



MPCI Application, Cancellation/Transfer of Experience

Continuous Contract

Approved Insurance Provider ARMtech Insurance Services 7101 82nd Street Lubbock, TX 79424	Applicant Name: _____ Address: _____	Agency Agency Name: _____ Agent Name: _____ Address: _____
U/W: (800) 335-0120 Bus.: (806) 473-0333 Claims: (800) 335-6010 B Fax: (806) 473-0334 Email: ARMtech@arnt.com	Policy #: _____ Phone: _____ Email: _____	Agency Code: _____ Phone: _____ Email: _____

Insured/Applicant Information Authorized Rep: _____ Loss Payee: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, I request insurance coverage for my share of the Category B crops (except forage) specified below with a designated county in all added counties within the state/nation where the crops are insurable. Identify primary county/crops with S or N (statewide or nationwide) in the 'Pri Cty' column. Previous statement excludes Category C (Perennial) Crops.	CONDITIONS OF ACCEPTANCE: 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. (continued next page...)
Identification Number: Type Of Identification Number: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Assigned Number	<input type="checkbox"/> Yes <input type="checkbox"/> No (a) Are you now indebted, and the debt is delinquent for crop insurance coverage under the Federal Crop Insurance Act? <input type="checkbox"/> Yes <input type="checkbox"/> No (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"/> Yes <input type="checkbox"/> No (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? <input type="checkbox"/> Yes <input type="checkbox"/> No (d) Are you disqualified or debarred under the Regulations of the Federal Crop Insurance Corporation or the United States Department of Agriculture?
Entity Type: _____ Married: <input type="checkbox"/> Not Married: <input type="checkbox"/> Is this applicant at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No (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"/> Yes <input type="checkbox"/> No (f) Do you have like insurance on any of the crops listed on this application?

Effective Crop Year	State	County	Crop	Ins. Plan	Cov. Level	Price Elect/ Amt of Ins	Optional Coverage	Type, Class, or Etc.	Pri Cty S or N	New Prod	Intended Acres	Entity Type/ Addr.	Name	Phone	Type Of Identification No	Identification Number
															SSN EIN Assign	
												Address:			SSN EIN Assign	
												Address:			SSN EIN Assign	
												Address:			SSN EIN Assign	

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 (ARMtech Insurance Services). 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.
Previous AIP (if any): _____

Previous Policy # (if any): _____

(Approved Insurance Provider Authorization) _____ (Date) **WN**
(RO)



MPCI Application, Cancellation/Transfer of Experience

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). I certify that the information and answers on this application are correct to my knowledge and belief; that none of the reasons for rejection in items 1 through 4 of the 'Conditions of Acceptance' apply; and that I am aware of and understand the requirements of the Collection of Information and Data (Privacy Act), as well as all other provisions contained on this application (front and back). See reverse side of form for statement required by Privacy Act of 1974.

(Applicant/Insured Signature)

(Date)

(Agent Signature)

(Date)

(Agency Code)



CONDITIONS OF ACCEPTANCE (continued from previous page): 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.

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.

If coverage state is:	Policy Issuing Company will be:
AL,AZ,AR,CO,CT,DE,GA,ID,IL,IN,IA,KS,KY,LA,ME,MD,MI,MN,MS,MO,MT,NE,NV,NH,NM,NC,ND,OH,OK,PA,SC,SD,TN,TX,UT	American Agri-Business Insurance Co.
AK,FL,HI,MA,VT	GuideOne Mutual Insurance Co.
CA,NJ,NY,OR,RI	GuideOne Specialty Mutual Insurance Co.

