

**12 LRP-Specific Coverage Endorsement**

**LIVESTOCK RISK PROTECTION  
SPECIFIC COVERAGE ENDORSEMENT FORM**

<b>Commodity Code:</b>		<b>Policy Number:</b>		<b>Endorsement Number: (Company Use only)</b>			
<b>1. INSURED</b>				<b>2. INSURANCE AGENCY</b>			
Insured Name:		Spouse's Name:		Insurance Agency Name: Food & Fiber Risk Managers		Agency Code:	
SSN:	EIN:	Spouse's SSN:		Insurance Agent's Name: Burdell Johnson		Agent Code:	
Farm or Business Name:		E-mail address:		E-mail address: bjohnson@fafm.com			
Street or Mailing Address:				Street or Mailing Address: 208 Main St N PO Box 6			
City:		State:	Zip Code:	City: Tuttle		State: ND	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:				
<b>3. SCHEDULE OF INSURED LIVESTOCK OR LIVESTOCK PRODUCT</b>							
Crop Year	Effective Date	End Date		No. of Head Covered		Insured Share %	
<b>4. INSURED VALUE</b>							
Number of Head	X	Target Weight (Cwt. Per Head)	X	Coverage Price	X	Insured Share (%)	Insured Value
	X		X		X		
<b>5. PREMIUM COMPUTATION</b>							
Insured Value	X	Rate	Total Premium	Producer Premium	Approval Number		
	X						

**CONDITIONS**

- a. I certify that I have a share in the livestock identified in this 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 livestock or livestock product to the company, its authorized agent, or any designated employee of USDA upon request.
- b. I do not have any other insurance authorized under the Federal Crop Insurance Act on this class of livestock or livestock product.
- 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 or livestock product.

**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 voidance 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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**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**

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  
Office of Adjudication  
1400 Independence Avenue, S.W.  
Washington, D.C. 20250, Mail Stop 9410  
[E-mail: ascr@usda.gov](mailto:ascr@usda.gov)  
Phone: 800 - 795-3272 (voice) or 202-720-6382 (TDD).

USDA is an equal opportunity provider and employer.  
For more information, contact the RMA Civil Rights Office at 202-690-3578 (main line).

**FORM COMPLETION INSTRUCTIONS**

1. Enter the policy number at the top left section of the form.
2. Type or print information about the insured in section 1. Include insured's first name, middle initial and last name and the spouse's name if applicable. Fill in the applicant's Social Security Number (SSN), Employer Identification Number (EIN) if applicable and the applicant's spouse's SSN if applicable. Complete the name of farm or business, e-mail address if available, street or mailing address, city, state, zip code, county and telephone number where the applicant can be reached. Provide the legal description of the location of insured livestock or livestock product, including the state and zip code.
3. Type or print information about the insurance agency in section 2. Fill in the insurance agency name and code number, the insurance agent's name and code number and the street or mailing address, city, state, zip code, telephone and fax numbers and e-mail address where the agent can be reached.
4. In section 3 type or print the following information as it relates to the insured livestock or livestock product: Crop year, effective date, end date, number of head covered and the insured's percent of ownership in the covered livestock.
5. In section 4 type or print the number of insured head of livestock, enter the target weight (cwt. per head), the coverage price (dollars) and the percentage of the insured's ownership in the covered livestock. Multiply the above named items in section 4 and enter this amount in the insured value column.
6. Enter the insured value amount from section 4 in section 5. Enter the rate and multiply the insured value times the rate. Enter the resulting value in the Total Premium column.
7. Read and sign the certification statement.