



DAIRY REVENUE PROTECTION QUARTERLY COVERAGE ENDORSEMENT

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

Date _____

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INSURED'S NAME:			AGENCY:			AGENCY CODE:		POLICY NUMBER:					
STREET AND/OR MAILING ADDRESS:			ADDRESS:						CROP YEAR:				
CITY:		STATE:		ZIP CODE:		CITY:		STATE:		ZIP CODE:		STATE:	
INSURED'S TELEPHONE NUMBER:		CELL:		INSURED'S EMAIL ADDRESS:		TELEPHONE:						COUNTY:	
IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER TYPE:		PERSON TYPE:		INSURED'S AUTHORIZED REPRESENTATIVE:						CROP:	
SPOUSE'S NAME:				SPOUSE'S IDENTIFICATION NUMBER:									

Fill out a form for each Quarterly Insurance Period

PLAN	EFFECTIVE DATE	QUARTERLY INSURANCE PERIOD (PRACTICE)								TYPE
		801	802	803	804	805	806	807	808	
COVERAGE LEVEL	PROTECTION FACTOR	DECLARED COVERED MILK PRODUCTION (ENTER IN POUNDS)					EXPECTED MILK PRODUCTION PER COW			
DECLARED SHARE	NAME OF OTHER PERSON(S) SHARING IN CROP									

CLASS PRICING OPTION—This section is Non-Substantive if Component Pricing Option Elected.

EXPECTED CLASS III PRICE PER CWT	DECLARED CLASS PRICE WEIGHTING FACTOR	EXPECTED CLASS IV PRICE PER CWT

COMPONENT PRICING OPTION—This section is Non-Substantive if Class Pricing Option Elected.

EXPECTED BUTTERFAT PRICE PER POUND	DECLARED BUTTERFAT TEST	EXPECTED PROTEIN PRICE PER POUND
DECLARED PROTEIN TEST	EXPECTED OTHER SOLIDS PRICE PER POUND	OTHER SOLIDS TEST (FIXED AT 5.7 POUNDS)
NONFAT SOLIDS PRICE	DECLARED COMPONENT PRICE WEIGHTING FACTOR	



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

REMARKS:

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 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.usda.gov/oascr, 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, Director, Center for Civil Rights Enforcement, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or email at 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, etc.) should contact USDA's TARGET Center at (202)690-0443 (voice and TTD) 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.

USDA MULTIPLE BENEFIT CERTIFICATION STATEMENT

I understand that obtaining multiple Federal benefits for the same loss, such as a Noninsured Crop Disaster Assistance Program (NAP) payment(s) and a Federal crop insurance indemnity, is prohibited by law. I certify that I have, or will disclose any other USDA benefit; including any NAP benefit, received for this crop. Failure to disclose the receipt of multiple Federal benefits, or failure to repay one of the multiple Federal benefits such as either the NAP benefit or the Federal crop insurance indemnity for the same crop, may result in my being disqualified from receiving Federal crop insurance benefits, as well as being ineligible for various programs administered by the Farm Service Agency for up to five (5) years.

CERTIFICATION STATEMENT

I certify that to the best of my knowledge all information provided is true and accurate and that any false or inaccurate information may result in administrative, civil and criminal sanctions under 18 U.S.C. §§ 1006 and 1014, 7 U.S.C. § 1506, 31 U.S.C. §§ 3729 and 3730 and any other applicable federal statutes or regulations.

I have verified my identification number affixed to this Quarterly Coverage Endorsement is true and accurate.

YES NO

If the affixed identification number is not correct or you have not had an opportunity to verify your identification number, please contact your ProAg Agent and submit a Policy Change form.

Insured's Printed Name

Insured's Signature

Date

Agent's Printed Name

Agent's Signature

Agent Code Number

Date