

Named Peril Change/Cancellation Application



Effective Crop Year:		MPCI Carrier:		Submission Date:	
Name of Applicant or Business:		Primary Contact:	Email Address:	Policy Number:	
				Policy Change: <input type="checkbox"/> Cancellation <input type="checkbox"/> Policy Change	
Agent Name:		Primary Contact:	Email Address:		

Please indicate, under the corresponding policy type, which fields need changes.

MPCI Coverage Level:	Market Price:	Practice Type:	TERM POLICIES: The premium for each growing season will be calculated on the basis of the rates in effect for such season for the limit of insurance in effect.
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HarvestMAX											
State	County	Crop	Coverage Level	Price Election Percentage	Coverage Band	Intended Irr. Planted Acres	Intended Non-Irr. Planted Acres	Percent of Acres Covered	Approved Yield	Share	Premium Per Acre

MAX Price										
State	County	Crop	MPCI Unit Structure	MPCI Coverage Level	Additional Price	Intended Irr. Planted Acres	Intended Non-Irr. Planted Acres	Share	Approved Yield	Premium

MP Plus												
State	County	Crop	Price Guarantee	MPCI Unit Structure	MPCI Coverage Level	Additional Price	Intended Irr. Planted Acres	Intended Non-Irr. Planted Acres	Share	Approved Yield	Bu./CWT/LB Covered	Premium

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MAXRevenue

MAXRevenue <input type="checkbox"/> X1 <input type="checkbox"/> RP <input type="checkbox"/> NONE	RP-Price Drop Election:	Estimated Total Premium:	Estimated Premium Per Acre:
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Underwriting Questions

Corn

- Are you using the YE endorsement? Yes No
- Do you intend to plant corn on corn acres? Yes No
How many? _____
- Compared to your prior 5 growing seasons, do you expect the pounds of Nitrogen applied per acre to:
 Increase Decrease Remain the same
If you indicated increase or decrease, By how many pounds do you expect to change your Nitrogen application?
 0-10 pounds 10-20 pounds 20-30 pounds 30-40 pounds 40+ pounds

Soybeans

- Are you using the YE endorsement? Yes No

I understand the coverage is effective when this application has been approved by AmTrust Ag. I also understand and agree that the coverage is not bound by this application and that AmTrust Ag reserves the right to deny this application for coverage. AmTrust Ag will notify the applicant if coverage is denied. I agree to pay AmTrust Ag 10% deposit due with application, if a multi-peril policy is not purchased, and all remaining billable premium due by October 15th. If the premium is not paid by the date above add 1.25% per month or any portion thereof. I release my MPC agent to share all information written with the MPC Crop Insurance Company to AmTrust Ag and AmTrust Financial Services, Inc.

I DECLARE THE FACTS STATED HEREIN TO BE TRUE:			
BY:		By:	
Applicant's Signature	Date	Agent's Signature	Agent Code

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HARVESTMAX™

MP PLUS (MP+)

MAX Price

Fraud Warning (All states except AR, CO, IL, IN, KS, KY, MN, OH, OK, and TN): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Arkansas Fraud Statement: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Illinois Fraud Statement: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Indiana Fraud Statement: Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas Fraud Statement: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.

Minnesota Fraud Statement: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Ohio Fraud Statement: Any person who with intent to defraud or know that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statements in guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Tennessee Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.