

Substantial Beneficial Interest REPORTING FORM AND SUCCEEDING CROP YEARS

NAME OF APPLICANT/INSURED: POLICY NUMBER: SSN EN OTHER (Check One) SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER: ADDRESS OF AGENT: 208 Main St N PO Box 6 Tuttle, ND 58488 AGENT NAME: Burdell Johnson AGENT CODE NUMBER: COMPANY NAME: Food & Fiber Risk Managers

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

Table with 6 columns: 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. Contains 9 rows of data with redacted information.

SIGNATURE OF APPLICANT/INSURED: DATE:

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 voidance 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).

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).

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.