

D. Notice of Probable Loss Form:

LIVESTOCK GROSS MARGIN 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 marketing report and marketing receipts are required to certify that the terms and conditions of the policy have been met. Please contact your crop insurance agent to receive a marketing report form or if the information shown in sections 1, 2, or 3 is not correct.

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

1. INSURED				2. INSURANCE AGENCY			
Insured 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:	
Phone: 10	Fax: 11	E-mail address: 12		Phone: 19	Fax: 20	E-mail address: 21	
3. ASSIGNMENT OF INDEMNITY/ TRANSFER OF RIGHT TO INDEMNITY							
Assignee's Name: 22				Assignee's SSN / EIN (<i>circle one and enter</i>): 25			
Street or Mailing Address: 23				Phone: 26		Fax: 27	
City: 24			State:			Zip:	

4. INDEMNITY CALCULATION: If the actual gross margin is less than the expected gross margin, an indemnity is due.

28 Insurance Period: Five Month Insurance Period Beginning _____ (Month, Year)

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

Probable Indemnity			
Coverage Level 30	Gross Margin Guarantee 31	Actual Gross Margin 32	Probable Indemnity 33