

United States
Department of
Agriculture



Federal Crop
Insurance
Corporation



Product
Administration
And Standards
Division

FCIC-25570 (3-2006)
FCIC-25570-1 (6-2006)

FLORIDA FRUIT TREE PILOT LOSS ADJUSTMENT STANDARDS HANDBOOK

2007 and Succeeding Crop Years

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

FEDERAL CROP INSURANCE HANDBOOK		NUMBER: 25570-1
SUBJECT: FLORIDA FRUIT TREE PILOT LOSS ADJUSTMENT STANDARDS HANDBOOK 2007 AND SUCCEEDING CROP YEARS	OPI: Product Administration and Standards Division APPROVED: <i>/s/ Tim B. Witt.....6/29/2006</i> Deputy Administrator for Product Management	DATE:

THIS HANDBOOK CONTAINS THE OFFICIAL FCIC-ISSUED LOSS ADJUSTMENT STANDARDS FOR THIS CROP FOR THE 2007 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.

1. Pg. 3, Sec. 3. A. (3) (b): Added clarifying language. Deleted the second sentence because it did not agree with the policy.
2. Pg. 8, Sec/ 4 B: Corrected the web address.
3. Pg. 13, Sec. 5. C.(1) (b): Changed the page number reference to Illustration to page 15.
4. Pg. 14, Sec. 5. C. (1) (c): Added clarifying language to the chart for Damage Description.
5. Pg. 30, Sec. 8. Sec.I, Item M.: Changed title of entry and added clarifying language.
6. Pg. 31, Sec. 8. Sec I, Item 16: Added clarifying language
7. Pg. 32, Sec. 8 Sec. I Narrative: Deleted item "o", not necessary.
8. Pg. 33, Sec. 8. Sec. I Item D, G, and I: Added clarifying language.
9. Pg. 34, Sec. 8. Sec. I Item 22: Added clarifying language.
10. Pgs. 35, 36, 37, 38 Production Worksheets: Made entry changes to correspond to the changes in the instructions stated above.

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	1-2		3,4,7,8, 13,14,29-38		3/2006	FCIC-25570
Insert	1-2		3,4,7,8,13,14,29-38		6/2006	FCIC-25570-1
Current Index	1-2	1-2	1-2	39-41	3/2006	FCIC-25570
			3-4		6/2006	FCIC-25570-1
			5-6		3/2006	FCIC-25570
			7-8		6/2006	FCIC-25570-1
			9-12		3/2006	FCIC-25570
			13-14		6/2006	FCIC-25770-1
			15-28		3/2006	FCIC-25770
29-38	6/2006	FCIC-25770-1				

3. INSURANCE CONTRACT INFORMATION

The AIP is to determine that the insured has complied with all policy provisions of the insurance contract. Crop provisions which are to be considered in this determination include (but are not limited to):

A. INSURABILITY

The following may not be a complete list of insurability requirements. Refer to the Basic Provisions, Florida Fruit Tree Crop Provisions, and Special Provisions for a complete list.

- (1) The trees insured will be all of each Florida fruit tree crop for which the insured elects insurance coverage and for which a premium rate is provided by the actuarial documents:
 - (a) that are grown in the county listed on the application;
 - (b) in which the insured has a share; and
 - (c) that are grown to produce a commodity intended to be sold as fruit or juice for human consumption.

- (2) If citrus trees are located in a county where an ACC quarantine zone is currently established, to be insured for the cause of loss of ACC, the new insured and all policy carry-overs that did not have ACC coverage the previous year, must submit an acceptable, negative ACC Underwriting Certificate to the AIP. Refer to the top half of the “Date Planted” Column of the Acreage Report to determine whether any trees are not insured for ACC. Refer to the Crop Provisions and section 4B of this handbook for additional restrictions concerning ACC coverage.

- (3) In addition to the exclusions listed in the Basic Provisions, insurance will not be provided for any trees that:
 - (a) are unsound, diseased, or unhealthy;
 - ***(b) are toppled;
 - (c) have been grafted within a 12-month period before the date insurance attaches, unless the grafting is a result of topworking;
 - (d) are non-grafted seedlings (grown from seed);
 - (e) no longer have the potential to produce a yield typical of healthy trees of the same age as the subject trees, unless the trees were topworked or buckhorned and qualify as stage I or II;

- (f) were damaged before the beginning of the insurance period. (If trees suffered damage the previous crop year, insurance will not attach until the previous year's damage is determined, the insured submits a revised acreage report, and the trees are accepted by the AIP);
 - (g) are citrus trees infected by or exposed to ACC, that were inspected by DPI before coverage for ACC attached and for which a specimen collected during the inspection was confirmed positive for ACC by a DPI pathologist; or
 - (h) were planted during the period when replanting was prohibited by DPI or APHIS after the removal of trees infected by or exposed to ACC from the same acreage.
- (4) Insurance will also not be provided for:
- (a) flooding due to high groundwater for trees that do not meet the requirements in the Special Provisions; or
 - (b) freeze for stage-I trees that do not meet the requirements in the Special Provisions.
- (5) Coverage begins:
- (a) For new policies:
 - 1 When the AIP receives the completed application by the sales closing date and subject to all other policy requirements, coverage begins on July 1, 2006 for the 2007 crop year. Coverage begins on June 1 following the sales closing date for the 2008 and succeeding crop years,
 - 2 When the AIP receives the completed application after the sales closing date and subject to all other policy requirements, coverage begins 45 days after the AIP receives the completed application.
 - (b) For renewal policies:
 - 1 When the AIP receives the **acreage report** (and a completed application if required) by the sales closing date, coverage begins June 1 following the sales closing date for the crop year,
 - 2 An application is required if the insured elects a higher coverage level, adds CTVE or OLO, increases his/her share or reports additional acreage of insurable trees such that the amount of protection increases by more than 10 percent,
 - 3 If insured damage occurs after the sales closing date but before insurance attaches for the crop year, insurance coverage will not attach to any addition amount of protection or optional coverage elected or reported by the insured for the crop year.

4. FLORIDA FRUIT TREE APPRAISALS

A. GENERAL INFORMATION

- (1) Appraisals will be made in accordance with procedures specified in this handbook and in the LAM.
- (2) Specifically for Florida fruit trees, all appraisals will be made within a stand(s) of damaged trees (SDT). The SDT is an area in which damage due to the same insurable cause of loss has occurred, and is identified by the AIP. For widespread damage or when distinct areas of damaged trees within the unit cannot be established, the SDT may be defined as an entire unit. In addition, several SDT may exist resulting from a single loss event. Multiple SDT will cumulatively make up a single damage value for purposes of appraisals.

Example:

The unit below sustains damage in the shaded areas due to a covered peril. The SDT can be defined in several ways and is at the discretion of the AIP. For example, the AIP can (1) define the SDT as the entire unit (Figure 1); (2) divide the damage into two SDT based on the outermost damaged trees of each area (Figure 2); or (3) treat each damage area as an individual SDT (Figure 3). Other variations may also exist. Sampling is done within each SDT, observing the minimum sampling requirements (**TABLE A**) *for the number of trees in each stage-block within the SDT*. In the figures below, black borders illustrate a separate SDT.



Figure 1. Entire unit as SDT.

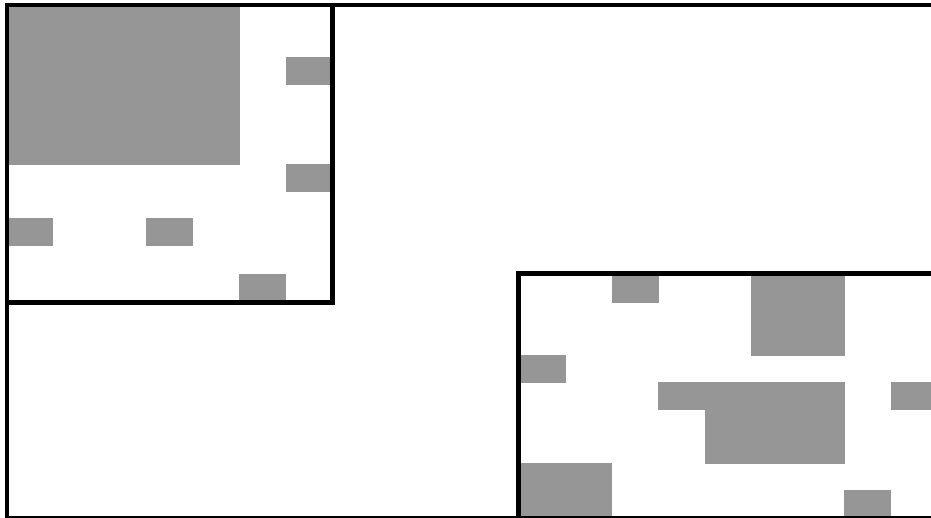


Figure 2. Two SDT defined by outermost damage in each area.

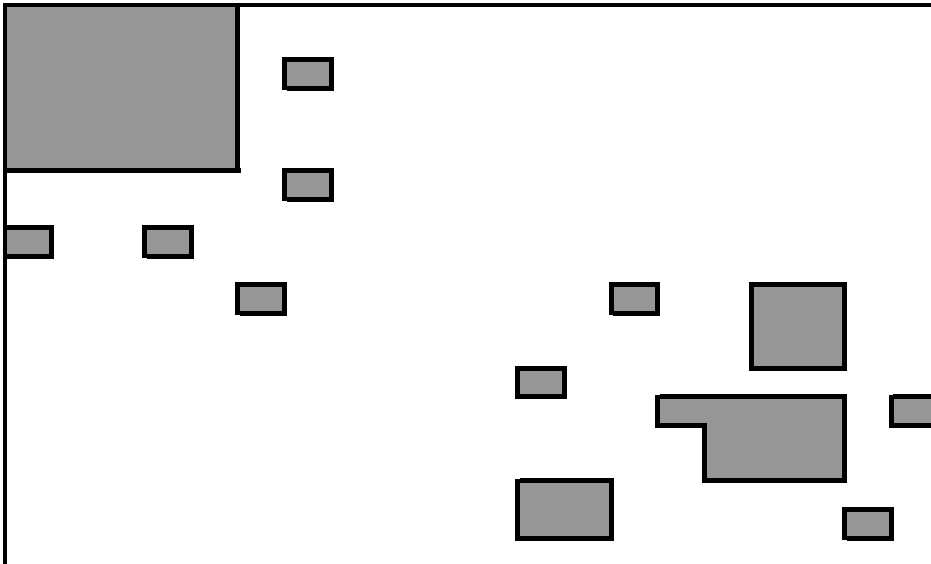
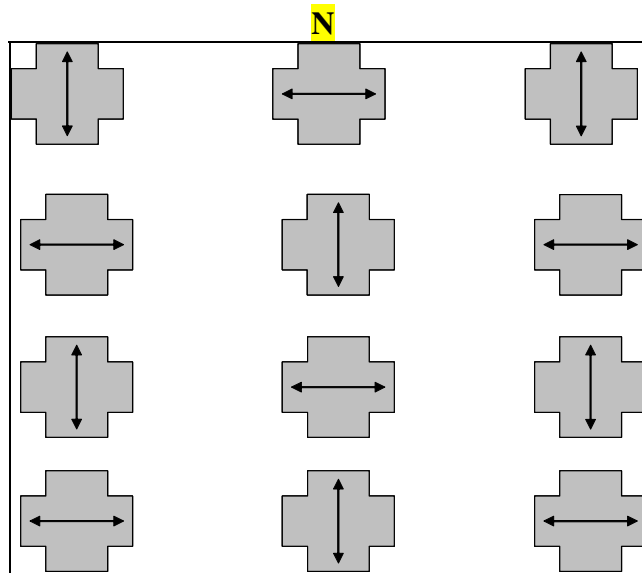


Figure 3. Multiple SDT defined by each damaged area.

- (3) Circumstances that require an appraisal include (but are not limited to) trees to be rehabilitated or removed, if damaged due to an insurable cause (other than ACC) during the insurance period. APPRAISE DAMAGED TREES BEFORE ANY PRUNING OR REMOVAL.
- (4) The number, stage, and location of insured trees destroyed due to ACC are determined and documented only on the grove map and entered directly on the FFT Production Worksheet.

B. SPECIAL INSTRUCTIONS FOR ASIATIC CITRUS CANKER

Loss adjusters and other personnel who enter an area of ACC-infected trees should disinfect all clothing and equipment used in the infected area before proceeding to a different location. Asiatic Citrus Canker does not infect human beings. For more information, access the Animal and Plant Health Inspection Service (APHIS) website at <http://www.aphis.usda.gov/ppq/ep/citruscanker/>



- (b) Using a caliper, measuring tape, or ruler, determine the **greatest** limb diameter at which damage has occurred for each sample limb. Damage is defined as limb breakage and/or dead wood. Record the limb diameter at the innermost point of damage for each sample limb on the Appraisal Worksheet. The limb with the greater amount of damage determines the damage category for the entire tree as follows:

Tree 1: Limb 1 damage = 1" limb diameter
 Limb 2 damage = 3" limb diameter
 Tree Damage = 3" limb diameter = **Fully Damaged**

Tree 2: Limb 1 damage = No damage
 Limb 2 damage = 1" limb diameter
 Tree Damage = 1" limb diameter = **Partially Damaged**

(Refer to the Illustration on Page 15)

- (c) Classify each sample tree as undamaged, partially damaged, fully damaged or destroyed. The amount of damage to each tree will be determined as follows:

Damage Description	Tree Classification
<i>Citrus and Carambola</i>	
Tree is undamaged or location of limb damage on <i>both</i> sampled limbs is less than one-inch in diameter at the point of damage .	Undamaged
Location of limb damage to <i>one or both</i> of the sampled limbs is at least one-inch in diameter, but less than three inches in diameter at the point of damage .	Partially Damaged
<ul style="list-style-type: none"> ▪ Location of limb damage to <i>one or both</i> of the sampled limbs is at least three inches in diameter at the point of damage, but the tree can be rehabilitated; ▪ Tree is buckhorned or topworked with no live wood above the new growth points or above the graft unions; or ▪ Tree is toppled and can be rehabilitated, 	Fully Damaged
<ul style="list-style-type: none"> ▪ Identified by DPI as ACC infected and removed according to the limitations in the Special Provisions; ▪ Tree is dead; ▪ Tree is toppled and cannot be rehabilitated or tree is missing; ▪ For citrus only, if there is damage within six inches of the trunk for Stage I or within one foot of the trunk for Stage II or Stage III trees; ▪ For carambola only, if there is damage within six inches of the trunk for Stage I or II trees, or within one foot of the trunk for Stage III trees; or ▪ There is no live wood above the bud union, 	Destroyed
<i>Avocado and Mango</i>	
Tree is undamaged or location of limb damage on <i>both</i> sampled limbs is less than two inches in diameter at the point of damage .	Undamaged
Location of limb damage to <i>one or both</i> of the sampled limbs is at least two inches in diameter, but less than four inches in diameter at the point of damage .	Partially Damaged
<ul style="list-style-type: none"> ▪ Location of limb damage to <i>one or both</i> of the sampled limbs is at least four inches in diameter at the point of damage but the tree can be rehabilitated. The diameter of the trunk at the point of damage may also be considered to satisfy the four-inch requirement. ▪ Tree is buckhorned or topworked with no live wood above the new growth points or above the graft unions; or ▪ Tree is toppled and can be rehabilitated, 	Fully Damaged
<ul style="list-style-type: none"> ▪ Tree is dead; ▪ Tree is toppled and cannot be rehabilitated or tree is missing; or ▪ There is no live wood above bud union, 	Destroyed

“NON”.....Insured trees, damaged and undamaged due to an insurable or uninsurable cause, other than insurable ACC damage.

Verify the “Type of Loss” entries. All insurable trees within the unit must be accounted for. Make no entry in Column “J” if the corresponding stage-block was not present in the SDT.

K. Reference Price:

- a. **Base Policy:** Enter the applicable **tree reference price** shown on the price addendum for the stage, in dollars and cents.
- b. **CTVE:**
 1. Draw a horizontal line across the cell.
 2. Above the line, enter the **Minimum** CTVE Reference Price in dollars and cents for the stage shown on the price addendum. Below the line, enter the **Maximum** CTVE Reference Price in dollars and cents for the stage shown on the price addendum.
- c. Make no entry if the corresponding stage block was not present in the SDT.

L. % Damage:

Enter the percent damage as a decimal to three places as follows:

- a. **Base Policy:**
 1. ACC: Enter “1.000.”
 2. Non-ACC: The percent damage for the stage determined from the appraisal (Column 24 of Part II of the Appraisal Worksheet), to three decimal places.
- b. **CTVE:** Enter “1.000”.

Make no entry if the corresponding stage-block was not present in the SDT. If there has been a previous claim during the crop year, the stage-blocks sampled as a result of the most recent cause of loss must be reviewed against stage-blocks from the previous claim to ensure that applicable percent damage for the crop year will not exceed 100 percent for any stage-block or portion of a stage-block within an SDT.

For example, If a stage-II block of 200 trees is 40% damaged due to freeze in January and the same stage-II block is removed in April due to ACC, the claim must report 200 trees damaged 40% from freeze in January, and 200 trees damaged 60% due to ACC in April. To do otherwise would in effect count 200 trees as 140% damaged (40% due to freeze and 100% due to ACC).

M. **Amt of Ins. Damage or Damage Value:** Check appropriate box indicating if entry is for “Amount of Insured Damage” or “Damage Value.”

*** a. **Base Policy:**

1. **Non-ACC/non-OLO:** Compute damage value by multiplying columns “D” times “K” times “L”, round to nearest whole dollar.
2. **ACC or OLO:** Compute amount of insured damage by multiplying columns “D” times “T” times “K” times “L”, round to nearest whole dollar.

b. **CTVE:**

1. Draw a horizontal line across the cell.
- *** 2. (For FULLY DAMAGED trees): Above the line, enter the damage value by multiplying Columns “D” times entry ABOVE the line in “K” times “L,” round to nearest whole dollar.
- *** 3. (For DESTROYED trees): Below the line, enter the damage value by multiplying Columns “D” times entry BELOW the line in “K” times “L”, rounded to nearest whole dollar.

c. **CTVE AND OLO:**

1. Draw a horizontal line across the cell.
2. (For FULLY DAMAGED trees): Above the line, enter the amount of insured damage by multiplying Columns “D” times “T” times entry ABOVE the line in “K” times “L,” round to nearest whole dollar.
3. (For DESTROYED trees): Below the line, enter the amount of insured damage by multiplying Columns “D” times “T” times entry BELOW the line in “K” times “L”, rounded to nearest whole dollar.

N. **Unit Deductible:**

a. **Base Policy:**

1. **Non-ACC/Non-OLO:** Column “C” times Column “K” times the percent deductible (1.00 minus Column “T” coverage level %), results in whole dollars.
2. **ACC or OLO:** MAKE NO ENTRY.

b. **CTVE:**

1. Non-ACC/Non-OLO: Column "C" times **entry BELOW the line in** Column "K" times the percent deductible (1.00 minus Column "I" coverage level %), results in whole dollars.
2. ACC or OLO: MAKE NO ENTRY.

O. **Unit Value:**

Column "C" times Column "I" times Column "K" **(if the line is split use the entry below the line)**, results in whole dollars.

15. **Totals:**

- a. Column "M" total in whole dollars.
- b. Column "O" total in whole dollars.

16. **OLO Minimum Value:** For **base policy with** OLO only, column "O" Total times 0.05, results in whole dollars. If OLO not in effect MAKE NO ENTRY. **If this amount equals or exceeds 5% of the amount of insured damage in item 15 then an indemnity may be due for the entire amount of the loss.**

17. **URF: (Under Report Factor)**

- a. **Base Policy:** In the event that the unit value is greater than the amount of protection, divide the amount of protection by the unit value, recording the underreport factor 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 is greater than the CTVE amount of protection, divide the CTVE amount of protection by the CTVE unit value, recording the CTVE underreport factor 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; and
 - (3) For unusual or controversial cases.
 - (4) 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 the amount of protection and the calculation used to determine underreport factor 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 from section I, column “F,” on a line by line basis. ALL STAGES PRESENT IN THE UNIT SHOULD BE ACCOUNTED FOR IN SECTION II. EXCEPT FOR CTVE, **DO NOT** ENTER STAGE D01 TREES. USE MULTIPLE LINE ENTRIES FOR MULTIPLE STAGES.
- B. **Date Previous Loss:** Enter the month(s) and day(s) (e.g., Nov. 15) of any previous ACC or non-ACC loss event during the same crop year regardless of whether an indemnity was due, using multiple line entries for multiple stages. If there has been no previous loss event on the stage during the crop year, MAKE NO ENTRY.
- C. **Unit Value:** Transfer entries from section I, column “O,” on a line by line basis.
- D. **Previous Damage Value:** Enter the total damage value (based on 100% share) corresponding to the stage entry in column F, “Rate Class (Stage)” for any previous loss event(s) during the same crop year, regardless of whether an indemnity was due, using multiple line entries for multiple stages. If there has been no previous loss event on the stage during the crop year, MAKE NO ENTRY.
- E. **Current Damage Value:** Transfer entries from section I, column “M” on a line by line basis. If there was no current damage for the stage, MAKE NO ENTRY.
- F. **Total Damage Value :** Column “D” plus column “E.” If the stage-block has no damage, enter “O”.
- G. **Deductible:**
- ***a. Non-ACC/Non-OLO: . Transfer entries from section I, column “N” on a line by line basis for the corresponding stage.
- b. ACC/OLO: MAKE NO ENTRY.
- H. **Remaining Deductible:**
- a. Non-ACC/Non-OLO: 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”) (8 - 8 = “0”)
- b. OLO/ACC: MAKE NO ENTRY.

I. **Adjusted Unit Value to Count:**

- a. **Base policy and CTVE without OLO or ACC:** 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”. If the entry in column “H” is a negative number, then the entry is columns “C” minus “H”.
- b. **OLO/ACC:** Column “C” minus Column “F”.

22. *** **Subtotal:** Total of column “I” entries. This dollar value to count applies to this loss occurrence only. **This value is based on 100% share.**

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 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 insured's signature, **REVIEW ALL ENTRIES** on the Production Worksheet **WITH THE INSURED**, particularly explaining codes, etc., that may not be readily understood. Final indemnity inspections should be signed on bottom line.

25. **Page Numbers:**

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

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FLORIDA FRUIT TREE PRODUCTION WORKSHEET

(For Illustration Purposes Only)

1 Crop/Code # Orange Trees 0207	2 Unit # 00100	3 Legal Description SW ¼ - 12-22-9				7 Company Agency Any Company Any Agency		8 Name of Insured I. M. Insured			
4 Date of Damage DEC 19	5 Cause of Damage Freeze							9 Claim # XXXXXXX		11 Crop Year XXXX	
6 Primary Cause % 100							10 Policy #				
12 Additional Units 00200	00300	00400					13 Date(s) Notice of Loss 1st MM/DD/YYYY		2nd MM/DD/YYYY		Final 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 E	980	1,000	900	1.000	D01	997	997	.75	NON	18.00	.475	7,695	4,500	13,500
2 E	1,000	1,000		1.000	D02	997	997	.75		29.00			7,250	21,750
3 E	3,000	3,000	1,500	1.000	D03	997	997	.75	NON	35.00	.548	28,770	26,250	78,750

NARRATIVE: (If more space is needed, attach a Special Report)

\$113,730 amount of protection ÷ \$114,000 unit value (total column O) = .998 URF.

15. TOTALS:	36,465	114,000
16. OLO MINIMUM (O x 0.05)		
17. URF:		.998

SECTION II - ADJUSTMENTS TO UNIT VALUE

18 End of Insurance Period MM/DD/YYYY

19 Is damage similar to other farms in the area? Yes No

20 Assignment of Indemnity Yes No

21 Transfer of Right to Indemnity? Yes No

A	B	C	D	E	F	G	H	I
Rate Class (Stage)	Date Previous Loss	Unit Value (from O)	Previous Damage Value (100% Share)	Current Damage Value (from M)	Total Damage Value (D+E)	Deductible (from N)	Remaining Deductible (G - F)	Adjusted Unit Value (C+ or - H)
D01		13,500		7,695	7,695	4,500	-3,195	10,305
D02	AUG 05	21,750	5,000	0	5,000	7,250	+2,250	24,000
D03	AUG 05	78,750	8,500	28,770	37,270	26,250	-11,020	67,730

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.

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

22. Total: (100% Share) 102,035

25. Page 1 of 1

FLORIDA FRUIT TREE PRODUCTION WORKSHEET

(For Illustration Purposes Only)

1 Crop/Code # Orange Trees 0207	2 Unit # 00100 OL	3 Legal Description SW ¼ 12-22-9	7 Company Agency Any Company Any Agency				8 Name of Insured I. M. Insured					
4 Date of Damage DEC 10	5 Cause of Damage Freeze	6 Primary Cause % 100					9 Claim # XXXXXXXX		11 Crop Year XXXX			
12 Additional Units 00200 00300 00400		10 Policy # XXXXXXXXXX					13 Date(s) Notice of Loss		1st MM/DD/YYYY	2nd MM/DD/YYYY	Final 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 E	980	1,000	900	1.000	D01	997	997	.75	NON	18.00	.475	5,771		13,500
2 E	1,000	1,000		1.000	D02	997	997	.75		29.00				21,750
3 E	3,000	3,000	1,500	1.000	D03	997	997	.75	NON	35.00	.548	21,578		78,750
NARRATIVE: (If more space is needed, attach a Special Report)												15. TOTALS:	27,349	114,000
\$113,730 amount of protection ÷ \$114,000 unit value (total column O) = .998 URF.												16. OLO MINIMUM (Total of O x 0.05)		5,700
												17. URF:		.998

SECTION II - ADJUSTMENTS TO UNIT VALUE

18 End of Insurance Period MM/DD/YYYY	19 Is damage similar to other farms in the area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	20 Assignment of Indemnity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	21 Transfer of Right to Indemnity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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A	B	C	D	E	F	G	H	I
Rate Class (Stage)	Date Previous Loss	Unit Value (from O)	Previous Damage Value (100% Share)	Current Damage Value (from M)	Total Damage Value (D+E)	Deductible (from N)	Remaining Deductible (G - F)	Adjusted Unit Value (C + or - H)
D01		13,500			5,771			7,729
D02		21,750			0			21,750
D03		78,750			21,578			57,172

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.

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

FLORIDA FRUIT TREE PRODUCTION WORKSHEET

(For Illustration Purposes Only)

1 Crop/Code # Orange Trees 0207	2 Unit # 00200 CV/OL	3 Legal Description SW ¼ 12-22-9				7 Company Agency Any Company Any Agency				8 Name of Insured I. M. Insured			
4 Date of Damage DEC 19	5 Cause of Damage Freeze	6 Primary Cause % 100	12 Additional Units 00100 00300 00400				9 Claim # XXXXXXX	11 Crop Year YYYY			10 Policy # XXXXXXXXX		
13 Date(s) Notice of Loss		1st MM/DD/YYYY	2nd MM/DD/YYYY	Final 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	-----	1.000	D02	997	001	.75		15.00 20.00		-----		15,000
3 A	3,000	3,000	125 ----- 100	1.000	D03	997	001	.75	NON	20.00 30.00	1.000	1,875 ----- 2,250		67,500
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NARRATIVE: (If more space is needed, attach a Special Report) Stage D01 trees in orchard 2 A not eligible for CTVE coverage.
 \$82,500 amount of protection ÷ \$82,500 unit value (total column O) for D02 and D03 trees = 1.000 URF.

15. TOTALS:	4,125	82,500
16. OLO MINIMUM (Total of O x 0.05)		
17. URF:		1.000

SECTION II - ADJUSTMENTS TO UNIT VALUE

18 End of Insurance Period MM/DD/YYYY	19 Is damage similar to other farms in the area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	20 Assignment of Indemnity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	21 Transfer of Right to Indemnity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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A	B	C	D	E	F	G	H	I
Rate Class (Stage)	Date Previous Loss	Unit Value (from O)	Previous Damage Value (100% Share)	Current Damage Value (from M)	Total Damage Value (D+E)	Deductible (from N)	Remaining Deductible (G - F)	Adjusted Unit Value (C + or -H)
D02	NOV 15	15,000	6,000		6,000			9,000
D03	NOV 15	67,500	9,500	4,125	13,625			53,875

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)	62,875
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23 Adjuster's Signature		Code #	Date	24 Insured's Signature		Date	25. Page 1 of 1
1st Inspection	I. M. Adjuster	XXXXX	MM/DD/YYYY	1st Inspection	I. M. Insured	MM/DD/YYYY	
2nd Inspection	I. M. Adjuster	XXXXX	MM/DD/YYYY	2nd Inspection	I. M. Insured	MM/DD/YYYY	
Final Inspection	I. M. Adjuster	XXXXX	MM/DD/YYYY	Final Inspection	I. M. Insured	MM/DD/YYYY	

FLORIDA FRUIT TREE PRODUCTION WORKSHEET

(For Illustration Purposes Only)

1 Crop/Code # Grapefruit Trees 0208	2 Unit # 00300 ACC	3 Legal Description SE ¼ 12-22-9	7 Company Agency <u>Any Company</u> Any Agency				8 Name of Insured I. M. Insured			
4 Date of Damage FEB 25	5 Cause of Damage ACC	6 Primary Cause % 100					9 Claim # XXXXXXX	11 Crop Year YYYY		
12 Additional Units 00100	00200	00400					10 Policy # XXXXXXXX	13 Date(s) Notice of Loss		
							1st MM/DD/YYYY	2nd MM/DD/YYYY	Final 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 B	3,000	3,080	980	1.000	D02	997	997	.75	ACC	29.00	1.000	21,315		66,990
1 B	4,000	3,980	600	1.000	D03	997	997	.75	ACC	35.00	1.000	15,750		104,475

NARRATIVE: (If more space is needed, attach a Special Report) \$170,250 amount of protection ÷ \$171,465 unit value = .993.

15. TOTALS:	37,065	171,465
16. OLO MINIMUM (Total of O x 0.05)		
17. URF:		.993

SECTION II - ADJUSTMENTS TO UNIT VALUE

18 End of Insurance Period MM/DD/YYYY	19 Is damage similar to other farms in the area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	20 Assignment of Indemnity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	21 Transfer of Right to Indemnity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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A	B	C	D	E	F	G	H	I
Rate Class (Stage)	Date Previous Loss	Unit Value (from O)	Previous Damage Value (100% Share)	Current Damage Value (from M)	Total Damage Value (D+E)	Deductible (from N)	Remaining Deductible (G - F)	Adjusted Unit Value (C + or -H)
D02		66,990		21,315	21,315			21,315
D03		104,475		15,750	15,750			15,750

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)	37,065
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23 Adjuster's Signature	Code #	Date	24 Insured's Signature	Date
1st Inspection	I. M. Adjuster XXXXX	MM/DD/YYYY	1st Inspection	I. M. Insured MM/DD/YYYY
2nd Inspection	I. M. Adjuster XXXXX	MM/DD/YYYY	2nd Inspection	I. M. Insured MM/DD/YYYY
Final Inspection	I. M. Adjuster XXXXX	MM/DD/YYYY	Final Inspection	I. M. Insured MM/DD/YYYY

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