



MPCI Application, Cancellation/Transfer of Experience

Continuous Contract

Insurance Provider ARMtech Insurance Services 5102 29th Drive, Suite B. Lubbock, TX 79407	Applicant Name: _____ Address: _____ _____	Agency Agency Code: _____ Agency Name: _____ Agent Name: _____ Address: _____
U/W: (800) 335-0120 Bus.: (806) 473-0333 Claims: (800) 335-6010 (806) 473-0334	Phone: _____	Phone: _____
Email: ARMtech@armt.com	Email: _____	Email: _____

Insured/Applicant Information	<p>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 (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.</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(a) Are you now indebted, and the debt is delinquent for crop insurance coverage under the Federal Crop Insurance Act?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(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?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(c) Have you ever had crop insurance terminated for violation of the terms of the contract or regulations or failure to pay your indebtedness?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(d) 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?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(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 the crop insurance program and that agreement is still effective?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(f) Do you have like insurance on any of the crops listed on this application?</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Are you now indebted, and the debt is delinquent for crop insurance coverage under the Federal Crop Insurance Act?	<input type="checkbox"/>	<input type="checkbox"/>	(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"/>	<input type="checkbox"/>	(c) Have you ever had crop insurance terminated for violation of the terms of the contract or regulations or failure to pay your indebtedness?	<input type="checkbox"/>	<input type="checkbox"/>	(d) 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?	<input type="checkbox"/>	<input type="checkbox"/>	(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 the crop insurance program and that agreement is still effective?	<input type="checkbox"/>	<input type="checkbox"/>	(f) Do you have like insurance on any of the crops listed on this application?	<p>I understand that if coverage of 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 crops 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.</p>
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<p>Authorized Rep: _____</p> <p>Loss Payee: _____</p> <p><input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other (Check One) Married: <input type="checkbox"/></p> <p>Tax ID: _____ Not Married: <input type="checkbox"/></p> <p>Type of Entity: _____</p> <p>Is this applicant at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><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.</p> <p>Select one: <input type="checkbox"/> State <input type="checkbox"/> Nation</p> <p>Previous statement excludes Category C (Perennial) Crops.</p>																					

Effective Crop Year	State	County	Crop	Ins. Plan	Cov. Level	Price Elect or Amount of Insurance	Optional Coverage	Type, Class, or Etc.	Intended Acres	New Prod	Entity		For individual entities, if applicable, indicate spouse's name and SSN. For other insured entities, list all persons or entities with 10 percent or more interest in the applicant.		
											Type/Addr.	Name	Phone	Tax ID Type	Tax ID
											<input type="checkbox"/>				SSN EIN Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
											<input type="checkbox"/>	Address:			
											<input type="checkbox"/>				SSN EIN Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
											<input type="checkbox"/>	Address:			

TO BE COMPLETED IF CANCELING AND TRANSFERRING PREVIOUS POLICY WITH ANOTHER INSURANCE PROVIDER:

Yes, I Request Cancellation and Transfer of Experience of my previous policy with another insurance provider. 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 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 been subsequently terminated for indebtedness had this transfer not occurred, no coverage can be provided by the assuming Insurance provider.

Previous Carrier (if any): _____

Previous Policy # (if any): _____

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

CERTIFICATION STATEMENT: 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.

 (Insured Signature) (Date) (Agent Signature) (Date) (Agency Code)



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APPLICATION FOR INSURANCE STATEMENT

Subject to the provisions of the Federal Crop Insurance Act and the regulations issued under that Act, I hereby apply for insurance on my share of the crops as specified above for the crop year. I understand that my share of all the crop grown on insurable land in the county as of the acreage reporting date must be insured. I also understand that the location of land which is not insurable, premium rates, applicable deadlines, and production guarantees or amounts of insurance are on file and available for my inspection in my agent's office. I further understand that no insurance will be available on a crop unless this application is completed and filed prior to the sales closing date for the crop. I also further understand that, although insurance under this application is continuous from year to year, policy terms, premium rates, production guarantees or amounts of insurance, and price elections may change from year to year. All changes will be available in my agent's office prior to the contract change date.

REINSURANCE STATEMENT

This insurance policy is reinsured by the Federal Crop Insurance Corporation (FCIC) under the provisions of the Federal Crop Insurance Act, as amended (7 U.S.C. 1501 et seq.) (Act). All provisions of the policy and rights and responsibilities of the parties are specifically subject to the Act. The provisions of the policy are published in the Federal Register and codified in chapter IV of title 7 of the Code of Federal Regulations (CFR) under the Federal Register Act (44 U.S.C. 1501 et seq.), and may not be waived or varied in any way by the crop insurance agent or any other agent or employee of FCIC or the company. In the event we cannot pay your loss, your claim will be settled in accordance with the provisions of the policy and will be paid by FCIC. No state guarantee fund will be liable for your loss.

Through out this policy, "you" and "your" refer to the named insured show on the accepted application and "we," "us," and "our" refer to the insurance company providing insurance. Unless the context indicates otherwise, use of the plural form of a word includes the singular and use of the singular form of the word includes the plural.

FALSE CLAIM STATEMENT

The information I have furnished on this form is complete and accurate. I understand that any false or inaccurate information may result in the sanctions outlined in my policy and 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 other federal statutes.

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Federal Crop Insurance Act (7 U.S.C. 1506), and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

The balance of the information requested is necessary for the insurance company and FCIC to process this form to: provide insurance; provide reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The information furnished on this form will be used by Federal agencies, FCIC employees, insurance companies, and contractors who require such information in the performance of their duties. The information may be furnished to: FCIC contract agencies, employees and loss adjusters; reinsured companies; other agencies within the United States Department of Agriculture; the Department of Treasury including the Internal Revenue Service; the Department of Justice, or other Federal or State law enforcement agencies; credit reporting agencies and collection agencies; other Federal agencies as requested in computer matching programs; and in response to judicial orders in the course of litigation. The information may also be furnished to congressional representatives and senators making inquiries on your behalf. Furnishing the information required by this form is voluntary; however, failure to report the correct and complete information requested may result in rejection of this form; rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; and a unilateral determination of any monetary amounts due.

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, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternate 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 USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

If coverage state is:	Policy Issuing Company will be:
AL,CA,CO,DE,FL,IA,KY,MD,MI,MN,MS,NV,NY,NC,OH,OR,PA,SC,TN,UT,VA,W A,W V,W I,W Y	GuideOne Specialty Mutual Insurance Co.
AZ,AR,GA,ID,IL,IN,KS,LA,MO,MT,NE,NM,ND,OK,SD,TX	American Agri-Business Insurance Co.

