

§ 400.28

(CCC 441) was filed for the previous crop year.

[58 FR 67304, Dec. 21, 1993]

§ 400.28 Mutual consent criteria.

(a) An insured may request policy cancellation for the crop year for which the insured filed a CCC 441 for the applicable crop year if written documentation is provided, signed by an authorized Agricultural Stabilization and Conservation Service official, certifying the cancellation is based on one of the following conditions:

(1) Insurance was not a condition of eligibility for disaster payment, based on one or more of the statutory criteria; or

(2) the producer withdrew his application for disaster payments with prejudice or it was rejected by Commodity Credit Corporation;

(b) Cancellation requests must be received in writing no later than three weeks after the date:

(1) The disaster payment check is issued; or

(2) The producer is notified that an application for disaster payment has been rejected; or

(3) The producer withdraws from the disaster payment program.

(c) Carryover policies are not available for mutual consent cancellation. Crop insurance applications dated before the disaster cancellation date (available in the insureds' service office) are not eligible for mutual consent cancellations.

[57 FR 56438, Nov. 30, 1992, as amended at 58 FR 67304, Dec. 21, 1993]

§ 400.29 OMB control numbers.

Office of Management and Budget control numbers (OMB) are contained in subpart H to part 400 in title 7 CFR.

§§ 400.30–400.36 [Reserved]

Subpart D—Application for Crop Insurance; Regulations for the 1993 and Succeeding Crop Years

AUTHORITY: Secs. 506, 507, Pub. L. 75–430, 52 Stat. 72, as amended (7 U.S.C. 1506, 1516).

7 CFR Ch. IV (1–1–01 Edition)

§ 400.37 Applicability.

The Crop Insurance application contained herein shall be applicable to all crop insurance regulations issued by the Corporation (7 CFR part 400 *et seq.*), effective with the 1983 and succeeding crop years.

[48 FR 1023, Jan. 10, 1983]

§ 400.38 The crop insurance application.

United States Department of Agriculture
Federal Crop Insurance Corporation
Crop Insurance Application
Continuous Contract

1. Name of Applicant _____

2. Applicant's Authorized Representative _____

3. Street or Mailing Address _____

4. City and State _____

5. ZIP Code _____

[][]-[][][][]-[][][][][][]

6. State County _____

[][][][][][]

7. Contract Number _____

8. County _____

9. State _____

[][][][][][][][][][]

10. Identification Number _____

[][][][][][]

11. SSN TAX _____

12. Type of Entity _____

13. Is Applicant Over 18: Yes _____ No _____

If No, Date of Birth _____
A. The applicant subject to the provisions of the regulations of the Federal Crop Insurance Corporation (herein called "Corporation"), hereby applies to the Corporation for insurance on the applicant's share in the crop(s) shown below planted or grown, whichever is applicable, on insurable acreage as shown on the county actuarial table for the above-stated county. The applicant elects from the actuarial table the coverage level and, where applicable, a price election, amount of insurance or plan of insurance. The premium rate and applicable production guarantee or amount of insurance per acre shall be those shown on the applicable county actuarial table filed in the service office for each crop year.