

United States
Department of
Agriculture



Federal Crop
Insurance
Corporation



Actuarial and Product
Design Division

FCIC-25570 (2-2007)
FCIC-25570-1 (5-2007)

FLORIDA FRUIT TREE PILOT LOSS ADJUSTMENT STANDARDS HANDBOOK 2008 and Succeeding Crop Years

**U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C. 20250**

FEDERAL CROP INSURANCE HANDBOOK		NUMBER: 25570 (2-2007) 25570-1 (5-2007)	
SUBJECT: FLORIDA FRUIT TREE PILOT LOSS ADJUSTMENT STANDARDS HANDBOOK 2008 AND SUCCEEDING CROP YEARS		OPI: Actuarial and Product Design Division APPROVED: DATE: /S/ Tim B. Witt 5/2/2007 <small>Deputy Administrator for Product Management</small>	

THIS HANDBOOK CONTAINS THE OFFICIAL FCIC-ISSUED LOSS ADJUSTMENT STANDARDS FOR THIS CROP FOR THE 2008 AND SUCCEEDING CROP YEARS. ALL REINSURED COMPANIES WILL UTILIZE THESE STANDARDS FOR BOTH LOSS ADJUSTMENT AND LOSS TRAINING.

SUMMARY OF CHANGES/CONTROL CHART

The following list contains significant changes to this handbook, as determined by us. It may not represent all changes made. All changes made to this handbook are applicable regardless of whether or not listed.

Major Changes: See changes or additions in text which have been **highlighted**. Three stars (***) identify where information has been removed. Changes for Crop Year 2008:

1. In Subsection 8.C., section I, item 17, clarified how to calculate the underreport factor. In the Narrative instructions for item “m,” clarified the information to be documented in the Narrative of the Production Worksheet.
2. In subsection 8 C, form completion instructions, revised section II of the Production Worksheet instructions and form examples to record data by tree stage on separate lines. Clarified entries in column “D” are the total of column “M” entries taken from all previous Production Worksheets completed within the same crop year. Corrected calculation entries on the Production Worksheet form examples and inserted information in the Narrative to match the form completion instructions.
3. Made additional changes to correct format, spelling and punctuation.

FLORIDA FRUIT TREE PILOT LOSS ADJUSTMENT HANDBOOK

SUMMARY OF CHANGES/CONTROL CHART (Continued)

Control Chart For: Florida Fruit Tree Pilot Loss Adjustment Standards Handbook						
	SC Page(s)	TC Page(s)	Text Page(s)	Reference Material	Date	Directive Number
Remove	1-4		29-36		2/2007	FCIC-25570
Insert	1-2		29-36		5/2007	FCIC-25570-1
Current Index	1-2	1-2	1-28 29-36	37-39	5/2007 2/2007 5/2007 2/2007	FCIC-25570-1 FCIC-25570 FCIC-25570-1 FCIC-25570

17. **URF: (Under Report Factor)** To determine the URF, calculate the amount of protection for the unit (in whole dollars) by multiplying for each line, column “B” times column “I” times column “K” and totaling the results for all lines.
- a. **Base Policy:** In the event that the unit value (column “O,” item 15) is greater than the amount of protection, divide the amount of protection by the unit value, recording the URF to three decimal places. Enter “1.000” if the amount of protection equals or exceeds the unit value.
 - b. **CTVE:** In the event that the CTVE unit value (column “O,” item 15) is greater than the CTVE amount of protection, divide the CTVE amount of protection by the CTVE unit value, recording the CTVE URF to three decimal places. Enter “1.000” if the CTVE amount of protection equals or exceeds the CTVE unit value.

NARRATIVE: Attach the Special Report to the Production Worksheet.

- a. If no trees are released on the unit, enter “No trees released,” adjuster's initials and date.
- b. If notice of damage was given and “No Inspection” is necessary, enter the unit number(s), “No Inspection,” date, and adjuster's initials. The insured's signature is not required.
- c. Explain any uninsured causes, unusual, or controversial cases.
- d. Enter the percent damage by uninsured causes and explain. Trees damaged by an uninsured cause will be counted as undamaged.
- e. Document the actual appraisal date if an appraisal was performed prior to the adjuster's signature date on the Appraisal Worksheet, and the date of the appraisal is not recorded on the Appraisal Worksheet.
- f. Explain any errors found on the Summary of Coverage.
- g. Explain a “NO” checked in item 19.
- h. Attach Grove Identification Maps to identify the total unit:
 - (1) If consent is or has been given to put part of the unit to another use;
 - (2) If uninsured causes are present; or
 - (3) For unusual or controversial cases.

Indicate on the sketch map or aerial photo the disposition of acreage put to other use with or without consent.

- i. Explain any difference between date of inspection and signature dates. For an ABSENTEE insured, enter the date of the inspection AND the date of mailing the Production Worksheet for signature.
- j. When any other adjuster or supervisor accompanied the adjuster on the inspection, enter the code number of the other adjuster or supervisor and date of inspection.

- k. Explain the reason for a “No Indemnity Due” claim. “No Indemnity Due” claims are to be distributed in accordance with AIP's instructions.
- l. Explain any delayed notices or delayed claims as instructed in the LAM.
- m. Document how the OLO minimum was determined. Also document the amount of protection and calculations used to determine the URF for the unit.
- n. Document any other pertinent information. If on an attachment, enter “See attachment.”

SECTION II - ADJUSTMENTS TO UNIT VALUE

Verify or make the following entries:

Item

No. Information Required

- 18. **End of the Insurance Period:** Enter the date the ENTIRE unit was (1) totally destroyed, (2) a combination of destroyed and damaged, or (3) the calendar date for the end of the insurance period.
- 19. **Similar Damage:** Check “Yes” or “No.” Check “Yes” if amount and cause of damage due to insurable causes is similar to the experience of other groves in the area. If “No” is checked, explain in the Narrative.
- 20. **Assignment of Indemnity:** Check “Yes” **only** if an assignment of indemnity is in effect for the crop year; otherwise, check “No.” Refer to the LAM.
- 21. **Transfer of Right to Indemnity:** Check “Yes” **only** if a transfer of right to indemnity is in effect for the unit for the crop year; otherwise, check “No.” Refer to the LAM.
- A. **Rate Class (Stage):** Transfer the entry by stage from section I, column “F.” ALL STAGES PRESENT IN THE UNIT SHOULD BE ACCOUNTED FOR IN SECTION II. EXCEPT FOR CTVE, DO NOT ENTER STAGE DO1 TREES. USE MULTIPLE LINE ENTRIES FOR MULTIPLE STAGES.
- B. **Date of Previous Loss:** For each stage, enter the month(s) and day(s) (e.g., Nov. 15) of the most recent previous loss event during the same crop year regardless of whether an indemnity was due. If there has been no previous loss event during the crop year, MAKE NO ENTRY.
- C. **Unit Value:** Transfer entries from section I, column “O” for each stage.
- D. **Previous Damage Value (100% Share):** For previous loss event(s) on the unit that occurred during the same crop year (whether an indemnity was due or not), total the damage value(s) (or amount(s) of insurance, as applicable) in section I, column “M” for the corresponding stage(s) from all previous Production Worksheet(s) for the unit and enter the result by stage in whole dollars. If there has been no previous loss event on the stage during the crop year, MAKE NO ENTRY.

E. **Current Damage Value:** Transfer entries by stage from section I, column "M." If the stage block does not have damage, MAKE NO ENTRY.

***F. **Total Damage Value All Claims:** Column "D" plus column "E." If the stage block does not have damage, enter "0."

G. **Deductible:**

a. Non-OLO: Transfer entries for the corresponding stage from section I, column "N."

b. OLO: MAKE NO ENTRY.

H. **Remaining Deductible:**

a. Non-OLO: For the corresponding stage, column "G" minus column "F" results in whole dollars. Make the entry and indicate if the entry is positive or negative (e.g., $10 - 8 = "+2,"$ $8 - 10 = "-2,"$ or $8 - 8 = "0"$).

b. OLO: MAKE NO ENTRY.

I. **Unit Value to Count (100% Share):**

a. Base policy and CTVE without OLO: For the corresponding stage, if the entry in Column "H" is a zero, then transfer the entry from Column "C." If the entry in Column "H" is a positive number, then the entry is columns "C" plus "H" (e.g., $10 + 2 = 12$). If the entry in column "H" is a negative number, then the entry is columns "C" plus "H" (e.g., $10 + (-2) = 8$).

b. OLO: Column "C" minus Column "F" for each stage.

22. **Total:** Total of column "I" entries. This dollar value to count applies to this loss occurrence only. This value is based on 100% share. Item "O," line 15 (after adjusting for any URF) less item 22 is the dollar amount the unit is "short" of the unit value as of the date of this loss event.

23. **Adjuster's Signature, Code Number, and Date:** Signature of adjuster, code number, and date signed **after** the insured (or insured's authorized representative) has signed. For an absentee insured, enter adjuster's code number ONLY. The signature and date will be entered AFTER the absentee insured has signed and returned the Production Worksheet. Final indemnity inspections should be signed on bottom line.

24. **Insured's Signature and Date:** Insured's (or insured's authorized representative's) signature and date. BEFORE obtaining the signature, REVIEW ALL ENTRIES on the Production Worksheet WITH THE INSURED (or the insured's authorized representative), particularly explaining codes, etc., that may not be readily understood. Final indemnity inspections should be signed on the bottom line.

25. **Page Numbers:** Page numbers - (Example: Page 1 of 1, Page 2 of 2, etc.)

FLORIDA FRUIT TREE PRODUCTION WORKSHEET

1 Crop/Code #	2 Unit #	3 Legal Description	(For Illustration Purposes Only)				8 Name of Insured	
Orange Trees	00100	SW ¼ - 12-22-9					I. M. Insured	
0207			7 Company	Any Company		9 Claim #	11 Crop Year	
4 Date of Damage	DEC 19		Agency	Any Agency		XXXXXXXX	XXXX	
5 Cause of Damage	Freeze		EXAMPLE 1: Base Policy – No OLO, No Previous Loss, No Indemnity Due				10 Policy #	XXXXX
6 Primary Cause %	100						13 Date(s)	1st 2nd Final
12 Additional Units	00100	00300	00400			Notice of Loss	MM/DD/YYYY	
						14 Companion Policy(s)	MM/DD/YYYY	

SECTION I - ACREAGE APPRAISED, UNIT VALUE

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Field ID	Total Reported Trees	Total Trees (Stage)	SDT	Interest or Share	Rate Class (Stage)	Practice	Type Class Variety	Coverage Level	Type of Loss	Reference Price	% Damage	<input type="checkbox"/> Amt. of Ins. Damage or <input checked="" type="checkbox"/> Damage Value	Unit Deductible	Unit Value (C x I x K)
1 A	1,000	1,000	500	1.000	D01	997	997	.75		18.00	.483	4347	4500	13,500
2 A	1,000	1,100	400	1.000	D02	997	997	.75		29.00	.494	5730	7975	23,925
3 A	3,000	3,000	1,000	1.000	D03	997	997	.75		35.00	.558	19,530	26,250	78,750

NARRATIVE: (If more space is needed, attach a Special Report) \$114,000 amount of protection ÷ \$116,175 unit value (total column O) = .981 URF.

15. TOTALS: 29,607 38,725 116,175

16. OLO MINIMUM (O x 0.05)

17. URF: .981

SECTION II - ADJUSTMENTS TO UNIT VALUE

18 End of Insurance Period			19 Is damage similar to other farms in the area?				20 Assignment of Indemnity				21 Transfer of Right to Indemnity?			
MM/DD/YYYY			Yes X No				Yes No X				Yes No X			
A	B	C	D	E	F	G	H	I						
Rate Class (Stage)	Date of Previous Loss	Unit Value (from O)	Previous Damage Value (100% Share)	Current Damage Value (From M)	Total Damage Value All Claims (D+E)	Deductible (from N)	Remaining Deductible (G - F)	Unit Value To Count (100% Share)						
D01		13,500		4347	4347	4500	+153	13,653						
D02		23,925		5730	5730	7975	+ 2245	26,170						
D03		78,750		19,530	19,530	26,250	+ 6720	85,470						

I certify the information provided above, to the best of my knowledge, to be true and complete and that it will be used to determine my loss, if any, to my insured crop. I understand that this Production Worksheet and supporting papers are subject to audit and approval by the company. I understand that this crop insurance is subsidized and reinsured by the Federal Crop Insurance Corporation, an agency of the United States. I understand that any false or inaccurate information may result in the sanctions outlined in my policy and 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 other federal statutes.

22. Total: (100% Share) 125,293

23. Adjuster's Signature	Code #	Date	24. Insured's Signature	Date
1 st Inspection	I. M. Adjuster XXXXX	MM/DD/YYYY	1 st Inspection	I. M. Insured
2 nd Inspection	I. M. Adjuster XXXXX	MM/DD/YYYY	2 nd Inspection	I. M. Insured
3 rd Inspection	I. M. Adjuster XXXXX	MM/DD/YYYY	3 rd Inspection	I. M. Insured

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FLORIDA FRUIT TREE PRODUCTION WORKSHEET

1 Crop/Code #	2 Unit #	3 Legal Description	(For Illustration Purposes Only)				8 Name of Insured	
Orange Trees	00100	SW ¼ - 12-22-9					I. M. Insured	
0207			7 Company	Any Company		9 Claim #	11 Crop Year	
4 Date of Damage	DEC 19		Agency	Any Agency		XXXXXXXX	XXXX	
5 Cause of Damage	Freeze		EXAMPLE 2: Base Policy - No OLO, With Previous Loss.				10 Policy #	XXXXX
6 Primary Cause %	100						13 Date(s)	1st 2nd Final
12 Additional Units	00100	00300	00400			Notice of Loss	MM/DD/YYYY MM/DD/YYYY	
						14 Companion Policy(s)		

SECTION I - ACREAGE APPRAISED, UNIT VALUE

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Field ID	Total Reported Trees	Total Trees (Stage)	SDT	Interest or Share	Rate Class (Stage)	Practice	Type Class Variety	Coverage Level	Type of Loss	Reference Price	% Damage	<input type="checkbox"/> Amt. of Ins. Damage or <input checked="" type="checkbox"/> Damage Value	Unit Deductible	Unit Value (C x I x K)
1 A	1,000	1,000	500	1.000	D01	997	997	.75		18.00	.483	4347	4500	13,500
2 A	1,000	1,100	400	1.000	D02	997	997	.75		29.00	.494	5730	7975	23,925
3 A	3,000	3,000	1,000	1.000	D03	997	997	.75		35.00	.558	19,530	26,250	78,750

NARRATIVE: (If more space is needed, attach a Special Report)	See attached CTVE Production Worksheet for unit 00100.	15. TOTALS:	29,607	38,725	116,175
\$114,000 amount of protection ÷ \$116,175 unit value (total column O) = .981 URF.		16. OLO MINIMUM (O x 0.05)			
		17. URF:	.981		

SECTION II - ADJUSTMENTS TO UNIT VALUE

18 End of Insurance Period			19 Is damage similar to other farms in the area?				20 Assignment of Indemnity				21 Transfer of Right to Indemnity?			
MM/DD/YYYY			Yes X No				Yes X No				Yes X No			
A	B	C	D	E	F	G	H	I						
Rate Class (Stage)	Date of Previous Loss	Unit Value (from O)	Previous Damage Value (100% Share)	Current Damage Value (From M)	Total Damage Value All Claims (D+E)	Deductible (from N)	Remaining Deductible (G - F)	Unit Value To Count (100% Share)						
D01	AUG 15	13,500		4347	4347	4500	+153	13,653						
D02	AUG 15	23,925	11,959	5730	17,689	7975	-9714	14,211						
D03	AUG 15	78,750	33,800	19,530	53,330	26,250	-27,080	51,670						

I certify the information provided above, to the best of my knowledge, to be true and complete and that it will be used to determine my loss, if any, to my insured crop. I understand that this Production Worksheet and supporting papers are subject to audit and approval by the company. I understand that this crop insurance is subsidized and reinsured by the Federal Crop Insurance Corporation, an agency of the United States. I understand that any false or inaccurate information may result in the sanctions outlined in my policy and 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 other federal statutes.

22. Total: (100% Share)	79,534
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23. Adjuster's Signature	Code #	Date	24. Insured's Signature	Date
1 st Inspection	I. M. Adjuster XXXXX	MM/DD/YYYY	1 st Inspection	I. M. Insured
2 nd Inspection	I. M. Adjuster XXXXX	MM/DD/YYYY	2 nd Inspection	I. M. Insured
3 rd Inspection	I. M. Adjuster XXXXX	MM/DD/YYYY	3 rd Inspection	I. M. Insured
				25. Page
				1 O 1

FLORIDA FRUIT TREE PRODUCTION WORKSHEET

1 Crop/Code #	2 Unit #	3 Legal Description			(For Illustration Purposes Only)				8 Name of Insured			
Orange Trees	00100	SW ¼ - 12-22-9							I. M. Insured			
0207	OL				7 Company		Any Company		9 Claim #		11 Crop Year	
4 Date of Damage	DEC 19				Agency		Any Agency		XXXXXXXX		XXXX	
5 Cause of Damage	Freeze				EXAMPLE 3: Base Policy – With OLO, No Previous Loss				10 Policy #	XXXXXX		
6 Primary Cause %	100								13 Date(s)	1 st	2 nd	Final
12 Additional Units	00100	00300	00400							Notice of Loss	MM/DD/YYYY	MM/DD/YYYY
										14 Companion Policy(s)		

SECTION I - ACREAGE APPRAISED, UNIT VALUE

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Field ID	Total Reported Trees	Total Trees (Stage)	SDT	Interest or Share	Rate Class (Stage)	Practice	Type Class Variety	Coverage Level	Type of Loss	Reference Price	% Damage	<input checked="" type="checkbox"/> Amt. of Ins. Damage or <input type="checkbox"/> Damage Value	Unit Deductible	Unit Value (C x I x K)
1 A	1,000	1,000	500	1.000	D01	997	997	.75		18.00	.483	3260		13,500
2 A	1,000	1,100	400	1.000	D02	997	997	.75		29.00	.494	4298		23,925
3 A	3,000	3,000	1,000	1.000	D03	997	997	.75		35.00	.558	14,648		78,750
											15. TOTALS:	22,206	116,175	

NARRATIVE: (If more space is needed, attach a Special Report) **See attached CTVE Production Worksheet for unit 00100.**

\$114,000 amount of protection ÷ \$116,175 unit value (total column O) = .981 URF. **\$116,175 X .05 = 5,809 OLO Minimum.**

16. OLO MINIMUM (O x 0.05) **5809**

17. URF: **.981**

SECTION II - ADJUSTMENTS TO UNIT VALUE

18 End of Insurance Period				19 Is damage similar to other farms in the area?				20 Assignment of Indemnity				21 Transfer of Right to Indemnity?			
MM/DD/YYYY				Yes X No				Yes X No				Yes X No			
A	B	C	D	E	F	G	H	I							
Rate Class (Stage)	Date of Previous Loss	Unit Value (from O)	Previous Damage Value (100% Share)	Current Damage Value (From M)	Total Damage Value All Claims (D+E)	Deductible (from N)	Remaining Deductible (G - F)	Unit Value To Count (100% Share)							
D01		13,500		3260	3260			10,240							
D02		23,925		4298	4298			19,627							
D03		78,750		14,648	14,648			64,102							

I certify the information provided above, to the best of my knowledge, to be true and complete and that it will be used to determine my loss, if any, to my insured crop. I understand that this Production Worksheet and supporting papers are subject to audit and approval by the company. I understand that this crop insurance is subsidized and reinsured by the Federal Crop Insurance Corporation, an agency of the United States. I understand that any false or inaccurate information may result in the sanctions outlined in my policy and 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 other federal statutes.

22. Total: **(100% Share) 93,969**

23. Adjuster's Signature		Code #		Date		24. Insured's Signature		Date	
1 st Inspection	I. M. Adjuster	XXXXX	MM/DD/YYYY	1 st Inspection	I. M. Insured	MM/DD/YYYY			
2 nd Inspection	I. M. Adjuster	XXXXX	MM/DD/YYYY	2 nd Inspection	I. M. Insured	MM/DD/YYYY	25. Page		
3 rd Inspection	I. M. Adjuster	XXXXX	MM/DD/YYYY	3 rd Inspection	I. M. Insured	MM/DD/YYYY	1	of	1

FLORIDA FRUIT TREE PRODUCTION WORKSHEET

1 Crop/Code #	2 Unit #	3 Legal Description			(For Illustration Purposes Only)				8 Name of Insured			
Orange Trees	00100	SW ¼ - 12-22-9							I. M. Insured			
0207	CV				7 Company		Any Company		9 Claim #		11 Crop Year	
4 Date of Damage	DEC 19				Agency		Any Agency		XXXXXXXX		XXXX	
5 Cause of Damage	Freeze				EXAMPLE 4: CTVE – No OLO, Requires Base Policy PW With Indemnity Due.				10 Policy #	XXXXXX		
6 Primary Cause %	100								13 Date(s)	1 st	2 nd	Final
12 Additional Units	00100	00300	00400							Notice of Loss	MM/DD/YYYY	MM/DD/YYYY
										14 Companion Policy(s)		

SECTION I - ACREAGE APPRAISED, UNIT VALUE

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Field ID	Total Reported Trees	Total Trees (Stage)	SDT	Interest or Share	Rate Class (Stage)	Practice	Type Class Variety	Coverage Level	Type of Loss	Reference Price	% Damage	<input type="checkbox"/> Amt. of Ins. Damage or <input checked="" type="checkbox"/> Damage Value	Unit Deductible	Unit Value (C x I x K)
2 A	1,000	1,100	167	1.000	D02	997	997/001	.75		15.00	1.000	2505	5500	16,500
			233							20.00		4660		
3 A	3,000	3,000	550	1.000	D03	997	997/001	.75		20.00	1.000	11,000	22,500	67,500
			450							30.00		13,500		
NARRATIVE: (If more space is needed, attach a Special Report) See attached Base Policy Production Worksheet for unit 00100.											15. TOTALS:	31,665	28,000	84,000
\$82,500 amount of protection ÷ \$84,000 unit value (total column O) = .982 URF.											16. OLO MINIMUM (O x 0.05)			
											17. URF:			.982

SECTION II - ADJUSTMENTS TO UNIT VALUE

18 End of Insurance Period				19 Is damage similar to other farms in the area?				20 Assignment of Indemnity				21 Transfer of Right to Indemnity?			
MM/DD/YYYY				Yes X No				Yes X No				Yes X No			
A	B	C	D	E	F	G	H	I							
Rate Class (Stage)	Date of Previous Loss	Unit Value (from O)	Previous Damage Value (100% Share)	Current Damage Value (From M)	Total Damage Value All Claims (D+E)	Deductible (from N)	Remaining Deductible (G - F)	Unit Value To Count (100% Share)							
D02		16,500		7165	7165	5500	-1665	14,835							
D03		67,500		24,500	24,500	22,500	-2000	65,500							

I certify the information provided above, to the best of my knowledge, to be true and complete and that it will be used to determine my loss, if any, to my insured crop. I understand that this Production Worksheet and supporting papers are subject to audit and approval by the company. I understand that this crop insurance is subsidized and reinsured by the Federal Crop Insurance Corporation, an agency of the United States. I understand that any false or inaccurate information may result in the sanctions outlined in my policy and 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 other federal statutes.

22. Total:	80,335
(100% Share)	

23. Adjuster's Signature		Code #		Date		24. Insured's Signature		Date	
1 st Inspection	I. M. Adjuster	XXXXX	MM/DD/YYYY	1 st Inspection	I. M. Insured	MM/DD/YYYY			
2 nd Inspection	I. M. Adjuster	XXXXX	MM/DD/YYYY	2 nd Inspection	I. M. Insured	MM/DD/YYYY	25. Page		
3 rd Inspection	I. M. Adjuster	XXXXX	MM/DD/YYYY	3 rd Inspection	I. M. Insured	MM/DD/YYYY	1	of	1

FLORIDA FRUIT TREE PRODUCTION WORKSHEET

1 Crop/Code #	2 Unit #	3 Legal Description	(For Illustration Purposes Only)				8 Name of Insured				
Orange Trees	00100	SW ¼ - 12-22-9					I. M. Insured				
0207	CV/OL		7 Company	Any Company			9 Claim #		11 Crop Year		
4 Date of Damage	DEC 19		Agency	Any Agency			XXXXXXXX		XXXX		
5 Cause of Damage	Freeze		EXAMPLE 5: CTVE – With OLO, Requires Base Policy PW With Indemnity Due				10 Policy #	XXXXX			
6 Primary Cause %	100						13 Date(s)	1 st	2 nd	Final	
12 Additional Units	00100	00300	00400				Notice of Loss	MM/DD/YYYY		MM/DD/YYYY	
							14 Companion Policy(s)				

SECTION I - ACREAGE APPRAISED, UNIT VALUE

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Field ID	Total Reported Trees	Total Trees (Stage)	SDT	Interest or Share	Rate Class (Stage)	Practice	Type Class Variety	Coverage Level	Type of Loss	Reference Price	% Damage	<input checked="" type="checkbox"/> Amt. of Ins. Damage or <input type="checkbox"/> Damage Value	Unit Deductible	Unit Value (C x I x K)
2 A	1,000	1,100	167 233	1.000	D02	997	997/001	.75		15.00 20.00	1.000	1879 3495		16,500
3 A	1,000	1,100	550 450	1.000	D03	997	997/001	.75		20.00 30.00	1.000	8250 10,125		67,500
NARRATIVE: (If more space is needed, attach a Special Report) See attached Base Policy Production Worksheet for unit 00100.											15. TOTALS:	23,749		84,000
\$82,500 amount of protection ÷ \$84,000 unit value (total column O) = .982 URF. \$84,000 unit value X .05 = \$4,200 OLO Minimum.											16. OLO MINIMUM (O x 0.05)			4200
											17. URF:			.982

SECTION II - ADJUSTMENTS TO UNIT VALUE

18 End of Insurance Period				19 Is damage similar to other farms in the area?				20 Assignment of Indemnity				21 Transfer of Right to Indemnity?			
MM/DD/YYYY				Yes X No				Yes X No				Yes X No			
A	B	C	D	E	F	G	H	I							
Rate Class (Stage)	Date of Previous Loss	Unit Value (from O)	Previous Damage Value (100% Share)	Current Damage Value (From M)	Total Damage Value All Claims (D+E)	Deductible (from N)	Remaining Deductible (G - F)	Unit Value To Count (100% Share)							
D02		16,500		5374	5374			11,126							
D03		67,500		18,375	18,375			49,125							

I certify the information provided above, to the best of my knowledge, to be true and complete and that it will be used to determine my loss, if any, to my insured crop. I understand that this Production Worksheet and supporting papers are subject to audit and approval by the company. I understand that this crop insurance is subsidized and reinsured by the Federal Crop Insurance Corporation, an agency of the United States. I understand that any false or inaccurate information may result in the sanctions outlined in my policy and 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 other federal statutes.

22. Total: (100% Share) **60,251**

23. Adjuster's Signature		Code #	Date	24. Insured's Signature		Date
1 st Inspection	I. M. Adjuster	XXXXX	MM/DD/YYYY	1 st Inspection	I. M. Insured	MM/DD/YYYY
2 nd Inspection	I. M. Adjuster	XXXXX	MM/DD/YYYY	2 nd Inspection	I. M. Insured	MM/DD/YYYY
000 Inspection	I. M. Adjuster	XXXXX	MM/DD/YYYY	3 rd Inspection	I. M. Insured	MM/DD/YYYY
						25. Page
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