


**The forms contained in this document may be filled out in Adobe Acrobat Reader 7.0 or above.  
Visit [www.adobe.com/products/acrobat/readstep2.html](http://www.adobe.com/products/acrobat/readstep2.html) to download this free application.**

### Instructions to completing an interactive form

1. Open the PDF form
2. Select the Hand Tool , and navigate to the top of the form. Click inside the text fields and type the appropriate information. Navigate to radio and check buttons, click on the button to select it.
3. Choose File > Save As to save entered data. Note where you save the form for future reference.
4. The form is not complete until it has been printed and manually signed.
5. Choose File > Print
6. Review your form carefully.
7. Sign completed form.
8. Fax or mail form to O'Bryan Agri Insurance, 546 Timbers Drive, Dothan, AL 36301, fax 334-673-8464.
9. Be sure to keep a printed copy for your records.

O'Bryan Agri Insurance



"The Crop Insurance Specialist"

**334-794-5522**



**ASSIGNMENT OF INDEMNITY**

<p>_____ Insured's Name</p> <p>_____ Insured's Authorized Representative</p> <p>_____ Street or Mailing Address</p> <p>_____ City                      State                      Zip Code</p>	<p>Approved Insurance Provider's Name &amp; Address:</p> <p><b>O'Bryan Agri Insurance</b> 546 Timbers Drive Dothan, AL 36301</p>	<p>Policy Number:</p>
		<p>Effective Crop Year:</p>
		<p>Crop Name and County Name:</p>

The insured  
assigns to \_\_\_\_\_  
(Name of Creditor)  
  
of \_\_\_\_\_  
(Mailing Address)  
  
\_\_\_\_\_  
(City, State and Zip Code)

the right and interest of any indemnity payment(s) which may be payable to the insured under the insurance policy for the county/commodity(ies) shown above.

**CONDITIONS**

1. This assignment will be binding upon the person(s) who succeed the Insured's interest in the insurance policy.
  2. Indemnity payments made under the insurance policy will be subject to a deduction for any indebtedness due this Approved Insurance Provider by the Insured.
  3. This assignment will not grant the Creditor any greater rights than originally held by the Insured.
  4. The Creditor's interest will be recognized upon Approved Insurance Provider's approval of this assignment and the Creditor will have the right to submit the loss notices and other forms as required by the Policy.
  5. The Approved Insurance Provider will determine the person(s) entitled to any indemnity payment(s) and the payment(s) will be by joint check.
  6. If the assignment is not cancelled according to item 7 below, the assignment will cease at the end of the effective crop year.
  7. Cancellation of this assignment prior to and during the crop year stated above will be accepted by the Approved Insurance Provider only upon notification in writing by the above identified Creditor(s).
- It is understood and agreed that this assignment will be subject to the terms and conditions of the insurance policy.**

\_\_\_\_\_  
Insured's Signature    Date

\_\_\_\_\_  
Creditor's Signature    Date

\_\_\_\_\_  
Witness' Signature    Date

\_\_\_\_\_  
Witness' Signature    Date

Approved The Insurance Provider hereby approves the foregoing assignment.

\_\_\_\_\_  
Approved Insurance Provider  
Authorized Representative's Signature                      Date

This assignment was filed with the Approved Insurance Provider on \_\_\_\_\_ at \_\_\_\_\_ a.m.  
p.m.  
(Month, Day, Year)

(See reverse side of form for statement required by Privacy Act of 1974.)

## **POLICYHOLDER - COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT**

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The Federal Crop Insurance Act (7 U.S.C. 1501-1524) (Act) and the regulations contained in 7 C.F.R. chapter IV provides the authority to request the information on this form.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Act and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary. However, failure to furnish that number will result in denial of program participation and benefits.

Your policy also specifies other information that must be provided. The principle purposes of this information are to provide insurance; reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The routine uses of this information include: (1) Referral to the appropriate agency, whether Federal, State, local or foreign including the Department of Justice, charged with the responsibility of investigating or prosecuting a violation of law, or of enforcing or implementing a statute, rule regulation or order issued pursuant thereto, of any record within this system when information available indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute or by rule, regulation or order issued pursuant thereto; (2) Disclosure to a court, magistrate or administrative tribunal, or to opposing counsel of any record within the system that constitutes evidence in that proceeding, or which is sought in the course of discovery, to the extent that FCIC determines that the records sought are relevant to the proceeding; (3) Disclosure to a congressional office in response to any inquiry from the congressional office made at the request of that individual; (4) Disclosure to Approved Insurance Providers (AIP), contractors, cooperators, partners of FCIC, and other Federal agencies for any purpose relating to the sale, service, and administration of the Federal crop insurance program and the policies insured under the authority of the Act; (5) Disclosure to other Federal agencies and contractors, cooperators, and partners of FCIC for the purpose of conducting research, development, analyses, and evaluation into all aspects relating to new and existing crop insurance programs and other risk management tools; (6) Disclosure to contractors or other Federal agencies to conduct research and analysis to identify patterns, trends, anomalies, instances and relationships of AIP's, agents, loss adjusters and policyholders that may be indicative of fraud, waste, or abuse; (7) Disclosure to AIPs, contractors, and other applicable Federal agencies to determine whether information has been accurately provided to FCIC and the AIPs and to determine compliance with program requirements; and (8) Disclosure to the Comprehensive Information Management System (CIMS) authorized under the Farm Security and Rural Investment Act of 2002, Section 10706 (All information disclosed to CIMS may be further disclosed to any contractor engaged in the development or maintenance of CIMS, to the Farm Service Agency (FSA) and to AIPs, their insurance agents and loss adjusters, for information associated with their insured producers and only with regard to such policies); and (9) To appropriate agencies, entities, and persons when: (a) USDA suspects or has confirmed that the security or confidentiality of information in the system of records has been compromised; (b) USDA has determined that as a result of the suspected or confirmed compromise there is a risk of harm to economic or property interests, identity theft or fraud, or harm to the security or integrity of this system or other systems or programs (whether maintained by the Department or another agency or entity) that rely upon the compromised information; and (c) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with the Department's efforts to respond to the suspected or confirmed compromise and prevent, minimize, or remedy such harm.

Furnishing other information is also voluntary. However, failure to report the information specified in your policy may result in rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; a unilateral determination of any monetary amounts due; or any remedy provided in the policy.

## **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 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, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.