



MPCI Application / Change / Transfer / Cancel Form

Hudson Insurance Company
 7300 West 110th Street, Suite 400
 Overland Park, KS 66210
 Ph / Fx: (866) 450-1445 / (913) 345-1671

Applicant / Insured's Name, Mailing and / or Street Address and Other Contact Information				Agency Name and Agent Contact Information				Crop Year	Policy Number					
Phone: Email: ID Type and Number: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN Person Type: Signature Authorization(s)**:				Phone: 815-777-1129 Email: Crop Insurance Specialist: State of Incorporation (applicable to LLCs and Corporations only):				2019						
								State						
								Type of Policy: <input checked="" type="checkbox"/> New <input type="checkbox"/> Add Crop to Policy <input type="checkbox"/> Policy Changes <input type="checkbox"/> Transfer <input type="checkbox"/> Cancellation <input type="checkbox"/> Reinstate						
								I am a limited resource farmer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is applicant at least 18 years old? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is applicant insuring the tenant's share? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is applicant insuring the landlord's share? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
SBI Information List spouse, if applicable, and all other 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.								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I request insurance coverage for my share of the Category B crops (except forage production) specified below with a designated county in all added counties where the crops are insurable.						
Name		Complete Address		Phone	ID Type and Number		Person Type							
					<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN									
					<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN									
					<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN									
Crop Information								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I request insurance coverage for my share of the Category B crops (except forage production) specified below with a designated county in all added counties within the state where the crops are insurable. If your designated plan of insurance, level of coverage, or price is not available in the added county, coverage will be provided through the Catastrophic Risk Protection Endorsement, if the crop is insurable in the actuarial documents for an added county.						
Policy ^ (N = New, C = Change, T = Transfer, X = Cancel)	County (Code)	Des. Cty (Y)	Crop (Code)	New Prod. (Cat B Only)	VIP *	Intended Acres	Plan	Coverage Level	% of Price, Proj. Price, Amt. of Ins. or Prot. Factor	APE+	Options, Elections or Endorsements	Effective Crop Year	Type / Practice	eZ-Hail® Plan and \$/Acre Production Hail Plan and % of Price (For Approved States Only) *
N			Milk (0830)				DRP(83)							
Remarks:														

Other Changes: (as indicated above) <input type="checkbox"/> Add or remove SBI <input type="checkbox"/> Add / change / correct insured's authorized representative <input type="checkbox"/> Change / correct insured's address						<input type="checkbox"/> Correct SBI's identification number ^ <input type="checkbox"/> Correct insured's identification number ^ <input type="checkbox"/> Correct spelling of insured's name						Reasons for Cancellation: <input type="checkbox"/> Insured's Request <input type="checkbox"/> Death, Incompetence or Dissolution						<input type="checkbox"/> Correct spelling of SBI's name <input type="checkbox"/> Add or remove "added county" election <input type="checkbox"/> Other (Explain in Remarks)						<input type="checkbox"/> Mutual Consent <input type="checkbox"/> Other (Explain in Remarks)					
Legend: ^ If correcting an insured's or SBI's identification number, provide previous insured's or previous SBI's identification number. LLT = Landlord / Tenant. BFR = Beginning Farmer / Rancher + Added Price Election (APE) - The Established Price will apply unless an additional price is published and selected. * VIP = Vertically Integrated Producer ** A completed Power of Attorney form must be submitted with the initial application.																													



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		2019	
<p>Conditions of Acceptance - This application is accepted and insurance attaches in accordance with the policy unless: (1) The Federal Crop Insurance Corporation determines that, in accordance with the regulations, the risk is excessive; (2) any material fact is 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.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (a) Are you now indebted and the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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 regulation, or for failure to pay your delinquent debt?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (f) Do you have like insurance on any of the above crop(s)?</p> <p>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 cancelled, terminated or voided. The insurance contract, which includes the accepted application, is defined in the regulation published at 7 CFR Chapter IV. No terms 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.</p>			
<p>Policy Cancellation Information – To be completed only if cancelling insurance coverage without transferring to another Approved Insurance Provider (AIP):</p> <p>I hereby request cancellation of my crop insurance policy for the crop(s) and crop year shown on this form. I understand that if this form is not executed on or before the cancellation date for any crop listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year.</p>			
_____	_____	_____	_____
AIP Authorized Representative's Printed Name	AIP Authorized Representative's Signature	Date	
<p>Policy Transfer Information – To be completed only if cancelling previous policy and transferring the experience and insurance coverage from another Approved Insurance Provider (AIP):</p> <p>I hereby request cancellation of my crop insurance policy with (Ceding AIP Name and Policy Number) _____</p> <p>for the crop(s) and crop year(s) shown below because I have applied for insurance with another Approved Insurance Provider. I understand that if this form is not executed on or before the established cancellation date for any crop listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year.</p>			
_____	_____	_____	_____
Crop(s) to be Cancelled and Transferred	Crop Year of Crops Being Cancelled and Transferred		
<p>I hereby authorize and direct the (Ceding AIP Name) _____ shown above to furnish any information relative to my insurance policy to Hudson Insurance Company.</p> <p>I understand that if coverage for any crop(s) 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.</p> <p>By submission of this form, we agree to provide crop insurance to this applicant for the crop(s) and crop year specified above unless this form is not executed on or before the established cancellation date for any of the crop(s) shown, in which case insurance will be provided for such crop(s) for the following crop year.</p>			
_____	_____		
Name of Assuming Agent	Assuming Agent's Address, City, State and Zip		
_____	_____	_____	_____
Printed Name of AIP Representative Authorized to Accept Applications	Signature of AIP Representative Authorized to Accept Applications	Date of Acceptance	AIP Code



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		2019	

Anti-Rebating Certification

Applicant / Insured Statement

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 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 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.

Grant Authority Signature Statement

I grant the person(s) listed below the authority to sign any and all crop 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 crop 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 crop 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 crop insurance documents on the applicant's behalf:

_____ This section is not required. Contact us with any questions.



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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, 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, AIPs 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.

Non-Discrimination Statement

Non-Discrimination Policy - The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.)
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, by fax (202) 690-7442 or email at program.intake@usda.gov.
Persons with Disabilities - Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). 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. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

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. We also limit employee access to certain personal information, to those with a business reason for knowing such information. Hudson Insurance Group also instructs its employees so that they will understand the importance of the confidentiality of personal information, and takes appropriate measures to enforce employee privacy responsibilities.

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).

eZ-Hail® / Production Hail Binder

Policy Provisions shall take effect at 12:01 a.m. on the day following the date you and the agent signed the application. However, if any acre of crop described in this application is damaged by any peril before the effective hour of this insurance, no insurance shall be in effect and within 72 hours after such damage you shall give us written notice and shall be entitled to return premium on such acre. This binder may be cancelled by us by written notice to you in accordance with the policy conditions.

Fraud Statement (IL)

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable to eZ-Hail® / Production Hail policies only: The undersigned agrees to pay Hudson Insurance Company the total premium due on or before November 1st. If not paid in full by this date an interest charge of 1.25% per month will be imposed on all overdue amounts, plus reasonable attorney fees, legal expenses and collector costs (Interest not applicable in Maryland).

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