



**Instructions:** ?Complete the supplement as it relates to the placement of crop insurance only;  
?If the space allotted is not adequate, provide details as a separate attachment;  
?Complete, sign and date the supplement in ink.

**Crop Supplement**

- Applicant Name: \_\_\_\_\_
- Date started placing Crop insurance: \_\_\_\_\_  
(MM/YYYY)
- Does Applicant derive income from a source other than as an insurance agent? . . . . . Yes  No   
If yes, what is nature of activity? \_\_\_\_\_  
If yes, what % of income? \_\_\_\_\_ %
- Has Applicant been a Master General Agent or acted in a similar capacity? . . . . . Yes  No   
If yes, what time period? From: \_\_\_\_\_ To: \_\_\_\_\_  
(MM/YYYY) (MM/YYYY)  
If yes, number of sub-producers: \_\_\_\_\_ Required to carry their own E&O? Yes  No
- Number of part-time personnel involved in the sale or servicing of Crop Insurance: (assign an individual to one category only)  
Employee Producer: \_\_\_\_\_ Non-employee Producer: \_\_\_\_\_  
Employee Other: \_\_\_\_\_ Non-employee Other: \_\_\_\_\_
- What % of Applicant's staff has attended a crop insurance seminar in the last 12 months? \_\_\_\_\_ %  
*Session conducted by:* (check as many as applies)  
Insurance Carrier  Governmental  Other   
Association  Regulatory
- Does Applicant verify acreage data with the following sources? (check as many as applies) Yes  No   
Producer/Farmer  FSA   
GPS Mapping  Other (Describe) \_\_\_\_\_
- Does Applicant utilize a unique checklist for crop insurance? . . . . . Yes  No   
*If yes, attach a copy of the checklist or sample printout*
- Has Applicant been reviewed by USDA within the last 5 years? . . . . . Yes  No   
*If yes, attach details as a separate attachment*
- Has Applicant had any claims under the Federal Crop Insurance Act or Program Fraud Civil Remedies Act? . . . . . Yes  No   
*If yes, attach details as a separate attachment*

I understand that the information submitted in this supplement becomes a part of my E&O application and is subject to the same warranties and conditions.

Name Printed	Title
Signature	Date

**Application must be signed by an owner, officer, partner or principal of the Applicant**