

Claim Form

Commodity Code:	Policy Number:	Endorsement Number:	Claim Number: (Company Use)
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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. Please contact your agent if the information shown in sections 1, 2, or 3 is not correct. The calculation of the indemnity is shown in section 6 below. In order to receive an indemnity, your signature is required to certify that the terms and conditions of the policy have been met as stated in section 7 below.

Assignment of Indemnity? Yes No Transfer of Right to Indemnity? Yes No

1. INSURED				2. INSURANCE AGENCY		
Insured Name:	SSN:	EIN:		Insurance Agency Name:	Agency Code:	
Name of Farm/Ranch or Business:				Insurance Agent's Name:	Agent's Code:	
Street or Mailing Address:				Street or Mailing Address:		
City:	County:	State:	Zip Code:	City:	State:	Zip Code:
Phone:	Fax:	E-mail:		Phone:	Fax:	E-mail address:
3. ASSIGNMENT OF INDEMNITY						
Assignee's Name:				Assignee's SSN / EIN (circle one and enter):		
Street or Mailing Address:				Phone:	Fax:	
City:		State:		Zip:		

Coverage Price	Actual Ending Value

If actual ending value is less than the coverage price an indemnity is due.

4. INDEMNITY CALCULATION

If the actual ending value is less than the coverage price, an indemnity is due. The indemnity is equal to the number of head multiplied by the target weight (in cwt as defined in the Specific Coverage Endorsement) multiplied by the difference between the coverage price and the actual ending value (in \$ per cwt.), and then multiplied by the ownership share (in percent).

Number of Head	Target Weight At End Date (Cwt. Per Head)	Coverage Price Minus Actual Ending Value	Insured Share %	Indemnity