



# LIVESTOCK RISK PROTECTION (LRP) SPECIFIC COVERAGE ENDORSEMENT

Producers Ag Insurance Group®, 5601 Interstate 40 W, Suite 204, Amarillo, TX 79106

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Date \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

|                                 |  |                               |              |  |                                      |                      |        |            |  |                |  |
|---------------------------------|--|-------------------------------|--------------|--|--------------------------------------|----------------------|--------|------------|--|----------------|--|
| INSURED'S NAME:                 |  |                               | AGENCY NAME: |  |                                      | AGENCY CODE:         |        | CROP YEAR: |  | POLICY NUMBER: |  |
| STREET AND/OR MAILING ADDRESS:  |  |                               | ADDRESS:     |  |                                      |                      |        |            | ENDORSEMENT NUMBER (Company Use Only): |                |  |
| CITY:                           |  | STATE:                        | ZIP CODE:    |  | CITY:                                |                      | STATE: | ZIP CODE:  |  | STATE:         |  |
| INSURED'S TELEPHONE NUMBER:     |  | CELL:                         |              | PHONE:   |                                      | AGENT EMAIL ADDRESS: |        |            |  |                |  |
| IDENTIFICATION NUMBER:          |  | IDENTIFICATION NUMBER TYPE:   | PERSON TYPE: |  | INSURED'S AUTHORIZED REPRESENTATIVE: |                      |        |            | COUNTY:                                |                |  |
| INSURED'S EMAIL ADDRESS:        |  |                               |              | LEGAL DESCRIPTION OF LOCATION OF LIVESTOCK (include state and zip code): |                                      |                      |        |            |  | COMMODITY:     |  |
| SPOUSE'S NAME:                  |  |                               |              |  |                                      |                      |        |            |  | TYPE:          |  |
| SPOUSE'S IDENTIFICATION NUMBER: |  | SPOUSE'S IDENTIFICATION TYPE: |              |  |                                      |                      |        |            |  |                |  |

### SCHEDULE OF INSURED LIVESTOCK OR LIVESTOCK PRODUCT

| Crop Year | Effective Date | End Date | Endorsement Length (weeks) | No. 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 |                   | = |               |
|                | X |                               | X |                | X |                   | = |               |
|                | X |                               | X |                | X |                   | = |               |
|                | X |                               | X |                | X |                   | = |               |
|                | X |                               | X |                | X |                   | = |               |

### PREMIUM COMPUTATION

| Insured Value | X | Rate | = | Total Premium | - | Subsidy | = | Producer's Premium |
|---------------|---|------|---|---------------|---|---------|---|--------------------|
|               | X |      | = |               | - |         | = |                    |
|               | X |      | = |               | - |         | = |                    |
|               | X |      | = |               | - |         | = |                    |
|               | X |      | = |               | - |         | = |                    |
|               | X |      | = |               | - |         | = |                    |

Approval Number \_\_\_\_\_



# LIVESTOCK RISK PROTECTION (LRP) SPECIFIC COVERAGE ENDORSEMENT

Producers Ag Insurance Group®, 5601 Interstate 40 W, Suite 204, Amarillo, TX 79106

Policy No. \_\_\_\_\_ Reinsurance Year \_\_\_\_\_ Date \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

## 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.

### NON-DISCRIMINATION STATEMENT

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income is derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

### 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 [www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form](http://www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form), or at 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, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

### Persons with Disabilities

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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.

### ANTI-REBATING - INSURED STATEMENT

I certify, for the crop year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, or 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. §§ 1508(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 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.

### ANTI-REBATING - AGENT STATEMENT

I certify, for the crop year indicated, that I have neither offered or promised, directly or indirectly, any benefit, including money, goods, or services for which payment is usually made, rebate, discount, abatement, 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 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).

### CONDITIONS OF APPROVAL

I certify that I have a share in the livestock or livestock product identified in this Special Coverage Endorsement to the extent of the percentage insured share 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.

I do not have any other insurance authorized under the Federal Crop Insurance Act on this class of livestock or livestock product.

I agree to on-site inspections by the Company's representatives and any designated employee of USDA to verify my ownership and share in the covered livestock or livestock product.

Insured's Printed Name \_\_\_\_\_

Insured's Signature \_\_\_\_\_

Date \_\_\_\_\_

Agent's Printed Name \_\_\_\_\_

Agent's Signature \_\_\_\_\_

Agent Code \_\_\_\_\_

Date \_\_\_\_\_