

**A. LGM FOR CATTLE APPLICATION, TARGET MARKETINGS, AND CHANGE FORM**

**LIVESTOCK GROSS MARGIN FOR CATTLE INSURANCE  
POLICY APPLICATION, TARGET MARKETINGS, AND CHANGE FORM**

Policy # <b>1</b>	State <b>2</b>
Reinsurance Year <b>3</b>	Page # <b>4</b> of <b>f</b>
Confirmation Number <b>5</b>	

Applicant's Name <b>6</b>		Agency Name <b>16</b>		<input type="checkbox"/> New Applicant <b>23</b> <input type="checkbox"/> Transfer <input type="checkbox"/> Name Change <input type="checkbox"/> Additional Insurance Period <input type="checkbox"/> Address Change <input type="checkbox"/> Policy Change <input type="checkbox"/> Policy Cancellation <input type="checkbox"/> Correct Tax ID *Reason for Cancellation <input type="checkbox"/> Cancellation <input type="checkbox"/> Correct Spelling of Insured Name <input type="checkbox"/> In-House Transfer <input type="checkbox"/> Successor-In-Interest & Effective Ins. Period _____ <input type="checkbox"/> Add/Change Insured's Auth. Rep.*
Street or Mailing Address <b>7</b>		Agency/Agent Street or Mailing Address <b>17</b>		
City and State <b>8</b> Zip Code		City and State <b>18</b> Zip Code		
Applicant's E-Mail Address <b>9</b>		Applicant's Fax #		
Agent's E-Mail Address/Fax # <b>19</b>				
Phone # <b>10</b>		Phone # <b>20</b>		
Tax Identification # <b>11</b>		Agency Code <b>21</b>		
Check One <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other <b>12</b>		Applicant's Authorized Representative (Submit Completed Power of Attorney Form)		
Spouse's Tax ID # <b>13</b>		Type of Entity <b>14</b>		
Is applicant at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>15</b>		<b>22</b>		

**CERTIFICATION 24**

YES  NO (a) I certify that the Target Marketings stated in this application reflect cattle that I own or plan to own and feed to finish weight using facilities that I control.

YES  NO (b) I certify that I control adequate facilities to feed and finish the number of cattle reflected by the Target Marketings stated in this application.

YES  NO (c) I understand that, in the event of a claim, my coverage will be reduced to the number of cattle sold and no premium will be refunded if the number of cattle sold is less than 75% of the Target Marketings stated in this application.

(Complete for Transfer Only) Current Insurer and Policy Number **25**

YES  NO I REQUEST INSURANCE COVERAGE FOR ALL CATTLE SPECIFIED BELOW. (Complete for Application and Additional Insurance Periods) **26**

Type of Operation	County <b>27</b>	Approved Marketings <b>28</b>	Deductible (\$/head) <b>29</b>	<b>30</b> Target Marketings by Month (Enter Month)											
				Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11		
Yearling Finishing															
Calf Finishing															

**31** CONDITIONS OF ACCEPTANCE: This application is accepted and insurance attaches in accordance with the policy unless: (1) The Risk Management Agency determines that livestock insurance capacity limitations in accordance with the Federal Crop Insurance Act have been reached and this policy will exceed the limitations; (2) any material fact is omitted, concealed, or misrepresented in this application and endorsement or in the submission of this application; (3) you have failed to provide complete and accurate information required by this application; (4) the answer to any of the following questions is "yes."

YES  NO (a) Are you now indebted, and the debt is delinquent, for crop insurance coverage under the Federal Crop Insurance Act?

YES  NO (b) Have you ever had crop insurance terminated for violation of the terms of the contract or regulations, or for failure to pay your indebtedness?

YES  NO (c) Are you disqualified or debarred under the Federal Crop Insurance Act, or the Regulations of the Federal Crop Insurance Corporation, or the United States Department of Agriculture?

YES  NO (d) Have you in the last five years been convicted under Federal or State law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance?

YES  NO (e) Have you ever entered into an agreement with the Federal Crop Insurance Corporation or the Department of Justice that you would refrain from participating in the crop insurance program and that agreement is still effective?

YES  NO (f) Do you have like insurance on any of the above livestock?

For Office Use Only

ITS \_\_\_\_\_

Audit \_\_\_\_\_

Keyed \_\_\_\_\_

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*I understand Livestock Gross Margin for Cattle insurance may not be purchased for the month immediately following the application date. I also understand that only a limited number of applications for Livestock Gross Margin for Cattle Insurance coverage will be accepted and that I will have no Livestock Gross Margin for Cattle insurance coverage for the cattle described in this application unless the insurance company issues a written summary of insurance to me. I certify that the information on this application is complete and accurate; that none of the reasons for rejection in items 1 through 4 of the "Conditions of Acceptance" apply; and that I am aware of and understand the requirements of the Collection of Information and Data (Privacy Act), as well as all other provisions contained on this application.*

Applicant's Signature **32** \_\_\_\_\_ Date **33** \_\_\_\_\_

Licensed Agent's Signature **34** \_\_\_\_\_ Agent Code **35** \_\_\_\_\_

REMARKS **36**