APPROVED INSURANCE PROVIDER
NON-DISCLOSURE STATEMENT

1. [INSERT NAME OF APPROVED INSURANCE PROVIDER] hereby agrees that it shall keep private and not publish, use or disclose to any individual or entity, either directly or indirectly, any Privacy Information, except that it may use such information as necessary to perform its duties under the Standard Reinsurance Agreement, and in accordance with applicable procedures issued by the Risk Management Agency or the Federal Crop Insurance Corporation. [INSERT NAME OF APPROVED INSURANCE PROVIDER] further agrees that it shall only disclose such Privacy Information to employees or contractors who need such information in the performance of their duties and who have signed an Employee and Contractor Non-Disclosure Statement, and that it shall secure both electronic and paper-based Confidential Information .

2. For the purposes of this document:

    "**Privacy Information**" means any information about a policyholder, their farming operation or their insurance policy, acquired from the policyholder, USDA either directly or through the Comprehensive Information Management System, or the policyholder's previous or current approved insurance provider or agent, except for information that has been made public by the USDA. This includes all hard copy or electronic information.

    "USDA" includes the Risk Management Agency, Farm Service Agency, and any other agency within the USDA.

3. [INSERT NAME OF APPROVED INSURANCE PROVIDER] agrees that the obligation to secure and not disclose any Privacy Information shall continue in perpetuity during the period it holds a Standard Reinsurance Agreement and after such period has ended.

4. [INSERT NAME OF APPROVED INSURANCE PROVIDER] agrees that if it ceases to insure the policyholder, it shall immediately provide all Privacy Information to RMA or the approved insurance provider who next insures the policyholder, including all copies thereof, in accordance with applicable procedures issued by the Risk Management Agency or the Federal Crop Insurance Corporation.

5. [INSERT NAME OF APPROVED INSURANCE PROVIDER] certifies that it will adhere to all USDA security policies and rules in handling USDA information and systems. [INSERT NAME OF APPROVED INSURANCE PROVIDER] understands that violation of this agreement may result in civil and criminal penalties under the Privacy Act or section 1770c of the Food Security Act of 1985 (7 U.S.C. § 2276c).

By signing below, [INSERT NAME OF EMPLOYEE/CONTRACTOR] certifies that (s)he will adhere to all CIMS non-disclosure statements appearing on the previous page.

Signature: _____ Date: _____

Title: _____

Position/Name of Company/Agency _____