

# Power of Attorney

## Multiple Peril Crop Insurance, Named Peril & Crop Hail

<b>Applicant's/Insured Information</b>	<b>Agency Information</b>	<b>Policy Number:</b>
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 _____ the true and lawful attorney, for and in the name, place and stead of the undersigned in connection with Insurance Policy and/or Policy number	<b>COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT</b> - 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.	
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:  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.	<b>NONDISCRIMINATION STATEMENT</b>  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 <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a> , or 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 <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a> .  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).	
This Power of Attorney is signed and dated at _____, _____ City, _____ State this _____ day of _____, _____ Year.	Print Witness Name	Witness Signature Signature: _____
This Power of Attorney shall be filed at the office where the official insurance file is maintained and shall remain in full force 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).	Print Insured Name	Insured Signature Signature: _____
	Print Appointee Name	Appointee Signature Signature: _____
	<b>In witness hereof, I hereunto set my hand and official seal.</b>	
	Notary Seal and Signature of Notary  Signature: _____	<b>Acknowledgement</b> (For use by Notary Public)  State of _____ County of _____  on this day _____ of _____, before me a notary public, the undersigned officer, personally appeared _____ (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.  <b>(Use of acknowledgement if required by the State where acknowledgement is taken)</b> Signatures of the insured and the appointee must be notarized when required by law. Witness signatures are not required if notarized.