



Agent Digital Signature Consent Form

Please complete this form in its entirety to request the ability to:

- * Digitally sign documents related to your appointment as an agent for ARMtech Insurance Services, Inc.
- * Digitally sign documents related to the crop insurance policy(s) your agency services
- * Post documents online for insureds to digitally sign

Agent First Name: _____ Agent Last Name: _____

E-mail Address: _____
This is the address to which you would like for us to send you notifications regarding digital signatures

Confirmation of your eligibility to digitally sign documents will be e-mailed to you at the address above along with any necessary instructions on how to log-in, view, and sign documents.

In the event that the ability to digitally sign a document is not available, you will likewise be notified by our Licensing Department.

As always, ARMtech Insurance Services, Inc. guarantees the security of its website, the integrity of the data presented thereon, and the protection of the personal information of all insureds as mandated by both the Risk Management Agency and the United States of Agriculture.

By completing this consent form, I understand that I am requesting the ability to digitally sign documents to be used by ARMtech Insurance Services, Inc. in the deliverance of the federal crop insurance program.

I further understand that while documents presented to be signed digitally are identical to those signed via conventional methods, my eligibility to digitally sign documents is subject to review by ARMtech Insurance Services, Inc., and the availability to digitally sign documents may be determined on a document by document basis.

CERTIFICATION STATEMENT: 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).

(Agent 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, 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 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.

