



Producers Ag Insurance Group™, Inc.,  
2025 South Hughes, Suite 200, Amarillo, TX 79109

# ASSIGNMENT OF INDEMNITY

Date \_\_\_\_\_

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INSURED'S NAME:			AGENCY:		AGENCY CODE:		EFFECTIVE CROP YEAR / POLICY NUMBER:	
STREET AND/OR MAILING ADDRESS:			ADDRESS:				STATE / COUNTY:	
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:	CROP(S):		
PHONE:			PHONE:				PLAN OF INSURANCE / COVERAGE / % OF PRICE:	
IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER TYPE:	PERSON TYPE:	INSURED'S AUTHORIZED REPRESENTATIVE:					

The Insured

assigns to \_\_\_\_\_ of \_\_\_\_\_  
(Name of Creditor) (Mailing Address)  
 \_\_\_\_\_  
(City, State, Zip)

the right and interest of any indemnity payment(s) which may be payable to the insured under the insurance policy for the county/commodity(ies) shown.

### 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 Approved Insurance Provider by the Insured.
3. This assignment will not grant the Creditor any greater rights than originally held by the Insured.
4. The Creditor's interest will be recognized upon Approved Insurance Provider's approval of this assignment and the Creditor will have the right to submit the loss notices and other forms as required by the insurance policy.
5. The Approved Insurance Provider will determine the person(s) entitled to an indemnity payment(s) and the payment(s) will be by joint check.
6. Cancellation of this assignment prior to and during the crop year stated above will be accepted by the Approved Insurance Provider only once notification in writing by the above identified Creditor(s). It is understood and agreed that this assignment will be subject to the terms and conditions of the insurance policy.
7. If the assignment is not canceled according to item (6), the assignment will cease at the end of the effective crop year.



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Policy Number: \_\_\_\_\_ Effective Crop Year: \_\_\_\_\_ Date \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

## 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 US. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases 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 bases 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/ad-3027-usda-program-discriminataion-compliant-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, 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, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

## PRODUCERS AG INSURANCE GROUP PRIVACY NOTICE

The Producers Ag Insurance Group (ProAg Group) is committed to respecting the individual privacy of our policyholders and their significant beneficial interest owners (Customers). We collect nonpublic personal information about Customers from information we receive from them such as information provided on applications or other forms, which may include name, address and social security numbers and from third parties such as a consumer reporting agency. To serve our customers and to service our business our employees have access to Customers personal information in the course of doing their jobs and we may share or disclose non-public personal information about the Customers to affiliates within the ProAg Group or with non affiliated third parties with whom we have a contractual relationship such as agencies within the united States Department of Agriculture, with your insurance agent and other insurance companies or with banks where a written permission to transfer such information has been granted by the policyholder. We may also share non-public personal information with affiliates and with non-affiliated third parties as permitted by law. The ProAg Group will not sell or share your personal information with anyone for purposes unrelated to our business functions with out our offering to the Customer the opportunity to "opt-out" or to "opt-in" as required by law.

_____	_____	_____	_____	_____	_____	_____
Insured's Printed Name	Insured's Signature	Date	Creditor's Authorized Representative's Printed Name	Creditor's Authorized Representative's Signature	Date	Creditor's Authorized Representative's Telephone Number
_____	_____	_____	_____	_____	_____	_____
Witness' Printed Name	Witness' Signature	Date	Witness' Printed Name	Witness' Signature	Date	

The Approved Insurance Provider hereby approves the foregoing assignment.

_____	_____	_____	This assignment was filed with the Approved Insurance Provider on _____ at _____ AM/PM (Month, Day, Year) (Hour)
Approved Insurance Provider's Authorized Representative's Printed Name	Approved Insurance Provider's Authorized Representative's Signature	Date	