

**ASSIGNMENT OF INDEMNITY**

_____ <b>Insured's Name</b>  _____ <b>Insured's Authorized Representative</b>  _____ <b>Street or Mailing Address</b>  _____ <b>City State Zip Code</b>	<b>Insurance Provider's Name &amp; Address:</b>   	<b>Policy Number:</b>  
		<b>Effective Crop Year:</b>  
		<b>Insured Crop(s):</b>  

The undersigned \_\_\_\_\_ (herein referred to as the "Insured")

assigns to \_\_\_\_\_  
(Name of Lender or Creditor)

of \_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_ (herein referred to as the "Lender")  
(City, State and Zip Code)

the right and interest of any indemnity payment(s) which may be payable to the insured under the insurance policy for the crop(s) shown above.

**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 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 Policy.
5. The Insurance Provider will determine the person(s) entitled to any indemnity payment(s) and the payment(s) will be by joint check. When the Farmer's Home Administration (FmHA) is the Lender, indemnity payment(s) will be sent to the designated FmHA office.
6. Cancellation of this assignment prior to the crop year stated above will be accepted by the Insurance Provider only upon notification in writing by the above identified Lender.

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

\_\_\_\_\_  
Insured's Signature Date

\_\_\_\_\_  
Lender's Signature Date

\_\_\_\_\_  
Witness' Signature Date

\_\_\_\_\_  
Witness' Signature Date

The Insurance Provider hereby approves the foregoing assignment.

\_\_\_\_\_  
Insurance Provider Representative's Signature Date

This assignment was filed with the Insurance Provider on _____ at _____ a.m. (Month, Day, Year) p.m.	
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## **COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)**

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act, (7 U.S.C. 1501 et seq.) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Federal Crop Insurance Act (7 U.S.C. 1506), and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

The balance of the information requested is necessary for the insurance company and FCIC to process this form to: provide insurance; provide reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The information furnished on this form will be used by Federal agencies, FCIC employees, insurance companies, and contractors who require such information in the performance of their duties. The information may be furnished to: FCIC contract agencies, employees and loss adjusters; reinsured companies; other agencies within the United States Department of Agriculture; The Department of Treasury including the Internal Revenue Service; the Department of Justice, or other Federal or State law enforcement agencies; credit reporting agencies and collection agencies; other Federal agencies as requested in computer matching programs; and in response to judicial orders in the course of litigation. The information may also be furnished to congressional representatives and senators making inquiries on your behalf. Furnishing the information required by this form is voluntary; however, failure to report the correct and complete information requested may result in rejection of this form; rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; and a unilateral determination of any monetary amounts due.

## **NONDISCRIMINATION STATEMENT**

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.