

United States
Department of
Agriculture



Federal Crop
Insurance
Corporation



Product
Development
Division

FCIC-25140 (04-2000)
FCIC-25140-1 (06-2001)
FCIC-25140-2 (02-2003)

FLORIDA CITRUS FRUIT LOSS ADJUSTMENT STANDARDS HANDBOOK

2004 and Succeeding Crop Years

UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C. 20250

FEDERAL CROP INSURANCE HANDBOOK		FCIC-25140 (04-2000) FCIC-25140-1 (06-2001) FCIC-25140-2 (02-2003)
SUBJECT: FLORIDA CITRUS FRUIT LOSS ADJUSTMENT STANDARDS HANDBOOK 2004 AND SUCCEEDING CROP YEARS	DATE: FEBRUARY 26, 2003	
	OPI: Product Development Division	
	APPROVED: /S/ Tim B. Witt Deputy Administrator, Research and Development	

THIS HANDBOOK CONTAINS THE OFFICIAL FCIC-APPROVED LOSS ADJUSTMENT STANDARDS FOR THIS CROP FOR THE 2004 AND SUCCEEDING CROP YEARS. IN THE ABSENCE OF INDUSTRY-DEVELOPED, FCIC-APPROVED PROCEDURE FOR THIS CROP FOR 2004 AND SUCCEEDING CROP YEARS, ALL REINSURED COMPANIES WILL UTILIZE THESE STANDARDS FOR BOTH LOSS ADJUSTMENT AND LOSS TRAINING.

SUMMARY OF CHANGES/CONTROL CHART

Major Changes: See changes or additions in text that have been **highlighted**. Three stars (***) identify information that has been removed.

Changes for Crop Year 2004:

- A. Make a technical wordage correction to indicate when Part III of the Adjuster's Citrus Worksheet is used.
- B. Provide a form example and instructions for when juice fruit are left unharvested and fruit samples are submitted for test house analysis.

FLORIDA CITRUS FRUIT LOSS ADJUSTMENT STANDARDS HANDBOOK

SUMMARY OF CHANGES/CONTROL CHART

Control Chart For: Florida Citrus Fruit Loss Adjustment Standards Handbook						
	SC Page(s)	TC Page(s)	Text Page(s)	Reference Material	Date	Directive Number
Remove	1-2	1-2	17-18		06-2001 04-2000	FCIC-25140-1 FCIC-25140
Insert	1-2	1-2	17-18.2 28.1-28.6		02-2003 02-2003	FCIC-25140-2 FCIC-25140-2
Current Index	1-2	1-2 3-4	1-2 3-4 5-6 7-12 13-14 15-16 17-18.2 19-20 21-26 27-28 28.1-28.6 29-34 35-36 37-40 41-42 43-44 45-46	47-58	02-2003 04-2000 06-2001 04-2000 06-2001 04-2000 06-2001 02-2003 06-2001 04-2000 06-2001 02-2003 04-2000 06-2001 04-2000 06-2001 04-2000 06-2001 04-2000 06-2001	FCIC-25140-2 FCIC-25140 FCIC-25140-1 FCIC-25140 FCIC-25140-1 FCIC-25140 FCIC-25140-2 FCIC-25140-1 FCIC-25140 FCIC-25140-1 FCIC-25140-2 FCIC-25140 FCIC-25140-1 FCIC-25140 FCIC-25140-1 FCIC-25140 FCIC-25140-1 FCIC-25140 FCIC-25140-1

FLORIDA CITRUS FRUIT LOSS ADJUSTMENT HANDBOOK

TABLE OF CONTENTS

	<u>PAGE</u>
1. INTRODUCTION	1
2. SPECIAL INSTRUCTIONS	1
A. DISTRIBUTION	1
B. TERMS, ABBREVIATIONS, AND DEFINITIONS	1
3. INSURANCE CONTRACT INFORMATION	2
A. INSURABILITY	2
B. PROVISIONS NOT APPLICABLE TO CAT COVERAGE	3
C. UNIT DIVISION	3
D. QUALITY STANDARDS	3
4. FLORIDA CITRUS FRUIT APPRAISALS	4
A. GENERAL INFORMATION	4
B. SELECTING REPRESENTATIVE SAMPLES FOR APPRAISALS	4
C. SELECTING RANDOM FRUIT SAMPLES	5
D. PRELIMINARY INSPECTIONS	5
E. GROUND COUNT INSPECTIONS	6
5. APPRAISAL METHODS	6
A. GENERAL INFORMATION	6
B. DROPPED FRUIT (GROUND COUNT) METHOD	6
C. TREE FRUIT COUNT METHOD	7
D. FREEZE-DAMAGE DETERMINATION METHOD	7
E. FRESH-FRUIT HAIL-SCAR DAMAGE METHOD	11
F. HANDLING PRE-HARVEST APPRAISAL DISCREPANCIES	12
6. APPRAISAL DEVIATIONS AND MODIFICATIONS	12
A. DEVIATIONS	12
B. MODIFICATIONS	12

FLORIDA CITRUS FRUIT LOSS ADJUSTMENT HANDBOOK

TABLE OF CONTENTS (Continued)

	<u>PAGE</u>
7. APPRAISAL WORKSHEET ENTRIES AND COMPLETION PROCEDURES	12
A. GENERAL INFORMATION	12
B. WORKSHEET ENTRIES AND COMPLETION INFORMATION	
HEADING	13
PART I - FRUIT LOST ON GROUND FROM FREEZE, HAIL, HURRICANE, OR TORNADO	14
PART II - FRUIT ON TREE, PRODUCTION AND LOSS (HAIL AND FREEZE-CUT METHODS)	15
PART III - FRUIT PRODUCTION AND LOSS BASED ON DATA FROM TEST HOUSE ANALYSIS	17
PART IV - TOTAL PRODUCTION AND PRODUCTION LOST	19
ADJUSTER'S CITRUS WORKSHEET EXAMPLES	23
C. SUBMITTED SAMPLE FORM ENTRIES AND COMPLETION INSTRUCTIONS....	28.1
8. TABULATION OF PRODUCTION RECORDS FROM INDIVIDUAL LOAD CERTIFICATES	29
A. GENERAL INFORMATION	29
B. FORM ENTRIES AND COMPLETION INFORMATION	29
TABULATION OF PRODUCTION RECORDS EXAMPLE	31
9. FLORIDA CITRUS PRODUCTION SHEET	32
A. GENERAL INFORMATION	32
B. FORM ENTRIES AND COMPLETION INFORMATION	32
PART I	33
PART II	33
FLORIDA CITRUS PRODUCTION SHEET EXAMPLE	35
10. CLAIM FORM ENTRIES AND COMPLETION PROCEDURES	37
A. GENERAL INFORMATION	37
B. FORM ENTRIES AND COMPLETION INFORMATION	37
SECTION I - ACREAGE APPRAISED, PRODUCTION AND ADJUSTMENTS	40
SECTION II - HARVESTED PRODUCTION	43
PRODUCTION WORKSHEET EXAMPLE	46

The sum of No. @ 100% (item 30), Col. 31 X .7 (item 32), and Col. 33 X .4 (item 34), divided by Number in Sample (item 29); the result multiplied by 100 and rounded to tenths.

(4) **HAIL SCAR** determination. See section 5E. The No. @ 100% (item 30), divided by Number in Sample (item 29); the result multiplied by 100 and rounded to tenths.

- b. "0.0" Percent damage for fresh fruit MARKETED as fresh fruit. (Production to be recorded on a separate line in PART IV.)
- c. Percent of damage for fresh fruit MARKETED as juice as determined from processor records (record production and damage on a separate line).

36. **Boxes Produced:** Number of Trees (item 26) times Boxes Per Tree (item 27), **EXCEPT** for FRESH-FRUIT CUT where any harvested production will be taken from marketing records.

37. **Boxes Lost:** % Damage (item 35) times Boxes Produced (item 36), divided by 100 and recorded to tenths.

38. **Total:** Separate column totals of all lines for Number of Trees (item 26), Boxes Produced (item 36), and Boxes lost (item 37). Item 37 entry must not exceed the item 36 entry. **DO NOT INCLUDE** encircled (duplicate) entries.

PART III - FRUIT PRODUCTION AND LOSS BASED ON DATA FROM TEST HOUSE ANALYSIS

NOTE: Complete this part **only for juice fruit.**

39. **Plot No.:** Plot or sub-plot (or grove or sub-grove) identification number applicable to the area for which production is being reported.

40. **Wgt. Bxs. Harvested:** Number of (appropriate-weight) weight boxes of marketable and harvested juice fruit for the plot. Include marketable fruit that cannot be picked in a timely manner and marketable fruit remaining after the end of the insurance period. A representative sample of **remaining** marketable fruit must be taken to a processor to establish the juice content.

NOTE: Leave this item blank if juice fruit is to remain unharvested (unweighed) production. In item 49, enter an estimate of the number of boxes of fruit produced, calculated by multiplying Part II, item 26 (number of trees) by item 27 (the estimated number of boxes per tree). Use test house analysis to calculate item 48 (percent of damage) and, ultimately, item 50 (boxes lost).

41. **Date Harvested:** The final harvest date for the plot, in MM/DD/YYYY format. If unharvested, enter applicable date for the end of the insurance period.

42. **Processing Plant (Name):** Processing plant that received the fruit. If fruit was not harvested, enter the name of the processing plant which established the juice content.
43. **Avg. Lbs. Jce/Bx (After):** Average pounds of juice per appropriate weight box, remaining after freeze damage.

NOTE: Determine the production-record average juice pounds using a:

- a. **WEIGHTED AVERAGE** if the record is based on ten loads or less for the unit.
- b. **SIMPLE AVERAGE** if the record is based on more than ten loads for the unit.

Use the appropriate fruit-type Juice Chart (section 11, Reference Material - **TABLES C - G**) for the specific entries for Juice Base, Lbs./Box (item 44), Official Weight Lbs./Box (item 45), Post Factor (item 46), Pre Factor (item 47), and % Damage (item 48), **EXCEPT** when:

- (1) The actual average juice pounds per box from **PRODUCTION RECORDS EXCEEDS** the established juice base for the fruit type. In this case, enter the number of weight boxes harvested in the columns Weight Boxes Harvested (item 40) **AND** in Boxes Produced (item 49). Leave blank the columns for Juice Base, Lbs./Box (item 44), Official Weight, Lbs./Box (item 45), Post Factor (item 46), and Pre Factor (item 47).
- (2) Prior-three-year production records have not been furnished for the fruit type. In this case, use the default juice base value as specified in the Crop Provisions. Complete Juice Base, Lbs./Box (item 44, using the default value in this case), Official Wt., Lbs./Box (item 45), Post Factor (item 46), Pre Factor (item 47), and % Damage (item 48) as described below.
- (3) Juice chart (section 11, Reference Material) values are **NOT** listed for the Official Wt., Lbs/Box (item 45) for the fruit type **AND**:
 - (a) The juice base **DOES NOT EXCEED** the policy default juice base per box for the crop type. In this case, complete Juice Base, Lbs./Box (item 44), Official Wt., Lbs./Box (item 45), Post Factor (item 46), Pre Factor (item 47), and % Damage (item 48) as directed below.
 - (b) The actual juice base **EXCEEDS** the policy default juice base per box for the crop type. In this case, enter the number of weight boxes harvested in the columns Weight Boxes Harvested (item 40) **AND** Boxes Produced (item 49). Leave blank the columns for Juice Base, Lbs./Box (item 44), Official Weight, Lbs./Box (item 45), Post Factor (item 46), and Pre Factor (item 47).

Crop Type	Default Juice Base per Box
Citrus I	52 pounds
Citrus II	54 pounds
Citrus III	45 pounds
Citrus VI	43 pounds

NOTE: Establish Average Pounds Juice Per Box for juice fruit acreage (Florida Citrus Types I, II, III, or VI) that will not be harvested. Samples must be taken to a test house for analysis. The test result, item 17 from the Submitted Sample Florida Citrus Fruit Test form, is used to complete Part III, Item 43 (Avg. Lbs. Jce/Bx), of the Adjuster's Citrus Worksheet. Refer to subsection 7C for Submitted Sample form entries and completion information.

- c. Adjuster will hand select samples for test house analysis by a certified State inspector. Refer to section 4, herein, for sampling instructions. A test house (generally co-located at a citrus fruit processor/buyer facility) is operated by a certified State inspector for the purpose of testing and grading citrus fruit.
- d. A separate Submitted Sample Florida Citrus Fruit Test form must be prepared for each fruit type, kind, and unit of fruit [e.g., fruit types I (011) and I (012) must have a separate form]. Identify the sample plot number in the space provided.
- e. Each citrus sample must contain a minimum of 25 pounds of fruit.
- f. The adjuster must give notice to the Citrus Administrator, Florida Department of Agriculture, Division of Fruits and Vegetables, Winter Haven, Florida, (telephone (863) 291-5820 ext. 264) at least 48 hours prior to submitting the sample to the test house.
- g. There is a \$20.00 charge for each sample tested. Producers must submit checks payable to the Florida Department of Agriculture with the sample(s) to be tested. Put sample identification on each check to assure proper credit.

THIS PAGE INTENTIONALLY LEFT BLANK

C. SUBMITTED SAMPLE FORM ENTRIES AND COMPLETION INFORMATION

The adjuster completes entries in items 1 through 14. Items 15 through 23 will be completed by the state inspector.

Item

No. Information Required

1. **Name of Insured:** Name that EXACTLY identifies the person (legal entity) to whom the policy is issued.
2. **Policy Number:** Insured's assigned policy number. If a **Claim Number** is required, enter it on this same line, preceded by a slash (/), after the policy number.
3. **Crop Year:** Four digit crop year, as defined in the policy, for which the claim has been filed.
4. **Unit Number:** Five digit unit number from the Summary of Coverage after it is verified to be correct (e.g., 00100).
5. **County:** County where unit is located as identified on Summary of Coverage.
6. **Date Sample Collected:** Date, MM/DD/YYYY, on which the sample was collected.
7. **Type and Kind of Fruit:** Type of fruit as listed on the actuarial documents [e.g., Citrus I (011)].
8. **Processing Plant (Name & Location):** Name and location of test house/processing plant where sample is to be analyzed.
9. **Adjuster's Signature:** Signature of loss adjuster submitting the sample.
10. **Submission Date:** The date, MM/DD/YYYY, the sample was submitted for analysis.
11. **Adjuster's Address:** Loss adjuster's mailing address, including zip code.
12. **Adjuster's Telephone Number:** The loss adjuster's telephone number, including area code.
13. **Plot Number:** Grove number.
14. **Page ____ of ____:** Page number within a series of page numbers for multiple samples within a unit.
15. **Sample Weight:** The submitted-sample pound weight.
16. **Juice Weight:** Pounds of juice extracted from the sample.

17. **Juice Per Box:** Average pounds juice per appropriate weight box, as determined from the submitted sample. (The adjuster enters this value, to tenths, in item 43 of the Adjuster's Citrus Worksheet.)
18. **Acid:** Determination from the citrus juice test analysis of the sample.
19. **Brix/Solids:** Determination from the citrus juice test analysis of the sample.
20. **Ratio:** Determination from the citrus juice test analysis of the sample.
21. **LBS. Solids Per Box:** Determination from the citrus juice test analysis.
22. **State Inspector's Signature:** Signature of certified State inspector running the sample.
23. **Date:** Date, MM/DD/YYYY, the submitted sample was tested.

NOTE: The body (exclusive of the heading and footer) of the following blank example form shall not be altered without the prior written approval of RMA and the Florida Department of Agriculture.

**SUBMITTED SAMPLE
FLORIDA CITRUS JUICE TEST**

TO BE COMPLETED BY LOSS ADJUSTER

1. Name of Insured: I. M. Insured 2. Policy Number: XXXXXXXX/XXXXXX
 3. Crop Year: YYYY 4. Unit Number: 00100
 5. County: Any 6. Date Sample Collected: MM/DD/YYYY
 7. Type and Kind of Fruit: Citrus I (011)
 8. Processing Plant: B & W Canning, Any City, Any State
 9. Adjuster's Signature: I. M. Adjuster 10. Submission Date: MM/DD/YYYY
 11. Adjuster's Address: Any City, Any State XXXXX
 12. Adjuster's Phone Number: (XXX) XXX-XXXX
 13. Plot Number: 3-B 14. Page 1 of 1

Attach \$20.00 per sample fee, payable to Florida Department of Agriculture

TO BE COMPLETED BY STATE INSPECTOR

15. Sample Weight: 25.00 16. Juice Weight: 12.50
 17. Juice Per Box: 45.00 18. Acid: 1.00
 19. Brix/Solids: 13.50 20. Ratio: 13.50
 21. LBS. Solids Per Box: 6.0750

This is to certify results of above hand selected submitter sample.
 Juice content is not certified in accordance with DOC Rule Chapter 20-61.003(2).

I. M. Inspector
 22. State Inspector Signature

MM/DD/YYYY
 23. Date

State Inspector Instructions:

Mark paid, transmit completed copy to loss adjuster, and mail original form, with payment, to Winter Haven office.

THIS PAGE INTENTIONALLY LEFT BLANK

**SUBMITTED SAMPLE
FLORIDA CITRUS JUICE TEST**

TO BE COMPLETED BY LOSS ADJUSTER

1. Name of Insured: _____ 2. Policy Number: _____
3. Crop Year: _____ 4. Unit Number: _____
5. County: _____ 6. Date Sample Collected: _____
7. Type and Kind of Fruit: _____
8. Processing Plant: _____
9. Adjuster's Signature: _____ 10. Submission Date: _____
11. Adjuster's Address: _____
12. Adjuster's Phone Number: () _____
13. Plot Number: _____ 14. Page ____ of ____

Attach \$20.00 per sample fee, payable to Florida Department of Agriculture

TO BE COMPLETED BY STATE INSPECTOR

15. Sample Weight: _____ 16. Juice Weight: _____
17. Juice Per Box: _____ 18. Acid: _____
19. Brix/Solids: _____ 20. Ratio: _____
21. LBS. Solids Per Box: _____

This is to certify results of above hand selected submitter sample.
Juice content is not certified in accordance with DOC Rule Chapter 20-61.003(2).

22. State Inspector Signature _____

23. Date _____

State Inspector Instructions:

Mark paid, transmit completed copy to loss adjuster, and mail original form, with payment, to Winter Haven office.

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act, (7 U.S.C. 1501 et seq.) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Federal Crop Insurance Act (7 U.S.C. 1506), and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

The balance of the information requested is necessary for the insurance company and FCIC to process this form to: provide insurance; provide reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The information furnished on this form will be used by Federal agencies, FCIC employees, insurance companies, and contractors who require such information in the performance of their duties. The information may be furnished to: FCIC contract agencies, employees and loss adjusters; reinsured companies; other agencies within the United States Department of Agriculture; The Department of Treasury including the Internal Revenue Service; the Department of Justice, or other Federal or State law enforcement agencies; credit reporting agencies and collection agencies; other Federal agencies as requested in computer matching programs; and in response to judicial orders in the course of litigation. The information may also be furnished to congressional representatives and senators making inquiries on your behalf. Furnishing the information required by this form is voluntary; however, failure to report the correct and complete information requested may result in rejection of this form; rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; and a unilateral determination of any monetary amounts due.

PAPERWORK REDUCTION ACT

In accordance with the Paperwork Reduction Act, public reporting burden for the collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection information, including suggestions for reducing this burden to the Department of Agriculture, Clearance Officer, OIRM (OMB No. 0563-0053), Stop 7630, Washington, D.C. 20250-7630.

NONDISCRIMINATION STATEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

