



MPCI Application / Change / Transfer / Cancel Form

Issued by Producers Agriculture Insurance Company

16011 College Blvd, Suite 210
 Lenexa, KS 66219
 Phone: (800) 366-2767
 Fax: (866) 306-3038

Applicant / Insured's Name	Agency and Agent Names	Crop Year	Policy Number

Stacked Income Protection (STAX) Application Supplement~

Crop Information								
County	Crop(s)	Type	Area Loss Trigger	Companion Policy Plan (if applicable)	Coverage Range	STAX Plan of Insurance	STAX Protection Factor	SCO Coverage*
		Practice						ECO Coverage*
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No

* If yes, identify by APH Database whether SCO, ECO or STAX applies. If land is added to this operation after the Sales Closing Date and reported by the Acreage Reporting Date, such acreage will be covered by SCO ECO STAX.

Terms and Conditions

I may not elect coverage under this plan of insurance on the same acres I elect coverage for the Supplemental Coverage Option Endorsement (SCO) and/or the Enhanced Coverage Option (ECO) if I participate in the SCO and/or ECO.

I may elect coverage under this plan of insurance and the Farm Service Agency's Agriculture Risk Coverage Program or Price Loss Coverage Program, but the same acreage of the crop cannot be covered under both programs.

I understand that by signing this Application, the coverage under this plan of insurance it will continue from year to year unless I or you cancel or change my election by written notice on or before the cancellation date or my coverage is otherwise canceled or terminated under the terms of my policy.

~Supplement Page Revision Date (11-2021)



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Supplemental Coverage Option Endorsement (SCO Endorsement) Application ~

Crop Information						
County	Crop(s)	Underlying Plan of Insurance	SCO Plan of Insurance	Coverage Level	SCO Coverage Percentage	Enrolled in Agriculture Risk Coverage (ARC)?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Terms and Conditions

In addition to Section 3(b)(2) of the Basic Provisions, I hereby elect this Supplemental Coverage Option Endorsement, and by this election I understand:

- (1) I must have purchased a policy under the Common Crop Insurance Policy Basic Provisions and applicable Crop Provisions to elect this Endorsement and must also purchase this Endorsement with the same Approved Insurance Provider (AIP) as my Common Crop Insurance Policy.
- (2) I may elect coverage under this Endorsement and the Farm Service Agency's Agriculture Risk Coverage Program, but the same acreage of the crop cannot be covered under both programs.
- (3) I may elect coverage under this Endorsement and Stacked Income Protection Plan for the upland cotton, but the same acreage cannot be insured under both.
- (4) If at any time my Common Crop Insurance Policy for the crop is canceled or terminated, coverage under this endorsement is automatically canceled or terminated.
- (5) That by electing this Endorsement, it will continue from year to year unless I or you cancel or change my election by written notice on or before the cancellation date or my coverage is otherwise canceled or terminated under the terms of my policy.
- (6) Separate Administrative Fees will be assessed for each crop insured under this Endorsement.

~ Supplemental Page Revision Date (07-2024)



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Enhanced Coverage Option Endorsement (ECO Endorsement) Application ~

Crop Information						
County	Crop(s)	Underlying Plan of Insurance	ECO Plan of Insurance	Coverage Level	Area Loss Trigger	ECO Coverage Percentage

Terms and Conditions

In addition to Section 3(b)(2) of the Basic Provisions, I hereby elect this Enhanced Coverage Option Endorsement, and by this election I understand:

- (1) I must have purchased a policy under the Common Crop Insurance Policy Basic Provisions and applicable Crop Provisions to elect this Endorsement and must also purchase this Endorsement with the same Approved Insurance Provider (AIP) as my Common Crop Insurance Policy.
- (2) I may elect coverage under this Endorsement and Stacked Income Protection Plan for the upland cotton, but the same acreage cannot be insured under both.
- (3) If at any time my Common Crop Insurance Policy for the crop is canceled or terminated, coverage under this Endorsement is automatically canceled or terminated.
- (4) That by electing this Endorsement, it will continue from year to year unless I or you cancel or change my election by written notice on or before the cancellation date or my coverage is otherwise canceled or terminated under the terms of my policy.
- (5) Separate Administrative Fees will be assessed for each crop insured under this Endorsement.

~ Supplemental Page Revision Date (07-2024)



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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.

- Yes No (a) Are you now indebted and the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?
- 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 regulation, or for failure to pay your delinquent debt?
- Yes 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 insurance on any of the above crop(s)?

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.

Policy Cancellation Information – To be completed only if cancelling insurance coverage without transferring to another Approved Insurance Provider (AIP):

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 crops(s) will not become effective until the following crop year.

_____ AIP Authorized Representative's Printed Name

_____ AIP Authorized Representative's Signature

_____ Date

Policy Transfer Information – To be completed only if cancelling previous policy and transferring the experience and insurance coverage from another Approved Insurance Provider (AIP):

I hereby request cancellation of my crop insurance policy with (Ceding AIP Name and Policy Number) _____ 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.

_____ Crop(s) to be Cancelled and Transferred

_____ Crop Year of Crops Being Cancelled and Transferred

I hereby authorize and direct the (Ceding AIP Name) _____ shown above to furnish any information relative to my insurance policy to **Producers Ag Insurance Group, Inc.**

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 **Producers Ag Insurance Group, Inc.**

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.

_____ 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

Crop-Hail / Named Peril Underwriting Questions

1. Have any of the crops listed been previously damaged by a peril covered under the policy you are applying for? Yes No

2. Have you purchased or applied for other like insurance on the same crops? Yes No

If "Yes", Company Name and coverage: (1) _____ / \$/acre _____; (2) _____ / \$/acre _____

Crop Hail coverage becomes effective as of the time and date stated in the crop hail provisions.

Note: For hail / named peril coverage applied for on this combination MPCI / HAIL / NP application, all qualifying acres of the crop in the county will be covered. If you only want a portion of your acres covered, you should complete a separate Crop Hail / Named Peril application.



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Signature Authorization

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 of 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. The authority granted under this provision: a) is applicable only to the insured person and insured commodities reported on this Application and does not extend to any other policy or person; b) terminates upon (i) our receipt of a new Application for the commodities reported on this Application, (ii) voidance or termination of the policy for any reason, including dissolution, death, disappearance or judicially declared incompetence of the grantor, (iii) legal separation or divorce if the authorized person is a spouse of the insured person; and c) does not extend to changing plans of insurance or applying for new coverage, including but not limited to, adding a new crop to an existing policy. It is your sole responsibility to notify any other persons that have authority to sign on your behalf, including persons authorized to act on your behalf under a power of attorney, that you are granting authority to other person(s) to sign crop insurance documents. You shall be liable for all damages that result from your authorizing more than one person to act on your behalf with respect to your multiple-peril crop insurance policy. In accepting your application and the grant of authority contained therein ProAg does not waive or vary any federal or state law. ProAg will not be held liable if the granting of authority under this Signature Authorization language is determined to be invalid under state or federal law or is superseded by any grant of authority under a valid power of attorney.

I extend the above grant of authority, subject to all terms and conditions above, to all SBI holders listed on this application without needing to list them in this section.

Legal Name	Last 4 SSN

Note: If you only want certain SBI holders to have signing authority, they should be listed above. However, all SBI holders must be listed in the appropriate section of this application; listing a person in this section does not satisfy the application's requirement to list all SBI holders.

I hereby revoke the authority to sign crop insurance documents on behalf of the insured that was previously granted to the following person(s):

	Legal Name	Last 4 SSN
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		



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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.

Hail Binder

No coverage is in effect until the earlier of 12:01 a.m. on the date following the date of postal postmark of the envelope in which the signed completed application is mailed to the company or two (2) hours from the time the completed application is electronically received in the appropriate processing office. Completed applications that are processed electronically will become effective 2 hours from the time and date of submission to the company. However, if any acre of crop described in this application is damaged by any peril prior to the effective hour of 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 acreage. This binder may be canceled by us by written notice to you in accordance with the policy provisions.

Required Statements For Crop Hail Policies By State

ARKANSAS and LOUISIANA—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.

ARIZONA—For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA—For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO—It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FLORIDA—Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO—Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA—Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KANSAS—Any act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for the personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered fraud.

KENTUCKY—Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

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

MAINE—WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

MINNESOTA—A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW JERSEY—Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO—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 civil fines and criminal penalties.

OHIO—Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud

OKLAHOMA—WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA—WARNING: Any person who knowingly, and with intent to defraud any insurance company or other person files any application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE, VIRGINIA, and WASHINGTON—It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, or a denial of insurance benefits.

UTAH—Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of the American Arbitration Association, a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.

FOR ALL OTHER STATES—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.



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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

In accordance with Federal civil rights 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 based 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). Remedies and compliant filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency 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.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at www.usda.gov/oascr/filing-program-discrimination-complaint-usda-customer and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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).

New Producer Certification Statements

For any crop and county that indicates "New Producer" under the Crop Information section of this Application, the undersigned, on behalf of themselves and the named applicant/insured, certifies as follows:

I certify that I have not produced the insured crop in the county for more than two APH crop years.

I certify that I was not a member of another insured entity as a substantial beneficial interest holder, which produced the insured crop in the county for more than two APH crop years.

I certify that any substantial beneficial interest holder for the policy in which new producer status is requested, have not produced the insured crop in the county for more than two APH years.

I understand that discovery of information indicating any of the above certifications to be false may result in recalculation of my yield history, coverage guarantee, premiums, and any applicable loss payments in addition to any potential consequences contained in the certification Statement below.

Margin Protection Plan Disclaimer

By signing below, I certify that I understand and agree to the following.

1. The Margin Protection Plan of Insurance does not cover a loss of actual production on your acres. It is an area plan that is based upon the yields of a county or grouping of counties to determine the Expected Area Yield and Final Area Yield used to calculate any losses, based on data from the practices and areas designated in the Actuarial Information Browser for your county for the crop year. It is possible for you to have low crop production on the acreage you insure and still not receive an indemnity.
 - a. Electing the Margin Protection Plan of Insurance that attaches to the base policy restricts some of the choices I may make:
 - I must transfer my base policy to the same AIP as my Margin Protection Plan policy by the Margin Protection Plan policy sales closing date.
 - b. I may not transfer my base policy after the Margin Protection Plan sales closing date.
 - c. I may not elect any additional coverage or endorsement on my base policy that duplicates all or a portion of my coverage range under the Margin Protection Plan policy (e.g., Supplemental Coverage Option, Enhanced Coverage Option, Hurricane Insurance Protection-Wind Index, etc.).
2. By signing this form, I understand any additional coverage or endorsement on my base policy that duplicates all or a portion of my coverage range under the Margin Protection Plan Policy, will be cancelled.

By signing below, I authorize the Company to offset from any indemnity or prevented planting payment any and all unbilled and payable premium and fees. Check here only if you do NOT authorize such offset.

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