/> RAN</p> <p>City, State, Zip: _____</p> <p>Person Type: _____</p> <p>Phone # _____ Fax #: _____</p> <p>Email Address _____</p> <p>Spouse's Name _____ Spouse's ID # _____</p> <p>Authorized Representative: _____</p>	<p>Crop Year: _____</p> <p>State: _____</p> <p>Is applicant 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Agency Code <u>33-8050</u></p> <p>Name: <u>FOOD & FIBER RISK MANAGERS LLC</u></p> <p>Address: <u>208 MAIN ST N</u></p> <p>City, State, Zip: <u>TUTTLE, ND 58488</u></p> <p>Phone # <u>(701) 867-9160</u></p> <p>Fax # <u>(701) 867-9161</u></p> <p>Email Address: <u>BJOHNSON@FAFRM.COM</u></p>	<p>Policy Number:</p>																												
<p>Person Type:</p> <p>Individual Individual - Operating as business Individual (Joint & Survivorship Interest) Individual (Minor, Natural Guardian) Individual (Minor unable to enter into contracts or Incompetent) Individual (Undivided Interest) Individual (Spousal) Joint Venture, Joint Operators, Co-Owners Partnership</p> <p>Corporation Limited Liability Company Estate Trust Trust - Irrevocable Trust - Revocable Trust - BIA Receiver or Liquidator Non-Profit or Tax Exempt</p>	<p>County(ies)</p> <p>Class(es) of Livestock or livestock product to be insured: <input type="checkbox"/> Swine <input type="checkbox"/> Fed Cattle <input type="checkbox"/> Feeder Cattle <input type="checkbox"/> Lamb</p> <p>Commodity Code:</p>	<p><input type="checkbox"/> New Applicant <input type="checkbox"/> Transfer</p> <p><input type="checkbox"/> Name Change <input type="checkbox"/> Additional Insurance Period</p> <p><input type="checkbox"/> Address Change <input type="checkbox"/> Policy Change</p> <p><input type="checkbox"/> Policy Cancellation <input type="checkbox"/> Correct Tax ID</p> <p>Reason for Cancellation _____ <input type="checkbox"/> Cancellation</p> <p><input type="checkbox"/> Correct Spelling of Insured Name <input type="checkbox"/> In-House Transfer</p> <p><input type="checkbox"/> Successor - In-Interest & Effective Ins. Period <input type="checkbox"/> Add/Change Insured's Auth. Rep.</p>																													
<p>SBI Information: List all persons with a substantial beneficial interest in the insured/applicant as defined in the applicable policy provisions (include landlords or tenants insured under the applicant). If none, state "none". (see below for additional space)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Name</th> <th style="width:20%;">Address</th> <th style="width:20%;">City, State, Zip</th> <th style="width:10%;">Telephone #</th> <th style="width:15%;">Identification Number</th> <th style="width:10%;">Identification Number Type</th> <th style="width:15%;">Person Type</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name	Address	City, State, Zip	Telephone #	Identification Number	Identification Number Type	Person Type																					
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<p>Remarks:</p>																															
<p>The AD-1026 form must have been filed with the FSA office for compliance with the Highly Erodible Land Conservation (HELIC) and Wetland Conservation.</p>																															
<p>Conditions of Acceptance: This application is accepted and insurance attaches in accordance with the policy unless: (1) The Risk Management Agency determines that livestock insurance capacity limitation in accordance with the Federal Crop Insurance Act have been reached and this policy will exceed the limitations; (2) any material fact is omitted, concealed, or misrepresented in the application and endorsement or in the submission of this application; (3) you have failed to provide complete and accurate information required by this application; (4) the answer to any of the following questions is "yes."</p>																															
<p><input type="checkbox"/> Yes <input type="checkbox"/> No Are you now indebted, and the debt is delinquent, for crop insurance coverage under the Federal Crop Insurance Act?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No 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?</p>																													
<p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had crop insurance terminated for violation of the terms of the contract or regulations, for failure to pay your indebtedness?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever entered into an agreement with the Federal Crop Insurance Corporation or the Department of Justice that you would refrain from participating in the crop insurance program and that agreement is still effective?</p>																													
<p><input type="checkbox"/> Yes <input type="checkbox"/> No Are you disqualified or debarred under the Federal Crop Insurance Act, or the Regulations of the Federal Crop Insurance Corporation, or the United States Department of Agriculture?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No Do you have like Insurance on any of the above livestock?</p>																													

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Insured's Name:		Agency Code: 33-8050	Policy#		
		Agency Name: FOOD & FIBER RISK MANAGERS LLC			
COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT Agents, Loss Adjusters and Policyholders					
<p>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.</p>					
NONDISCRIMINATION STATEMENT					
Non-Discrimination Policy					
<p>The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis 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 basis will apply to all programs and/or employment activities.)</p>					
To File a Program Complaint					
<p>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 or 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.</p>					
Persons with Disabilities					
<p>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).</p>					
Insured Anti-Rebating Statement:		Agent Anti-Rebating Statement:			
<p>"I certify, for the insurance year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, 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. §§ 1509(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."</p>		<p>"I certify, for the insurance 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."</p>			
CERTIFICATION STATEMENT					
<p>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).</p>					
Insured's Printed Name & Signature		Date	Agent's Printed Name & Signature	Code Number	Date
Printed Name:			Printed Name:	33-8050	
Signature:			Signature:		