



**LIVESTOCK GROSS MARGIN FOR CATTLE INSURANCE
NOTICE OF PROBABLE LOSS**

Policy Number:				Claim Number: (Company Use)			
<p>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 Marketings Report and marketing receipts are required to certify that the terms and conditions of the policy have been met. Please contact your livestock insurance agent to receive a Marketings Report form or if the information shown in Sections 1, 2, or 3 is not correct.</p>							
Assignment of Indemnity? <input type="checkbox"/> Yes <input type="checkbox"/> No				Transfer of Right to Indemnity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Section 1. INSURED				Section 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:	
Insured's Phone:	Fax:	E-mail address:		Agent's Phone:	Fax:	E-mail address:	
Section 3. ASSIGNMENT OF INDEMNITY/ TRANSFER OF RIGHT TO INDEMNITY							
Assignee's Name:				Assignee's <input type="checkbox"/> SSN / <input type="checkbox"/> EIN (check one and enter number):			
Street or Mailing Address:				Assignee's Phone:		Fax:	
City:			State:		Zip Code:		
Section 4. INDEMNITY CALCULATION							
If the actual gross margin is less than the expected gross margin, an indemnity is due.							
Insurance Period: Eleven-Month Insurance Period Beginning _____ (Month, Year)							

Target Marketings by Month (enter month)									
Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11

Probable Indemnity			
Deductible	Gross Margin Guarantee	Actual Gross Margin	Probable Indemnity

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIPs contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

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To file a complaint of discrimination write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.