

Power of Attorney

MPCI, Livestock, Hail, Named Peril



Applicant's/Insured Information	Agency Information	Policy Number:							
Name: _____ Address: _____ City, State, Zip: _____	Crop Year: _____ State: _____ County: _____ Code: _____ Name: _____ Address: _____ City, State, Zip: _____	NAU Country Office							
The undersigned does hereby make, constitute and appoint	Crops: _____	Remarks							
Name of Appointee: Appointee's Address: City, State, Zip: In the County of _____ and State of _____	<p>COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT <small>Agents, Loss Adjusters and Policyholders</small> 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.</p> <p>NON-DISCRIMINATION POLICY STATEMENT In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). 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-3027usda-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, audiotope, 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.</p>								
The undersigned gives and grants unto said attorney full authority and power to do and perform actions as initialed below fully ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Print Witness Name</td> <td style="width:30%;">Witness Signature</td> <td style="width:10%;">Date</td> <td rowspan="2" style="width:30%; text-align: center;">Acknowledgement <small>(For use by Notary Public)</small> State of _____ County of _____</td> </tr> <tr> <td>Print Insured Name</td> <td>Insured Signature</td> <td>Date</td> </tr> </table>		Print Witness Name	Witness Signature	Date	Acknowledgement <small>(For use by Notary Public)</small> State of _____ County of _____	Print Insured Name	Insured Signature	Date
Print Witness Name	Witness Signature	Date	Acknowledgement <small>(For use by Notary Public)</small> State of _____ County of _____						
Print Insured Name	Insured Signature	Date							
1. _____ Making application for insurance. 2. _____ Making crop acreage reports (MPCI, NP, Hail)/or Making livestock marketing reports when the coverages on the policy are livestock coverages. (Livestock) 3. _____ Giving notice of damage or loss. 4. _____ Making claim for indemnity. 5. _____ Making policy change. 6. _____ Making transfers and cancellations. 7. _____ Providing program required production reports. 8. _____ Taking all actions related to the insurance coverage provided under the above identified policy and/or policy number.	<p>I hereby accept the foregoing appointment. Appointee Name: _____ Date _____ Appointee Signature: _____ In witness hereof, I hereunto set my hand and official seal. _____ Notary Seal _____ Notary Signature: _____</p>								
This Power of Attorney is signed and dated at _____, _____ City _____ this _____ day of _____, _____ State _____ Month _____ Year _____	<p>on this, the _____ day of _____, _____ before me a notary public, the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that executed the same for the purposes therein contained. (Use of acknowledgement if required by the State where acknowledgement is taken) Signatures of the insured and the appointee must be notarized when required by law. Witness signatures are not required if notarized, unless otherwise required by state law.</p>								
This Power of Attorney shall be filed at the office where the official insurance file is maintained and shall remain in full force and effect until written notice of its revocation has been received by the office maintaining the official insurance file folder (such revocation shall be placed in the official insurance file folder).									