



Crop Insurance Division

MULTIPLE PERIL CROP INSURANCE POLICY CHANGE AND CANCELLATION FORM

Policy Number _____

Part I: INSURED'S INFORMATION				Part II: AGENT/AGENCY INFORMATION			
Name		Person Type		Name			
Authorized Representative		Identification Number		Code Number		Telephone Number	
Street or Mailing Address		Identification Number Type (Check One) <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN		Street or Mailing Address			
City	State	Zip Code	Telephone Number	City	State	Zip Code	

Part III: SBI INFORMATION (List all persons with a substantial beneficial interest in you as defined in the applicable policy provisions (include landlords or tenants insured under the applicant). If none, state NONE.)

Name	Address	Telephone Number	ID Number	ID No. Type (Check One)	Person Type
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	
				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	

"Add authority for designated person(s) to sign crop insurance documents on behalf of the insured." By checking this box, I am authorizing all individuals listed as an SBI to also have authority as stated in the sentence below.

"I grant the person(s) listed below the authority to sign any and all crop insurance documents on my behalf. I understand that by authorizing such persons to sign documents on my behalf I am legally bound by all terms and conditions of such documents and of the crop insurance contract. I also understand that granting the following person(s) the authority to sign on my behalf does not obligate that person(s) to the terms and conditions of my crop insurance contract.

I further understand that this authorization may be revoked by me at any time upon written notice, signed and delivered to my Approved Insurance Provider."

_____ "Remove authority for designated person(s) to sign crop insurance documents on behalf of the insured."

Print Authorized Representative Name(s)

Added County Election Yes No I request insurance coverage for my share of the Category B crops (except forage production) specified below with a designated county in all added counties where the crops are insurable. If your designated plan of insurance, level of coverage or price is not available in the added county, coverage will be provided through the Catastrophic Risk Protection Endorsement, if the crop is insurable in the actuarial documents for an added county.

Part IV: CHANGE INSURANCE *(A plan of insurance cannot be changed using a Policy Change Form)

Effective Crop Year	State	County	Des. County	Name of Crop	Type, Class, Etc.	Plan of Insurance *(for ID purposes only)	% of Price Election, Projected Price, or Amount of Insurance	Coverage Level	Options, Elections, or Endorsements (check box and list option)
			<input type="checkbox"/>						<input type="checkbox"/> Add <input type="checkbox"/> Exclude <input type="checkbox"/> Cancel
			<input type="checkbox"/>						<input type="checkbox"/> Add <input type="checkbox"/> Exclude <input type="checkbox"/> Cancel

