



RAINFALL/VEGETATIVE APPLICATION/ACREAGE FORM

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

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

Approved Insurance Provider	Insured Policy#:	Agency Agency Code:
American Omni Crop, LLC 1510 29th Ave S Moorhead, MN 56560	Name: _____ Address: _____ _____	Agency Name: _____ Agent Name: _____ Address: _____ _____

U/W: (218) 284-5818	Phone:	Phone:
B Fax: (218) 284-5820	Email:	Email:

Insured/Applicant Information	CONDITIONS OF ACCEPTANCE: This application is accepted and insurance attaches in accordance with the policy unless: (1) The Risk Management Agency determines that livestock insurance capacity limitations in accordance with the Federal Crop Insurance Act have been reached and this policy will exceed the limitations; (2) any material fact is omitted, concealed, or misrepresented in this application and endorsement or in the submission of this application; (3) you have failed to provide complete and accurate information required by this application; (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.																									
Authorized Rep:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">YES</td> <td style="width: 10%;">NO</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>I request Insurance coverage for my share of the Category B crops (except forage) specified below with a designated county in all added counties within the state/nation where the crops are insurable. - Identify primary county/crops with S or N (statewide or nationwide) in the 'Pri Cty' column. - Previous statement excludes Category C (Perennial) Crops.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Do you now have delinquent debt for crop insurance coverage under the Federal Crop Insurance Act?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>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?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>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 regulations, or for failure to pay your indebtedness?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Are you disqualified or debarred under the Federal Crop Insurance Act or the Regulations of the Federal Crop Insurance Corporation or the United States Department of Agriculture?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Do you currently have an agreement that is in effect 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?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Do you have like insurance on any of the crops listed on this application?</td> </tr> </table>		YES	NO		<input type="checkbox"/>	<input type="checkbox"/>	I request Insurance coverage for my share of the Category B crops (except forage) specified below with a designated county in all added counties within the state/nation where the crops are insurable. - Identify primary county/crops with S or N (statewide or nationwide) in the 'Pri Cty' column. - Previous statement excludes Category C (Perennial) Crops.	<input type="checkbox"/>	<input type="checkbox"/>	Do you now have delinquent debt for crop insurance coverage under the Federal Crop Insurance Act?	<input type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input type="checkbox"/>	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 regulations, or for failure to pay your indebtedness?	<input type="checkbox"/>	<input type="checkbox"/>	Are you disqualified or debarred under the Federal Crop Insurance Act or the Regulations of the Federal Crop Insurance Corporation or the United States Department of Agriculture?	<input type="checkbox"/>	<input type="checkbox"/>	Do you currently have an agreement that is in effect 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?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have like insurance on any of the crops listed on this application?
YES			NO																							
<input type="checkbox"/>			<input type="checkbox"/>	I request Insurance coverage for my share of the Category B crops (except forage) specified below with a designated county in all added counties within the state/nation where the crops are insurable. - Identify primary county/crops with S or N (statewide or nationwide) in the 'Pri Cty' column. - Previous statement excludes Category C (Perennial) Crops.																						
<input type="checkbox"/>			<input type="checkbox"/>	Do you now have delinquent debt for crop insurance coverage under the Federal Crop Insurance Act?																						
<input type="checkbox"/>			<input type="checkbox"/>	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?																						
<input type="checkbox"/>	<input type="checkbox"/>	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 regulations, or for failure to pay your indebtedness?																								
<input type="checkbox"/>	<input type="checkbox"/>	Are you disqualified or debarred under the Federal Crop Insurance Act or the Regulations of the Federal Crop Insurance Corporation or the United States Department of Agriculture?																								
<input type="checkbox"/>	<input type="checkbox"/>	Do you currently have an agreement that is in effect 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?																								
<input type="checkbox"/>	<input type="checkbox"/>	Do you have like insurance on any of the crops listed on this application?																								
Loss Payee:																										
Identification Number:																										
Type of Identification Number: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other																										
<input type="checkbox"/> Married <input type="checkbox"/> Not Married																										
Type of Entity:																										
Is this applicant at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No																										

Effective Crop Year	State	County	Crop	Type (does not apply to Apiculture)	Ins. Plan	Cov. Level	Productivity Factor	Intended Acres/Colonies
				<input type="checkbox"/> Hayland <input type="checkbox"/> Grazingland	<input type="checkbox"/> Rainfall <input type="checkbox"/> Vegetation			
				<input type="checkbox"/> Hayland <input type="checkbox"/> Grazingland	<input type="checkbox"/> Rainfall <input type="checkbox"/> Vegetation			
				<input type="checkbox"/> Hayland <input type="checkbox"/> Grazingland	<input type="checkbox"/> Rainfall <input type="checkbox"/> Vegetation			

For individual entities, if applicable, indicate spouse's name and SSN. For other insured entities, list all persons or entities with a substantial beneficial interest in you as defined in the applicable policy

Entity Type	Name	Address	Phone	Type of Identification No.	Identification #
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other	
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other	
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other	

TO BE COMPLETED IF CANCELING AND TRANSFERRING PREVIOUS POLICY WITH ANOTHER INSURANCE PROVIDER:

Yes, I Request Cancellation and Transfer of Experience of my previous policy with another insurance provider. I understand that if this form is not executed on or before the cancellation date for any year listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year. I hereby authorize and direct the ceding insurance provider shown to furnish any relative to my insurance policy to American Omni Crop. I understand that if coverage for any crop(s) is now terminated or would have been subsequently terminated for indebtedness had this transfer not occurred, no coverage can be provided by the assuming Insurance provider.

Previous AIP (if any): _____
 Previous Policy# (if any): _____

_____ (Approved Insurance Provider Authorization)
 _____ (Date)
 _____ (RO)



RAINFALL INDEX APPLICATION/ACREAGE FORM

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

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

County:	Crop:	\$ Amt of Prot/Ac:			Type:	Protection Factor:					
Grid ID	Point of Reference	Farm Service Agency Info			Insurable Acres/Col	Insured Acres/Col	Share	Interval	Exp Grid	Unit	Acres/Unit
								Jan - Feb Index			
								Feb - Mar Index			
								Mar - Apr Index			
								Apr - May Index			
								May - Jun Index			
								Jun - Jul Index			
								Jul - Aug Index			
								Aug - Sep Index			
								Sep - Oct Index			
								Oct - Nov Index			
								Nov - Dec Index			
								Jan - Feb Index			
								Feb - Mar Index			
								Mar - Apr Index			
								Apr - May Index			
								May - Jun Index			
								Jun - Jul Index			
								Jul - Aug Index			
								Aug - Sep Index			
								Sep - Oct Index			
								Oct - Nov Index			
								Nov - Dec Index			

You may select any index provided in the Special Provisions; however, the selected index intervals cannot contain any month in more than one index interval. For example: If you select April - May Index Interval (which includes the months of April and May), you cannot select any other interval that contains any of these same months, such as either the March - April Index Interval or May - June Index Interval, because each of these intervals contains one of the months included in the April - May Index Interval.

* If you cannot obtain a FSA farm serial number, FSA tract number, and FSA field number, you must provide supporting documentation from FSA, a legal description, and latitude and longitude of all the non-contiguous acreage insured.



RAINFALL INDEX APPLICATION/ACREAGE FORM

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

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

County:	Crop:	\$ Amt of Prot/Ac:			Type:	Protection Factor:					
Grid ID	Point of Reference	Farm Service Agency Info			Insurable Acres/Col	Insured Acres/Col	Share	Interval	Exp Grid	Unit	Acres/Unit
								Jan - Feb Index			
								Feb - Mar Index			
								Mar - Apr Index			
								Apr - May Index			
								May - Jun Index			
								Jun - Jul Index			
								Jul - Aug Index			
								Aug - Sep Index			
								Sep - Oct Index			
								Oct - Nov Index			
								Nov - Dec Index			
								Jan - Feb Index			
								Feb - Mar Index			
								Mar - Apr Index			
								Apr - May Index			
								May - Jun Index			
								Jun - Jul Index			
								Jul - Aug Index			
								Aug - Sep Index			
								Sep - Oct Index			
								Oct - Nov Index			
								Nov - Dec Index			

You may select any index provided in the Special Provisions; however, the selected index intervals cannot contain any month in more than one index interval. For example: If you select April - May Index Interval (which includes the months of April and May), you cannot select any other interval that contains any of these same months, such as either the March - April Index Interval or May - June Index Interval, because each of these intervals contains one of the months included in the April - May Index Interval.

* If you cannot obtain a FSA farm serial number, FSA tract number, and FSA field number, you must provide supporting documentation from FSA, a legal description, and latitude and longitude of all the non-contiguous acreage insured.



RAINFALL INDEX APPLICATION/ACREAGE FORM

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

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

County:		Crop:			\$ Amt of Prot/Ac:		Type:	Protection Factor:			
Grid ID	Point of Reference	Farm Service Agency Info			Insurable Acres/Col	Insured Acres/Col	Share	Interval	Exp Grid	Unit	Acres/Unit
								Jan - Feb Index			
								Feb - Mar Index			
								Mar - Apr Index			
								Apr - May Index			
								May - Jun Index			
								Jun - Jul Index			
								Jul - Aug Index			
								Aug - Sep Index			
								Sep - Oct Index			
								Oct - Nov Index			
								Nov - Dec Index			
								Jan - Feb Index			
								Feb - Mar Index			
								Mar - Apr Index			
								Apr - May Index			
								May - Jun Index			
								Jun - Jul Index			
								Jul - Aug Index			
								Aug - Sep Index			
								Sep - Oct Index			
								Oct - Nov Index			
								Nov - Dec Index			

You may select any index provided in the Special Provisions; however, the selected index intervals cannot contain any month in more than one index interval. For example: If you select April - May Index Interval (which includes the months of April and May), you cannot select any other interval that contains any of these same months, such as either the March - April Index Interval or May - June Index Interval, because each of these intervals contains one of the months included in the April - May Index Interval.

* If you cannot obtain a FSA farm serial number, FSA tract number, and FSA field number, you must provide supporting documentation from FSA, a legal description, and latitude and longitude of all the non-contiguous acreage insured.



RAINFALL INDEX APPLICATION/ACREAGE FORM

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

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

County:	Crop:	\$ Amt of Prot/Ac:			Type:	Protection Factor:					
Grid ID	Point of Reference	Farm Service Agency Info			Insurable Acres/Col	Insured Acres/Col	Share	Interval	Exp Grid	Unit	Acres/Unit
								Jan - Feb Index			
								Feb - Mar Index			
								Mar - Apr Index			
								Apr - May Index			
								May - Jun Index			
								Jun - Jul Index			
								Jul - Aug Index			
								Aug - Sep Index			
								Sep - Oct Index			
								Oct - Nov Index			
								Nov - Dec Index			
								Jan - Feb Index			
								Feb - Mar Index			
								Mar - Apr Index			
								Apr - May Index			
								May - Jun Index			
								Jun - Jul Index			
								Jul - Aug Index			
								Aug - Sep Index			
								Sep - Oct Index			
								Oct - Nov Index			
								Nov - Dec Index			

You may select any index provided in the Special Provisions; however, the selected index intervals cannot contain any month in more than one index interval. For example: If you select April - May Index Interval (which includes the months of April and May), you cannot select any other interval that contains any of these same months, such as either the March - April Index Interval or May - June Index Interval, because each of these intervals contains one of the months included in the April - May Index Interval.

* If you cannot obtain a FSA farm serial number, FSA tract number, and FSA field number, you must provide supporting documentation from FSA, a legal description, and latitude and longitude of all the non-contiguous acreage insured.



RAINFALL INDEX APPLICATION/ACREAGE FORM

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

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

YOU NEED TO UNDERSTAND THE FOLLOWING CONDITIONS OF ACCEPTANCE:

- 1) THE RAINFALL INDEX IS NOT A PLAN OF INSURANCE AGAINST INDIVIDUAL LOSS. THE TERMS AND CONDITIONS OF THIS PLAN ARE DIFFERENT FROM THOSE OF AN ACTUAL PRODUCTION HISTORY PLAN OF MULTIPLE PERIL CROP INSURANCE.
- 2) FINAL PAYMENT WILL BE MADE ACCORDING TO THE APPLICABLE CROP PROVISIONS. PREMIUM WILL BE DUE 30 DAYS AFTER THE BILLING DATE SPECIFIED IN THE ACTUARIAL DOCUMENTS.
- 3) THIS PLAN OF INSURANCE IS DESIGNED AS A RISK MANAGEMENT TOOL TO INSURE AGAINST A DECLINE IN AN INDEX FOR A DESIGNATED AREA CALLED A GRID, AND IT IS PRIMARILY INTENDED FOR USE BY THOSE PRODUCERS WHOSE CROP PRODUCTION AND PRECIPITATION TENDS TO FOLLOW THE AVERAGE INTERPOLATED PRECIPITATION PATTERNS FOR THE GRID. IT IS POSSIBLE FOR YOU TO HAVE LOW CROP PRODUCTION OR LOW PRECIPITATION ON THE ACREAGE THAT YOU INSURE AND STILL NOT RECEIVE A PAYMENT UNDER THIS PLAN. THIS PROGRAM IS BASED UPON GRID INDICES, NOT INDIVIDUAL FARM YIELD, OR PRECIPITATION TOTALS. THE ONLY INSURABLE CAUSE OF LOSS UNDER THIS POLICY IS HAVING A FINAL GRID INDEX LESS THAN YOUR TRIGGER GRID INDEX. BECAUSE THE PROGRAM IS DESIGNED FOR THE PRODUCERS WHOSE CROP PRODUCTION AND PRECIPITATION TENDS TO FOLLOW THE AVERAGE INTERPOLATED PRECIPITATION PATTERNS FOR THE GRID AND NOT INDIVIDUAL CROP PRODUCTION, YOU SHOULD REVIEW THE HISTORICAL INDICES, ADDITIONAL TOOLS, AND INFORMATION PROVIDED ON THE RMA WEB SITE TO DETERMINE IF THE PROGRAM IS SUITABLE FOR YOUR RISK MANAGEMENT NEEDS.
- 4) YOU SHOULD CONTINUE TO MAINTAIN ANY AND ALL OF YOUR PRODUCTION RECORDS IN THE EVENT YOU WISH TO PURCHASE AN ACTUAL PRODUCTION HISTORY PLAN AND MULTIPLE PERIL CROP INSURANCE IN THE FUTURE YEARS
- 5) I UNDERSTAND THAT IF COVERAGE OF 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 CROPS AND CROP YEARS SPECIFIED AND SHALL CONTINUE FOR EACH SUCCEEDING CROP YEAR, UNLESS OTHERWISE SPECIFIED IN THE POLICY, UNTIL CANCELED, TERMINATED OR VOIDED. THE INSURANCE CONTRACT, WHICH INCLUDES THE ACCEPTED APPLICATION, IS DEFINED IN THE REGULATION PUBLISHED AT 7 CFR CHAPTER IV. NO TERM 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.

I understand the terms of the Common Rainfall Index Policy Basic Provisions and applicable Crop Provisions. I am aware that I cannot obtain another plan of insurance in a county, if available, on crops insured under the RI plan of insurance with the exception of AGR and AGR Lite (if available), or in accordance with the applicable Crop Provisions or Special Provisions. I am aware of the additional tools provided by RMA on their Web site related to the RI plans of insurance to assist me in determining if the RI plan of insurance is suitable for my farming operation. I have read and fully understand this Rainfall Index Disclaimer.

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 §1 014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes). I certify that the information and answers on this application are correct to my knowledge and belief; that none of the reasons for rejection in items 1 through 4 of the 'Conditions of Acceptance' apply; and that I am aware of and understand the requirements of the Collection of Information and Data (Privacy Act), as well as all other provisions contained on this application (front and back). See reverse side of form for statement required by Privacy Act of 1974.

PRF I further certify that the point of reference used for each grid ID is identifying my insured acres covered under the RI Basic Provisions and the applicable Crop Provisions; and that the acreage assigned to each grid ID is accurate to the best of my knowledge.

API I further certify that the point of reference used for each grid ID is identifying the locations of my insured colonies covered under these Crop Provisions; That colonies assigned to each grid ID is accurate to the best of my knowledge; That the colonies qualify as apiculture; and the selected index intervals support the vegetation production necessary for the insured crop.

(Insured Signature)

(Date)

(Agent Signature)

(Date)

(Agency Code)



RAINFALL INDEX APPLICATION/ACREAGE FORM

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

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

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 avoidance 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).