

A. LGM APPLICATION, TARGET MARKETINGS AND CHANGE FORM

**LIVESTOCK GROSS MARGIN INSURANCE POLICY
IOWA SWINE PILOT PROJECT
APPLICATION, TARGET MARKETINGS AND CHANGE FORM**

Policy #: 1	State: 2
Reinsurance Year 3	Page # 4 of
Confirmation Number: 5	

Applicant's Name: 6		Agency Name: 16	
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	

New Applicant **23** Transfer

Name Change Additional Insurance Period

Address Change Policy Change

Policy Cancellation Correct Tax ID

*Reason for Cancellation Cancellation

Correct Spelling of Insured Name In House Transfer

Successor-In-Interest & Effective Ins. Period _____ Add/Change Insured's Auth. Rep.*

CERTIFICATION: 24

YES 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.

YES NO (b) I certify that I control adequate facilities to farrow and/or finish the number of swine 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 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**

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

Type of Operation	County 27	Approved Marketings 28	Coverage Level Percent 29	30 Target Marketings By Month (Enter Month)				
				Month 2	Month 3	Month 4	Month 5	Month 6
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."

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

Upload

I understand Livestock Gross Margin 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 Insurance coverage will be accepted and that I will have no Livestock Gross Margin 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 and answers on this application are correct to my knowledge and belief; 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** _____

Licensed Agent's Signature **34** _____

Date **33** _____

Agent Code **35** _____

REMARKS: **36**

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

04 LGM-Application, Target Marketings Report and Change Form