

Appendix 2¹

Notice of Probable Loss Form for Cattle

LIVESTOCK GROSS MARGIN FOR CATTLE INSURANCE NOTICE OF PROBABLE LOSS

Policy Number	1	Claim Number (Company Use)	2
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According to our records, you may be entitled to an indemnity under the above policy endorsement based on the information presented below. The calculation of the indemnity is shown in Section 4 below. In order to receive an indemnity, your signed Marketings Report and marketing receipts are required to certify that the terms and conditions of the policy have been met. Please contact your livestock insurance agent to receive a Marketings Report form or if the information shown in Sections 1, 2, or 3 is not correct.

Assignment of Indemnity? **3** Yes No

Transfer of Right to Indemnity? **4** Yes No

Section 1. INSURED				Section 2. INSURANCE AGENCY			
Insured's Name 5	SSN 6	EIN		Insurance Agency Name 13	Agency Code 14		
Name of Farm/Ranch or Business 7				Insurance Agent's Name 15	Agent's Code 16		
Street or Mailing Address 8				Street or Mailing Address 17			
City 9	County	State e	Zip Code	City 18	State	Zip Code	
Insured's Phone 10	Fax 1	E-mail Address 12		Agent's Phone 19	Fax 20	E-mail Address 21	
Section 3. ASSIGNMENT OF INDEMNITY/ TRANSFER OF RIGHT TO INDEMNITY							
Assignee's Name 22				Assignee's SSN / EIN (<i>circle one and enter number</i>) 25			
Street or Mailing Address 23				Assignee's Phone 26		Fax 27	
City 24		State		Zip Code			
Section 4. INDEMNITY CALCULATION							
If the actual gross margin is less than the expected gross margin, an indemnity is due.							
Insurance Period: Eleven-Month Insurance Period Beginning ____ (Month, Year) 28							

¹This 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.

Notice of Probable Loss Form for Swine

**LIVESTOCK GROSS MARGIN FOR SWINE INSURANCE
NOTICE OF PROBABLE LOSS**

Policy Number 1	Claim Number (Company Use) 2
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According to our records, you may be entitled to an indemnity under the above policy endorsement based on the information presented below. The calculation of the indemnity is shown in Section 4 below. In order to receive an indemnity, your signed Marketings Report and marketing receipts are required to certify that the terms and conditions of the policy have been met. Please contact your livestock insurance agent to receive a Marketings Report form or if the information shown in Sections 1, 2, or 3 is not correct.

Assignment of Indemnity? **3** Yes No Transfer of Right to Indemnity? **4** Yes No

Section 1. INSURED				Section 2. INSURANCE AGENCY			
Insured's Name 5	SSN 6	EIN		Insurance Agency Name 13	Agency Code 14		
Name of Farm/Ranch or Business 7				Insurance Agent's Name 15		Agent's Code 16	
Street or Mailing Address 8				Street or Mailing Address 17			
City 9	County	State	Zip Code	City 18	State	Zip Code	
Insured's Phone 10	Fax 11	E-mail Address 12		Agent's Phone 19	Fax 20	E-mail Address 21	

Section 3. ASSIGNMENT OF INDEMNITY/ TRANSFER OF RIGHT TO INDEMNITY			
Assignee's Name 22		Assignee's SSN / EIN (<i>circle one and enter number</i>) 25	
Street or Mailing Address 23		Assignee's Phone 26	Fax 27
City 24	State		Zip Code

Section 4. INDEMNITY CALCULATION
If the actual gross margin is less than the expected gross margin, an indemnity is due.
Insurance Period: Six-Month Insurance Period Beginning ____ (Month, Year) 28

29 Target Marketings By Month (enter month)				
Month 2	Month 3	Month 4	Month 5	Month 6

Probable Indemnity			
Deductible 30	Gross Margin Guarantee 31	Actual Gross Margin 32	Probable Indemnity 33