



For the 2018 reinsurance year, beginning July 1, 2017 and ended June 30, 2018.

This certification is required for all individuals (including subagents) who receive compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit) for the sale of policies or plans of insurance reinsured by FCIC.

Immediate Family - An individual's father, mother, stepfather, stepmother, brother, sister, stepbrother, stepsister, son, daughter, stepson, stepdaughter, grandparent, grandson, granddaughter, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, the spouse of the foregoing, and the individual's spouse.

Please certify to the following as it applies to you:

- I **did not** receive compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit), for the sale or service of policies or plans of insurance reinsured by FCIC for which I or an immediate family member (as defined) have a substantial beneficial interest.
- I **did** receive compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit), for the sale or service of policies or plans of insurance reinsured by FCIC for which I or an immediate family member (as defined) have a substantial beneficial interest.

If you did receive compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit), for the sale or service of policies or plans of insurance reinsured by FCIC for which you or your immediate family member have a substantially beneficial interest, **please certify to the following as it applies to you:**

- The total amount of compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit), for the sale or service of policies or plans of insurance reinsured by FCIC for which I or an immediate family member (as defined) have a substantial beneficial interest, **does not** exceed 30 percent of the total compensation I have received for the sale or service of all FCIC policies or plans of insurance nor exceeds any applicable State specific limitation.
- The total amount of compensation (including any salary, commission, profit sharing, bonus, or any other direct or indirect benefit), for the sale or service of policies or plans of insurance reinsured by FCIC for which I or an immediate family member (as defined) have a substantial beneficial interest, **does** exceed 30 percent of the total compensation I have received for the sale or service of all FCIC policies or plans of insurance or exceeds any applicable State specific limitation.

I acknowledge that failure to timely provide the required certification, certification that I am not in compliance with the requirements of this paragraph, or certification I am in compliance when I am not may result in disqualification and civil fines under section 515(h) of the Federal Crop Insurance Act.

Printed Name: _____ Title: _____ SSN or EIN: _____

Signature: _____ Date: _____

**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

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-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.