



Producers Ag Insurance Group™, Inc.,
2025 South Hughes, Suite 200, Amarillo, TX 79109

LIVESTOCK GROSS MARGIN (LGM) APPLICATION/CHANGE/TRANSFER/CANCEL FORM

Date _____ Page _____ of _____

APPLICANT/INSURED'S NAME:			AGENCY	AGENCY CODE:		CROP YEAR / POLICY NUMBER:
STREET AND/OR MAILING ADDRESS:			ADDRESS:			STATE / COUNTY (WHERE INSURANCE ATTACHES):
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:	CONFIRMATION NUMBER:
APPLICANT'S TELEPHONE NUMBER:	CELL:		PHONE:			SPOUSE'S NAME:
IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER TYPE:	PERSON TYPE:	APPLICANT'S AUTHORIZED REPRESENTATIVE:			SPOUSE'S IDENTIFICATION NUMBER:
I AM A LIMITED RESOURCE FARMER?	YES	NO	STATE OF INCORPORATION (Applicable to LLCs and Corporations only):			SPOUSE'S IDENTIFICATION TYPE:
IS APPLICANT AT LEAST 18 YEARS OLD?	YES	NO				SSN EIN RAN

TYPE OF POLICY:

New Transfer Cancellation Add Livestock to Policy Policy Changes Reinstate

SBI INFORMATION: List persons and/or entities with 10 percent or more interest in the insurance entity identified above as the Applicant/Insured. If more SBI information needs to be provided, please attach additional documentation to this form.

NAME	ADDRESS	TELEPHONE NUMBER	IDENTIFICATION NUMBER	IDENTIFICATION NUMBER TYPE			PERSON TYPE	SHARE
				SSN	EIN	RAN		
				SSN	EIN	RAN		
				SSN	EIN	RAN		
				SSN	EIN	RAN		
				SSN	EIN	RAN		

OTHER CHANGES (as indicated above):	REASON FOR CANCELLATION (as indicated above):
Add or remove SBI	Insured's Request
Add / change / correct insured's authorized representative	Death, Incompetence or Dissolution
Change / correct insured's address	Mutual Consent
Correct SBI's identification number^ Correct insured's identification number^ Correct spelling of insured's name	Other (Explain in Remarks):
Correct spelling of SBI's Name Add or remove "added county" election Other—Explain below.	

REMARKS:

^If correcting an insured's or SBI's identification number, provide previous insured's or previous SBI's identification number.



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Policy No. _____ Reinsurance Year _____ Date _____ Page _____ of _____

DAIRY CATTLE

Yes NO I request insurance coverage for all milk specific below. (Complete for application and additional insurance periods.)

Type of Operation	County	Approved Marketings	Deductible (\$/cwt)	Target Marketings and Feed by Month (Enter Month)										
				Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	
Hundredweight of Milk														
Tons of Corn														
Tons of Protein Meal														

DAIRY CATTLE CERTIFICATION:

YES NO I certify that the Target Marketings and Feed stated in this application reflect milk that I plan to produce and feed that I plan to use for mild production.

YES NO I certify that I control the adequate facilities to produce the amount of milk reflected by the Target Marketings stated in this application.

YES NO I understand that, in the event of a claim, my coverage will be reduced to the amount of milk sold and no premium will be refunded if the amount of milk sold is less than 75% of the Target Marketings stated in this application.

CATTLE

Yes NO I request insurance coverage for all cattle specified below. (Complete for application and additional insurance periods.)

Type of Operation	County	Approved Marketings	Deductible (\$/Head)	Target Marketings by Month (Enter Month)										
				Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11
Yearling Finishing														
Calf Finishing														

CATTLE CERTIFICATION:

YES NO I certify that the Target Marketings state in this application reflect cattle that I own or plan to own and feed to finish weight using facilities that I control.

YES NO I certify that I control adequate facilities to feed and finish the number of cattle reflected by the Target Marketings stated in this application.

YES NO I understand that, in the event of a claim, my coverage will be reduced to the number of cattle sold and no premium, will be refunded if the number of cattle sold is less than 75% of the Target Marketings stated in this application.

SWINE

Yes NO I request insurance coverage for all swine specified below. (Complete for application and additional insurance periods.)

Type of Operation	County	Approved Marketings	Deductible (\$/Head)	Target Marketings by Month (Enter Month)				
				Month 2	Month 3	Month 4	Month 5	Month 6
Farrow to Finish								
Sew^^ to Finish								
Feeder to Finish								

CATTLE CERTIFICATION:

YES NO I certify that the Target Marketings stated in this application reflect swine that I own or plan to own and feed to finish weight using facilities that I control.

YES NO I certify that I control adequate facilities to feed and finish the number of swine reflected by the Target Marketings stated on this application.

YES NO I understand that, in the event of a claim, my coverage will be reduced to the number of swine sold and no premium will be refunded if the number of swine sold is less than 75% of the Target Marketings stated in this application.



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Policy No. _____ Reinsurance Year _____ Date _____ Page _____ of _____

CONDITIONS OF ACCEPTANCE: This application is accepted and insurance attaches in accordance with the policy unless: (1) The Federal Crop Insurance Corporation determines that, in accordance with regulations, the risk is excessive; (2) any material fact is omitted, concealed, or misrepresented in this application or in the submission of this application; (3) you have failed to provide complete and accurate information required by this application; or (4) the answer to any of the following questions is "yes". An answer of "yes" to these questions does not automatically result in rejection of the application. For example, if you answer "yes" to question (a) but your debt was discharged in bankruptcy, the application

- Yes No (a) Are you now indebted and the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?
- Yes No (b) Have you in the last five years been convicted under federal or state law of planting, cultivating, growing, producing, harvesting or storing a controlled substance?
- Yes No (c) Have you ever had insurance coverage under the authority of the Federal Crop Insurance Act terminated for violation of the terms of the contract or regulations, or for failure to pay your delinquent debt?
- Yes No (d) Are you disqualified or debarred under the Federal Crop Insurance Act, the regulations of the Federal Crop Insurance Corporation, or the United States Department of Agriculture?
- Yes No (e) Have you ever entered into an agreement with the Federal Crop Insurance Corporation or with the Department of Justice that you would refrain from participating in programs under the authority of the Federal Crop Insurance Act and that agreement is still effective?
- Yes No (f) Do you have like insurance on any of the above livestock?

I understand that if coverage for any livestock is currently terminated or would have subsequently terminated for indebtedness has this application been filed after the termination date, no coverage can be provide and I am ineligible for any benefits under the Federal Crop Insurance Act until the cause for termination is corrected. We will notify you of rejection by depositing notification in the United States mail, postage paid, to the applicant's address. Unless rejected or the sales closing date has passed at the time you signed this application, insurance shall be in effect for the livestock and crop years specified and shall continue for each succeeding crop year, unless otherwise specified in the policy, until cancelled, terminated, or voided. The insurance contract, which includes the accepted application, is defined in the regulation published at 7 CFR Chapter IV. No term or condition of the contract shall be waived or changed unless such waiver or change is expressly allowed by the contract and is in writing.

I understand that only a limited number of Livestock Risk Protection Insurance coverage will be accepted, and that I will have no Livestock Risk Protection Insurance coverage for the livestock described in this application unless the insurance company issues a written summary of insurance to me. I certify that the information on this application is complete and accurate; that none of the reasons for rejection in items 1 through 4 of the "Conditions of Acceptance" apply; and that I am aware of and understand that requirements of the Collection of Information and Data (Privacy Act), as well as all other provisions contained on this application.

POLICY CANCELLATION INFORMATION—To be completed only if cancelling insurance coverage without transferring to another Approved Insurance Provider (AIP): I hereby request cancellation of my livestock insurance policy for the livestock and crop year shown on this cancellation. I understand that if this form is not executed on or before the cancellation date for any livestock listed, the cancellation of insurance on such livestock will not become

_____ AIP Authorized Representative's Printed Name _____ AIP Authorized Representative Signature _____ Date

POLICY TRANSFER INFORMATION - To be completed only if cancelling previous policy and transferring the experience and insurance coverage from another Approved Insurance Provider (AIP): I hereby request cancellation of my livestock insurance policy with (Ceding AIP Name and Policy Number) for the livestock and crop year(s) shown below because I have applied for insurance with another AIP. I understand that if this form is not executed on

_____ Ceding AIP Insurance Company and Policy Number _____ Livestock and Crop Year(s) to be cancelled and transferred

I hereby authorize and direct the _____ shown above to furnish any information relative to my insurance policy to the _____. I understand that if coverage for any livestock is now terminated or would have subsequently terminated for delinquent debt had this transfer not occurred, no coverage can be provided by the _____.
(Ceding AIP) (Assuming AIP)

By submission of this form, we agree to provide livestock insurance to this applicant for the livestock and crop year specified above unless this form is not executed on or before the established cancellation date for any livestock shown, in which case insurance will be provided for such livestock for the following crop year.

_____ Name of Assuming Agent _____ Assuming Agent's Address, City State and Zip Code

_____ Printed Name of AIP Representative Authorized to Accept Applications _____ Signature of AIP Representative Authorized to Accept Applications _____ Date of Acceptance _____ AIP Code



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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.

NONDISCRIMINATION STATEMENT

Non-Discrimination Policy: The US. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases 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 bases will apply to all programs and/or employment activities.)

To File an Employment Complaint: If you wish to file an employment complaint, you must contact your Agency's EEO Counselor, within 45 days of the date of the alleged discriminatory act, event, or in the case of a personnel action. Additional filing information can be found online at :http://www.ascr.usda.gov/complaint_filing_file.html.

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 <https://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, 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).

PRODUCERS AG INSURANCE GROUP PRIVACY NOTICE

The Producers Ag Insurance Group (ProAg Group) is committed to respecting the individual privacy of our policyholders and their significant beneficial interest owners (Customers). We collect nonpublic personal information about Customers from information we receive from them such as information provided on applications or other forms, which may include name, address and social security numbers and from third parties such as a consumer reporting agency. To serve our customers and to service our business our employees have access to Customers personal information in the course of doing their jobs and we may share or disclose non-public personal information about the Customers to affiliates within the ProAg Group or with non affiliated third parties with whom we have a contractual relationship such as agencies within the United States Department of Agriculture, with your insurance agent and other insurance companies or with banks where a written permission to transfer such information has been granted by the policyholder. We may also share non-public personal information with affiliates and with non-affiliated third parties as permitted by law. The ProAg Group will not sell or share your personal information with anyone for purposes unrelated to our business functions with out our offering to the Customer the opportunity to "opt-out" or to "opt-in" as required by law.

ANTI-REBATING STATEMENTS

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 515(h) of the Act (7 U.S.C. §1515(h)) and all other applicable federal statutes.

Agent 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.

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).

Applicant/Insured's Printed Name

Applicant/Insured's Signature

Date

Agent's Printed Name

Agent's Signature

Agent Code

Date