



**LIVESTOCK RISK PROTECTION
SPECIFIC COVERAGE ENDORSEMENT FORM
CLAIM FORM**

Commodity Code:		Policy Number		Endorsement Number:		Claim Number: (Company Use)	
<p>According to our records, you may be entitled to an indemnity under the above policy endorsement based on the information presented below. Please contact your agent if the information shown in sections 1, 2, or 3 is not correct. The calculation of the indemnity is shown in section 6 below. In order to receive an indemnity, your signature is required to certify that the terms and conditions of the policy have been met as stated in section 7 below.</p>							
Assignment of Indemnity?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Transfer of Right to Indemnity?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
1. INSURED				2. INSURANCE AGENCY			
Insured Name:		SSN:	EIN:	Insurance Agency Name:		Agency Code:	
Name of Farm/Ranch or Business:				Insurance Agent's Name:		Agent's Code:	
Street or Mailing Address:				Street or Mailing Address:			
City:	County:	State:	Zip Code:	City:	State:	Zip Code:	
Phone:	Fax:	E-mail address:		Phone:	Fax:	E-mail address:	
3. ASSIGNMENT OF INDEMNITY							
Assignee's Name:				Assignee's <input type="checkbox"/> SSN / <input type="checkbox"/> EIN (check one and enter number):			
Street or Mailing Address:				Phone:		Fax:	
City:			State:		Zip Code:		
Coverage Price	Actual Ending Value		If actual ending value is less than the coverage price, an indemnity is due.				

4. INDEMNITY CALCULATION

If the actual ending value is less than the coverage price, an indemnity is due. The indemnity is equal to the number of head multiplied by the target weight (in cwt as defined in the Specific Coverage Endorsement) multiplied by the difference between the coverage price and the actual ending value (in \$ per cwt.), and then multiplied by the ownership share (in percent).

Number of Head	Target Weight At End Date (Cwt. Per Head)	Coverage Price Minus Actual Ending Value	Insured Share %	Indemnity

5. CERTIFICATIONS FOR INDEMNITY:

- You must truthfully attest to all of the following certification statements in order to be eligible for an indemnity.
- a. I did not enter into any restricted or offsetting transactions as set forth in section 14 (c) of the policy.
 - b. I owned the percentage share of the covered livestock or livestock product stated on the Specific Coverage Endorsement during the term of this endorsement.
 - c. I did not sell or transfer ownership of the livestock or livestock product identified in the specific Coverage Endorsement prior to 30 days before the end date specified on the Specific Coverage Endorsement.

If you cannot truthfully attest to all of the above certification statements, then you are not eligible for an indemnity payment and should not sign or return this form. If you can truthfully attest to all of the above certification statements, please sign this form and return it to the Company in the enclosed envelope within sixty (60) days of the end date. An indemnity payment will be made within 60 days of receipt of this form by the Company.

I certify that the information provided above, to the best of my knowledge, to be true and complete and that it will be used to determine my loss, if any, to my insured livestock. I understand that this claim form and supporting papers are subject to audit and approval by the company. I understand that this livestock insurance is subsidized and reinsured by the Federal Crop Insurance Corporation, an agency of the United States. I understand that any false or inaccurate information on this form may result in the sanctions outlined in my policy and administrative, civil, and criminal sanctions under 18 U.S.C. §1001, 1006 and 1014, 7 U.S.C. §1515, 31 U.S.C. §3729 and 3730 and any other applicable federal statutes.

(Insured Signature)

(Date)

(Print Name)

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.

NONDISCRIMINATION STATEMENT

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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.