

Livestock Risk Protection (LRP) Application / Change / Transfer / Cancel Form

	n or Business Name), Mailing and / or Street Other Contact Information	nd / or Street Agency Name and Agent Contact Information		Crop Year	Crop Year Policy Number				
							Location State		
							Location County	1	
Phone:									
ID Type and Number: SSN EIN RAN		Phone: Fax:				Type of Policy:			
Person Type:		Fax: Email:				Add Livestock to Policy Cancellation			
Spouse's Name: Spouse's ID Type and Number: SSN EIN RAN		Livestock Insurance Specialist:				□ Policy Changes □ Reinstate			
Signature Authorization(s)**:		State of Incorporation (applicable to LLCs and Corporations only):			I am a limited resource farmer:				
-						Is applicant at le	east 18 years old?	🗋 Yes 🗖 No	
SBI Information - 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). If none, state NONE. (See SSN / EIN Reporting Form for additional space.)									
Name	Complete Address		Phone	ID Type a	and Number	Perso	on Type	Share	
				SSN D	EIN 🗋 RAN				
				SSN 🗅	EIN 🔲 RAN				
				SSN 🗅	EIN 🛛 RAN				
Class(es) of livestock or				Туре				_	
livestock product to be insured									
Generic Cattle (0801)	Brahman Wt 1 (813) Dairy Wt 1	(815) 🛛 🖬 Hei	ifers Wt 1 (811) 🛛 🛛 Stee	ers Wt 1 (809)	Unborn Brahma	an (818) 🛛 🖵 Ur	nborn Steers & Hei	ifers (817)	
	1801) 🔲 Brahman Wt 2 (814) 🔲 Dairy Wt 2 (816) 🔲 Heifers Wt 2 (812) 🔲 Steers Wt 2 (810) 🛄 Unborn Dairy (819)								
Fed Cattle (0802)	Steers & Heifers (820)								
□ Swine (0815) □ Unborn Swine (821) □ No Type Specified (997)									
Remarks:									
omitted, concealed or misrepresented in th	ion is accepted and insurance attaches in accordance is application or in the submission of this application; (you have failed to	o provide complete and accurate i	nformation required by	v this application: or (4) the answer to any o	f the following question		
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.									
				or storing a controlled	Laubatanaa?				
 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 delinquent debt? 									
No (d) Are you disqualified or debarred under the Federal Crop Insurance Act, the regulations of the Federal Crop Insurance Corporation, or 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 in:									
I understand that if coverage for any livesto	ock is currently terminated or would have subsequently	terminated for inde	ebtedness had this application bee	en filed after the termin	ation date, no coverag	e can be provided an	d I am ineligible for any	/ benefits under the	
Federal Crop Insurance Act until the cause		4	den en la la la completada da esta esta esta esta esta esta esta est					6 6	
livestock and crop years specified and sha	g notification in the United States mail, postage paid, to Il continue for each succeeding crop year, unless other	wise specified in th	press. Unless rejected of the sale ne policy, until canceled, terminate	s closing date has pase d or voided. The insur	rance contract, which ir	ned this application, i ncludes the accepted	application, is defined	in the regulation	
	or condition of the contract shall be waived or changed					•	··· ·		
Other Changes: (as indicated a						r Cancellation (a	s indicated above	ə):	
Add or remove SBI	□ Correct SBI 's authorized representative □ Correct insu	's identification	number ^ U Correct s	spelling of SBI's na		s Request	Mutual Consen	nt	
Add / change / correct insured Change / correct insured's add		ling of insured's		emove "added cou xplain in Remarks			Other (Explain		
	s identification number, provide previous ins) Dissolut		in Remarks)		
BFR = Beginning Farmer / Ranche	er VFR = Veteran Farmer / Rancher			~	•			1	

See Last Page of LRP Application / Change / Transfer / Cancel Form for Required Statements

Livestock Risk Protection (LRP) Application / Change / Transfer / Cancel Form

Crop Year: Policy Number:

Grant Authority Signature Statement: I grant the person(s) listed below the authority to sign any and all livestock insurance documents on my behalf. I understand that by authorizing such persons to sign documents on my behalf I am legally bound by all terms and conditions of such documents and the livestock insurance contract. I also understand that granting the following person(s) the authority to sign on my behalf does not obligate that person(s) to the terms and conditions of my livestock insurance contract. I further understand that this authorization may be revoked by me at any time upon written notice, signed and delivered to my Approved Insurance Provider.

List all person(s) designated to sign livestock insurance documents on the applicant's behalf:

Policy Transfer Information – To be completed only if canceling previous policy and transferring the experience and insurance coverage from another Approved Insurance Provider (AIP): I hereby request cancellation of my livestock insurance policy with (Ceding AIP Name and Policy Number) for the livestock and crop year(s) shown below because I have applied for insurance with another AIP. I understand that if this form is not executed on or before the established cancellation date for any livestock listed, the cancellation of insurance on such livestock will not become effective until the following crop year.

Ceding AIP Insurance Company and Policy Number

Livestock and Crop Year(s) to be canceled and transferred

Date of Acceptance

I hereby authorize and direct the (Ceding AIP) shown above to furnish any information relative to my insurance policy to Hudson Insurance Company. I understand that if coverage for any livestock is now terminated or would have subsequently terminated for delinquent debt had this transfer not occurred, no coverage can be provided by Hudson Insurance Company.

By submission of this form, we agree to provide livestock insurance to this applicant for the livestock and crop year specified above unless this form is not executed on or before the established cancellation date for any livestock shown, in which case insurance will be provided for such livestock for the following crop year.

Name of Assuming Agent

Printed Name of AIP Representative Authorized to Accept Applications

Assuming Agent's Address, City, State and Zip

AIP Code

Collection of Information and Data (Privacy Act) Statement (Agent, 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 the 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 (agencies, as required or permitted by Iaw, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIPs contractors and cooperators, Comprehensive 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 thereform. Also, failure to provide true and correct information may result in civil suit or criminal prosecution of the assessment of penalties or pursuit of other remedies.

Signature of AIP Representative Authorized to Accept Applications

Non-Discrimination Statement: In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

To File a Program Complaint - If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at https://www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or email at program.intake@usda.gov.

Persons with Disabilities - Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email.

Hudson Insurance Privacy Policy: When you apply to any of the Hudson Insurance Group companies for any type of insurance, you disclose information about yourself to us. The collection, use and disclosure of such information is regulated by law. Hudson Insurance Group, its agents, affiliates and subsidiaries maintain physical, electronic and procedural safeguards that comply with state and federal regulations to guard your personal information. Hudson Insurance Group as information, the importance for optimites.

Anti-Rebating Statements - Applicant / Insured: I certify, for the crop year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, or given any benefit, including money, goods, or services for which payment is usually made, rebate, discount, abatement, credit, or reduction of premium, or any other valuable consideration, as an inducement to procure insurance or in exchange for purchasing this insurance policy after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any information on this form may subject me, and any person with a substantial beneficial interest in me, to sanctions, including but not limited to, criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 U.S.C. §1515(h)) and all other applicable federal statutes.

Agent Statement: I certify, for the crop year indicated, that I have neither offered nor promised, directly or indirectly, any benefit, including money, goods, or services for which payment is usually made, rebate, discount, credit, reduction of premium, or any other valuable consideration to this person either as an inducement to procure insurance or in exchange for obtaining insurance after it has been procured. I understand that this proses not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any violation may subject me, and all agencies / companies I represent, to sanctions, including but not limited, to criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 USC §1515(h)) and all other applicable federal statutes.

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 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).

Applicant's Printed Name		Applicant's Signature	Date
Agent's Printed Name	Code	Agent's Signature	Date