



### **COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)**

The following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a and section 502(c) of the Federal Crop Insurance Act (7 U.S.C. 1502(c))). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act, (7 U.S.C. 1501 et seq.) and the Federal crop insurance regulations contained in 7 CFR chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Federal Crop Insurance Act (7 U.S.C. 1506), 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 Risk Management Agency (RMA). Furnishing the SSN or EIN is voluntary. However, failure to furnish that number will result in denial of program participation and benefits.

The balance of the information requested is necessary for the insurance company, RMA, and the Farm Service Agency to process this form to: provide insurance; provide reinsurance; determine eligibility; determine the correct parties to the agreement; determine premiums or other monetary amounts; pay benefits; and insure compliance with all program requirements. The information furnished on this form will be used by Federal agencies, RMA and Farm Service Agency employees, insurance companies, and contractors who require such information in performance of their duties. The information may be furnished to: RMA contract agencies within the United States Department of Agriculture; the Department of Treasury, including the Internal Revenue Service; the Department of Justice, or other Federal or State law enforcement or regulatory agencies; credit reporting agencies and collection agencies; other Federal agencies as requested in computer matching programs; and in response to judicial orders in the course of litigation. The information may also be furnished to congressional representatives and senators making inquiries on your behalf. Furnishing the information required by this form is voluntary; however, failure to report the correct and complete information requested may result in rejection of this form; rejection of any claim for indemnity; ineligibility for insurance; and a unilateral determination of any monetary amounts due and the imposition of administrative, civil, or criminal sanctions.

### **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, gender, religion, age, disability, political beliefs, sexual orientation and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audio tape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

THE BASIC POLICY PROVISION WITH THIS SPECIFIC COVERAGE ENDORSEMENT, AND ANY OTHER PROVISION ISSUED TO FORM A PART THEREOF, COMPLETES THE POLICY AGREEMENT.

### **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 the false claim statement and the conditions. Read and sign the certification statement.