

Specific Coverage Endorsement

Livestock Risk Protection

Applicant Information				Agency Information				Policy Information			
<p>Name: _____ ID # _____</p> <p>Address _____ ID # Type <input type="radio"/> SSN <input type="radio"/> EIN <input type="radio"/> RAN</p> <p>City, State, Zip: _____</p> <p>Person Type: _____</p> <p>Phone # _____ Fax #: _____</p> <p>Email Address _____</p> <p>Spouse's Name _____ Spouse's ID # _____</p> <p>Authorized Representative: _____</p>				<p>Code: <u>33-8050</u></p> <p>Name: <u>Food & Fiber Risk Managers</u></p> <p>Address: <u>208 Main St N PO Box 6</u></p> <p>City, State, Zip: <u>Tuttle ND 58488</u></p> <p>Phone # <u>(701) 867-9160</u></p> <p>Fax # <u>(701) 867-9161</u></p> <p>Email Address: <u>BJohnson@FAFRM.com</u></p>				<p>Policy Number: _____</p> <p>Commodity Code: _____</p> <p>Endorsement Number: _____</p> <p>EDAS Approval Number: _____</p> <hr/> <p>Crop Year: _____</p> <p>State: _____</p>			
<input type="checkbox"/> Feeder Cattle _____		<input type="checkbox"/> Fed Cattle _____		County _____		Number of Weeks _____		Legal Description of location of livestock or livestock product _____			
<input type="checkbox"/> Swine _____		<input type="checkbox"/> Lamb _____									
Schedule of Insured Livestock or Livestock Product											
Crop year		Effective Date		End Date		# of Head Covered		Insured Share %			
Insured Value											
Number of Head		X	Target Weight (Cwt. per Head)		X	Coverage Price		X	Insured Share %	=	Insured Value
		X			X			X		=	
Premium Computation					Subsidized Premium						
Insured Value		X	Rate	=	Total Premium	Total Premium		Subsidy Factors		Insured Premium	
		X		=				Feeder Cattle - 13% Fed Cattle - 13% Swine - 13%		Lamb - 13 weeks = 20% 26 weeks = 35% 39 weeks = 38%	
<input type="checkbox"/> <i>The AD-1026 form has been filed with the FSA office for compliance with the Highly Erodible Land Conservation (HELC) and Wetland Conservation.</i>					Remarks: _____						

See following page for RMA statements

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Livestock Risk Protection

Insured's Name:		Agency Code: 33-8050	Policy#		
		Agency Name: Food & Fiber Risk Managers LLC			
COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT Agents, Loss Adjusters and Policyholders 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, AIP's 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 Non-Discrimination Policy The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.) To File a Program Complaint If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov . Persons with Disabilities Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).					
Insured Anti-Rebating Statement: "I certify, for the crop year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, given any benefit, including money, goods, or services for which payment is usually made, rebate, discount, abatement, credit, or reduction of premium, or any other valuable consideration, as an inducement to procure insurance or in exchange for purchasing this insurance policy after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act)(7 U.S.C. §§ 1509(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any information on this form may subject me, and any person with a substantial beneficial interest in me, to sanctions, including but not limited, to criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 U.S.C. § 1515(h)) and all other applicable federal statutes."		Agent Anti -Rebating Statement: "I certify, for the crop year indicated, that I have neither offered nor promised, directly or indirectly, any benefit, including money, goods, or services for which payment is usually made, rebate, discount, credit, reduction of premium, or any other valuable consideration to this person either as an inducement to procure insurance or in exchange for obtaining insurance after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C.§§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any violation may subject me, and all agencies/companies I represent, to sanctions, including but not limited, to criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 USC § 1515(h)) and all other applicable federal statutes."			
CERTIFICATION STATEMENT I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to avoidance of the policy, and in criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).					
Insured's Printed Name & Signature		Date	Agent's Printed Name and Signature	Code Number	Date
Printed Name:			Printed Name: Food & Fiber Risk ManagersLLC	33-8050	
Signature:			Signature:		
			Agent's Address 208 Main St N PO Box 6 Tuttle ND 58488		