

**LIVESTOCK
GROSS
MARGIN FOR
SWINE
(LGM - Swine)
INSURANCE
HANDBOOK**

**2008 and Succeeding Crop Years
Handbook Number: 20060**

Livestock Gross Margin for Swine Plan of Insurance

The following forms will be necessary for sales of the Livestock Gross Margin for Swine Plan of Insurance:

- A. Application - This form is filled out to apply for eligibility to purchase LGM for Swine insurance. The application also includes the type of operation and target marketings for each month of the insurance period. No insurance attaches until the company sends the insured a written summary of insurance.
- B. Substantial Beneficial Interest (SBI) - This form includes the social security numbers, employer identification numbers, and share of those with a 10 percent interest or more in the insurance entity and must accompany the application. The SBI is used to establish eligibility and to account for insurance limits.
- C. Marketing Report - This form is submitted by the insured to show, for each month, the insured's actual marketings for that month of swine insured under the policy. The marketing report must be accompanied by copies of packer sales receipts that provide records of the actual marketings shown on the marketing report.
- D. Notice of Probable Loss - This form notifies the insured of a probable loss on insured swine at the end of the insurance period.
- E. Assignment of Indemnity - This form contains necessary information to assign any indemnity to a third party.
- F. Transfer of Right to Indemnity - This form contains necessary information to transfer the right of an indemnity if the livestock or livestock product is sold prior to the end of insurance period to transfer any indemnity to the new owner (providing the new owner meets eligibility requirements).
- G. Power of Attorney - This form contains the necessary information authorizing one to act as another's attorney or agent.

The following illustrations pertain to information the producer must provide to the approved insurance provider to obtain coverage under LGM for Swine. Instructions must be provided for form completion.

A. LGM FOR SWINE APPLICATION, TARGET MARKETINGS, AND CHANGE FORM

<p>LIVESTOCK GROSS MARGIN FOR SWINE INSURANCE POLICY APPLICATION, TARGET MARKETINGS, AND CHANGE FORM</p>				Policy # 1		State 2			
				Reinsurance Year 3		Page # 4 of f			
				Confirmation Number 5					
Applicant's Name 6		Agency Name 16		<input type="checkbox"/> New Applicant 23 <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.*					
Street or Mailing Address 7		Agency/Agent Street or Mailing Address 17							
City and State 8 Zip Code		City and State 18 Zip Code							
Applicant's E-Mail Address 9	Applicant's Fax #	Agent's E-Mail Address/Fax # 19							
Phone # 10		Phone # 20							
Tax Identification # 11	Check One <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other 12	Agency Code 21							
Spouse's Tax ID # 13	Type of Entity 14	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 15		22							
(Complete for Transfer Only) Current Insurer and Policy Number 25						CERTIFICATION 24 <input type="checkbox"/> YES <input type="checkbox"/> NO (a) I certify that the Target Marketings stated in this application reflect swine that I own or plan to own and feed to finish weight using facilities that I control. <input type="checkbox"/> YES <input type="checkbox"/> NO (b) I certify that I control adequate facilities to feed and finish the number of swine reflected by the Target Marketings stated in this application. <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 swine sold and no premium will be refunded if the number of swine sold is less than 75% of the Target Marketings stated in this application.			
<input type="checkbox"/> YES <input type="checkbox"/> NO I REQUEST INSURANCE COVERAGE FOR ALL SWINE SPECIFIED BELOW. (Complete for Application and Additional Insurance Periods) 26									
Type of Operation	County 27	Approved Marketings 28	Deductible (\$/head) 29	30 Target Marketings by Month (Enter Month)					
				Month 2	Month 3	Month 4	Month 5	Month 6	
Farrow to Finish									
Segregated Early Wean (SEW) to Finish									
Feeder to Finish									
31 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; (4) the answer to any of the following questions is "yes."							For Office Use Only <input type="checkbox"/> ITS <input type="checkbox"/> Audit <input type="checkbox"/> Keyed <input type="checkbox"/> Upload		
<input type="checkbox"/> YES <input type="checkbox"/> NO	(a)	Are you now indebted, and the debt is delinquent, for crop insurance coverage under the Federal Crop Insurance Act?							
<input type="checkbox"/> YES <input type="checkbox"/> NO	(b)	Have you ever had crop insurance terminated for violation of the terms of the contract or regulations, or for failure to pay your indebtedness?							
<input type="checkbox"/> YES <input type="checkbox"/> 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?							
<input type="checkbox"/> YES <input type="checkbox"/> 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?							
<input type="checkbox"/> YES <input type="checkbox"/> 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?							
<input type="checkbox"/> YES <input type="checkbox"/> NO	(f)	Do you have like insurance on any of the above livestock?							

I understand Livestock Gross Margin for Swine 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 Swine Insurance coverage will be accepted and that I will have no Livestock Gross Margin for Swine insurance coverage for the swine 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 **32** _____

Date **33** _____

Licensed Agent's Signature **34** _____

Agent Code **35** _____

REMARKS **36**

SEE REVERSE SIDE OF FORM FOR COMPLIANCE STATEMENTS AND THE STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974

A. Policy Application, Target Marketings, and Change Form Instructions

1. Policy #: Enter the policy number from the confirmation screen.
2. State: Enter your state.
3. Reinsurance Year: Enter the reinsurance year. The reinsurance year for LGM is from July 1 to June 30. For example, the 2008 reinsurance year is the period July 1, 2007 to June 30, 2008.
4. Page # _ of _: Enter the number of the page and the number of pages of the complete application. For example, if four pages were used to complete the application and this is the second page, fill in Page # 2 of 4.
5. Confirmation Number: Enter the confirmation number from the confirmation screen.
6. Applicant's Name: Enter the applicant's name.
7. Street or Mailing Address: Enter the applicant's street or mailing address.
8. City, State, Zip Code: Enter the applicant's city, state, and zip code.
9. Applicant's E-Mail Address/Fax: Enter the applicant's email address and fax number if available.
10. Phone #: Enter the applicant's phone number.
11. Tax Identification #: Enter the applicant's Tax ID number. This may be the same as the applicant's social security number. This information is used to report any loss payments to the IRS.
12. Check One: SSN, EIN, Other: Check the type of Tax ID number used. SSN = social security number, EIN = employer identification number, or Other (If Other, specify type of identification number used).
13. Spouse's Tax ID #: Enter the applicant's spouse's tax identification number.
14. Type of Entity: State the applicant's type of business entity (individual, corporation, partnership).
15. Is the applicant at least 18 years old?: Check yes or no.
16. Agency Name: Enter the insurance agency name.
17. Agency/Agent Street or Mailing Address: Enter the street or mailing address of the insurance agency.
18. City and State, and Zip Code: Enter the city, state and zip code of the insurance agency.

Application, Target Marketings, and Change Form Instructions (continued)

19. Agent's E-mail Address/Fax#: Enter the e-mail address and fax number of the insurance agency.
20. Phone #: Enter the phone number of the agency.
21. Agency Code: Enter the agency code.
22. Applicant's Authorized Representative: If applicable, enter the applicant's authorized representative. A completed Power of Attorney form must be submitted with the initial application.
23. Check all that apply. If cancelling the policy, list the code of the reason for cancellation.
Cancellation Reason Codes
 - I Insured's Request
 - D Death, Incompetency, or Dissolution
 - M Mutual Consent
 - O Other (Please Explain)
24. Certification: Check yes or no.
25. (Complete for Transfer Only) Current Insurer and Policy Number: If transferring the Livestock Gross Margin for Swine Policy to a different insurance company, provide the name of the current insurer and the policy number. If not transferring, leave blank.
26. Check yes if the applicant is requesting insurance coverage for the swine specified in the target marketings portion of the application.
27. County: Enter the county where swine are domiciled.
28. Approved Marketings: Enter the applicant's number of approved marketings.
29. Deductible: Enter the desired deductible amount per head of swine. The range of allowable deductible amounts is from \$0 per head to \$20 per head, in \$2 per head increments.
30. Target Marketings by Month: If applying for coverage for a farrow to finish operation, complete the target marketings for only the farrow to finish coverage for the applicable insurance period. If applying for coverage for a feeder to finish operation, complete the target marketings for only the feeder to finish coverage for each insurance period. If applying for coverage for a SEW to finish operation, complete the target marketings for only the SEW to finish coverage for each insurance period. If applying for coverage under all three types, complete all sections for each insurance period. Enter the target marketings for each month. If there are months when the applicant is not marketing swine, enter a zero (0).
31. Conditions of Acceptance: Answer yes or no for each question. Explain any "yes" answers in the "Remarks" section (see instruction No. 36).
32. Applicant's signature: The applicant must sign the form.

Application, Target Marketings, and Change Form Instructions (continued)

33. Date of Applicant's Signature: The applicant must date the form.
34. Licensed Agent's Signature: The agent must sign the form.
35. Agent's Code: Enter the agent's code.
36. Remarks: Enter any remarks that should be known by the insurance company.

B. Substantial Beneficial Interest Form

LIVESTOCK GROSS MARGIN FOR SWINE INSURANCE Substantial Beneficial Interest Form										
NAME OF APPLICANT/INSURED				CONTRACT NUMBER						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">SSN</td> <td style="width:25%; text-align: center;">EIN</td> <td style="width:25%; text-align: center;">OTHER</td> <td style="width:25%; text-align: center;">(Check One)</td> </tr> </table>				SSN	EIN	OTHER	(Check One)			
SSN	EIN	OTHER	(Check One)							
SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER				ADDRESS OF AGENT						
AGENT NAME		AGENT CODE NUMBER		COMPANY NAME						
List persons and/or entities with 10 percent or more interest in the insurance entity identified above as the Applicant/Insured.										
NAME (Print or Type)	COMPLETE ADDRESS (St., R.R., P.O. Box, Zip, etc.)	SSN/EIN (Check One & Enter No.)			TELEPHONE NUMBER	ENTITY TYPE	SHARE			
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">SSN</td> <td style="width:33%; text-align: center;">EIN</td> <td style="width:33%; text-align: center;">OTHER</td> </tr> </table>	SSN	EIN	OTHER					
		SSN	EIN	OTHER						
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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">SSN</td> <td style="width:33%; text-align: center;">EIN</td> <td style="width:33%; text-align: center;">OTHER</td> </tr> </table>	SSN	EIN	OTHER					
		SSN	EIN	OTHER						
		()								
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">SSN</td> <td style="width:33%; text-align: center;">EIN</td> <td style="width:33%; text-align: center;">OTHER</td> </tr> </table>	SSN	EIN	OTHER					
		SSN	EIN	OTHER						
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		SSN	EIN	OTHER						
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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">SSN</td> <td style="width:33%; text-align: center;">EIN</td> <td style="width:33%; text-align: center;">OTHER</td> </tr> </table>	SSN	EIN	OTHER					
		SSN	EIN	OTHER						
		()								
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">SSN</td> <td style="width:33%; text-align: center;">EIN</td> <td style="width:33%; text-align: center;">OTHER</td> </tr> </table>	SSN	EIN	OTHER					
		SSN	EIN	OTHER						
		()								
SIGNATURE OF APPLICANT/INSURED					DATE					

B. Substantial Beneficial Interest Form Instructions

1. Name of Applicant/Insured: Type or print information about the applicant for insurance. Include first name, middle initial, and last name.
2. Social Security Number or Employer Identification Number: Enter the applicant's social security number (SSN), employer identification number (EIN), or Other and indicate which number is being provided. If Other is checked, enter the type of identification number being used.
3. Agent Name and Code Number: Enter the agent's name and code number.
4. Contract Number: Enter the insurance policy number.
5. Address of Agent: Enter the agent's street or mailing address, city, county, state, and zip code.
6. Company Names: Enter the company name where the agent can be reached.
7. List persons and/or entities with 10 percent or more interest in the insurance entity identified above as the Applicant/Insured:

For each person or entity with 10 percent or more interest in the insurance entity, enter the person's or entity's name and complete address including mailing address, city, state, and zip code.

Enter the person's or entity's social security number (SSN), employer identification number (EIN), or other identification number and check the box that indicates which number was provided. If Other is checked, indicate what identification number is being used.

Enter the person's or entity's telephone number, the type of entity, and the persons' or entity's share in the insurance entity.

8. Signature of Applicant/Insured: The applicant must sign the form.
9. Date: The Applicant/Insured must date the form.

C. LGM for Swine Marketings Report Form

LIVESTOCK GROSS MARGIN FOR SWINE INSURANCE POLICY MARKETINGS REPORT

Policy # 1	State 2
Reinsurance Year 3	Page # 4 of
Confirmation Number 5	

Insured's Name 6	
Street or Mailing Address 7	
City and State 8	Zip Code
Insured's E-Mail Address 9	Insured's Fax #
Phone # 10	
Tax Identification # 11	12 Check One <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other (specify)
Spouse's Tax Identification # 13	Type of Entity 14
Is applicant at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No 15	

Insured's Initials

CONDITIONS 16

(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.

CERTIFICATION 17

YES NO (a) I certify that the Actual Marketings stated in this marketing report reflect swine that I have owned during the insurance period and have fed to finish weight using facilities that I control.

YES NO (b) I certify that I control adequate facilities to feed and finish the number of swine reflected by the Actual Marketings stated in this marketing report.

YES NO (c) I understand that, in the event of a claim, my coverage will be reduced to the number of swine sold and no premium will be refunded if the number of swine 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

Type of Operation	County 18	Approved Marketings 19	Deductible (\$ per head) 20	21 Actual Marketings By Month (enter month)				
				Month 2	Month 3	Month 4	Month 5	Month 6
Farrow to Finish								
Segregated Early Wean (SEW) to Finish								
Feeder to Finish								

Type of Operation	County	Approved Marketings	Deductible (\$ per head)	Actual Marketings By Month (enter month)				
				Month 2	Month 3	Month 4	Month 5	Month 6
Farrow to Finish								
Segregated Early Wean (SEW) to Finish								

Feeder to Finish								
Type of Operation	County	Approved Marketings	Deductible (\$ per head)	Actual Marketings By Month (enter month)				
				Month 2	Month 3	Month 4	Month 5	Month 6
Farrow to Finish								
Segregated Early Wean (SEW) to Finish								
Feeder to Finish								
Insured's Signature <u>22</u> Date <u>23</u>				REMARKS 24				

SEE REVERSE SIDE OF FORM FOR COMPLIANCE STATEMENTS AND THE STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974

C. Marketings Report Form Instructions

1. Policy #: Enter the policy number from the confirmation screen.
2. State: Enter your state.
3. Reinsurance Year: Enter the reinsurance year. The reinsurance year for LGM is from July 1 to June 30. For example, the 2008 reinsurance year is the period July 1, 2007 to June 30, 2008.
4. Page # _ of _: Enter the number of the page and the number of pages of the complete application. For example, if four pages were used to complete the application and this is the second page, fill in Page # 2 of 4.
5. Confirmation Number: Enter the confirmation number from the confirmation screen.
6. Insured's Name: Enter the insured's name.
7. Street or Mailing Address: Enter the insured's street or mailing address.
8. City, State, and Zip Code: Enter the insured's city, state, and zip code.
9. Insured's E-Mail Address and Insured's Fax #: Enter the insured's email address and fax number if available.
10. Phone #: Enter the insured's phone number.
11. Tax Identification #: Enter the insured's tax identification number. This number may be the same as the insured's social security number (SSN), employer tax identification number (EIN), or other similar tax identification number.
12. Check one: Check the type of tax identification number used. If Other is checked, please write in the type of tax identification used.
13. Spouse's Tax Identification #: Enter the insured's spouse's tax identification number.
14. Type of Entity: Fill in the insured's type of tax entity. For example, specify corporation, partnership, L.L.C, etc.
15. Is the applicant at least 18 years old?: Check yes or no.
16. Conditions: Insured must enter his/her initials on line preceding each condition.
17. Certification: Check yes or no.
18. County: Enter the county where the swine are domiciled.
19. Approved Marketings: Enter the insured's number of approved marketings.

Marketings Report Form Instructions (continued)

20. Deductible: Enter the desired deductible amount per head of swine. The range of allowable deductible amounts is from \$0 per head to \$20 per head, in \$2 per head increments.
21. Actual Marketings by Month: If coverage is for a farrow to finish operation, complete the actual marketings for only the farrow to finish coverage for the applicable insurance period. If coverage is for a feeder to finish operation, complete the actual marketings for only the feeder to finish coverage for each insurance period. If coverage is for a SEW to finish operation, complete the actual marketings for only the SEW to finish coverage for each insurance period. If coverage is under all three types, complete all sections for each insurance period. Enter the actual marketings for each month. If there are months when the applicant did not market swine, enter a zero (0).
22. Insured's Signature: The insured must sign the form.
23. Date: The insured must date the form.
24. Remarks: Enter any information that claims adjusters or insurance companies should know.

D. Notice of Probable Loss Form

**LIVESTOCK GROSS MARGIN FOR SWINE INSURANCE
NOTICE OF PROBABLE LOSS**

Policy Number 1	Claim Number (Company Use) 2
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According to our records, you may be entitled to an indemnity under the above policy endorsement based on the information presented below. The calculation of the indemnity is shown in Section 4 below. In order to receive an indemnity, your signed Marketings Report and marketing receipts are required to certify that the terms and conditions of the policy have been met. Please contact your livestock insurance agent to receive a Marketings Report form or if the information shown in Sections 1, 2, or 3 is not correct.

Assignment of Indemnity? **3** Yes No

Transfer of Right to Indemnity? **4** Yes No

Section 1. INSURED				Section 2. INSURANCE AGENCY			
Insured's Name 5	SSN 6	EIN		Insurance Agency Name 13	Agency Code 14		
Name of Farm/Ranch or Business 7				Insurance Agent's Name 15		Agent's Code 16	
Street or Mailing Address 8				Street or Mailing Address 17			
City 9	County	State	Zip Code	City 18	State	Zip Code	
Insured's Phone 10	Fax 11	E-mail Address 12		Agent's Phone 19	Fax 20	E-mail Address 21	

Section 3. ASSIGNMENT OF INDEMNITY/ TRANSFER OF RIGHT TO INDEMNITY			
Assignee's Name 22		Assignee's SSN / EIN (<i>circle one and enter number</i>) 25	
Street or Mailing Address 23		Assignee's Phone 26	Fax 27
City 24		State	Zip Code

Section 4. INDEMNITY CALCULATION
If the actual gross margin is less than the expected gross margin, an indemnity is due.
Insurance Period: Six-Month Insurance Period Beginning ____ (Month, Year) 28

29 Target Marketings By Month (enter month)				
Month 2	Month 3	Month 4	Month 5	Month 6

Probable Indemnity			
Deductible 30	Gross Margin Guarantee 31	Actual Gross Margin 32	Probable Indemnity 33

D. Notice of Probable Loss Form Instructions

1. Policy Number: Enter policy number.
2. Claim Number: Enter claim number.
3. Assignment of Indemnity: Check yes or no.
4. Transfer of Right to Indemnity: Check yes or no.
5. Insured's Name: Enter insured's name.
6. SSN or EIN: Enter insured's social security number (SSN) or employer identification number (EIN).
7. Name of Farm/Ranch or Business: Enter name of insured's farm/ranch or business.
8. Street or Mailing Address: Enter insured's mailing address.
9. City, County, State, and Zip Code: Enter insured's city, county, state, and zip code.
10. Insured's Phone: Enter insured's phone number.
11. Fax: Enter insured's fax number (if available).
12. E-mail address: Enter insured's e-mail address (if available).
13. Insurance Agency Name: Enter name of insurance agency.
14. Agency Code: Enter the agency code.
15. Insurance Agent's Name: Enter agent's name.
16. Agent's Code: Enter agent's code.
17. Street or Mailing Address: Enter street or mailing address of agency
18. City, State, and Zip Code: Enter city, state, and zip code of agency.
19. Agent's Phone: Enter agency's phone number.
20. Fax: Enter agency's fax number (if available).
21. E-mail Address: Enter agency's e-mail address (if available).
22. Assignee's Name: Enter name of assignee.
23. Street or Mailing Address: Enter assignee's street or mailing address.
24. City, State, and Zip Code: Enter city, state, and zip code of assignee.
25. Assignee's SSN/EIN: Enter assignee's social security number (SSN) or employer identification number (EIN) and circle the type of number entered (SSN or EIN).

Notice of Probable Loss Form Instructions (continued)

26. Assignee's Phone: Enter assignee's phone number.
27. Fax: Enter assignee's fax number (if available).
28. Insurance Period: Enter month and year.
29. Target Marketings by Month: Enter number of head of target marketings.
30. Deductible: Enter deductible amount per head of swine.
31. Gross Margin Guarantee: Enter gross margin guarantee.
32. Actual Gross Margin: Enter actual gross margin.
33. Probable Indemnity: Enter probable indemnity.

E. Assignment of Indemnity Form

LIVESTOCK GROSS MARGIN FOR SWINE INSURANCE APPLICATION FOR ASSIGNMENT OF INDEMNITY					
CROP YEAR 1.			AGENCY NAME 5.		
POLICY NO. 2.			AGENCY CODE 6.		
COUNTY 3.			AGENCY ADDRESS 7.		
COMMODITY(S) 4.		CITY 8.	STATE	ZIP CODE	
INSURED INFORMATION (Please Print)			LENDER OR CREDITOR (herein "Lender")		
INSURED'S NAME 9.			LENDER'S NAME 14.		
SOCIAL SECURITY NUMBER/TAX I.D. # 10.					
ADDRESS 11.					
CITY 12.	STATE	ZIP CODE	ADDRESS 15.		
INSURED'S AUTHORIZED REPRESENTATIVE 13.			CITY 16.	STATE	ZIP CODE
<p>The undersigned Insured assigns to the Lender the right and interest of any indemnity payment(s) which may be payable to the insured under the insurance policy for the commodity(s) and crop year shown above.</p>					
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 the insurance provider's approval of this assignment and the Lender will have the right to submit the loss notices 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 payments(s) will be issued by joint check.				
6)	Cancellation of this assignment prior to the crop year 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.					
Signature of Insured/Authorized Representative 17.		Date	Signature of Lender 18.		Date
WITNESS SIGNATURE 19.		Date	WITNESS SIGNATURE 20.		Date
FILING			APPROVAL		
This assignment was filed with the insurance provider on			The insurance provider hereby approves the foregoing assignment.		
21. (Date, Year)	a t	22. (Hour)	a.m. p.m.		
			Company Name 23.		
			Signature of Insurance Provider/Authorized Representative 24.		Date
			Address 25.		
SEE REVERSE SIDE OF FORM FOR STATEMENT REQUIRED BY PRIVACY ACT OF 1974					
LGM AAI (4/16/02)					

E. Application for Assignment of Indemnity Form Instructions

1. Crop Year: Enter the crop year.
2. Policy Number: Enter the policy number.
3. County: Enter the county listed on the policy.
4. Commodity(s): List commodity(s) insured.
5. Agency Name: Enter name of insurance agency.
6. Agency Code: Enter insurance agency code.
7. Agency Address: Enter the street or mailing address of the agency.
8. City, State, Zip Code: Enter the city, state, and zip code of the agency.
9. Name: Enter the insured's name as listed on the policy.
10. Social Security/Tax ID: Enter the applicable social security number or tax identification number as listed on the policy.
11. Address: Enter the insured's mailing address as listed on the policy.
12. City, State, Zip Code: Enter the city, state, and zip code of the insured as listed on the policy.
13. Insured's Authorized Representative: If applicable, enter the name of the insured's authorized representative.
14. Name: Enter the name of the lender.
15. Address: Enter the mailing address of the lender.
16. City, State, Zip Code: Enter the city, state, and zip code of the lender.
17. Signature of Insured/Authorized Representative and Date: Signature of the insured or, as applicable, signature of the insured's authorized representative and date of signature.
18. Signature of Lender and Date: Signature of the lender or lender's representative and date of signature.
19. Witness Signature and Date: Signature and date of signature of first witness.
20. Witness Signature and Date: Signature and date of signature of second witness.
21. Date/Year: For insurance provider use only. Enter date and year of filing of assignment.

Application for Assignment of Indemnity Form Instructions (continued)

22. Hour: For insurance provider use only. Enter hour of filing of assignment.
23. Company Name: For insurance provider use only. Enter insurance provider name.
24. Signature of Insurance Provider/Authorized Representative and Date: For insurance provider use only. Signature of insurance provider or the insurance provider's authorized representative and date of signature.
25. Address: For insurance provider use only. Enter mailing address of insurance provider.

F. Transfer of Right to an Indemnity Form

LIVESTOCK GROSS MARGIN FOR SWINE INSURANCE TRANSFER OF RIGHT TO AN INDEMNITY								
Policy Number 1		Crop Year 2		Effective Date of Transfer 3		Nature of Transfer 4		
TRANSFEROR (INSURED)				TRANSFeree (S)				
Transferor Name 5				Transferee Name 8				
Street or Mailing Address 6				Street or Mailing Address 9				
City, State, Zip Code 7				City, State, Zip Code 10				
				SSN/EIN (circle one and enter number) 11				
12 Are all the insured swine and all the insured share in the livestock being transferred?								
Yes <input type="checkbox"/> Make checks payable to Transferee(s) only. Check will be mailed to Transferee's address shown above								
No <input type="checkbox"/> Make check payable jointly to Insured and Transferee(s). Check will be mailed to Insured's address shown above (unless an assignment of indemnity is on file.								
	Deductible (\$ per head)	Target Marketings by Month (enter name of month and number of head)					Premium	Guarantee
		Month 2	Month 3	Month 4	Month 5	Month 6		
Total:	13	14					15	16
Transferred:	17	18					19	20
Retained:	21	22					23	24
	Deductible (\$ per head)	Target Marketings by Month (enter name of month and number of head)					Premium	Guarantee
		Month 2	Month 3	Month 4	Month 5	Month 6		
Total:	13						15	16
Transferred:	17						19	20
Retained:	21						23	24
<p>1. Acceptance by the Insurance Provider of the above-described transfer shall transfer the Insured's right to an indemnity to the above named Transferee subject to:</p> <p>a. Receipt by the Insurance Provider of satisfactory evidence that said transfer occurred before the end of the insurance period; i.e., (1) the last month of the insurance period in which you have target marketings, (2) the sale of the cattle, or (3) as otherwise specified in the policy.</p> <p>b. The terms of the above-identified insurance contract, including any outstanding assignment of indemnity made by the Transferor prior to the date of transfer.</p> <p>c. All other terms and provisions set forth herein.</p> <p>2. The Insurance Provider shall not be liable for any more indemnity than existed before the transfer occurred.</p> <p>3. The insurance contract of the Transferor covers the share hereby transferred only to the end of the insurance period for the current crop year.</p> <p>4. The Transferee and the Transferor shall be jointly and severally liable for any unpaid premium earned for the current crop year on the acreage and share transferred.</p>								
The premium for the coverage has been paid. 25 <input type="checkbox"/> Yes <input type="checkbox"/> No				Agency Name 28		Agency Code 29		
Transferor's (Insured's) Signature 26			Date 27	Authorized Representative's Signature 32			Date 33	

F. Transfer of Right to an Indemnity Form Instructions

1. Policy Number: Enter the policy number.
2. Crop Year: Enter the current crop year.
3. Effective Date of Transfer: Enter the date on which the transfer of right to an indemnity will be effective.
4. Nature of Transfer: Enter the reason for the transfer of right to an indemnity.
5. Transferor Name: Enter the name of the transferor (Insured).
6. Street or Mailing Address: Enter the street or mailing address of the transferor.
7. City, State, Zip Code: Enter the city, state, and zip code of the transferor.
8. Transferee Name: Enter the name of the transferee(s).
9. Street or Mailing Address: Enter the street or mailing address of the transferee(s).
10. City, State, Zip Code: Enter the city, state, and zip code of the transferee(s).
11. SSN/EIN: Circle the type of identification number as either a social security number (SSN) or employer identification number (EIN) and enter this identification number for the transferee(s).
12. Are all the insured swine and all the insured share in the livestock being transferred?: Check yes or no.
13. Deductible: Enter deductible amount per head of swine.
14. Total Target Marketings: Enter the total target marketings (in number of head) for each month of the insurance period.
15. Total Premium: Enter the total premium for the insurance period.
16. Total Guarantee: Enter the total guarantee for the insurance period.
17. Transferred Coverage Level: Enter the coverage level percentage for the transferred livestock.

Transfer of Right to an Indemnity Form Instructions (continued)

18. Transferred Target Marketings: Enter the target marketings (in number of head) being transferred for each month of the insurance period.
19. Transferred Premium: Enter the premium for the transferred target marketings.
20. Transferred Guarantee: Enter the guarantee for the transferred target marketings.
21. Retained Deductible: Enter deductible amount per head of swine of the retained livestock.
22. Retained Target Marketings: Enter the target marketings (in number of head) that are retained for each month of the insurance period.
23. Retained Premium: Enter the premium for the retained target marketings.
24. Retained Guarantee: Enter the guarantee for the retained target marketings.
25. The premium for the coverage has been paid: Check yes or no.
26. Transferor's signature: The transferor must sign the form.
27. Date: The transferor must enter the date the form was signed.
28. Agency Name: Print name of insurance agency.
29. Agency Code: Enter insurance agency code.
30. Transferee(s) Signature: The transferee(s) must sign the form.
31. Date: The transferee(s) must enter the date the form was signed.
32. Authorized Representative(s)'s Signature: If applicable, the transferor's authorized representative(s) must sign the form.
33. Date: The transferor's authorized representative(s)'s must enter the date the form was signed.

F. Power of Attorney Form

AGENCY NAME	1.
AGENCY CODE	2.

**LIVESTOCK GROSS MARGIN FOR SWINE INSURANCE
POWER OF ATTORNEY**

The undersigned does hereby make, constitute and appoint

3. _____
of (address) **4.** _____

in the county of **5.** _____ and State of **6.** _____

the true and lawful attorney, for and in the name, place and stead of the undersigned in connection with Livestock
Gross Margin Policy Number **7.** _____ the Insurance Provider checked above for the following commodity(s):

8. _____

The undersigned gives and grants unto said attorney full authority and power to do and perform actions as initialed below, fully ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof.

- 9.** _____ 1. Making application for insurance.
- _____ 2. Making marketing reports.
- _____ 3. Giving notice of loss.
- _____ 4. Making claim for indemnity.
- _____ 5. Making contract change.
- _____ 6. Making transfers and cancellations.
- _____ 7. Providing program-required production reports.
- _____ 8. Taking all actions related to livestock insurance for the above identified policy number.

This Power of Attorney shall be filed at the office where the official file folder is maintained and shall remain in full force and effect until written notice of its revocation has been received by the office maintaining the official file folder (such revocation shall be placed in the official file folder).

This Power of Attorney is signed and dated at **10.** _____, **11.** _____, this **12.** _____ day
(City) (State) Date
of **13.** _____, **14.** _____.
(Month) (Year)

15. _____
Witness' Printed Name

16. _____
Witness' Signature

17. _____
Insured's Signature

I hereby accept the foregoing appointment:

18. _____
Appointee's Signature

ACKNOWLEDGMENT (For use by Notary Public) (Use acknowledgment form required by the State where acknowledgment is taken.) Note: Power of attorney only has to be notarized in states that require it to be notarized.	
State of: 19. _____	Notary Seal and Signature of Notary: 21.
County of: 20. _____	

G. Power of Attorney Form Instructions

1. Agency Name: Enter agency name.
2. Agency Code: Enter agency code.
3. Print the appointee's name.
4. Print the appointee's address.
5. Print the appointee's county of residence.
6. Print the appointee's state of residence.
7. Enter the policy number.
8. Enter the crops covered by the policy.
9. Insured initials each action which the appointee is granted power to perform.
10. Enter the city in which this form is signed and dated.
11. Enter the state in which this form is signed and dated.
12. Enter the date on which this form is signed and dated.
13. Enter the month in which this form is signed and dated.
14. Enter the year in which this form is signed and dated.
15. Print witness's name.
16. Witness must sign the form.
17. Insured must sign the form.
18. Appointee must sign the form.
19. For use by Notary Public, enter state in which this form is signed and dated.
20. For use by Notary Public, enter county in which this form is signed and dated.
21. For use by Notary Public, place notary seal and signature of notary.

Glossary of Statements

A. General

The following statements are general statements and pertain to information collected on company forms.

1. False Claim Statement

I certify that the information that I have furnished on this form is complete and accurate. I understand that any false or inaccurate information on this form may result in the imposition of 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.

2. Certification Statement

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" (See B. Application Statements, 3. 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)	(Agent's Signature)	(Date)
----------------------------	--------	------------------------	--------

3. Collection of Information and Data (Privacy Act)

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.) (Act) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Act and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

Your policy also specifies other information that must be provided. The principle purposes of this information are to provide insurance; reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The routine uses of this information include: (1) Referral to the appropriate agency, whether Federal, State, local or foreign including the Department of Justice, charged with the responsibility of investigating or prosecuting a violation of law, or of enforcing or implementing a statute, rule regulation or order issued pursuant thereto, of any record within this system when information available indicates a violation or potential violation of law, whether civil, criminal,

Collection of Information and Data (Privacy Act) (continued)

or regulatory in nature, and whether arising by general statute or particular program statute or by rule, regulation or order issued pursuant thereto; (2) Disclosure to a court, magistrate or administrative tribunal, or to opposing counsel in a proceeding before a court, magistrate or administrative tribunal, of any record within the system that constitutes evidence on that proceeding, or which is sought in the course of discovery, to the extent that FCIC determines that the records sought are relevant to the proceeding; (3) Disclosure to a congressional office in response to any inquiry from the congressional office made at the request of that individual; (4) Disclosure to Approved Insurance Providers (AIP) for any purpose relating to the sale, service, and administration of the Federal crop insurance program and the policies insured under the authority of the Act; (5) Disclosure to other Federal agencies and contractors, cooperators, and partners of FCIC for the purpose of conducting research, development, analyses, and evaluation into all aspects relating to new and existing crop insurance programs and other risk management tools; (6) Disclosure to contractors or other Federal agencies to conduct research and analysis to identify patterns, trends, anomalies, instances and relationships of AIP's, agents, loss adjusters and policyholders that may be indicative of fraud, waste, and abuse; (7) Disclosure to AIPs, contractors, and other applicable Federal agencies to determine whether information has been accurately provided to FCIC and the AIPs and to determine compliance with program requirements; and (8) Disclosure to AIPs, contractors, cooperators, partners of FCIC, and other Federal agencies for any purpose relating to the sale, service, administration, analysis and evaluation of the Federal crop insurance program.

Furnishing other information is also voluntary. However, failure to report the information specified in your policy may result in rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; a unilateral determination of any monetary amounts due; or any remedy provided in the policy.

4. Non-Discrimination 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, audiotope, 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.

B. Application Statements

1. Application for Insurance Statement

Subject to the provisions of the Federal Crop Insurance Act, and the regulations issued under that Act, I hereby apply for insurance on the commodity as specified below for the effective year. I understand that the premium rates and insurance periods are on file and available for my inspection in my agent's office. I further understand that no insurance will be available on a commodity unless an application and target marketings form is completed and filed with my agent by the sales closing date, if applicable. I also further understand that, although insurance under this application is continuous from year to year, policy terms may change from crop year to crop year. These changes will be made by the contract change date.

2. Reinsurance Statement

This insurance policy is reinsured by the Federal Crop Insurance Corporation (FCIC) under the provisions of the Federal Crop Insurance Act, (7 U.S.C. 1501 et seq.) (Act). All provisions of the policy and rights and responsibilities of the parties are specifically subject to the Act and may not be waived or varied in any way by any agent or employee of FCIC or the insurance provider. In the event we cannot pay your loss, your claim will be settled in accordance with the provisions of this policy and paid by FCIC. No state guarantee fund will be liable for your loss.

Throughout this policy, “you” and “your” refer to the named insured shown on the application and “we,” “us,” and “our” refer to the insurance company providing insurance. Unless the context indicates otherwise, use of the plural form of a word includes the singular and use of the singular form of the word includes the plural.

3. 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; (4) the answer to any of the following questions is “yes.”

- | <u>Yes</u> | <u>No</u> | |
|------------|-----------|--|
| _____ | _____ | (a) Are you now indebted, and is the debt delinquent, for crop or commodity insurance coverage under the Federal Crop Insurance Act? (Do not answer yes if your debt was discharged in bankruptcy.) |
| _____ | _____ | (b) 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? |
| _____ | _____ | (c) Are you disqualified or disbarred under the Federal Crop Insurance Corporation or with the Department of Justice that you would refrain from participating in the crop or commodity insurance program and that agreement is still effective? |
| _____ | _____ | (d) Have you entered into an agreement with the Federal Crop Insurance Corporation or with the Department of Justice that you would refrain from participating in the crop or commodity insurance program and that agreement is still effective? |
| _____ | _____ | (e) Do you have any other insurance authorized under the Federal Crop Insurance Act on any of the above classes of livestock? |
| _____ | _____ | (f) 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? |