

Specific Coverage Endorsement Form

Commodity Code:		Policy Number:		Endorsement Number: (Company Use only)				
1. INSURED				2. INSURANCE AGENCY				
Insured Name:		Spouse's Name:		Insurance Agency Name:		Agency Code:		
SSN:	EIN:	Spouse's SSN:		Insurance Agent's Name:		Agent Code:		
Farm or Business Name:		E-mail address:		E-mail address:				
Street or Mailing Address:				Street or Mailing Address:				
City:		State:	Zip Code:	City:		State:	Zip Code:	
County:		Phone:		Phone:		Fax:		
Legal Description of location of livestock or livestock product:		State:	Zip Code:					
3. SCHEDULE OF INSURED LIVESTOCK OR LIVESTOCK PRODUCT								
Crop Year	Effective Date	End Date		No. of Head Covered		Insured Share %		
4. INSURED VALUE								
Number of Head	X	Target Weight (Cwt. Per Head)	X	Coverage Price	X	Insured Share (%)	=	Insured Value
	X		X		X		=	
5. PREMIUM COMPUTATION								
Insured Value	X	Rate	=	Total Premium				Approval Number
	X		=					<input type="text"/>