MULTIPLE PERIL CROP INSURANCE **2000-NCIS 754**

POLICY CHANGE FORM

Insured's Name

Insured's Authorized Representative

Street or Mailing Address

City State Zip Code

Tax Identification Number
☐ SSN ☐ EIN ☐ Other (Check One)

Policy Number State

County(ies)

☐ YES ☐ NO I REQUEST INSURANCE COVERAGE FOR MY SHARE OF ALL INSURED CROPS GROWN (EXCLUDING CATEGORY C PERENNIAL CROPS)
☐ IN ALL COUNTIES
☐ IN ALL COUNTIES WITHIN THE STATE

Insurance Provider's Name & Address

Check appropriate box	County	Effective Crop Year	Name of Crop	Type, Class, or Etc.	Plan of Insurance	Options or Optional Coverage	Price Election or Amount of Insurance	Level Election
☐ **Change Insurance**								
☐ **Cancel Insurance**							**Reasons for Cancellation** (check one & explain in Remarks)	
							☐ Insured's Request ☐ Mutual Consent	
							☐ Death, Incompetency, or Dissolution ☐ Other	

Other Changes (as indicated above)

☐ Successor-in-Interest (complete SBI information): Effective Crop Year _____
☐ Add or change insured's authorized representative
☐ Change insured's address
☐ Add or remove "all counties" option
☐ Correct insured's tax identification number
☐ Correct spelling of insured's name
☐ Other (explain in Remarks)

List all persons or entities with 10 percent or more interest ("SBI") in the Successor-in-Interest entity:

Name	Complete Address	Telephone No.	Identification No.	Entity Type
			☐ SSN ☐ EIN ☐ Other	
			☐ SSN ☐ EIN ☐ Other	
			☐ SSN ☐ EIN ☐ Other	
			☐ SSN ☐ EIN ☐ Other	

Remarks

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.

Insured's Signature **Date** **Agent's Signature & Code Number**

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). 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 Federal Crop Insurance Corporation (FCIC). 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 and FCIC to process this form to: provide insurance; provide reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The information furnished on this form will be used by Federal agencies, FCIC employees, insurance companies, and contractors who require such information in the performance of their duties. The information may be furnished to: FCIC contract agencies, employees and loss adjusters; reinsured companies; other 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 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, replanting payment, or other benefit; ineligibility for insurance; and a unilateral determination of any monetary amounts due.

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, audiotape, 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.