LIVESTOCK RISK PROTECTION
SPECIFIC COVERAGE ENDORSEMENT FORM

Commodity Code: 804		**Policy Number:**		**Endorsement Number:**		
1. INSURED				**2. INSURANCE AGENCY**		
Insured Name:		**Spouse's Name:**		**Insurance Agency Name:** Food and Fiber Risk Managers		
SSN:	**EIN:**	**Spouse's SSN:**		**Insurance Agent's Name:** Burdell Johnson		
Farm or Business Name:	**E-mail Address:**			**E-mail Address:** bjohnson@fafrm.com		
Street or Mailing Address:				**Street or Mailing Address:** P.O. Box 6		
City	**State**	**Zip Code:**		**City:** Tuttle	**State:** N.D.	**Zip Code:** 58488
County:	**Phone:**			**Phone:** 701-867-9160	**Fax:** 701-867-9161	
Legal Description of location of livestock or livestock product:	**State:**	**Zip Code:**				

3. SCHEDULE OF INSURED LIVESTOCK OR LIVESTOCK PRODUCT:				
Crop Year:	**Effective Date:**	**End Date:**	**No. of Head**	**Insured %**

4. INSURED VALUE:								
Number of Head	**X**	**Target Weight (Cwt. Per Head)**	**X**	**Coverage Price**	**X**	**Insured Share (%)**	**X**	**Insured Value:**
	X		**X**		**X**		**X**	

5. PREMIUM COMPUTATION						
Insured Value	**X**	**Rate:**	**=**	**Total Premium**	**Producer Premium**	**Approval Number:**
	X		**=**			

FALSE CLAIM STATEMENT

I certify that information 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 statute.

CONDITIONS

a. I certify that I have a share in the livestock identified in the Specific Coverage Endorsement to the extent of the percentage insured share that I have stated. I will provide documentation to affirm ownership of my share of the lamb to the company, its authorized agent, or any designated employee of USDA upon request.
b. I agree that I will not enter into any restricted or offsetting transactions on the covered livestock, as set forth in section 14 of the policy, during the lifetime of this endorsement.
c. I agree to on=site inspections by the Company's representative and any designated employee of USDA to verify my ownership and share in the covered livestock.

CERTIFICARTION STATEMENT

I certify that the information on this endorsement is complete and accurate 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 the application.

_____ _____/_____/_____
Insured Signature Date

_____
Printed Name

IN WITNESS WHEREOF, this application has been accepted by an Authorized Agent of the Company.

_____ __Burdell Johnson_____ _____/_____/_____
Agent Signature Print Name Date