

ESTIMATED INDEMNITY WORKSHEET FOR THE ACCELERATED PSEUDORABIES ERADICATION PROGRAM

PRODUCER NAME _____

ADDRESS, CITY, STATE, ZIP _____

TELEPHONE NUMBER _____

CONTACT DATE		ENROLLMENT DATE
ESTIMATE DATE		ACCEPTANCE DATE
DELIVERY DATE		
MARKET PRICE ON CONTACT DATE		MARKET PRICE ON DELIVERY DATE

WEIGHT RANGE (pounds)	MID POINT WEIGHT (pounds) (a)	NUMBER OF SWINE IN CATEGOR (d)	MARKET VALUE PER POUND DURING CONTACT WEEK (c)	SUBTOTAL BY WEIGHT RANGE (a*b*c)

TOTAL OF SUBTOTAL BY WEIGHT RANGE (f) \$

SWINE CATEGORY	NUMBER OF SWINE IN CATEGORY (b)	DOLLAR COST OFFSET AS PER CONTACT DATE (e)	DOLLAR COST OFFSET SUBTOTAL BY CATEGORY (d*e)

TOTAL OF DOLLAR COST OFFSET SUBTOTAL (g) \$

TOTAL ESTIMATE: (f+g) \$

SIGNATURE OF STATE OR FEDERAL ESTIMATOR	DATE
---	------

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 be the greater of the value per pound on the Contact Date or on the Delivery Date.

SIGNATURE OF PRODUCER	DATE
-----------------------	------