



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

REQUEST FOR ACTUARIAL CHANGE

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

| Sensitive but Unclassified/Sensitive Security Information - Disseminate on a Need-to-Know Basis Only | | | | | | | | | | | | | | | | | |
|--|-------------|----------------------------------|----------------------|--------------------------------------|-----|-----------|-------------|---|---|---|----------------------|--|---------------|---|---|--|--|
| (Please Type or Print Legibly) | | Renewal <input type="checkbox"/> | | New Request <input type="checkbox"/> | | Crop Year | | | Insurance Plan | | | Coverage Level | | Request Type Code | | | |
| All applicable information below must be completed, along with attaching any required documentation before submitting to RMA/RO. | | | | | | | | | | | | | | | | | |
| Agency or Service Office Name and Address | | | | | | | | Approved Insurance Provider Name and Address | | | | | | | | | |
| Agent Code: | | | | Email Address: | | | | AIP Code: | | | | Email Address: | | | | | |
| Phone Number: | | | | | | | | Phone Number: | | | | | | | | | |
| 1. Producer Name and Address as shown on the application (where two or more Entities insure the same land, a request must be completed for each policy) | | | | | | | | 2. State: | | | County: | | | | | | |
| | | | | | | | | 3. Policy Number: | | | | | | | | | |
| | | | | | | | | 4. Identification No.: | | | | | | | | | |
| City: | | | State: | | | Zip Code: | | | 5. Producer is: <input type="checkbox"/> Landlord <input type="checkbox"/> Operator <input type="checkbox"/> Owner/Operator | | | | | | | | |
| 6. Provide the following information for the land on which the actuarial change is requested: | | | | | | | | | | | | | | | | | |
| Line No. | FSA FSN No. | FSA Tract No. | FSA CLU ID/ Field ID | Sec | TWP | RNG | Sub-section | Name of Crop | Whole Acres | Practice | Type, Class, Variety | Current Area No. | Insured Share | Name of Other Person(s) Sharing in Crop | | | |
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| 7. Actuarial change, which is requested (Be specific - identify classification area and provide reasons which support this actuarial change for qualifying insurance plan). If additional space is needed, attach a separate page to this form. | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 8. Land identified in Item 6: | | | | | | | | (a) Has been in crop production for _____ years | | | | (b) Has been operated for _____ years by the present operator | | | | | |
| (c) Comprises an entire unit? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | (d) Has the crop been planted? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | (e) Is a High Risk Land Exclusion Option in effect? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| If no, what other land is included in the unit (section, township, range, FSN(s)/Tract(s), common land unit and/or farm location)? | | | | | | | | 9. Any other pertinent information? (Thoroughly describe any land improvements such as drainage, levee elevation, pump capacities, etc. Attach a separate page if necessary) Where a, b, & c are applicable, show item 6 line number with required information. | | | | | | | | | |
| | | | | | | | | (a) Date land cleared or reclamation complete: _____ | | | | | | | (b) Water method and source if irrigated: _____ | | |
| | | | | | | | | (c) Dry Bean Variety: _____ | | | | | | | | | |
| Note: Initial written agreements requested to establish insurability after the Sales Closing Date may require a crop inspection, and the insured must sign no later than the earlier of the first appraisal date or the expiration date, if the crop has been planted. | | | | | | | | | | Note: A request is not considered timely received unless legible minimum documentation is included. | | | | | | | |



MINIMUM SUPPORTING DOCUMENTATION CHECKLIST

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REISSUANCES (Always Sales Closing Date Deadline)

- Completed, signed and dated Request for Actuarial Change (Required for all types). Separate forms and supporting documentation must be submitted by county.
- The current year's completed APH form or the current year's applicable production reports signed and dated by the producer (Required for Request Types XC, TD, SC, TC, RE, SM, UA, TP, NB, HR, & UC) (if applicable)
- Copy of the most recent/previous agreement (Required for all types)
- Producer's Pre-Acceptance Worksheet (applicable to perennial crops)

INITIAL REQUESTS: SEE THE WRITTEN AGREEMENT HANDBOOK FOR THE DEADLINES, MINIMUM SUPPORTING DOCUMENTATION AND DETAILED INFORMATION.

I have read and understand the following:

- (a) I will have the option to accept or reject any written agreement approved by the Federal Crop Insurance Corporation (FCIC) based on this request for actuarial change. I cannot pick and choose which terms of the written agreement to accept or reject.
- (b) I agree that I must accept the written agreement by the expiration date or the written agreement will be rejected.
- (c) I agree that if I submit multiple Request for Actuarial Change forms, regardless of when the forms are submitted, for the same condition or for the same crop (e.g. to insure corn on ten legal descriptions where there are no actuarial documents in the county or the request is to change the premium rates from the high-risk rates) they may be treated as one request by FCIC and I will have the option of accepting or rejecting the written agreement in its entirety. I cannot reject some terms and conditions of the written agreement and accept others.
- (d) If a crop inspection is required, I agree my written agreement will be rejected by FCIC, or some fields will not be insurable if: (1) the crop inspection of the planted acreage by the Approved Insurance Provider (AIP) determined the crop's potential is less than 90 percent of the yield used to determine the production guarantee or the amount of insurance.; (2) I fail to sign and accept the written agreement on the earlier of the first date of the appraisal or the expiration date; (3) the AIP has failed to comply with all applicable crop inspection procedures.
- (e) If this request is denied or is not accepted by FCIC or the AIP, the written agreement is not approved by FCIC, I reject the written agreement under paragraph (a) above, I do not accept the written agreement by the expiration date specified in the written agreement, or the written agreement is not timely returned to the Risk Management Agency and I am unable to establish that I complied with all deadlines, I agree that:
 - 1) If insurance is available in the county for the crop, I must accept the rate and coverage from the policy and actuarial documents, or
 - 2) If this request is to initially establish a rate and coverage not otherwise available in the county, no insurance will be provided.
- (f) I agree that regardless of the determinations described in subparagraph (e), I cannot cancel my policy after the cancellation date.
- (g) I agree that a written agreement is not effective until signed by FCIC.
- (h) I agree that I am bound by the preceding statements in any administrative review, mediation, or appeal related to this request for a written agreement.

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|---|------|--|------|--|------|
| 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). | | I have reviewed the above information and to the best of my knowledge and belief it represents accurate information. | | I recommend that the requested actuarial change be approved. | |
| Signature of Producer | Date | Signature of Agent | Date | Signature of Company Representative | Date |
| Print Producer's Name | | Print Agent's Name | | Print Company Representative's Name | |

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.