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(2) the producer withdrew his application for disaster payments with prejudice or it was rejected by Commodity Credit Corporation;

(b) Cancellation requests must be received in writing no later than three weeks after the date:

(1) the disaster payment check is issued; or

(2) the producer is notified that an application for disaster payment has been rejected; or

(3) the producer withdraws from the disaster payment program.

(c) Carryover policies are not available for mutual consent cancellation. Crop insurance applications dated before the disaster cancellation date (available in the insureds' service office) are not eligible for mutual consent cancellations.

[57 FR 56438, Nov. 30, 1992, as amended at 58 FR 67304, Dec. 21, 1993]

§ 400.29 OMB control numbers.

Office of Management and Budget control numbers (OMB) are contained in subpart H to part 400 in title 7 CFR.

§§ 400.30—400.36 [Reserved]

Subpart D—Application for Crop Insurance; Regulations for the 1993 and Succeeding Crop Years

AUTHORITY: Secs. 506, 507, Pub. L. 75–430, 52 Stat. 72, as amended (7 U.S.C. 1506, 1516).

§ 400.37 Applicability.

The Crop Insurance application contained herein shall be applicable to all crop insurance regulations issued by the Corporation (7 CFR part 400 *et seq.*), effective with the 1983 and succeeding crop years.

[48 FR 1023, Jan. 10, 1983]

§ 400.38 The crop insurance application.

United States Department of Agriculture

Federal Crop Insurance Corporation

Crop Insurance Application

Continuous Contract

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1. Name of Applicant

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2. Applicant's Authorized Representative

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3. Street or Mailing Address

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4. City and State

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5. ZIP Code
[ ][ ] – [ ][ ][ ] – [ ][ ][ ][ ][ ]
6. State County
[ ][ ][ ][ ][ ]
7. Contract Number

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8. County

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9. State

[ ][ ][ ][ ][ ][ ][ ]
10. Identification Number
[ ][ ][ ][ ][ ]
11. SSN TAX

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12. Type of Entity
13. Is Applicant Over 18: Yes_____ No_____

If No, Date of Birth

A. The applicant subject to the provisions of the regulations of the Federal Crop Insurance Corporation (herein called ''Corporation''), hereby applies to the Corporation for insurance on the applicant's share in the crop(s) shown below planted or grown, whichever is applicable, on insurable acreage as shown on the county actuarial table for the above-stated county. The applicant elects from the actuarial table the coverage level and, where applicable, a price election, amount of insurance or plan of insurance. The premium rate and applicable production guarantee or amount of insurance per acre shall be those shown on the applicable county actuarial table filed in the service office for each crop year.

14. Effective crop year	15. Crop	16. Type, class, plan of ins.	17. Price election or amount of ins.	18. Level election	19 (A)	For agency use only 20. (P)	21.
					[ ]		
					[ ]		
					[ ]		
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N S I O T—F U R
23. Crop(s) NOT insured the first year:

B. This application is hereby accepted by the Corporation except that the Corporation may reject the application on the basis that (1) the Corporation has determined that the risk is excessive under the provisions of the individual crop insurance regulations; (2) any material fact is concealed or misrepresented or fraud occurs in the application; or submission of the application; (3) the applicant is indebted to any United States Government Agency and that indebtedness is delinquent; (4) the applicant is indebted for crop insurance coverage provided by any company reinsured by the Corporation and that indebtedness is delinquent; (5) the applicant previously had crop insurance terminated for violation of the terms of the contract or the regulations, or for failure to pay the applicant's indebtedness; (6) the applicant is debarred by any United States Government Agency; or (7) the applicant has failed to provide complete and accurate information to material requests this application.

Rejection shall be accomplished by depositing notification thereof in the United States mail, postage paid to the above address. Unless rejected as provided above, or the time for filing applications has passed at the time this application is filed, the contract shall be in effect for the crops and crop years specified and shall continue for each succeeding crop year until cancelled or terminated as provided in the contract. This accepted application, the insurance policy(ies), the applicable appendix(es), and the provisions of the county actuarial table showing the insurable and uninsurable acreage coverage levels, premium rates, and where applicable, the production guarantees, amounts of insurance, or plans of insurance shall constitute the contract. No term or condition of the contract shall be waived or changed except in writing by the Corporation.

24. [ ] Applicant does not have like insurance on any of the above crops.
25. [ ] Previous Carrier:

26. [ ] Policy Number:

27. [ ] Applicant's Signature

28. [ ] Date
[ ][ ][ ][ ][ ][ ][ ]
29. Code No.

30. Witness to Signature

31. Location of Farm Headquarters

32. Address of Your Service Office
Phone: _____
Phone: _____

I am aware and agree to comply with all requirements regarding the conservation provisions of the Food Security Act of 1985 (the Act) Sodbuster/Swampbuster provisions. I understand that I must be in compliance with the Act including reporting requirements to the applicable ASCS office for a crop insurance indemnity to be paid. I also understand that if I have not met these requirements, or if ASCS determines that I am out of compliance, an indemnity payment will not be made on this policy. Any graduated sanctions imposed by any agency under the Act must be paid in full prior to receipt of any of any indemnity paid.

Signature of Insured _____
Date _____
Agent's Initials _____

See Reverse Side of Form for Statement Required by Privacy Act of 1974.

33. Page ____ of ____ pages

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552(a)):

The authority for requesting the information to be supplied on this form is the Federal Crop Insurance Act, as amended (7 U.S.C. 1501 *et seq.*), and the regulations promulgated thereunder (7 CFR part 400 *et seq.*). The information requested is necessary for FCIC to consider and process the application for insurance; to assist in determining the correct premium and indemnity; and to determine the correct parties to the insurance contract. The information may be furnished to FCIC contract agencies and contract loss adjusters, reinsured companies, other U.S. Department of Agriculture Agencies, the Internal Revenue Service, the Department of Justice or other State and Federal law enforcement agencies, and in response to orders of a court, magistrate, or administrative tribunal. Furnishing the social security number is voluntary and no adverse action will result from failure to do so. Furnishing the information other than the social security number, is also voluntary; however, failure to furnish the correct, complete information requested may result in rejection of the application and/or subsequent denial of any claim for indemnity which may be failed. The failure to supply correct, complete information may also invalidate the automatic acceptance provisions of Section B hereof and may substantially delay acceptance of the application and processing of any claim for indemnity.

[49 FR 6317, Feb. 21, 1984, as amended at 58 FR 17943, Apr. 7, 1993]