

Insurance Agent Professional Liability Insurance Crop Agent Supplemental Application

Notice: The policy for which this Application is made applies only to **CLAIMS** made against an **INSURED** and reported to the Insurer during the **POLICY PERIOD**. Submission of this Application does not guarantee coverage. No insurance will be construed as bound or in force as a result this Application. Changes to information contained in this Application may result in withdrawal or modification of any quotation offered by the Insurer. Please read and answer questions carefully.

Applicant Information

Applicant's Name:	
Applicant's Legal Name (DBA, if any):	

Crop Book of Business Information

1. Please provide the following information concerning the applicant's crop lines of insurance.

Line of Insurance	% of Crop Gross Written Premium	Applicant's Staff Average Years of Experience in Line of Insurance
Crop/Hail	%	
Multi-Peril Crop	%	
Livestock Risk Protection	%	
Dairy Revenue Protection	%	
Pasture, Rangeland, Forage	%	
Other (specify): _____	%	
Total Crop Insurance	%	

2. Please provide the following information concerning the applicant's types of crops insured.

Types of Crops Insured	% of Crop Gross Written Premium
Corn, Soybeans, Wheat	%
Grain Sorghum	%
Cannabis	%
Citrus, Avocados	%
Other (specify): _____	%
Total Crop Insurance	%

Risk Management Information

3. Are all acreage and annual production reports completed in accordance with approved procedures? (Crop Insurance Handbook, Crop Provisions, Special Provisions, etc.) ☐ Yes ☐ No
4. Does the Applicant advise their customers of critical dates including production reporting, sales closing, final planting, acreage reporting, premium due dates, and debit termination? ☐ Yes ☐ No
5. Are any changes in coverage, when applicable, communicated in writing to customer by the Applicant or the insurance company? ☐ Yes ☐ No

Historical Information

6. Has any customer of the Applicant been selected for review by an RMA Compliance Office and/or the Office of the Inspector General (OIG) within the last three years? ☐ Yes ☐ No
If yes, please provide separately:
a) The date, type of review completed, and the details of the review
b) Any monetary determinations that were made as a result of the review
c) Whether sanctions were imposed by the RMA
d) If any action of the Applicant contributed to any determined discrepancy
7. Has the Applicant and/or Agency been investigated under the fraud provisions of the Federal Crop Insurance Act or Program Fraud Civil Remedies Act? ☐ Yes ☐ No
If "Yes", please provide separately:
a) The date, type of investigation, and the details and outcome of the investigation
b) Any monetary determinations that were made as a result of the review
c) Whether sanctions were imposed

8. Have any acreage or annual production reports been submitted after the application deadline?
If "Yes", please identify the reason for the late submission and if reports were rejected.

☐ Yes ☐ No

Agreements

I agree and understand that the submission of this application to the Insurer, either by electronic means or as a physical document, constitutes an application for insurance. The person completing this application is either the person to be insured or is acting on behalf of the person(s) or entity(ies) to be insured, and affirmatively states that all representations contained in this application are true, complete and accurate and that there have been no omissions, suppressions or misstatements of facts. Although the electronic or written signature on this application does not bind coverage, I, as the Applicant or the person acting on behalf of the Applicant, agree that this application form and the representations will be the basis of any insurance contract or agreement which may be made. The Insurer is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary. In the event a policy is issued by the Insurer based on the representations contained in this application, and any or all of these representations are subsequently found to be false or that there are any omissions or any suppression or misstatement of facts, then any policy issued by Insurer relying upon such false or misstated fact will be considered void and to have never provided any coverage to any person or entity alleged to be an **INSURED** thereunder. The person completing this application agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, the undersigned will immediately notify the Insurer of such changes, and that the Insurer may withdraw or modify any outstanding quotation and/or authorization.

NOTICE TO ALL APPLICANTS (Not applicable in Indiana, Kentucky, Delaware and New Jersey):

By applying for this insurance, the applicant also is applying for membership in NAMIC PG, a purchasing group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et. Seq.). The insurer for the purchasing group may not be covered by an insurance insolvency guaranty fund or similar mechanism and the insurer of the group is not subject to all the insurance laws and regulations of this state. If the applicant purchases a policy based on this application, the applicant will become a member of the NAMIC PG. The applicant's membership in the NAMIC PG will terminate upon termination of coverage with the insurer.

FRAUD WARNING (Not applicable to Nebraska, Oregon, or Vermont applicants): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING (Applicable in Tennessee, Virginia, and Washington): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORDIA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO MINNESOTA APPLICANTS: THIS POLICY OR CONTRACT IS NOT PROTECTED BY THE MINNESOTA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION OR THE MINNESOTA INSURANCE GUARANTY ASSOCIATION. IN THE CASE OF INSOLVENCY, PAYMENT OF CLAIMS IS NOT GUARANTEED. ONLY THE ASSETS OF THIS INSURER WILL BE AVAILABLE TO PAY YOUR CLAIM.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO SOUTH CAROLINA APPLICANTS: This company has been approved by the director or his designee of the South Carolina Department of Insurance to write business in this state as an eligible surplus lines insurer but is not afforded guaranty fund protection.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO ILLINOIS APPLICANTS: A policy may not be rescinded, defeated, or avoided unless the misrepresentation is stated in policy, endorsement or rider attached thereto, or in the written application therefore, and was made with the actual intent to deceive, or materially affect either the acceptance of the risk or the hazard assumed by the company.

Applicant's Signature:	
Date:	
Printed Name:	
Title:	
Company:	