



Grant Authority Signature Statement

45 E River Park Place West, Suite 601
Fresno, CA 93720
Phone: (559) 530-2767
Fax: (559) 530-2768

I _____ am authorized to sign on behalf of the named insured(s) below.
(Name of Grantor)

I grant the person(s) listed below the authority to sign any and all crop insurance documents on my behalf. I understand that by authorizing such persons to sign documents on my behalf I am legally bound by all terms and conditions of such documents and the crop insurance contract. I also understand that granting the following person(s) the authority to sign on my behalf does not obligate that person(s) to the terms and conditions of my crop insurance contract. I further understand that this authorization may be revoked by me at any time upon written notice, signed and delivered to my Approved Insurance Provider.

List all person(s) designated to sign crop insurance documents on the applicant's behalf:

This authority applies to the following policies:

<u>Policy #</u>	<u>Named Insured</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____

USDA/RMA may request additional documentation or information about persons authorized to sign. Upon their request, you may need to provide partnership agreements, LLC operating agreements, or other written documentation.

Signature of Grantor

Printed Name of Grantor (and Title if applicable)

Date