

CONTRACT AUTHORIZATION FORM

**AUTHORIZATION FOR DEDUCTION OF
WORKERS' COMPENSATION & EMPLOYER'S LIABILITY PREMIUMS
FOR THE FARMERS INSURANCE POOL
THROUGH AMERICAN CRYSTAL SUGAR COMPANY; MOORHEAD, MINNESOTA**

The undersigned policyholder is a sugarbeet grower who has entered into a contract with said sugarbeet cooperative for the growing and delivery of sugarbeets during the current crop season and subsequent crop seasons. The undersigned policyholder has also become a member of the Farmers Insurance Pool.

Said Insurance Pool has been authorized to acquire from a reputable insurance carrier, Workers' Compensation and Employer's Liability insurance, for the grower members of such Pool. The premium to be paid for such coverage will be calculated by such insurance carrier and the amount of premium owed by each grower will be calculated separately and the premium owed by the undersigned policyholder to such insurance carrier will be invoiced by the Growers' Insurance Pool as a separate dollar amount and such invoice will be sent to said sugarbeet cooperative.

The undersigned policyholder hereby authorizes said sugarbeet cooperative to pay the amount of any such invoice as it becomes due, including the amount of any invoice for additional premiums which may result from the audit of the undersigned policyholder's payroll records for any policy which may result in an additional premium being due. Also, I do hereby authorize said sugarbeet cooperative to pay any administrative fee or penalties as may be assessed from time to time by the Board of Directors of the Insurance Pool. This Authorization shall continue to be effective even if I am no longer a member of the Insurance Pool or until it is properly revoked, in writing, as is indicated below.

The undersigned policyholder does hereby authorize said sugarbeet cooperative, until such time as this authorization is revoked in writing (by giving one year written notice prior to the effective date of such revocation), to deduct from each year's sugarbeet crop delivered by the undersigned policyholder to the place designated by said sugarbeet cooperative, the amount of such invoices for insurance premiums and to remit the same to the Growers' Insurance Pool who will remit such premium payments to the appropriate insurance carrier. I further authorize said sugarbeet cooperative to deduct the amounts so paid from any check which may be due me from said sugarbeet cooperative, and agree, as between the undersigned policyholder and the sugarbeet cooperative, to be bound by the face amount of such invoice, looking solely to the insurance carrier or the Growers' Insurance Pool for any error in invoicing.

Printed Shareholder's Name(s) on the Contract

Printed Name of Policyholder

Sugarbeet Cooperative Contract Number

Address of Policyholder

City, State, Zip

Dated

Signatures of: Sole Proprietor; or all Partners in
a Partnership; or authorized Officer of a Corporation;
or General Partner(s) of an LLP/LLLP; or of all Joint
Venture Partners

Grower-Please Keep a Copy