



**LIVESTOCK GROSS MARGIN FOR CATTLE INSURANCE POLICY  
MARKETINGS REPORT**

Policy Number	State
Reinsurance Year	Page Number Of
Confirmation Number	

Insured's Name		Insured's Initials _____	<p align="center"><b>CONDITIONS</b></p> <p>(a) All of the information on this Marketing Report is true to the best of my knowledge.</p> <p>(b) I understand that falsifying information on this marketing report is a crime punishable by jail or fine.</p> <p>(c) Copies of all marketing receipts and claim statements are attached.</p>
Street or Mailing Address			
City and State	Zip Code		
insured's E-Mail Address	Insured's Fax No.		
Phone No.		<p align="center"><b>CERTIFICATION</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (a) I certify that the Actual Marketings stated in this marketing report reflect cattle that I have owned during the insurance period and have fed to finish weight using facilities that I control.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (b) I certify that I control adequate facilities to feed and finish the number of cattle reflected by the Actual Marketings stated in this marketing report.</p> <p><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 cattle sold and no premium will be refunded if the number of cattle sold is less than 75% of the Target Marketings stated in this application.</p>	
Tax Identification No.	Check One <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other (specify)		
Spouse's Tax Identification No.	Type of Entity		
Is applicant at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

**LIST ALL COVERED MARKETINGS**

Type of Operation	County	Approved Marketings	Deductible (\$/head)	Actual 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	
Yearling Finishing														
Calf Finishing														
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Calf Finishing														

**REMARKS**

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

Licensed Agent's Signature \_\_\_\_\_ Agent Code \_\_\_\_\_

## **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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