



LIVESTOCK GROSS MARGIN FOR SWINE INSURANCE POLICY APPLICATION, TARGET MARKETINGS, AND CHANGE FORM

Policy #:	State
Reinsurance Year	Page # of
Confirmation Number	

Applicant's Name		Agency Name		<input type="checkbox"/> New Applicant <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Policy Cancellation <input type="checkbox"/> *Reason for Cancellation <input type="checkbox"/> Correct Spelling of Insured Name <input type="checkbox"/> Successor-In-Interest & Effective Ins. Period _____ <input type="checkbox"/> Transfer <input type="checkbox"/> Additional Insurance Period <input type="checkbox"/> Policy Change <input type="checkbox"/> Correct Tax ID <input type="checkbox"/> Cancellation <input type="checkbox"/> In House Transfer <input type="checkbox"/> Add/Change Insured's Auth. Rep.*
Street or Mailing Address		Agency/Agent Street or Mailing Address		
City and State	Zip Code	City and State	Zip Code	
Applicant's E-Mail Address/Fax #		Agent's E-Mail Address/Fax #		
Phone #		Phone #		
Tax Identification #	Check One <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other	Agency Code		
Spouse's Tax ID #	Type of Entity*	Applicant's Authorized Representative (Submit Completed Power of Attorney Form)		
Is applicant at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No				
CERTIFICATION:				
<input type="checkbox"/> YES <input type="checkbox"/> NO (a) I certify that the Target Marketings stated in this application reflect swine that I own or plan to own and feed to finish weight using facilities that I control. <input type="checkbox"/> YES <input type="checkbox"/> NO (b) I certify that I control adequate facilities to farrow and/or finish the number of swine reflected by the Target Marketings stated in this application. <input type="checkbox"/> YES <input type="checkbox"/> NO (c) I understand that, in the event of a claim, my coverage will be reduced to the number of swine sold and no premium will be refunded if the number of swine sold is less than 75% of the Target Marketings stated in this application.				

(Complete for Transfer only) Current Insurer and Policy Number:

YES NO I REQUEST INSURANCE COVERAGE FOR ALL HOGS SPECIFIED BELOW. (Complete for Application and Additional Insurance Periods)

Operation Type	County	Approved Marketings	Deductible (\$/head)	Target Marketings by Month (enter Month)				
				Month 2	Month 3	Month 4	Month 5	Month 6
Farrow to Finish:								
Finish								
Segregated Early Weaner								

CONDITIONS OF ACCEPTANCE: This application is accepted and insurance attaches in accordance with the policy unless: (1) The Federal Crop Insurance Corporation determines that livestock insurance capacity limitations in accordance with the Federal Crop Insurance Act have been reached and this policy will exceed the limitations; (2) any material fact is omitted, concealed or misrepresented in this application and endorsement or in the submission of this application; (3) you have failed to provide complete and accurate information required by this application; or (4) the answer to any of the following questions is "yes." An answer of "yes" to these questions does not automatically result in rejection of the application. For example, if you answer "yes" to question (a) but your debt was discharged in bankruptcy, the application would not be rejected.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	(a) Are you now indebted and is the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?
<input type="checkbox"/>	<input type="checkbox"/>	(b) Have you in the last five years been convicted under Federal or State law of planting, cultivating, growing, producing, harvesting or storing a controlled substance?
<input type="checkbox"/>	<input type="checkbox"/>	(c) Have you ever had insurance coverage under the authority of the Federal Crop Insurance Act terminated for violation of the terms of the contract or regulations, or for failure to pay your indebtedness?
<input type="checkbox"/>	<input type="checkbox"/>	(d) Are you disqualified or debarred under the Federal Crop Insurance Act, the regulations of the Federal Crop Insurance Corporation, the United States Department of Agriculture?
<input type="checkbox"/>	<input type="checkbox"/>	(e) Have you ever entered into an agreement with the Federal Crop Insurance Corporation, Risk Management Agency, or with the Department of Justice that you would refrain from participating in the crop or commodity insurance program and that agreement is still effective?
<input type="checkbox"/>	<input type="checkbox"/>	(f) Do you have like insurance on any of the above livestock?

I understand that if coverage for any crop is currently terminated or would have subsequently terminated for indebtedness had this application been filed after the termination date, no coverage can be provided and I am ineligible for any benefits under the Federal Crop Insurance Act until the cause for termination is corrected.

We will notify you of rejection by depositing notification in the United States mail, postage paid, to the applicant's address. Unless rejected or the sales closing date has passed at the time you signed this application, insurance shall be in effect for the crop(s) and crop years specified and shall continue for each succeeding crop year, unless otherwise specified in the policy, until canceled, terminated or voided. The insurance contract, which includes the accepted application, is defined in the regulation published at 7 CFR chapter IV. No term or condition of the contract shall be waived or changed unless such waiver or change is expressly allowed by the contract and is in writing.

For Office Use Only
 ITS _____
 Audit _____
 Keyed _____
 Upload _____

I understand that I will have no Livestock Gross Margin Insurance coverage for the swine described in this application unless the insurance company issues a written summary of insurance to me.

Applicant's Signature _____	Date _____	REMARKS:
Licensed Agent's Signature _____	Agent Code _____	

SEE REVERSE SIDE OF FORM FOR CERTIFICATION, COMPLIANCE STATEMENTS AND THE STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.) (Act) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Act and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

Your policy also specifies other information that must be provided. The principle purposes of this information are to provide insurance; reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The routine uses of this information include: (1) Referral to the appropriate agency, whether Federal, State, local or foreign including the Department of Justice, charged with the responsibility of investigating or prosecuting a violation of law, or of enforcing or implementing a statute, rule regulation or order issued pursuant thereto, of any record within this system when information available indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute or by rule, regulation or order issued pursuant thereto; (2) Disclosure to a court, magistrate or administrative tribunal, or to opposing counsel in a proceeding before a court, magistrate or administrative tribunal, of any record within the system that constitutes evidence on that proceeding, or which is sought in the course of discovery, to the extent that FCIC determines that the records sought are relevant to the proceeding; (3) Disclosure to a congressional office in response to any inquiry from the congressional office made at the request of that individual; (4) Disclosure to Approved Insurance Providers (AIP) for any purpose relating to the sale, service, and administration of the Federal crop insurance program and the policies insured under the authority of the Act; (5) Disclosure to other Federal agencies and contractors, cooperators, and partners of FCIC for the purpose of conducting research, development, analyses, and evaluation into all aspects relating to new and existing crop insurance programs and other risk management tools; (6) Disclosure to contractors or other Federal agencies to conduct research and analysis to identify patterns, trends, anomalies, instances and relationships of AIP's, agents, loss adjusters and policyholders that may be indicative of fraud, waste, and abuse; (7) Disclosure to AIPs, contractors, and other applicable Federal agencies to determine whether information has been accurately provided to FCIC and the AIPs and to determine compliance with program requirements; and (8) Disclosure to AIPs, contractors, cooperators, partners of FCIC, and other Federal agencies for any purpose relating to the sale, service, administration, analysis and evaluation of the Federal crop insurance program.

Furnishing other information is also voluntary. However, failure to report the information specified in your policy may result in rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; a unilateral determination of any monetary amounts due; or any remedy provided in the policy.

NONDISCRIMINATION STATEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

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.