

Identification Number	Subscription		Year
8 7 0	-		

Client Information
Legal Name

Threshold Verification		
Information provided as of: _____		
The following is current livestock inventory and the number of livestock that I intend to purchase/retain pertaining to my business:		
Livestock Type	Current Year Inventory (on-hand/expected)	Anticipated Inventory changes for next production cycle (~1 year)
Bred Cows/Heifers		
Calves* born on farm per year		
Feeders*		
Fat cattle*		
Bred Sow/Gilts*		
Weaner/Feeder pigs*		
Finisher/Market hogs*		
<p>*AFSC's definitions of livestock:</p> <ul style="list-style-type: none"> ● Calves means bovines typically not weaned from the cow and under one year of age. ● Feeder Cattle means bovines that are nearly weaned or weaned from the cow and are on a backgrounding ration not intended to finish the animal. ● Fed Cattle means bovines that are at least 500 pounds at the Effective Date of the policy, are intended by the insured for slaughter, and must reasonably be expected to grade A or better at the time of slaughter. ● Bred Sow/Gilts means female pigs which are bred to farrow. ● Weaner/Feeder pigs means young pigs, usually 6-10 weeks old, weaned from the sow and typically weighing less than 25 kgs that are produced by one farm then purchased and finished on another farm. ● Finisher/Market hogs means hogs intended for slaughter and must reasonably be expected to fit within the industry standard grading grid for market hogs. 		

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary

Identification Number	Subscription		Year
8 7 0 _____	- _____		

Your Operation

Please describe your operation by outlining your typical production in a year:

(i.e. Calve 500 cows in the spring, wean calves and sell off cows in November or Calve 500 cows in the spring, wean calves and keep as feeders until spring or next fall)

Requested Threshold

☐ Fed
 ☐ Feeder
 ☐ Calf
 ☐ Hog

	Change Threshold To	Permanent OR Temporary Change
<input type="checkbox"/> Individual Aggregate	_____ cwt/ckg	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
<input type="checkbox"/> Individual Daily	_____ cwt/ckg	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary

Client Signature

Threshold increases are at the discretion of the Insurer. The Insurer has the authority to decrease this threshold at any time.

Client Signature _____ / _____ Print Name

Contact Number: _____ Date: _____

Office Use Only

Approved Threshold _____ Approved By _____

Start Date _____ End Date (if applicable) _____ Completed Date _____

Permanent changes require Level 5 (Product Owner) or higher signature. Temporary changes require Level 4 or higher signature.