

1. Crop Year	2. Policy Number	6. Effective Date of Transfer	7. Nature of Transfer
3. Transferor's (Insured's) Name		8. Transferee's Name	
4. Transferor's Street or Mailing Address		9. Transferee's Street or Mailing Address	11. Transferee's Identification #
5. Transferor's City, State and Zip Code		10. Transferee's City, State and Zip Code	12. Transferee's Identification Type <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN

13. Transferor's Person Type

<input type="checkbox"/> Individual	<input type="checkbox"/> Married	<input type="checkbox"/> Individual / Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Operator	<input type="checkbox"/> Corporation
<input type="checkbox"/> LLC	<input type="checkbox"/> Estate	<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Irrevocable Trust	<input type="checkbox"/> Other	

14. Crop/Type	15. Unit	18. Is the entire insured acreage and the entire insured share on this unit being transferred? <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Total Acres/Colonies	
16. Grid ID	17. Index Interval		22. Total Share	
19. Section Township Range or Other Land Identifier		20. FSA Farm / Tract / Field #	23. Total Premium	
			24. Total % of Indemnity to be Paid	
			25. Total % Retained for this Unit	
			26. Total % Transferred to this Transferee	

14. Crop/Type	15. Unit	18. Is the entire insured acreage and the entire insured share on this unit being transferred? <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Total Acres/Colonies	
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			26. Total % Transferred to this Transferee	

27. Terms and Conditions:

1) Acceptance by the Approved Insurance Provider of the above-described transfer shall transfer the insured's right to an indemnity to the above-named transferee subject to:

(a) Receipt by the Approved Insurance Provider of satisfactory evidence that said transfer occurred before the end of the insurance period ; i.e., (a) the date harvest was completed on the unit, (b) the calendar date for the end of the insurance period, or (c) the date the entire crop on the unit was destroyed, as determined by the Approved Insurance Provider .

(b) The terms of the above-identified insurance contract, including any outstanding assignment of indemnity made by the transferor prior to the date of transfer.

(c) All other terms and provisions set forth herein.

2) The Approved Insurance Provider shall not be liable for any more indemnity than existed before the transfer occurred.

3) The insurance policy of the transferor covers the share hereby transferred only to the end of the insurance period for the current crop year.

4) The "Transferee" and the "Transferor" shall be jointly and severally liable for any unpaid premium earned for the current crop year on the acreage and share transferred. The premium for the unit has been paid. Yes No Premium paid with transfer \$ _____
Premium on acreage transferred \$ _____ Premium on retained acreage \$ _____

I, the Transferee, understand that all billing statements and due process letters will only be issued to the Transferor. Any unpaid premium and/or administrative fees on the termination date of the policy will make both the transferee and the transferor ineligible for the crop insurance program. Check will be made payable jointly to insured and transferee(s). Check will be mailed to the transferor's (insured's) address (unless an assignment of indemnity is on file).



Transfer of Coverage and Right to an Indemnity

INSURED NAME	AGENCY NAME	CROP YEAR	POLICY NUMBER
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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, 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 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

Non-Discrimination Policy: The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases 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 bases 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 http://www.ascr.usda.gov/complaint_filing_cust.html, 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, Director, Office of Adjudication, 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, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

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).

28. Transferee's Printed Name		29. Transferee's Signature	30. Date
31. Transferor's (Insured's) Printed Name		32. Transferor's (Insured's) Signature	33. Date
34. Agent's Printed Name		35. Agent's Signature	36. Date
37. Agency Code	38. Agent Code	39. AIP Authorized Representative's Signature	

