



## LIVESTOCK GROSS MARGIN FOR CATTLE INSURANCE APPLICATION FOR ASSIGNMENT OF INDEMNITY

CROP YEAR		AGENCY NAME		
POLICY NO.		AGENCY CODE		
COUNTY		AGENCY ADDRESS		
COMMODITY(S)		CITY	STATE	ZIP CODE
<b>INSURED INFORMATION (Please Print)</b>		<b>LENDER OR CREDITOR (herein "Lender")</b>		
INSURED'S NAME		LENDER'S NAME		
SOCIAL SECURITY NUMBER/TAX I.D. #				
ADDRESS				
CITY	STATE	ZIP CODE	ADDRESS	
INSURED'S AUTHORIZED REPRESENTATIVE		CITY	STATE	ZIP CODE

The undersigned Insured assigns to the Lender the right and interest of any indemnity payment(s) which may be payable to the insured under the insurance policy for the commodity(s) and crop year shown above.

**CONDITIONS**

- 1) This assignment will be binding upon the person(s) who succeed the Insured's interest in the insurance policy.
- 2) Indemnity payments made under the insurance policy will be subject to a deduction for any indebtedness due this insurance provider by the Insured.
- 3) This assignment will not grant the Lender any greater rights than originally held by the Insured.
- 4) The Lender's interest will be recognized upon the insurance provider's approval of this assignment and the Lender will have the right to submit the loss notices and other forms as required by the Policy.
- 5) The insurance provider will determine the person(s) entitled to any indemnity payment(s) and the payment(s) will be issued by joint check.
- 6) Cancellation of this assignment prior to the crop year stated above will be accepted by the insurance provider only upon notification in writing by the above indentified Lender.

It is understood and agreed that this assignment will be subject to the terms and conditions of the insurance policy.

\_\_\_\_\_  
Signature of Insured/Authorized Representative      Date      Signature of Lender      Date

\_\_\_\_\_  
WITNESS SIGNATURE      Date      WITNESS SIGNATURE      Date

**FILING**

This assignment was filed with the insurance provder on

\_\_\_\_\_ at \_\_\_\_\_ a.m / p.m  
(Date, Year)      (Hour)

**APPROVAL**

This insurance provider hereby approves the foregoing assignment.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature of Insurance Provider/Authorized Representative      Date

\_\_\_\_\_  
Address

**SEE REVERSE SIDE OF FORM FOR STATEMENT REQUIRED BY PRIVACY ACT OF 1974**

## **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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