



AGENCY NAME
AGENCY CODE

LIVESTOCK GROSS MARGIN INSURANCE POWER OF ATTORNEY

The undersigned does hereby make, constitute and appoint _____

of (address) _____

in the county of _____ and State of _____

the true and lawful attorney, for and in the name, place and stead of the undersigned in connection with

Livestock Gross Margin Insurance Policy Number _____ insured with the Insurance Provider checked above

for the following crops _____

The undersigned gives and grants unto said attorney full authority and power to do and perform actions as initialed below, fully ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof.

- _____ 1. Making application for insurance.
- _____ 2. Making marketing reports.
- _____ 3. Giving notice of loss.
- _____ 4. Making claim for indemnity.
- _____ 5. Making contract change.
- _____ 6. Making transfers and cancellations.
- _____ 7. Providing program-required production reports.
- _____ 8. Taking all actions related to livestock insurance for the above identified policy number.

This Power of Attorney shall be filed at the office where the official file folder is maintained and shall remain in full force and effect until written notice of its revocation has been received by the office maintaining the official file folder (such revocation shall be placed in the official file folder).

This Power of Attorney is signed and dated at _____, _____ this _____ day of _____, _____
 (City) (State) (Date) (Month) (Year)

 Witness' Printed Name

 Witness' Signature

 Insured's Signature

I hereby accept the foregoing appointment:

 Appointee's Signature

ACKNOWLEDGMENT (For use by Notary Public) (Use acknowledgment form required by the State where acknowledgment is taken) Note: Power of attorney only has to be notarized in states that require it to be notarized.	
State of: _____ County of: _____	Notary Seal and Signature of Notary:

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.