



**LIVESTOCK GROSS MARGIN INSURANCE FOR DAIRY CATTLE 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	Insured's 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	

Producer's Initials _____ _____ _____	CONDITIONS: (a) All of the information on this Marketing Report is true to the best of my knowledge. (b) I understand that falsifying information on this marketing report is a crime punishable by jail or fine. (c) Copies of all marketing receipts and claim statements are attached.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	CERTIFICATION: (a) I certify that the Actual Marketings stated in this marketing report reflect milk that I have produced during the insurance period using facilities that I control. (b) I certify that I control adequate facilities to produce the amount of milk reflected by the Actual Marketings stated in this marketing report. (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.

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

LIST ALL COVERED MARKETINGS

	County	Approved Marketings	Deductible (\$ per cwt.)	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	
Hundredweight of Milk														

Insured'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.

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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.