

## 12 LRP-Basic Application

### LIVESTOCK RISK PROTECTION APPLICATION

1. APPLICANT			2. INSURANCE AGENCY		
Applicant Name:	SSN:	EIN:	Insurance Agency Name: Food & Fiber Risk Managers	Agency Code:	
Spouse's Name:	Spouse's SSN:		Insurance Agent's Name: Burdell Johnson	Agent's Code:	
Applicant is at least 18 Years Yes      No	E-mail Address:		E-mail address: bjohnson@fafm.com		
Street or Mailing Address:			Street or Mailing Address: 208 Main St N PO Box 6		
City:	State:	Zip Code:	City: Tuttle	State: ND	Zip Code: 58488
County:	Farm or Business Name:	Phone:	Phone: 701-867-9160	Fax: 701-867-9161	
Crop Year:	Class(es) of livestock or livestock product to be insured: Swine      Feeder Cattle      Fed Cattle      Lambs			Commodity Code:	

#### CONDITIONS OF ACCEPTANCE STATEMENTS

CONDITIONS OF ACCEPTANCE: This application is accepted and insurance attaches in accordance with the policy unless: (1) The Federal Crop Insurance Corporation determines that livestock insurance capacity limitations in accordance with the Federal Crop Insurance Act have been reached and this policy will exceed the limitations; (2) any material fact is omitted, concealed or misrepresented in this application and endorsement 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 is the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?

\_\_\_\_\_ (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?

\_\_\_\_\_ (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 regulations, or for failure to pay your indebtedness?

\_\_\_\_\_ (d) Are you disqualified or debarred under the Federal Crop Insurance Act, the regulations of the Federal Crop Insurance Corporation, the United States Department of Agriculture?

\_\_\_\_\_ (e) Have you ever entered into an agreement with the Federal Crop Insurance Corporation, Risk Management Agency, or with the Department of Justice that you would refrain from participating in the crop or commodity insurance program and that agreement is still effective?

\_\_\_\_\_ (f) Do you have like insurance on any of the above livestock?

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.

### 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).

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Agent's Signature)

\_\_\_\_\_  
(Date)

### 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, AIP's 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 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  
Office of Adjudication  
1400 Independence Avenue, S.W.  
Washington, D.C. 20250, Mail Stop 9410  
[E-mail: ascr@usda.gov](mailto:ascr@usda.gov)  
Phone: 800 - 795-3272 (voice) or 202-720-6382 (TDD).

USDA is an equal opportunity provider and employer.  
For more information, contact the RMA Civil Rights Office at 202-690-3578 (main line).

### FORM COMPLETION INSTRUCTIONS

1. Type or print information about the applicant for insurance in section 1. Include first name, middle initial and last name. Applicants must be at least 18 years old to apply for insurance. Fill in the applicant's Social Security Number (SSN) and Employer Identification Number (EIN) if applicable and the applicant's spouse's SSN if applicable. Complete the street or mailing address, city, county, state, zip code and telephone number where the applicant can be reached. Insert the class(es) of livestock or livestock product to be insured and the crop year that insurance will be effective.
2. Type or print information about the insurance agency in section 2. Fill in the insurance agency name, the insurance agent's name, the agent's code number and the street or mailing address, city, state, zip code, telephone and fax numbers and e-mail address where the agent can be reached.
3. Read and answer the questions in the *Conditions of Acceptance Statements* section. Read the *Certification Statement*. The applicant and agent must each sign and date the application.