



LIVESTOCK RISK PROTECTION ASSIGNMENT OF INDEMNITY

Policy Number:	Endorsement Number:	Crop Year:	Authorized Representative:		Agency Code:
1. INSURED:			2. ASSIGNEE:		
Insured's Name:			Assignee's Name:		
Insured's SSN:	Insured's EIN:		Assignee's SSN:	Assignee's EIN:	
Street or Mailing Address:			Street or Mailing Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone:	Fax:		Phone:	Fax:	
3. SPECIFIC COVERAGE ENDORSEMENT INFORMATION FOR INSURED LIVESTOCK					
Effective Date	End Date		Insured Value	Total Premium	

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 insurance provider's approval of this assignment and the Lender will have the right to submit the claim form 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 by joint check.
- (6) Cancellation of this assignment prior to the effective date stated above will be accepted by the insurance provider only upon notification in writing by the above-identified Lender. It is understood and agreed that this assignment will be subject to the terms and conditions of the insurance policy. (Followed by signatures of the Insured, Lender and Witnesses)

The undersigned _____ (herein referred to as the "insured") assigns to _____
(Lender or Creditor)

of _____, _____ (Herein referred to as the "Lender") the right and
(Mailing Address, City, State and Zip Code)

interest of any indemnity payment which may be payable to the insured under the insurance policy and specific coverage endorsement for the livestock shown.

The insurance provider hereby approves the foregoing assignment.

Authorized Representative's Signature Date

This assignment was filed with the insurance provider on _____ at _____ a.m / p.m.
Date Time

Insured Signature Date Witness Signature Date

Lender's Signature Date Witness Signature Date

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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