



Livestock Insurance Serviced by:  RAIN AND HAIL L.L.C.  
 RAIN AND HAIL INSURANCE SERVICE, L.L.C.

Policy Number: \_\_\_\_\_

**SOCIAL SECURITY NUMBER (SSN) AND EMPLOYER IDENTIFICATION NUMBER (EIN) REPORTING FORM  
 LIVESTOCK INSURANCE SUBSTANTIAL BENEFICIAL INTEREST  
 (FOR LIVESTOCK RISK PROTECTION AND/OR LIVESTOCK GROSS MARGIN)**

\_\_\_\_\_ AND SUCCEEDING CROP YEARS

<b>APPLICANT/INSURED</b>			<b>INSURANCE AGENCY</b>		
Applicant/Insured's Name:		Phone:	Insurance Agency's Name:		Agency's Code:
Spouse's Name:	Spouse's SSN:	Spouse's Share %:	Insurance Agent's Name:		Agent's Code:
Street or Mailing Address:			Street or Mailing Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other:		Type of Entity:			

List all persons and/or entities with 10 percent or more interest in the insurance entity identified above as the Applicant/Insured. If none, state NONE.

NAME (Print or Type)	COMPLETE ADDRESS (St., R.R., P.O. Box, Zip, etc.)	SSN/EIN (Check One & Enter No.)	TELEPHONE NUMBER	ENTITY TYPE	SHARE
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other			
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other			
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other			
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other			
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other			
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other			
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other			
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other			

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).

Applicant/Insured's Signature:	Date:
Licensed Agent's Signature:	Date:

## **NONDISCRIMINATION STATEMENT**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

## **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.