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OMB NUMBER 0579-0137

ESTIMATED INDEMNITY WORKSHEET FOR THE ACCELERATED PSEUDORABIES ERADICATION PROGRAM

| PRODUCER NAME | | | | | | | | | | |
|---|-----|--------------------------------|------------------------------|--|--|-----------------|--|------|----------------------------------|--|
| ADDRESS, CITY, STATE, ZIP | | | | | | | | | | |
| TELEPHONE NUM | BER | | | | | | | | | |
| CONTACT DATE | | | | | _ | | | | | |
| ESTIMATE DATE | | | | | | ENROLLMENT DATE | | | | |
| DELIVERY DATE | | | | | Ī | ACCEPTANCE DATE | | | | |
| MARKET PRICE ON CONTACT DATE | | | | | MARKET PRICE ON DELIVERY DATE | | | | | |
| | | OINT WEIGHT (pounds) (a) | NUMBER OF SWINE IN C. (d) | | ATEGOR | | MARKET VALUE PER POUND DURI CONTACT WEEK (C) | | SUBTOTAL BY WEIGHT RANGE (a*b*c) | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| TOTAL OF SUBTOTAL BY WEIGHT RANGE (f) \$ | | | | | | | | | | |
| SWINE CATEGORY | | NUMBER OF SWINE IN CATEGORY DO | | | AR COST OFFSET AS PER CONTACT DATE (e) DOLLAR COST OFFSET SUBTOTAL BY CATEGOR (d*e) | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| TOTAL OF DOLLAR COST OFFSET SUBTOTAL (g) | | | | | | | | | | |
| TOTAL ESTIMATE: (f+g) | | | | | | | | | | |
| SIGNATURE OF STATE OR FEDERAL ESTIMATOR | | | | | | | | ATE | | |
| Depopulation Proposal (as per the herd plan): | | | | | | | | | | |
| I hereby agree that this worksheet is only an estimate of the compensation that I am to receive and that the actual indemnity will be based on the total weight of my animals and the number of swine in each category on the Date of Delivery. The Dollar Cost Offset per Contact Date of this form will be used to calculate the final Dollar Cost Offset. The value per pound compensation paid will the greater of the value per pound on the Contact Date or on the Delivery Date. | | | | | | | | | | |
| SIGNATURE OF PRODUCER | | | | | | | | DATE | | |