MPCI F-18709 (02/25)

GREAT AMERICAN INSURANCE COMPANY | Crop Division

Assignment of Indemnity - Single Payee Agreement

Policy Number _____

Page _____ of _____

Part I: INSURED INFORMATION

Name	Policy Number
Authorized Representative	Effective Crop Year
Street and/or Mailing Address	Crop
City State Zip Code	State and County

Part II: ASSIGNEE(S) INFORMATION

Assignee 1 Name	Assignee 2 Name
Street and/or Mailing Address	Street and/or Mailing Address
City State Zip Code	City State Zip Code
Assignee 3 Name	Assignee 4 Name
Street and/or Mailing Address	Street and/or Mailing Address
City State Zip Code	City State Zip Code

Agreement and Payee Information

I understand that by signing this Assignment of Indemnity - Single Payee Agreement, I am agreeing to allow the Approved Insurance Provider to issue an indemnity payment as an electronic payment to the single payee shown below.

_____

Payee

Privacy Act Statement

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, AIP's 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.

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Non-Discrimination Policy Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632- 9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

Insured's Printed Name	Insured's Signature	Date
Assignee 1's Printed Name	Assignee 1's Signature	Date
Assignee 2's Printed Name	Assignee 2's Signature	Date
Assignee 3's Printed Name	Assignee 3's Signature	Date
Assignee 4's Printed Name	Assignee 4's Signature	Date
AIP's Authorized Representative Printed Name	AIP's Authorized Representative Signature	Date