



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

CHECK ONE:

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

MULTIPLE PERIL CROP INSURANCE APPLICATION
Cancellation/Transfer & Perennial Acreage Report For
& succeeding crop years **Page 1 of 2**

POLICY NO.:

TAX ID	TAX ID TYPE <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> BIA	TYPE OF ENTITY (CHECK ONE): <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNERSHIP [Membership stmt required] <input type="checkbox"/> JOINT OPER/VENTURE <input type="checkbox"/> TRUST-IRREVOCABLE <input type="checkbox"/> TRUST-REVOCABLE <input type="checkbox"/> TRUST-BIA <input type="checkbox"/> INDIVIDUAL ACTING AS A COMPANY <input type="checkbox"/> LTD LIAB CO (LLC) [See Q1 below] <input type="checkbox"/> CORPORATION [See Q1 below]	<input type="checkbox"/> ESTATE <input type="checkbox"/> RECEIVER/ LIQUID <input type="checkbox"/> INDIVIDUAL UN-DIVIDED (CAT) <input type="checkbox"/> PUBLIC ENTITY <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> CITY <input type="checkbox"/> PUBLIC SCHOOL <input type="checkbox"/> OTHER	CROP YEAR	STATE
NAME OF APPLICANT AND/OR ENTITY:		AGENCY CODE:			Added County Election ONLY ELECT ONE: <input type="checkbox"/> Yes <input type="checkbox"/> No (National) I request insurance coverage for my share of the Category B crops (except forage production) specified below with a designated county in all added counties where the crops are insurable. <input type="checkbox"/> Yes <input type="checkbox"/> No (State) I request insurance coverage for my share of the Category B crops (except forage production) specified below with a designated county in all added counties within the state where the crops are insurable.
AUTHORIZED REPRESENTATIVE (IF ANY):		NAME & ADDRESS:			
STREET AND MAILING ADDRESS:					
CITY AND STATE: ZIP:					
TELEPHONE #'S/EMAIL		Q1: LOCATION OF THE ARTICLES OF INCORPORATION (CORP)/ORGANIZATION (LLC):			
Is applicant at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> LANDLORD MUST LIST AS SBI (See Q2 & Q3 below)			
NAME OF SPOUSE: SPOUSE'S SSN:		Q2 <input type="checkbox"/> Yes <input type="checkbox"/> No IS APPLICANT INSURING THE TENANT'S SHARE?			
		Q3 <input type="checkbox"/> Yes <input type="checkbox"/> No IS APPLICANT INSURING THE LANDLORD'S SHARE?			

EFFECTIVE CROP YR.	COUNTY	CODE R, N, T	DESIG-NATED	CROP	PLAN	TYPE, CLASS, ETC.	% LEVEL ELECTION	% OF PRICE AMT OF INS	OPTION(S)	LEGAL DESCRIPTION			UNIT NO	PRACT	RISK	INT %	ACTUAL/INTENDED ACRES/TONS	HAIL PLAN	\$ / ACRE
										SEC	TWP	RNG							
				New <input type="checkbox"/>															
				New <input type="checkbox"/>															
				New <input type="checkbox"/>															
				New <input type="checkbox"/>															
				New <input type="checkbox"/>															
				New <input type="checkbox"/>															
				New <input type="checkbox"/>															
				New <input type="checkbox"/>															
				New <input type="checkbox"/>															
				New <input type="checkbox"/>															
				New <input type="checkbox"/>															
				New <input type="checkbox"/>															
				New <input type="checkbox"/>															

Yes **NEW PRODUCER** PLEASE COMPLETE THE CHECK BOX ABOVE FOR CROP(S) THAT QUALIFY FOR NEW PRODUCER STATUS. INTENDED ACRES MUST BE REPORTED ABOVE FOR PREVENTED PLANTING.

Yes No APPLICANT HAS LAND THAT IS AFFECTED BY AN FCI-33 MAP WHICH IS PART OF THE RMA COUNTY ACTUARIAL DOCUMENT FOR THE APPLICABLE COUNTY. (HIGH RISK LAND, UNRATED LAND, T-YIELD MAP AREA, ETC.)

List all persons or entities with a substantial beneficial interest in you as defined in the applicable policy provisions (include landlords or tenants insured under the applicant).

(NAME)	(SOCIAL SECURITY # / EIN #)	(ENTITY TYPE)	(COMPLETE ADDRESS)	(TELEPHONE #)
1)				
2)				
3)				
4)				

APPLICANT MUST PROVIDE THEIR SIGNATURE ON THE FOLLOWING PAGE TO CERTIFY TO THE ACCURACY OF THE INFORMATION PROVIDED ABOVE AND OFFICIALLY APPLY FOR INSURANCE COVERAGE.

INITIALS _____



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

NAU Country Insurance Company

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.

Yes No (A) ARE YOU NOW INDEBTED, AND THE DEBT IS DELINQUENT, FOR CROP INSURANCE COVERAGE UNDER THE FEDERAL CROP INSURANCE ACT?

Yes 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?

Yes 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?

Yes No (D) ARE YOU DISQUALIFIED OR DEBARRED UNDER THE FEDERAL CROP INSURANCE ACT, OR THE REGULATIONS OF THE FEDERAL CROP INSURANCE CORPORATION OF THE UNITED STATES DEPARTMENT OF AGRICULTURE?

Yes 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?

Yes No (F) DO YOU HAVE LIKE INSURANCE ON ANY OF THE ABOVE CROPS?

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.

REMARKS

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.

To be completed (check box) only if cancelling 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 NAU Country Insurance Company. "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 NAU Country Insurance Company. 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,"

"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."

PREVIOUS CARRIER	PREVIOUS POLICY NUMBER	AGENT SIGNATURE		DATE
INSURED SIGNATURE:	DATE	SIGNATURE OF COMPANY'S REPRESENTATIVE	RO CODE: NA	DATE