

Insured Information	Agent / Agency Information	Effective for this Crop Year and succeeding Crop Years	
SCHURING FARMS INC. 507 SOUTH 2ND STREET ANDOVER, SD 57422-2200 Phone (605) 298-5238 Person Type CORPORATION - SD EIN XX-XXX6932 Spouse's Name _____ Spouse's Identification Number & Type _____	WELLS FARGO INS INC GROTON BANK THOMAS NEAL CRANK 120 N MAIN ST - N9604 020 PO BOX 228 GROTON, SD 57445 Phone (605) 397-2301 Agency Code 40-2944 14	2014	
		Policy Number	
		SD-951-000171	
		State Code / Name	
		SD	SOUTH DAKOTA
		County Code / Name	
037	DAY		

Reminder for Reporting SBI List all persons or entities with a 10% or greater substantial beneficial interest (SBI) in you as defined in the applicable policy provisions (include landlords or tenants insured under the applicant). To see all SBI's for this policy see the SSN/EIN form (MP-1040).

Crop(s) - Plan Options, Elections or Endorsements	Designated County / Crop	Type / Practice	Level	% of Price	Status / Action	FPD	ARD	EOI	Term Date	Cancel Date
CORN - RP ENTERPRISE UNITS YIELD ADJUSTMENT 60% TREND ADJUSTMENT	<input checked="" type="checkbox"/>	*	75	100	ACTIVE	*	*	*	*	*
FORGE - APH YIELD ADJUSTMENT 60%	<input type="checkbox"/>		50	55	ACTIVE		11-15	10-15	09-30	09-30
SBEAN - RP ENTERPRISE UNITS YIELD ADJUSTMENT 60% TREND ADJUSTMENT	<input checked="" type="checkbox"/>		75	100	ACTIVE	06-10	07-15	12-10	03-15	03-17

Retain this copy for your records, it is part of your Policy Provisions. For current crop year price information, contact your agent.

Check this box to make changes.

◆ Place a line through old information, print changes and reason for changes (in ink), and sign below. ◆ Changes must be made in accordance with policy provisions.

I request insurance coverage for my share of the Category B crops (except forage production) specified above with a designated county in all added counties where the crops are insurable. If your designated plan of insurance, level of coverage, or price is not available in the added county, coverage will be provided through the Catastrophic Risk Protection Endorsement, if the crop is insurable in the actuarial documents for an added county.

YES NO Place an "X" in the Designated County/Crop column next to the county/crop you are designating as primary.

Other changes / Remarks: _____

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to voidance of the policy, and in criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes). See attached form for statements required by Privacy Act of 1974.

Insured's Printed Name	Insured's Signature	Date
Agent's Printed Name	Agent's Signature	Code Number 40-2944 14 Date



MPCI Policy Declaration Review/Change Form

Insured Information		Agent / Agency Information				Effective for Crop Year	Policy Number			
SCHURING FARMS INC.		WELLS FARGO INS INC GROTON BANK				2014	SD-951-000171			
Crop(s) - Plan Options , Elections or Endorsements	Designated County / Crop	Type / Practice	Level	% of Price	Status / Action	FPD	ARD	EOI	Term Date	Cancel Date
WHEAT - RP ENTERPRISE UNITS YIELD ADJUSTMENT 60% TREND ADJUSTMENT	☒		75	100	ACTIVE	05-15	07-15	10-31	03-15	03-17

Final Planting Date (FPD) - The last calendar date for planting in a county on which the company accepts full liability for acreage of the insured crop. Crop acreage planted *after* this date may be insurable, but at a reduced liability. Please contact your agent for further details.

Acreage Reporting Date (ARD) - The date by which you *must* submit an acreage report.

End of the Insurance Period (EOI)- The last date during which the liability for loss due to insured cause(s) is assumed according to the policy.

Termination for Indebtedness (Term Date) - The date on which your policy will be cancelled for non-payment of premium. Termination for unpaid premium will also make you ineligible for multiple peril crop insurance from another insurance carrier of the Federal Crop Insurance Corporation.

Cancellation Date (Cancel Date) - The calendar date on which *all* uncanceled policies will automatically renew.

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Insured's Printed Name	Insured's Signature	Date
Agent's Printed Name	Agent's Signature	Code Number 40-2944 14
		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.

NONDISCRIMINATION STATEMENT

Non-Discrimination Policy: The U.S. 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/complaint_filing_cust.html, 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, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at 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, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

Insured's Signature _____

Date _____