



**Farmers Mutual Hail**  
Insurance Company of Iowa  
6785 Westown Parkway | West Des Moines, Iowa 50266

**LIMITED RESOURCE FARMER WAIVER  
REQUEST TO WAIVE ADMINISTRATIVE FEES  
FOR CATASTROPHIC AND/OR ADDITIONAL COVERAGE**

|   |        |   |  |
|---|--------|---|--|
| Insured's Name  |        | Policy Number:  |  |
| Insured's Street or Mailing Address:  |        |   |  |
| City:   | State: | Zip:  |  |
| County:   |        | Phone:  |  |
| Person Type:  |        |   |  |
| Identification Number:  |        | ID Number Type:<br><input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RMA Assigned Number |  |
| I _____ request that the administrative fee be waived for the _____ crop year.<br><div style="text-align: center;">(Insured's Name)</div> |        |   |  |

I certify that:

\_\_\_\_\_ I am a person with direct or indirect gross farm sales not more than \$172,800 (for FY2013) in each of the previous two years (to be increased starting in fiscal year 2004 to adjust for inflation using Prices Paid by Farmer Index as compiled by the National Agricultural Statistical Service (NASS)); and a total household income at or below the national poverty level for a family of four, or less than 50 percent of county median household income in each of the previous two years, to be determined annually using Commerce Department Data. [See [http://www.lrftool.sc.egov.usda.gov/LRP\\_Definition.aspx](http://www.lrftool.sc.egov.usda.gov/LRP_Definition.aspx) for the actual dollar amount adjusted for inflation. The Limited Resource Self Determination Tool may be used to determine if an insured qualifies as a limited resource farmer]; or

\_\_\_\_\_ I was insured prior to the 2005 crop year, or was insured for the 2005 crop year on a crop with a contract change date prior to August 31, 2004, and administrative fees were waived for one or more of those crop years because I qualified as a limited resource farmer under the limited resource farmer definition in effect at the time, and that I remain qualified as a limited resource farmer under the definition that was in effect at the time the administrative fee was waived.

If requested, I agree to provide records of income and acreage needed to document my qualification as a limited resource farmer.

|  |      |
|--|------|
| 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 voidance 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). |      |
| Insured's Signature  | Date |
| Insured's Printed Name   |      |

|  |            |
|--|------------|
| <b>HOME OFFICE USE ONLY</b>                      |            |
| Request Approved by: _____<br>FMH Representative | Date _____ |
| FMH Representative's Printed Name: _____         |            |

Limited Resource Self Determination tool: [http://www.lrftool.sc.egov.usda.gov/LRP\\_Definition.aspx](http://www.lrftool.sc.egov.usda.gov/LRP_Definition.aspx)

**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**

**Non-Discrimination Policy**

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.)

**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 [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

**Persons with Disabilities**

Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

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. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).