



Conflict of Interest

2010 Crop Year

Approved Insurance Provider	Individual
ARMtech Insurance Services 7101 82 nd Street Lubbock, TX 79424	Name: _____ Address: _____ SSN/Tax ID: _____
U/W: (800) 335-0120 Bus.: (806) 473-0333 Claims: (800) 335-6010 B Fax: (806) 473-0334	Phone: _____
Email: ARMtech@armt.com	Email: _____

Please check the box that applies to you.

- Agent/Agency Employee**
 Company Employee
 Adjuster
 FCIC Employee

Agency: _____

Please respond to the following questions and refer to the second page of the form if you answer YES to any of these questions:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Do you have a share in a Multiple Peril Crop Insurance (MPCI) policy with ARMtech Insurance Services? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Do any of your relatives** have a MPCI policy with ARMtech Insurance Services? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Do you have a Power of Attorney to act on behalf of a policyholder with respect to a MPCI policy with ARMtech Insurance Services? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Do you have an ownership interest in any business (excluding stock in public corporations or other widely held entities with less than a ten percent interest) with any policyholder whose MPCI policy you service for ARMtech Insurance Services? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Do you have a rental or leasing arrangement for land, buildings, or equipment with any policyholder whose MPCI policy you service for ARMtech Insurance Services? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Are you an owner/operator of a business or a commission based employee that provides goods or services related to farming operations (custom farming, tractor sales, etc., but excluding insurance services) for which you receive revenue as the owner/operator or a direct commission as an employee with respect any policyholder whose MPCI policy you service for ARMtech Insurance Services? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Are you an owner/operator of a business or a commission based employee that provides goods or services not related to farming operations (custom farming, tractor sales, etc., but excluding insurance services) for which you receive revenue as the owner/operator or a direct commission as an employee with respect any policyholder whose MPCI policy you service for ARMtech Insurance Services? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Are you an employee of a financial institution and part of the approval decision making process of financial arrangements for any policyholder whose MPCI policy you service for ARMtech Insurance Services? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Do you have an agent compensation, barter or financial arrangement (excluding those reported under question 8 above) for any policyholder whose MPCI policy you service for ARMtech Insurance Services? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Do you have a relationship with any policyholder whose MPCI policy you service for ARMtech Insurance Services which may result in a Conflict of Interest that has not been identified above? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Do you have a relative** who works with the Federal Crop Insurance program for ARMtech Insurance Services or any of its affiliates? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**Relative is defined as: 1) a parent, brother, sister, child, spouse, grandchild or grandparent or 2) either resides in the household of, or engages in business with respect to a farming operation with, the person in question regardless of whether or not the individual is related by blood, adoption or marriage.

"Affiliate" - means any person, including, but not limited to, a managing general agent, agent, service provider and loss adjuster, that: 1) collects premiums, services the policy, adjusts, or settles claims; 2) collects, processes, manages and reports electronic data for the purposes of selling, administering, or servicing eligible crop insurance contracts for the Company; or 3) directly or indirectly, through one or more intermediaries, has the authority to control any aspect of the management of the book of business or any other decision made under this Agreement, without the prior and specific approval from the company. This definition excludes commercial reinsurers and PIC's if such reinsurers or PIC's do not have the authority to control any aspect of the management of the book of business or any other decision made under this Agreement, without the prior and specific approval from the Company.

For any question that you answered 'Yes' on the previous page; please note the question to which you responded 'Yes', and identify the Policyholder Name and Policy #.

Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____
Question #:	_____	Policyholder Name:	_____	Policy #:	_____

A new Conflict of Interest Form must be signed each crop year by the acreage reporting date for the crops on any applicable policy. IF YOUR STATUS IN RELATION TO ANY OF THESE STATEMENTS SHOULD CHANGE DURING THE CROP YEAR, YOU MUST GIVE US NOTIFICATION WITHIN 15 DAYS OF THAT CHANGE.

Certification Statements

I certify that I am aware of the conflict of interest rules and agree to abide by the applicable rules in the Standard Reinsurance Agreement and its Appendices, and all applicable policies and procedures.

I certify that to the best of my knowledge all information provided is true and accurate, and that any false or inaccurate information may result in administrative, civil, and criminal sanctions under 18 U.S.C. §§ 1006 and 1014, 7 U.S.C. § 1506, 31 U.S.C. §§ 3729 and 3730 and any other applicable federal statutes or regulations.

(Signature)

(Date)

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

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, audiotape, 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.