



NAU COUNTRY INSURANCE CO.  
7333 SUNWOOD DRIVE NW  
RAMSEY, MN 55303-4700

- CHECK ONE:  
 HOME OFFICE-RAMSEY, MN     BRANCH OFFICE -TOPEKA, KS  
 BRANCH OFFICE-FARGO, ND     BRANCH OFFICE-MISSOULA, MT  
 BRANCH OFFICE-WOODLAND, CA     REGIONAL OFFICE-FRESNO, CA  
 BRANCH OFFICE -EAU CLAIRE, WI     OTHER

**MULTIPLE PERIL CROP INSURANCE  
ASSIGNMENT OF INDEMNITY**  
Named Peril & Crop-Hail Page 1 of 1

INSURED'S NAME:			The Insured assigns to			POLICY NUMBER:		
INSURED'S AUTHORIZED REPRESENTATIVE:			NAME OF CREDITOR:			AGENCY CODE:		
INSURED'S ADDRESS:			CREDITOR'S ADDRESS:			AGENCY NAME & ADDRESS:		
CITY		STATE	ZIP	CITY		STATE	ZIP	
CURRENT CROP YEAR	COUNTY	CROP		the right and interest of any indemnity payment(s) which may be payable to the insured under the insurance policy for the county/commodity (ies) shown:				
				<b>CONDITIONS</b>				
				(1) This assignment will be binding upon the person(s) who succeed the insured's interest in the insurance policy.				
				(2) Indemnity payments made under the insurance policy will be subject to adeduction for any indebtedness due this Approved Insurance Provider by the insured.				
				(3) This assignment will not grant the Creditor any greater rights than originally held by the insured.				
				(4) The Creditor's interest will be recognized upon Approved Insurance Provider's approval of this assignment and the Creditor will have the right to submit the loss notices and other forms as required by the insurance policy.				
				(5) The Approved Insurance Provider will determine the person(s) entitled to any indemnity payment(s) and the payment(s) will be by joint check.				
				(6) Cancellation of this assignment prior to and during the crop year stated above will be accepted by the Approved Insurance Provider only upon notification in writing by the above identified Creditor(s). It is understood and agreed that this assignment will be subject to the terms and conditions of the insurance policy." (Followed by signatures of the Insured, Creditor and Witnesses)				
				(7) If the assignment is not canceled according to item (6), the assignment will cease at the end of the effective crop year.				

**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 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 there from. 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.

This assignment was filed with the Approved Insurance Provider on

\_\_\_\_\_ at \_\_\_\_\_ a.m. /p.m.  
(DD/MM/YYYY)

INSURED'S SIGNATURE	DATE	CREDITOR'S SIGNATURE	DATE
WITNESS SIGNATURE	DATE	WITNESS SIGNATURE	DATE
The Approved Insurance Provider hereby NAU COUNTRY INSURANCE COMPANY AUTHORIZED REPRESENTATIVE SIGNATURE approves the foregoing assignment.			DATE