



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

Policy Number	State
Reinsurance Year	Page Number Of
Confirmation Number	

Applicant's Name		Agency Name	
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	Applicant's Fax No.	Agent's E-Mail Address/Fax No.	
Phone No.		Phone No.	
Tax Identification No.	Check One <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other	Agency Code	
Spouse's Tax ID No.	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			

<input type="checkbox"/> New Applicant	<input type="checkbox"/> Transfer
<input type="checkbox"/> Name Change	<input type="checkbox"/> Additional Insurance Period
<input type="checkbox"/> Address Change	<input type="checkbox"/> Policy Change
<input type="checkbox"/> Policy Cancellation	<input type="checkbox"/> Correct Tax ID
____ *Reason for Cancellation	<input type="checkbox"/> Cancellation
<input type="checkbox"/> Correct Spelling of Insured Name	<input type="checkbox"/> In-House Transfer
<input type="checkbox"/> Successor-In-Interest & Effective Ins. Period ____	<input type="checkbox"/> Add/Change Insured's Auth. Rep*

CERTIFICATION

Yes No (a) I certify that the Target Marketings and Feed stated in this application reflect milk that I plan to produce and feed that I plan to use for milk production.

Yes No (b) I certify that I control adequate facilities to produce the amount of milk 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 amount of milk sold and no premium will be refunded if the amount of milk 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 MILK SPECIFIED BELOW. (Complete for Application and Additional Insurance Periods)

County	Approved Marketings	Deductible (\$/cwt.)		Target Marketings and Feed By Month (Enter Month)												
				Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11			
			Hundredweight of Milk													
			Tons of Corn													
			Tons of Protein Meal													

CONDITIONS OF ACCEPTANCE: This application is accepted and insurance attaches in accordance with the policy unless: (1) The Risk Management Agency 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."

Yes No (a) Are you now indebted, and the debt is delinquent, for crop insurance coverage under the Federal Crop Insurance Act?

Yes No (b) Have you ever had crop insurance terminated for violation of terms of the contract or regulations, or for failure to pay your indebtedness?

Yes No (c) Are you disqualified or debarred under the Federal Crop Insurance Act, or the Regulations of the Federal Crop Insurance Corporation or the United States Department of Agriculture?

Yes No (d) 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?

Yes No (e) Have you ever entered into an agreement with the Federal Crop Insurance Corporation or the Department of Justice that you would refrain from participating in the crop insurance program and that agreement is still effective?

Yes No (f) Do you have like insurance on any of the above livestock?

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I understand Livestock Gross Margin for Dairy Cattle Insurance may not be purchased for the month immediately following the application date. I also understand that only a limited number of applications for Livestock Gross Margin for Dairy Cattle Insurance coverage will be accepted and that I will have no Livestock Gross Margin for Dairy Cattle Insurance coverage for the milk described in this application unless the insurance company issues a written summary of insurance to me. I certify that the information on this application is complete and accurate; that none of the reasons for rejection in items 1 through 4 of the "Conditions of Acceptance" apply; and that I am aware of and understand the requirements of the Collection of Information and Data (Privacy Act), as well as all other provisions contained on this application.

Applicant's Signature _____ Date _____

Licensed Agent's Signature _____ Agent Code _____

REMARKS:

SEE REVERSE SIDE OF FORM FOR 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.

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.