

**MULTIPLE PERIL CROP INSURANCE  
OPTIONAL ENDORSEMENT**

**HIGH-RISK LAND EXCLUSION OPTION**

(This is a continuous endorsement - see item 5)

INSURED'S NAME	POLICY NUMBER	CROP YEAR
STREET or MAILING ADDRESS	CROP(S)	
CITY, STATE & ZIP CODE	COUNTY(IES)	
IDENTIFICATION NO. (SSN/TAX)		

Upon our approval of this Option, we agree to amend your Multiple Peril Crop Insurance Policy to exclude from crop insurance coverage all high-risk land for the identified crop(s) and county(ies) in which you have a share, subject to the following terms and conditions:

1. The Option must be submitted to us on or before the final date for accepting applications for the initial crop year in which you wish to exclude high-risk land.
2. In the event of a loss on any insured unit, you must provide separate production records showing planted acreage and harvested production for any acreage which is excluded from crop insurance coverage under this Option.
3. By signing this Option, you are declining crop insurance coverage under the general crop insurance policy and the crop endorsement on your high-risk land.
4. As used in this Option, "high-risk" land is any land to which a high-risk classification applies as classified by the actuarial document
5. This Option may be canceled by either you or us for any succeeding crop year by giving written notice or or before the cancellation date provided by the policy, preceding such crop year.
6. You must report, on the acreage report for each crop year, the acreage of the crop planted on high-risk land.
7. All other provisions of the policy not in conflict with this Option are applicable.

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. §§ 06 and 14; 7 U.S.C. § 1506; 31 U.S.C. §§ 3729 and 2730 and other federal statutes.

\_\_\_\_\_  
INSURED'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGENT'S SIGNATURE & CODE NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INSURANCE PROVIDER'S NAME AND ADDRESS

See reverse side of form for statement required by Privacy Act of 1974

## 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, AIP 's 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.

### NONDISCRIMINATION STATEMENT

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### 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).