

**Substantial Beneficial Interest
REPORTING FORM
AND SUCCEEDING CROP YEARS**

NAME OF APPLICANT/INSURED:		POLICY NUMBER:	
<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER (Check One)			
SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER:		ADDRESS OF AGENT:	
AGENT NAME:	AGENT CODE NUMBER:	COMPANY NAME:	

List persons and/or entities with 10 percent or more interest in the insurance entity identified above as the Applicant/Insured.

NAME (Print or Type)	COMPLETE ADDRESS (St., R.R., P.O. Box, Zip, etc.)	SSN/EIN (Check One & Enter No.)	TELEPHONE NUMBER	ENTITY TYPE	SHARE
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	()		
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	()		
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	()		
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	()		
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	()		
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	()		
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	()		
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	()		
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	()		

SIGNATURE OF APPLICANT/INSURED:	DATE:
---------------------------------	-------

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.

Completion Instructions:

1. Type or print information about the applicant for insurance in section 1. Include first name, middle initial and last name. Fill in the applicant's Social Security Number (SSN) or Employer Identification Number (EIN), and indicate which number is being provided. Enter the policy number. Provide the agent's name and code number and the street or mailing address, city, county, state, zip code and company name where the agent can be reached.
2. For each person or entity with 10 percent or more interest in the insurance entity, fill in the person or entity's name, complete address including mailing address, city, state, and zip code. Enter the social security number or employer identification number and check the box that indicates what number was provided. Enter the person or entity's telephone number and type of entity. Enter that entity's share in the insurance entity.
3. The applicant must sign and date the form.

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

The following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a and section 502(c) of the Federal Crop Insurance Act (7 U.S.C. 1502cc). 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 Risk Management Agency (RMA). 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, RMA and the Farm Service Agency to process this form to: provide insurance; provide reinsurance; determine eligibility; determine the correct parties to the agreement; determine premiums or other monetary amounts; pay benefits and insure compliance with all program requirements. The information furnished on this form will be used by Federal agencies, RMA and Farm Service Agency employees, insurance companies, and contractors who require such information in performance of their duties. The information may be furnished to: RMA contract 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 or regulatory 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; ineligibility for insurance; and a unilateral determination of any monetary amounts due and the imposition of administrative, civil or criminal sanctions.

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 alternative means for communication of program information (Braille, large print, audio tape, 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.