



Conflict of Interest

2020 Crop Year

Approved Insurance Provider	Individual
ARMtech Insurance Services 7101 82nd Street Lubbock, TX 79424	Name: _____ Address: _____ _____ _____ SSN: _____
U/W: (800) 335-0120 Bus.: (806) 473-0333 Claims: (800) 335-6010 B Fax: (806) 473-0334	Phone: _____
Email: ARMtech@armt.com	

Please check the box that applies to you.

Agent/Agency Employee
 Company Employee
 Adjuster
 FCIC Employee

Agency: _____

Please respond to the following questions and refer to the second page of the form if you answer YES to any of these questions:

1. Do you have a share in a crop insured under any eligible crop insurance contract insured by ARMtech Insurance Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do any of your relatives* have a substantial beneficial interest in any eligible crop insurance contract insured by ARMtech Insurance Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you have a power of attorney authorizing you to act as attorney-in-fact or are you an authorized representative of a policyholder with respect to any eligible crop insurance contract insured by ARMtech Insurance Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have an ownership interest in a business (excluding stock in public corporations or entities in which you own less than a ten percent interest) with any policyholder insured by ARMtech Insurance Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have a rental or leasing arrangement for land, buildings, or equipment with any policyholder insured by ARMtech Insurance Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are you an owner/operator of a business or a commissioned based employee that provides goods or services related to farming operations (custom farming, tractor sales, etc., but excluding insurance services) for which you receive revenue as the owner/operator or a direct commission as an employee with respect to any policyholder insured by ARMtech Insurance Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are you an owner/operator of a business or a commissioned based employee that provides goods or services not related to farming operations (excluding insurance services) for which you receive revenue as the owner/operator or a direct commission as an employee with respect to any policyholder insured by ARMtech Insurance Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are you a financial institution employee and part of the approval decision-making process of financial arrangements for any policyholder insured by ARMtech Insurance Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Do you have an agent compensation, barter, or financial arrangement (excluding those reported under question 8. above) with any policyholder insured by ARMtech Insurance Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Do you have a business, familial, financial, or legal relationship that has not been identified above with any policyholder insured by ARMtech Insurance Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Do you have a relative* who works with the Federal crop insurance program, for ARMtech Insurance Services, or any of its affiliates**?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* "Relative" means an individual who: (1) is immediate family; (2) resides in the household of; or (3) engages in business with respect to, a farming operation with the person in question, regardless of whether or not the individual is immediate family. "Immediate Family" means an individual's father, mother, stepfather, stepmother, brother, sister, stepbrother, stepsister, son, daughter, stepson, stepdaughter, grandparent, grandson, granddaughter, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, the spouse of the foregoing, and the individual's spouse.



** "Affiliate" - means any person, including, but not limited to, a managing general agent, agent, service provider and loss adjuster, that: 1) collects premiums, services the policy, adjusts, or settles claims; 2) collects, processes, manages and reports electronic data for the purposes of selling, administering, or servicing eligible crop insurance contracts for the Company; or 3) directly or indirectly, through one or more intermediaries, has the authority to control any aspect of the management of the book of business or any other decision made under this Agreement, without the prior and specific approval from the company. This definition excludes commercial reinsurers and PIC's if such reinsurers or PIC's do not have the authority to control any aspect of the management of the book of business or any other decision made under this Agreement, without the prior and specific approval from the Company.

For any question that you answered 'Yes' on the previous page; please note the question to which you responded 'Yes', and identify the Policyholder Name.

Question #: _____	Policyholder Name: _____
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IF YOUR STATUS IN RELATION TO ANY OF THESE STATEMENTS SHOULD CHANGE DURING THE CROP YEAR, YOU MUST GIVE US NOTIFICATION WITHIN 15 DAYS OF THAT CHANGE.

Certification Statements

I certify that I have been advised and agree to abide by the applicable conflict of interest rules of the Standard Reinsurance Agreement and its Appendices, and all applicable policies, and procedures.

I certify that to the best of my knowledge all information provided is true and accurate, and that any false or inaccurate information may result in administrative, civil, and criminal sanctions under 18 U.S.C. §§ 1006 and 1014, 7 U.S.C. § 1506, 31 U.S.C. §§ 3729 and 3730 and any other applicable federal statutes or regulations.

(Printed Name)

(Signature)

(Date)

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT - Agents, Loss Adjusters and Policyholders

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, AIPs 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 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.

Non-Discrimination Statement



In accordance with Federal 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 on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, 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).

To File a Program Complaint

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <https://www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or email at program.intake@usda.gov.

Persons with Disabilities

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 State or local Agency that administers the program 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.

Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email.

