

LIVESTOCK GROSS MARGIN FOR CATTLE INSURANCE POLICY APPLICATION, TARGET MARKETINGS, AND CHANGE FORM		Policy # 1	State 2
		Reinsurance Year 3	Page # 4 of 5
Confirmation Number 5			

Applicant's Name 6		Agency Name 16		<input type="checkbox"/> New Applicant 23 <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Policy Cancellation *Reason for Cancellation <input type="checkbox"/> Correct Spelling of Insured Name <input type="checkbox"/> Successor-In-Interest & Effective Ins. Period _____	<input type="checkbox"/> Transfer <input type="checkbox"/> Additional Insurance Period <input type="checkbox"/> Policy Change <input type="checkbox"/> Correct Tax ID <input type="checkbox"/> Cancellation <input type="checkbox"/> In-House Transfer <input type="checkbox"/> Add/Change Insured's Auth. Rep.*												
Street or Mailing Address 7		Agency/Agent Street or Mailing Address 17															
City and State 8 Zip Code		City and State 18 Zip Code		CERTIFICATION 24 <input type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> YES <input type="checkbox"/> 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.													
Applicant's E-Mail Address 9 Applicant's Fax #		Agent's E-Mail Address/Fax # 19															
Phone # 10		Phone # 20															
Tax Identification # 11 Check One <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other 12		Agency Code 21															
Spouse's Tax ID # 13 Type of Entity 14		Applicant's Authorized Representative (Submit Completed Power of Attorney Form)															
Is applicant at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No 15		22															
(Complete for Transfer Only) Current Insurer and Policy Number 25																	
<input type="checkbox"/> YES <input type="checkbox"/> NO I REQUEST INSURANCE COVERAGE FOR ALL CATTLE SPECIFIED BELOW. (Complete for Application and Additional Insurance Periods) 26																	
Type of Operation		County 27		Approved Marketings 28		Deductible (\$/head) 29		30 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."												For Office Use Only <input type="checkbox"/> ITS <input type="checkbox"/> Audit <input type="checkbox"/> Keyed <input type="checkbox"/> Upload					
<input type="checkbox"/> YES <input type="checkbox"/> NO (a) Are you now indebted, and the debt is delinquent, for crop insurance coverage under the Federal Crop Insurance Act? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO (f) Do you have like insurance on any of the above livestock?																	
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		Agent Code 35		REMARKS 36											
Licensed Agent's Signature 34																	

SEE REVERSE SIDE OF FORM FOR COMPLIANCE STATEMENTS AND THE STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974

This is the USDA form for the 2008 crop year. Revisions may be made in subsequent crop years. Additionally, variations of the form may be used by different insurance companies.

LIVESTOCK GROSS MARGIN FOR SWINE INSURANCE POLICY APPLICATION, TARGET MARKETINGS, AND CHANGE FORM					Policy # 1	State 2	
					Reinsurance Year 3	Page # 4 of f	
					Confirmation Number 5		
Applicant's Name 6			Agency Name 16		<input type="checkbox"/> New Applicant 23 <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 <input type="checkbox"/> *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 7			Agency/Agent Street or Mailing Address 17				
City and State 8		Zip Code	City and State 18				Zip Code
Applicant's E-Mail Address 9		Applicant's Fax #	Agent's E-Mail Address/Fax # 19				
Phone # 10			Phone # 20				
Tax Identification # 11		Check One <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other 12		Agency Code 21			
Spouse's Tax ID # 13		Type of Entity 14		Applicant's Authorized Representative (Submit Completed Power of Attorney Form)			
Is applicant at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No 15			22		CERTIFICATION 24 <input type="checkbox"/> YES <input type="checkbox"/> NO (a) I certify that the Target Marketings stated in this application reflect swine that I own or plan to own and feed to finish weight using facilities that I control. <input type="checkbox"/> YES <input type="checkbox"/> NO (b) I certify that I control adequate facilities to feed and finish the number of swine reflected by the Target Marketings stated in this application. <input type="checkbox"/> YES <input type="checkbox"/> NO (c) I understand that, in the event of a claim, my coverage will be reduced to the number of swine sold and no premium will be refunded if the number of swine sold is less than 75% of the Target Marketings stated in this application.		
(Complete for Transfer Only) Current Insurer and Policy Number 25							
<input type="checkbox"/> YES <input type="checkbox"/> NO I REQUEST INSURANCE COVERAGE FOR ALL SWINE SPECIFIED BELOW. (Complete for Application and Additional Insurance Periods) 26							
Type of Operation	County 27	Approved Marketings 28	Deductible (\$/head) 29	30 Target Marketings by Month (Enter Month)			
				Month 2	Month 3	Month 4	
Farrow to Finish							
Segregated Early Wean (SEW) to Finish							
Feeder to Finish							
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."						For Office Use Only <input type="checkbox"/> ITS <input type="checkbox"/> Audit <input type="checkbox"/> Keyed <input type="checkbox"/> Upload	
<input type="checkbox"/> YES <input type="checkbox"/> NO (a) Are you now indebted, and the debt is delinquent, for crop insurance coverage under the Federal Crop Insurance Act? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO (f) Do you have like insurance on any of the above livestock?							

I understand Livestock Gross Margin for Swine 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 Swine Insurance coverage will be accepted and that I will have no Livestock Gross Margin for Swine insurance coverage for the swine 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	REMARKS 36
Licensed Agent's Signature	34	Agent Code	35	