



LIVESTOCK GROSS MARGIN INSURANCE POLICY MARKETING REPORT

Policy #:	State
Reinsurance Year	Page # of
Confirmation Number	

Insured's Name	
Street or Mailing Address	
City and State	Zip Code
Insured's E-Mail Address/Fax #	
Phone #	
Tax Identification #	Check One <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other
Spouse's Tax ID #	Type of Entity*
Is applicant at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CONDITIONS:

YES NO (a) All of the information on this Marketing Report is true to the best of my knowledge.

YES NO (b) I understand that falsifying information on this marketing report is a crime punishable by jail or fine.

YES NO (c) Copies of all marketing receipts and claim statements are attached.

CERTIFICATION:

YES 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.

YES 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.

YES 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.

COPIES OF ALL MARKETING RECEIPTS AND CLAIM STATEMENTS FOR THE APPLICABLE MARKETING PERIOD MUST BE ATTACHED TO THIS MARKETING REPORT.

LIST ALL COVERED MARKETINGS							
Operation Type	Approved Marketings	Deductible \$/head	Beginning Month No Hogs Insured				
Farrow to Finish							
Finish							
Segregated Early Weaner							
Farrow to Finish							
Finish							
Segregated Early Weaner							

Insured's Signature _____ Date _____

Licensed Agent's Signature _____ Agent Code _____

REMARKS:

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) 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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