



American Omni Crop, LLC
 1510 29th Ave S
 Moorhead, MN 56560

POWER OF ATTORNEY

Tel: (218) 284-5818
 Fax: (218) 284-5820

Applicant	Agency

The undersigned does hereby make, constitute, and appoint _____ of (address) _____

in the county of _____ and state of _____

Multiple Peril Crop Insurance Policy Number _____ insured with

(Insurance Provider's name _____ and address) _____

for the following crops _____

The undersigned gives and grants unto said attorney full authority and power to do and perform actions as initialed below, fully ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof.

- | | |
|---|--|
| <input type="checkbox"/> 1. Making application for insurance. | <input type="checkbox"/> 5. Making contract change. |
| <input type="checkbox"/> 2. Making crop acreage reports. | <input type="checkbox"/> 6. Making transfers and cancellations. |
| <input type="checkbox"/> 3. Giving notice of damage or loss. | <input type="checkbox"/> 7. Providing program-required production reports. |
| <input type="checkbox"/> 4. Making claim for indemnity. | <input type="checkbox"/> 8. Taking all actions related to crop insurance for the above-identified policy number. |

This Power of Attorney shall be filed at the office where the official file folder is maintained and shall remain in full force and effect until written notice of its revocation has been received by the office maintaining the official file folder (such revocation shall be placed in the official file folder).

This power of Attorney is signed and dated at _____ , _____
 (City) (State)

this _____ day of _____ , _____
 (Day) (Month) (Year)

 Witness' Printed Name

 Insured's Printed Name

 Witness' Signature

 Appointee's Signature

 Insured's Signature

I hereby accept the foregoing appointment:



American Omni Crop, LLC
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ACKNOWLEDGMENT

(For use by Notary Public)

(Use acknowledgment form required by the State where acknowledgment is taken)

Note: Power of attorney only has to be notarized in states which require it to be notarized.

Notary Seal and Signature of Notary:

State of: _____

County of: _____

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

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

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).