

## CROP AGENT SUPPLEMENTAL APPLICATION

### I. INSTRUCTIONS

1. **Complete in addition to the Richmond National Insurance Agents and Brokers Liability Application.**
2. All application questions must be fully answered. If more space is needed, continue on a separate sheet and indicate the question number.
3. If a question does not apply, write "N/A".

### II. PROFESSIONAL SERVICES

Applicant Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

1. Please list all agency staff who handle crop accounts and their experience:

NAME	ANNUAL TRAINING?	YEARS OF CROP EXPERIENCE	POSITION IN AGENCY
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR

2. Please list below the premium volume and number of accounts for each type of crop insurance indicated below:

	PREMIUM VOLUME	NUMBER OF ACCOUNTS
<b>CROP HAIL</b>		
<b>MULTI PERIL</b>		
<b>NAMED PERIL</b>		

3. Please list your top 3 crop insurance carriers and answer the questions below:

CARRIER	DIRECT ACCESS?	PREMIUM VOLUME	YEARS REPRESENTED
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

4. Does your agency have binding authority for each of the following:

- a. MPCl  Yes  No
- b. Crop Hail  Yes  No

c. Named Peril  Yes  No

5. Does your agency allow insureds to sign blank applications/ acreage reports?  Yes  No
6. Does your agency provide the policy holder with a copy of the signed application at the sales closing date?  Yes  No
7. Does your agency have a written and audited procedure to deliver the issued policy and schedule of insurance to the insured?  Yes  No
8. Does your agency maintain copies of the Actual Production History (APH) for all crop clients?  Yes  No
9. What percentage of your crop book is based on map-based acreage reporting?  Yes  No
10. Does your agency write crop business on a part-time basis?  
If yes, please explain: \_\_\_\_\_
11. Is your agency an MGA for the Federal Crop Program?  Yes  No
12. Does the agency place business through a broker or servicing agency?  
If yes, do you obtain a certificate of their E&O insurance annually?  Yes  No

BROKER OR SERVICING AGENCY	PREMIUM VOLUME	YEARS OF CROP INS EXPERIENCE

13. Does your agency act as a servicing agency for another crop agency?  
If yes, submit a copy of your contract.  Yes  No
14. How many years of experience do your crop producers have in verifying RMA FCI-33 Maps for High-Risk Land, Unrated Land, and T-Yield, etc. map areas? \_\_\_\_\_  N/A
15. Does your agency write crop business that is located on RMA FCI-33 map areas?  
If yes, please describe your experience, procedures, etc: \_\_\_\_\_

**III. FRAUD WARNINGS**

**General Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable Notice to Applicants in:**

<b>Alabama</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
<b>Alaska</b>	Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
<b>Arizona</b>	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
<b>Arkansas</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>California</b>	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

<b>Colorado</b>	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
<b>Delaware</b>	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
<b>District of Columbia:</b>	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<b>Florida</b>	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
<b>Idaho</b>	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
<b>Indiana</b>	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
<b>Kentucky</b>	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
<b>Louisiana</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Maine</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
<b>Maryland</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Minnesota</b>	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
<b>New Hampshire</b>	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
<b>New Jersey</b>	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
<b>New York</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
<b>Ohio</b>	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<b>Oklahoma</b>	Warning: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
<b>Oregon</b>	Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
<b>Pennsylvania</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

<b>Rhode Island</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Tennessee</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>Texas</b>	Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
<b>Virginia</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>Washington</b>	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
<b>West Virginia</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**THIS CROP AGENT SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE RICHMOND NATIONAL INSURANCE AGENTS AND BROKERS LIABILITY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.**

<b>Name of Applicant:</b>		
<b>Signature of person authorized to execute on behalf of the Applicant:</b>		<b>Date:</b>
<b>Print name and title of person authorized on behalf of the Applicant:</b>		
<b>Agent/Broker Name:</b>	_____	