

Assignment of Indemnity Form

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