

P&C Agents Professional Liability Supplemental Application for Producers Placing Crop Insurance



Return Applications To:

Rockwood Programs, Inc.

4001 Miller Road, Wilmington, DE 19802-1999
 Tel: (877) 242-2487 Fax: (302) 762-4200
 www.rockwoodinsurance.com

This supplemental form is to be completed by those applicants placing specializing in the placement of crop insurance. Please be sure to answer **all** questions. Failure to do so may delay processing or result in the submission's declination.

1. Applicant's Name _____
 Address _____
 City _____ State _____ Zip Code _____

2. Show Applicant's five largest crop lines carrier relationships:

Carrier(s) Used	Annual Premium
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

3. Does the applicant complete all applications for crop insurance in compliance with 7 CFR Part IV? Yes No
4. Does the applicant provide acreage and annual production report in compliance with 7 CFR Part IV? Yes No
5. Does the applicant maintain a dairy system to remind their insureds of the following critical dates:
- a. Sales closing? Yes No
 - b. Final planting? Yes No
 - c. Acreage reporting? Yes No
 - d. Date to file notice of crop damage? Yes No
 - e. Production reporting? Yes No
 - f. Debt termination? Yes No
6. Is acreage data verified with the FSA office?..... Yes No
7. Has the applicant had any claims under the fraud provisions of the Federal Crop Insurance Act or Program Fraud Civil Remedies Act?..... Yes No

Typed or Printed Name _____ Title _____

Signature _____ Date _____