



Notice of Damage or Loss

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

Adjuster:	Claim Type:
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Delayed Claim Statement:

You must submit a claim for indemnity declaring the amount of your loss no later than 60 days after the end of the insurance period, unless you request an extension in writing and we agree to such an extension.

<u>I am an agency owner, agent, loss adjuster, FCIC employee, insurance provider employee, or contractor directly associated with the Federal crop insurance program:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Check One: <input type="checkbox"/> This is a notice of damage only <input type="checkbox"/> This is a notice of probable loss <input type="checkbox"/> Immediate inspection is requested. (explain in remarks)	Insured's Intention: <input type="checkbox"/> To Harvest <input type="checkbox"/> Replant <input type="checkbox"/> Hay <input type="checkbox"/> To Chop/Silage <input type="checkbox"/> Destroy <input type="checkbox"/> Crop will be direct marketed <input type="checkbox"/> Leave for Cover <input type="checkbox"/> Pasture <input type="checkbox"/> Plant to another crop <input type="checkbox"/> Other (explain in remarks)
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Remarks

SBI Name	Tax ID	Policy Number (if known)
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If you have less than 100% share, is the other share insured under an MPCl program? If so, list the person's name, name of insurance company for which they carry MPCl insurance and policy number if known.

Person's Name	Name of Insurance Company	Policy Number (if known)
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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 avoidance 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).

(Insured Signature) (Date) Spouse Name Spouse Tax ID

NOTE: Refer to the Basic Provisions and the specific Crop Provisions for more details on notice of damage or loss requirements.



Claim #:

DIGITALLY SIGN DOCUMENTS USING AGRISIGN

If you would like to utilize Digital Signatures in the processing of this claim, please denote which web account will be used for signing. In the event you do not see the appropriate account listed and/or you do not have an account, please check "Create New or Upgrade Existing Web Account" and fill out a Digital Signature Consent form.

Account Username _____ Account Holder Name _____ Account E-mail _____

Create New or Upgrade Existing Web Account (requires Digital Signature Consent Form)

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.

