

INDEMNITY WORKSHEET-OWNER/COMPANY

FARM NAME	APHIS PREMISE ID	CONTRACT GROWER NAME	FSA FARM ID
-----------	------------------	----------------------	-------------

FARM ADDRESS	CONTRACT GROWER ADDRESS
--------------	-------------------------

COMPANY ADDRESS	TYPE OF FARM <input type="checkbox"/> COMPANY-OWNED FARM <input type="checkbox"/> CONTRACT-GROWER FARM AUTHORIZED REPRESENTATIVE
-----------------	--

TYPE OF BIRD

CB
 CBB
 TC (f)
 TC (m)
 TB(f)
 TB(m)
 LAY

FLOCK IDENTIFIER	NO.	NO. OF BIRDS	DATE PLACED	DATE DIAGNOSED	DATE DEPOPULATED	DISPOSAL L, I, C, CM	AGE AT DEPOPULATION	NO. DEPOPULATED	C/D DATE	COMPENSATION VALUE
	A									
	B									
	C									
	D									

COMPANY REPRESENTATIVE	DATE
------------------------	------

COMPENSATION FOR BIRDS

	A	B	C	D	TOTAL
Value from Compenson Plan (\$ per Bird)					
(X) Number of birds depopulated					
(X) Value of birds (fair market value)					
(=) Total compensation for birds available (50% fair market value)					
(-) Compensation to grower from USDA (to be made whole)					
(-) Slaughter value (if controlled marketing)					
= Net compensation for birds to owners/company per flock					
Net compensation to owner/company for flocks on farm					

DISPOSAL COMPENSATION RATES (\$/BIRD)

Disposal methods	Broilers/Table Egg Layers	Turkeys
Controlled slaughter	\$0	\$0
Incineration	\$0.40	\$1.60
Landfill	\$0.50	\$2.00

COMPENSATION FOR DISPOSAL COSTS

Number of birds depopulated	
(X) Per bird disposal compensation (See rates above)	
(=) Total compensation to owner for destruction and disposal	

TOTAL COMPANY COMPENSATIONS

Net compensation to owners/company for birds	
(+) Compensation to owner/company for destruction and depopulation	
(=) Total compensation to owner/company	

SIGNATURE	DATE
-----------	------

WITNESSED BY

NAME OF GOVERNMENT REPRESENTATIVE	SIGNATURE	DATE
-----------------------------------	-----------	------