



Effective Crop Year: _____

Policy: _____

State: _____

County: _____

FMH Ag Risk Insurance Company
A *Farmers Mutual Hail Company*
6785 Westown Parkway | West Des Moines, Iowa 50266

Applicant/Insured Information			Agency Information	
Name of Applicant/Insured	Type of Identification Number <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input checked="" type="checkbox"/> Other	Identification Number	Agency Code	Agency Phone Number
In Care Of	Person Type (Entity Type)	State of Inc	Agency Name	
Street or Mailing Address	Phone Number	Cell Phone Number	Street or Mailing Address	
	Email Address			

List All Crop(s):

Lender or Creditor (herein "Lender") Information

Lender Name and Address

Lender Requests Return Copy

The undersigned Insured assigns to the Lender the right and interest of any indemnity payment(s) which may be payable to the insured under the insurance policy for the county / commodity(ies) shown.

Conditions

- 1) This assignment will be binding upon the person(s) who succeed the Insured's interest in the insurance policy.
- 2) Indemnity payments made under the insurance policy will be subject to a deduction for any indebtedness due this insurance provider by the Insured.
- 3) This assignment will not grant the Lender any greater rights than originally held by the Insured.
- 4) The Lender's interest will be recognized upon Approved Insurance Provider's approval of this assignment and the Lender will have the right to submit the loss notices and other forms as required by the Insurance Policy.
- 5) The Approved Insurance Provider will determine the person(s) entitled to any indemnity payment(s) and the payment(s) will be by joint check.
- 6) Cancellation of this assignment prior to and during the crop year stated above will be accepted by the Approved Insurance Provider only upon notification in writing by the above identified Lender(s).
- 7) If the assignment is not canceled according to item (6), the assignment will cease at the end of the effective crop year.

It is understood and agreed that this assignment will be subject to the terms and conditions of the insurance policy.

Printed Name of Insured _____ Printed Name of Lender _____

Signature of Insured/Authorized Representative _____ Date _____ Signature of Lender _____ Date _____

Printed Name of Witness _____ Printed Name of Witness _____

Witness Signature _____ Date _____ Witness Signature _____ Date _____

Filing This assignment was filed with the Approved Insurance Provider on _____ (Date, Year) at _____ AM (Hour) PM	Approval The insurance provider hereby approves the foregoing assignment _____ Company Name _____ Printed Representative Name _____ Signature of Approved Insurance Provider/Authorized Representative _____ Date _____
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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, AIPs 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.

NON-DISCRIMINATION STATEMENT

Non-Discrimination Statement

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To File a Program Complaint

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <https://www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or email at program.intake@usda.gov.

Persons with Disabilities

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email.