

Transfer of Right to Indemnity Form

Policy Number:	Endorsement Number:	Crop Year:	Authorized Representative:	Agency Code:	
1. INSURED:			2. TRANSFEREE:		
Insured's Name:			Transferee's Name:		
Insured's SSN:	Insured's EIN:		Transferee's SSN:	Transferee's EIN:	
Street or Mailing Address:			Street or Mailing Address:		
City:	State	Zip Code:	City:	State:	Zip Code:
Phone:	Fax:		Phone:	Fax:	
3. SPECIFIC COVERAGE ENDORSEMENT INFORMATION FOR INSURED LIVESTOCK					
Effective Date	End Date		Insured Value	% of Insured Share Transferred	