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Federal Crop Insurance
Corporation



Product
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CULTIVATED CLAM PILOT LOSS ADJUSTMENT STANDARDS HANDBOOK

2000 and Succeeding Crop Years

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

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SUBJECT: CULTIVATED CLAM PILOT LOSS ADJUSTMENT STANDARDS HANDBOOK 2000 AND SUCCEEDING CROP YEARS	DATE: February 24, 2000	
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	APPROVED: /s/ R. E. Waggoner for Tim B. Witt Deputy Administrator, Research and Development	

THIS HANDBOOK CONTAINS THE OFFICIAL FCIC-APPROVED LOSS ADJUSTMENT STANDARDS FOR THIS CROP FOR THE 2000 AND SUCCEEDING CROP YEARS. IN THE ABSENCE OF INDUSTRY-DEVELOPED, FCIC-APPROVED PROCEDURE FOR THIS CROP FOR 2000 AND SUCCEEDING CROP YEARS, ALL REINSURED COMPANIES WILL UTILIZE THESE STANDARDS FOR BOTH LOSS ADJUSTMENT AND LOSS TRAINING.

SUMMARY OF CHANGES/CONTROL CHART

Control Chart For: Cultivated Clam Pilot Loss Adjustment Standards Handbook						
	SC Page(s)	TC Page(s)	Text Page(s)	Reference Material	Date	Directive Number
Current Index	1-2	1-2	1-23		02-2000	FCIC-25800

**CULTIVATED CLAM PILOT LOSS ADJUSTMENT STANDARDS
HANDBOOK
SUMMARY OF CHANGES/CONTROL CHART (Continued)**

(RESERVED)

CULTIVATED CLAM LOSS ADJUSTMENT HANDBOOK

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1. INTRODUCTION

This handbook identifies the crop-specific procedural requirements for adjusting Multiple Peril Crop Insurance (MPCI) losses in a uniform and timely manner. These procedures, which include crop appraisal methods and claims completion instructions, supplement the general (not crop-specific) procedures, forms, and manuals for loss adjustment identified in the Loss Adjustment Manual (LAM).

2. SPECIAL INSTRUCTIONS

This handbook remains in effect until superseded by reissuance of **either** the entire handbook **or** selected portions (through slipsheets or bulletins). If slipsheets have been issued for a handbook, the original handbook as amended by slipsheet pages shall constitute the handbook. A bulletin can supersede either the original handbook or subsequent slipsheets.

A. DISTRIBUTION

The following is the minimum distribution of forms completed by the adjuster for the loss adjustment inspection:

One legible copy to insured. The original and all remaining copies as instructed by the insurance provider.

NOTE: It is the insurance provider's responsibility to maintain original insurance documents relative to policyholder servicing as designated in their approved plan of operations.

B. TERMS, ABBREVIATIONS, AND DEFINITIONS

- (1) Terms, abbreviations, and definitions that are **general** (not crop specific) to loss adjustment are identified in the LAM.
- (2) Terms, abbreviations, and definitions **specific** to clam loss adjustment and this handbook, which are not defined in this section, are defined as they appear in the text.
- (3) Definitions:

Bed A long, narrow rectangular box-like structure used to grow clams which allows water flow from all sides, but inhibits predator access with mesh.

Rake The hand-operated harvesting devise (sometimes called a bull rake) used for clam fishing.

Substrate The sediment in which the clam lives.

3. INSURANCE CONTRACT INFORMATION

The insurance provider 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 crop insured will be all the clams in the County that:

- (1) Meet all the requirements for insurability and for which prices are provided in the actuarial materials;
- (2) Are determined by us to be acceptable;
- (3) Are grown in a county for which a premium rate is provided in the actuarial documents;
- (4) Are in a growing location acceptable to us;
- (5) Use a practice that fixes the insurable clams to the land within the growing location.

B. PROVISIONS NOT APPLICABLE TO CAT COVERAGE

- (1) Optional units.
- (2) Written Agreements.

C. UNIT DIVISION

See the insurance contract for unit provisions. **NOTE:** A basic unit, as defined in the Basic Provisions, may be divided into optional units by noncontiguous lease parcel.

4. CLAM APPRAISALS

A. GENERAL INFORMATION

Potential production will be appraised in accordance with procedures specified in this handbook and the LAM.

B. SELECTING REPRESENTATIVE SAMPLES FOR APPRAISALS

Sample selection for clam appraisals will be presented by state.

- (1) Florida and South Carolina--Due to the frequency of seeding dates and favorable environmental conditions for relatively rapid growth, group seeding dates by calendar quarter and sample clams by calendar quarter.
 - (a) For example, ask the grower for December through February seedings and sample from this subgroup. The March through May seedings would form another subgroup.
 - (b) Map the seedings. The quarterly seedings may or may not be in one area of the lease.
 - (c) Sample 3 percent of the total number of bags in the lease area. Sample proportionally from each of the seeding quarters.

EXAMPLE:

No. of Bags	Seeding Quarter	Percent Quarter of Total	No. of Sample/Quarter
40	Q1	$40/990 = 4\%$	$.04 * 30 = 1.2$ or 1
250	Q2	$250/990 = 25\%$	$.25 * 30 = 7.5$ or 8
0	Q3	0	
700	Q4	$770/990 = 71\%$	$.71 * 30 = 21.3$ or 21
990	Sample 3 percent of 990 = 30 bags		

- (2) Florida and South Carolina--For units with multiple practices, sample 3 percent of the clams for each of the various practices for each seeding quarter.
- (3) Virginia and Massachusetts--Sample by type. Sample until 100 live clams have been collected in an individual clam bed. Sample ten beds. If the grower has less than ten beds, sample all of the beds.

Randomly select, from the schematic, seeded beds of Age I clams and seeded beds of Age II clams to measure. Select the number of seeded plots to sample by type based on the proportion of a particular type's area to total area.

EXAMPLE:

A grower has ten 14 x 100 beds of Age I clams and thirty 14 x 100 beds of Age II clams. Age I clams constitute 140,000 square feet of area (10 x 14 x 100) and Age II clams constitute 420,000 square feet of area (30 x 14 x 100). Age I clams comprise 25 percent of the total area (140,000 divided by 560,000) and Age II clams comprise 75 percent of the total area. Of the 10 total beds sampled, 2 or 3 Age I beds should be sampled and 7 or 8 Age II beds should be sampled.

C. UNIT VALUE BEFORE LOSS

The clam crop provisions require that the insured submit an inventory value report of all growing locations, age values and shares. At the insurance providers' option, documentation may be required to support any part of the report. For Catastrophic level coverage only, the insured must report the previous year's clam sales on the clam inventory value report.

For loss adjustment, the value of the inventory value report is updated to the day before the loss occurred. Document on a Special Report form the initial number of clams seeded, sold and reseeded. The number of clams sold are deducted from the inventory. Ages and age values of growing clams are updated.

The survival factor from the actuarial documents or the insured's records (if the insured has two consecutive years) is applied to inventory that is initially seeded and to inventory that has been restocked or added since the initial inventory value report. If the survival factor has been applied to initially seeded inventory and that inventory updates to a new age group before the loss occurs, transfer the survival-adjusted inventory to the new age group.

D. BASIC UNIT VALUE BEFORE LOSS

If optional units are applicable, this is the sum of the optional unit values before loss.

E. UNIT VALUE AFTER LOSS

The clam policy defines the unit value after loss as the value of the insurable clams in each basic or optional unit based on the prices contained in the actuarial materials, following the occurrence of a loss as determined by our appraisal plus any reduction in value due to uninsured causes.

5. APPRAISAL METHODS

A. GENERAL INFORMATION

These instructions provide information on the method for appraising the unit value after loss for bottom culture and bagged culture practices. Establish the standing stock of live clams according to the practice.

B. BOTTOM CULTURE

- (1) Determine the distribution of Age I and Age II clams in the plots at the field site.
 - (a) Have the grower provide a schematic diagram of the site, including the length and width of each growing area and the date the clams were seeded; or
 - (b) Interview the grower on-site and identify the growing areas with Age I seedings and growing areas with Age II or more seedings. Generate a diagram from this interview.

- (2) Determine the overall area in square feet that has been seeded to each age group.
- (a) Based on the schematic diagram provided by the grower, calculate the surface area of growing areas that have been seeded with each of the two ages groups or types of clams.
- 1 If the growing areas are all similar, count the number of growing areas that have been seeded and measure the surface area of one growing area. Calculate the total surface area seeded, or
 - 2 If each growing area is different, measure the surface area that has been seeded in each and calculate the total area.
- (b) Enter the total surface area in item 22 of the appraisal worksheet.
- (3) Measure the density of clams in each of the plots.
- (a) At each of the seeded plots, randomly select and mark three points within the bed for measuring the density. Do not sample at the edges of the bed.
- (b) With permission of the grower either lift the netting to permit access or cut an "X" through the anti-predator netting at a spot of sufficient size to sample the bed. Two methods to sample the bed are:
- 1 PVC Pipe
 - a Insert the core into the sediment to a depth of six inches at the marked site and extract a sample of the substrate and clams.
 - b Convert the pipe diameter to square feet by the following formula and enter the factor, rounded to the nearest thousandth, in item 21 of the appraisal worksheet. Show the calculation of the factor in the remarks section and note the size of the PVC pipe used.
 - c $144 \div (3.14 * r^2)$ where r = pipe radius

EXAMPLE: 12 inch diameter pipe
 $144 \div (3.14 * 6^2) = 1.274$
 - 2 Rake Widths Across the Bed
 - a For a particular clam bed, rake across the width of the bed.
 - b Rake across the bed in three different locations.

XX	XX	XX
XX	XX	XX
XX	XX	XX
XX	XX	XX
XX	XX	XX
XX	XX	XX

c If this sampling procedure is used, enter the total number of square feet in the three sample areas in item 19 of the appraisal worksheet. Enter 1.00 in item 21.

- (c) Sort the sample through a one-quarter inch mesh sieve and count all of the live clams. Live clams are relatively heavy and their hinges are closed.
- (d) Return live clams to the substrate.
- (e) Close the cut in the netting--dental floss in a tapestry needle can be used to stitch the netting back together.
- (f) Repeat sampling at the three points randomly selected within the plot, add extra samples if necessary to obtain a total of at least 100 live clams.

C. BAGGED CULTURE

- (1) Determine the distribution of bags by seeding quarter. Mark their locations on the map of the lease area.
- (2) Count the total number of bags in each seeding quarter and enter in item 22 of the appraisal worksheet. Enter 1.00 in item 21 of the appraisal worksheet.
- (3) Randomly select bags to sample within each seeding quarter. See section 4B for sampling requirements.
- (4) The number of live clams per bag may be assessed by:
 - (a) Counting
 - (b) Volumetric Sampling
 - 1 Sort the live clams from the dead clams. Live clams are relatively heavy and their hinges are closed.
 - 2 Determine the total number of live clams in a graduated cylinder's measured volume by counting the number of live clams in a small subsample whose volume already has been measured.

$$\frac{3 \quad \text{No. of Live Clams in Subsample} \times \text{Total Vol. of Live Clams}}{\text{Subsample Volume (ml)}} = \text{Total Number of Live Clams}$$

4 Appropriate volumes for the size of clams counted are:

Nursery Bag	50 - 1000 ml.
Growout Bag	100 - 4000 ml.

6. APPRAISAL DEVIATIONS AND MODIFICATIONS

A. DEVIATIONS

Deviations in appraisal methods require FCIC written authorization (as described in the LAM) prior to implementation.

B. MODIFICATIONS

There are no pre-established modifications contained in this handbook. See the LAM for additional information.

7. APPRAISAL WORKSHEET ENTRIES AND COMPLETION PROCEDURES

A. GENERAL INFORMATION

- (1) Include the insurance provider's name in the appraisal worksheet title if not preprinted on the insurance provider's worksheet or when a worksheet entry is not provided.
- (2) Include the claim number of the appraisal worksheet (when required by the insurance provider) when a worksheet entry is not provided.
- (3) Separate appraisal worksheets are required for each unit appraised. Refer to section 4 for sampling requirements.

NOTE: Standard appraisal worksheet items are numbered consecutively in paragraph B. An example appraisal worksheet is also provided to illustrate how to complete entries.

B. WORKSHEET ENTRIES AND COMPLETION INFORMATION

Verify or make the following entries:

Item

No. Information Required

Company: Name of insurance provider, if not preprinted on the worksheet. (Company Name).

1. **Insured's Name:** Name of insured that identifies EXACTLY the person (legal entity) to whom the policy is issued.
 2. **Policy Number:** Insured's assigned policy number.
 3. **Unit Number:** Five-digit unit number from the Summary of Coverage after it is verified to be correct (e.g., 00100).
 4. **Claim Number:** Claim number as assigned by the insurance provider.
 5. **Crop Year:** Crop year, as defined in the policy, for which the claim is filed.
 6. **Cause of Loss:** Name of insured cause of loss for **this crop** as listed in the LAM. If it is evident that no indemnity is due, enter "NONE." If an insured cause of loss is coded as "Other," explain in the "Narrative."
- NOTE:** See the Basic Provisions and the crop provisions for this crop for information pertaining to insured and uninsured causes of loss.
7. **CAT Policy?:** Check the appropriate box for "Yes" if the insured selected CAT coverage or "No" if the insured selected buy up coverage.
 8. **Optional Units?:** Check the appropriate box for "Yes" if the insured selected optional unit coverage or "No" if the insured selected basic unit coverage.
 9. **Date of Damage:** First three letters of the month during which MOST of the insured damage (including progressive damage) occurred for each inspection. Include the SPECIFIC DATE where applicable as in the case of a tidal wave (e.g., AUG 11).
 10. **Lease Parcel ID:** The identification of the lease parcel.
 11. **Inspection Number:** Number of the inspection (e.g., 1).
 12. **Lease Parcel Size:** The size of the lease area in acres, to hundredths.

13. **Practice:** Three-digit code number entered exactly as specified on the actuarial documents, for the practice carried out by the insured. If “No Practice Specified,” enter appropriate 3-digit code number from the actuarial documents.

14. **Seeding Date:** Enter the date (MM/DD/YYYY) the clams were seeded in the medium. For Florida and South Carolina, enter the quarter the clams were seeded. Seeding quarters are designated as follows:

1st Quarter December - February
 2nd Quarter March - May
 3rd Quarter June - August
 4th Quarter September - November

15. **Type:** Three-digit code number entered exactly as specified on the actuarial documents, for the type grown by the insured. If “No Type Specified,” enter appropriate 3-digit code number from the actuarial documents.

16. **Number of Live Clams per Sample:** Enter the number of live clams in the sample area.

17. **Total:** The total of the entries in item 16.

18. **Number of Samples:** Enter the total number of samples taken. If three rake widths across the bed is the method of sampling, enter the total square feet of the sample area in this item.

19. **Average:** Item 17 divided by item 18. Round to the nearest whole number.

20. **Factor:** Enter the factor, expressed to the nearest thousandth, necessary to convert the PVC pipe diameter to one square foot. Otherwise, enter 1.000.

21. **Total Area:** Bottom Culture: The total area of the growing site, for the particular type appraised, in square feet, rounded to the nearest hundredth.

Bagged Culture: The total number of bags, for the particular type appraised.

22. **Total Number of Clams:** Item 19 times item 20 times item 21. Round to the nearest whole number.

23. **Price:** Enter the price of an individual clam from the Actuarial Documents.

24. **Value:** Item 22 times item 23. Round to the nearest whole number.

25. **Unit Value After Loss:** Sum of item 24 entries.

26. **Remarks:** Enter pertinent information about the appraisal. Include any appropriate calculations.

27. **Adjuster’s Signature, Code No. and Date:** Signature of adjuster, code number, and date

signed **after** the insured (or insured's authorized representative) has signed. If the appraisal is performed prior to signature date, document the date of appraisal in the Remarks section of the Appraisal Worksheet (if available); otherwise, document the appraisal date in the Narrative of the Production Worksheet.

28. **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 Appraisal Worksheet WITH THE INSURED, particularly explaining codes, etc., which may not be readily understood.

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

FOR ILLUSTRATION ONLY CLAM APPRAISAL WORKSHEET			Company COMPANY NAME				1. Insured's Name I.M. INSURED			2. Policy Number XXXXXXXX		3. Unit Number 00101					
4. Claim Number XXXXX			5. Crop Year YYYY		6. Cause of Loss FREEZE			7. CAT Policy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Optional Units? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
9. Date of Damage MM/DD/YYYY			10. Lease Parcel ID LEASE PARCEL 17				11. Inspection Number 1			12. Lease Area Size 1.01 ACRES							
Practice 13.	Seeding Date 14.	Type 15.	Number of Live Clams per Sample 16.							Total 17.	Number of Samples 18.	Average 19.	Factor 20.	Total Area 21.	Total Number of Clams 22.	Price 23.	Value 24.
024	MM/DD/ YYYY	082	8	6	10	5	13	5	7	104	13	8	1.000	2513.75	20,110	0.10	2000
			9	13	11	5	4	8	÷								
										÷	=	X	X	=	X	=	
										÷	=	X	X	=	X	=	
										÷	=	X	X	=	X	=	
										÷	=	X	X	=	X	=	
										÷	=	X	X	=	X	=	
										÷	=	X	X	=	X	=	
													25. Unit Value After Loss		2000		
26. Remarks																	
27. Adjuster's Signature and Code Number										Date		28. Insured's Signature				Date	
I.M. ADJUSTER										MM/DD/YYYY		I.M. INSURED				MM/DD/YYYY	

FOR ILLUSTRATION ONLY CLAM APPRAISAL WORKSHEET			Company COMPANY NAME				1. Insured's Name I.M. INSURED			2. Policy Number XXXXXXXX		3. Unit Number 00101					
4. Claim Number XXXXX			5. Crop Year YYYY		6. Cause of Loss SALINITY			7. CAT Policy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Optional Units? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
9. Date of Damage MM/DD/YYYY			10. Lease Parcel ID LEASE PARCEL 23				11. Inspection Number 1			12. Lease Area Size 0.50 ACRES							
Practice 13.	Seeding Date 14.	Type 15.	Number of Live Clams per Sample 16.							Total 17.	Number of Samples 18.	Average 19.	Factor 20.	Total Area 21.	Total Number of Clams 22.	Price 23.	Value 24.
			17	6	10	10	13	5	12								
023	2ND QUARTER	082	17	6	10	10	13	5	12	234	24	10	1.000	800.00	8000	0.10	800
			12	13	11	9	8	8	7								
			16	5	4	17	15	7	8	÷	=	X	X	=	X	=	
			10	6	5					÷	=	X	X	=	X	=	
										÷	=	X	X	=	X	=	
										÷	=	X	X	=	X	=	
										÷	=	X	X	=	X	=	
										÷	=	X	X	=	X	=	
														25. Unit Value After Loss 800			
26. Remarks This is an example for bagged culture. This example is independent of the production worksheet examples.																	
27. Adjuster's Signature and Code Number I.M. ADJUSTER										Date MM/DD/YYYY		28. Insured's Signature I.M. INSURED				Date MM/DD/YYYY	

8. CLAIM FORM ENTRIES AND COMPLETION PROCEDURE

A GENERAL INFORMATION

- (1) The claim form (hereafter referred to as the “Production Worksheet”) is a form specific to Cultivated Clam loss adjustment. A separate set of production worksheets are needed for each loss inspection; each production worksheet can accommodate up to six optional units.
- (2) If a change or correction is necessary, strike out entry and re-enter correct entries above previous entry. The adjuster and insured should initial any changes.
- (3) Refer to the LAM for instructions regarding the following:
 - (a) Delayed notices and delayed claims.
 - (b) Corrected claims and cases involving concealment, misrepresentation, or litigation.
 - (c) “No Indemnity Claims” (which must be verified by a Cultivated Clam INSPECTION or NOTIFICATION from the insured that the Unit Value After Loss equals Unit Value Before Loss.
- (4) The adjuster is responsible for determining if any of the insured's requirements under the notice and claim provisions of the policy have not been met. If any have not, the adjuster should contact the insurance provider.
- (5) All Cultivated Clam inspections initiated through a notice of loss are considered final inspections.
- (6) Specific loss calculations are discussed in the instructions for the completion of the Cultivated Clam Production Worksheet. For each loss occurrence the claim is settled on a basic unit basis. When optional units apply, the loss on each optional unit is calculated separately, then combined to derive the basic unit indemnity. The amount of insurance paid and occurrence deductible withheld for each optional unit will modify the basic unit effective amount of insurance and the effective crop year deductible available for the next optional unit.
- (7) Once unit numbers are assigned for an optional unit, the number must remain specific for that particular optional unit for the entire crop year. If a loss is reported for part of a basic unit, the entire basic unit must be appraised (all optional units must be separately appraised, even if only one optional unit has been damaged).

B FORM ENTRY AND COMPLETION INFORMATION

Verify or make the following entries:

Item

No. Information Required

1. **Crop and Code No:** "Cultivated Clam" (0116).
 2. **Basic Unit:** Five-digit basic unit number from the Summary of Coverage, after it is verified to be correct, (e.g., 00100).
 3. **Legal Description:** Enter the lease parcel number and attach a map that identifies the location of the unit.
 4. **Date of Damage:** First three letters of the month during which MOST of the insured damage (including progressive damage) occurred for each inspection. Include the SPECIFIC DATE where applicable as in the case of a tidal wave (e.g., AUG 11).
 5. **Cause of Damage:** Name of insured cause of loss for **this crop** as listed in the LAM. If it is evident that no indemnity is due, enter "NONE." If an insured cause of loss is coded as "Other," explain in the "Narrative."
- NOTE:** See the Basic and the crop provisions for this crop for information pertaining to insured and uninsured causes of loss.
6. **Primary Cause of Damage Percent:** Enter whole percent of primary cause of damage [primary cause of damage must exceed 50 percent (e.g., 51%)]. Enter an "X" in the major secondary cause of damage.
 7. **Company Name/Agency Name:** Name of insurance provider (exactly as shown on the Standard Reinsurance Agreement) and the name of the agency servicing the contract.
 8. **Name of Insured:** Name of the insured that identifies EXACTLY the person (legal entity) to whom the policy is issued.
 9. **Claim Number:** The claim number as assigned by the insurance provider.
 10. **Policy Number:** Insured's assigned policy number.
 11. **Crop Year:** Crop year, as defined in the policy, for which the claim is filed.
 12. **Optional Units:** For buy-up coverage, if optional units have been elected by the insured, enter ALL optional unit numbers contained in the basic unit. If optional units have NOT been elected, enter NONE. Optional units are not applicable to CAT policies.

13. **Date Notice of Loss:** Enter the date the notice of damage was given for the basic unit in item 2. Always enter the complete Date of Notice (Month, day, year).
14. **Assign. of Indemnity:** Check the appropriate box, "Yes" **only** if an assignment of indemnity for cultivated clam is in effect for the crop year; otherwise, otherwise check "No". Refer to the LAM.
15. **Transfer of Right to Indemnity:** Check the appropriate box, "Yes" **only** if a transfer of right to an indemnity is in effect for the unit for the crop year; otherwise, check "No". Refer to the LAM.
16. **Companion Policies:**
 - a. If no other person has a share in the unit (insured has 100 percent share), MAKE NO ENTRY.
 - b. In all cases where the insured has LESS than a 100 percent share of a loss-affected unit, ask the insured if the OTHER person sharing in the unit has a multiple-peril contract (i.e., not crop-hail, fire, etc.). If the other person does not, enter "NONE".
 - (1) If the other person has a multiple-peril contract and it can be determined that the SAME insurance provider services it, enter the contract number. Handle these companion policies according to insurance provider instructions.
 - (2) If the OTHER person has a multiple-peril contract and a DIFFERENT insurance provider or agent services it, enter the name of the insurance provider and/or agent (and contract number) if known.
 - (3) If unable to verify the existence of a companion contract, enter "Unknown" and contact the insurance provider for further instructions.

NOTE: See the LAM for further information regarding companion contracts.

SECTION I - PRIOR TO THIS LOSS

Verify or make the following entries:

Item

No. Information Required

- 17a. **Basic Unit Amount of Insurance:** This is the current basic unit amount of insurance WITHOUT SHARE. It is the reported Total Inventory Value (plus any Revised Inventory Value Report values) times the coverage level percentage expressed as a decimal, in whole dollars. Complete this entry on only the first page of each inspection when multiple-page basic unit production worksheet forms are required. Do not copy the computed amount of insurance from the Clam Inventory Report for this entry. If optional units are applicable, this value is the sum of the optional units' Total Inventory Values times the coverage level percentage.

- 17b. **Basic Unit Previous Indemnities:** Previous preliminary indemnities (item 32) calculated during previous loss occurrences for the basic unit.
- If the Inspection Number equals 1, enter "0."
 - Enter the sum of all Preliminary Indemnities (item 32) calculated during previous loss occurrences. This figure cannot exceed the amount entered in item 18a.
 - Complete this entry on only the first page of each inspection when multiple-page basic unit production worksheet forms are required.
- 17c. **Effective Amount of Insurance:** Basic Unit Amount of Insurance (item 17a) minus Basic Unit Previous Indemnities (item 17b). For multiple page production work sheets to account for a basic unit with more than six optional units, enter the amount from the previous page's column G. Unit No.'s Effective Amount of Insurance Remaining (item 36).

NOTE: An upward-revised Clam Inventory Value Report is used where additional insurance coverage is purchased for the remainder of the crop year to add coverage for added clam inventory and/or to cover restocked clams after a loss. There is a 30-day waiting period for restock or added coverage to become effective. Coverage is not retroactive.

- 18a. **Basic Unit Crop Year Deductible:** The current basic unit reported Total Inventory Value plus any revisions times (1.00 minus the coverage level percent expressed as a decimal), in whole dollars. Complete this entry on only the first page of each inspection when multiple-page basic unit claim forms are required.
- 18b. **Basic Unit Previous Occurrence Deductible(s):** The applied Basic Unit Occurrence Deductible from previous loss occurrences for the basic unit.
- If the Inspection Number equals 1, enter "0" for all cases.
 - Enter the sum of all occurrence deductibles applied (29g) from previous loss occurrences. This figure cannot exceed the amount entered in item 18a.
 - Complete this entry on only the first page of each inspection when multiple-page basic unit claim forms are required.
- 18c. **Effective Crop Year Deductible (CYD):** Basic Unit Crop Year Deductible (item 18a) minus Basic Unit Previous Occurrence Deductible (item 18b). For multiple page production worksheets due to a basic unit with more than six optional units, enter the amount from the previous page's column G. Unit No., Crop Year Deductible Remaining (item 31).

SECTION II - THIS LOSS

There are six "A. Unit No." through "F. Unit No." columns provided on each production worksheet. If

optional units are applicable, use one column for each optional unit and enter its unit number, e.g., 00101, etc., and use additional pages if the basic unit has more than six optional units. If optional units are NOT applicable, use the left hand column, "A. Unit No." to calculate the loss. Complete "G. Summary" on the last page of the production worksheets, to document the basic unit loss.

19. **Inspection Number:** If the inspection is due to a notice of damage, enter the number of the inspection, (e.g., 1), otherwise leave blank.
20. **Reported Basic Unit Value:** Sum the Basic Unit Amount of Insurance (item 17a) plus the Basic Unit Crop Year Deductible (item 18a). Sum the Clam Inventory Value Report and any Revised Clam Inventory Value Reports in effect for the basic unit on the date the damage occurs.
21. **Sum of Previous Losses:** The sum of all previous basic unit losses (the difference between the Unit Value Before Loss and the Unit Value After Loss, adjusted by the applicable Under Reporting Factor). It is the Basic Unit Previous Indemnity (item 17b) plus the Basic Unit Previous Occurrence Deductible (item 18b).
22. **Basic Unit Value Before Loss:** Sum all Unit Values Before Loss (item 25) for each Basic Unit. For CAT and for policies without optional units, the Unit Value Before Loss and the Basic Unit Value Before Loss are the same.
23. **Under Reporting Factor:** The lesser of a) 1.000, or b) ((the Reported Basic Unit Value (item 20) minus Sum of the Previous Losses (item 21)) divided by the Basic Unit Value (item 22)), rounded to three decimal places (e.g., .775).
24. **Damage Similar to Other Lease Parcels:** Check the appropriate box, "Yes" or "No." Check "Yes" if amount and cause of damage due to insurable causes is similar to the experience of other clam lease parcels in the area. If "No" is checked, explain in the narrative.
24. **Columns A. Through F.:** In the spaces provided, enter:
 - a. For a BASIC UNIT WITHOUT OPTIONAL UNITS, the five-digit unit number (e.g., 00100).
 - b. For a BASIC UNIT WITH OPTIONAL UNITS, the five-digit unit number (e.g., 00101) in column 24A. Complete column B through F for each additional optional unit, continuing on to additional worksheet pages, columns A. through F. as necessary.

NOTE: Due to the nature of the occurrence deductible and its effect on the indemnity calculation, the order of optional units listed in columns A. through F. must be entered and calculated from the lowest optional unit number to the highest (e.g., 00101 followed by 00102, etc), until all optional units are calculated.

25. **Unit Value Before Loss:** Enter the appraised BEFORE LOSS inventory whole-dollar value for this notice of loss.

- 26a. **Unit Value After Loss - ins. cause:** Enter the appraised AFTER LOSS inventory whole-dollar value for this notice of loss. Transfer the amount in item 26 of the appraisal worksheet.
- 26b. **Unit Value After Loss - unins. cause:** Uninsured cause of loss appraisals NOT INCLUDED in the appraisal worksheet, in whole dollars.
- 26c. **Unit Value After Loss (TOTAL):** Sum of item 26a and item 26b, in whole dollars.
27. **Unadjusted Loss:** (item 25) Unit Value Before Loss , as defined in the policy, minus item 26c, Unit Value After Loss (TOTAL) in whole dollars.
28. **Adjusted for Under Reporting Factor:** Item 27, Unadjusted Loss, times item 23, Under Reporting Factor.
29. **Occurrence Deductible:**
- a. For a basic unit or the first optional unit, enter in whole dollars, the LESSER OF:
 - (1) The calculated Occurrence Deductible (Unit Value Before the Loss (item 25) times (100 minus Coverage Level percent) times the Under Reporting Factor (item 23) for the unit); or
 - (2) The Effective Crop Year Deductible (item 18c); or
 - (3) The Adjusted Loss (item 28).
 - b. For additional optional units with losses, enter in whole dollars, the LESSER OF:
 - (1) The calculated Occurrence Deductible (Unit Value Before the Loss (item 25) times (100 minus Coverage Level percent) times the Under Reporting Factor (item 23) for the unit); or
 - (2) The CYD Remaining (item 31 of the previous optional unit); or
 - (3) The Adjusted Loss (item 28).
30. **Unadjusted Indemnity:** Adjusted Loss (item 28) minus Occurrence Deductible (item 29).
31. **CYD Remaining:**
- a. For a basic unit or first optional unit within a basic unit, subtract the calculated Occurrence Deductible (item 29) from the Effective Crop Year Deductible (item 18c) and record in whole dollars.
 - b. For additional optional units, subtract the calculated Occurrence Deductible (item 29) from the CYD Remaining (item 31 of the previous optional unit), and record in whole dollars.
 - c. The CYD Remaining must be equal to or greater than zero.

32. **Preliminary Indemnity:**
- a. For the first basic unit or the first optional unit within a basic unit, enter the LESSER OF the Unadjusted Indemnity (item 30) or the Effective Amount of Insurance (item 17 c), in whole dollars.
 - b. For additional optional units within the basic unit, enter the LESSER OF the Unadjusted Indemnity (item 30) or the Effective Amount of Insurance Remaining (item 36 of the previous optional unit) in whole dollars.
33. **CAT Adjustment:** If the insured has elected the catastrophic coverage level, enter 0.55.
34. **Share:** The insured's share (e.g. 1.000).
35. **Indemnity:** The result of the Preliminary Indemnity (item 32) times CAT Adjustment (item 33), if applicable, times Share (item 34), rounded to whole dollars.
36. **Effective Amount of Insurance Remaining:**
- a. For a basic unit or the first optional unit within a basic unit, enter the result of the Effective Amount of Insurance (item 17c) for the basic unit minus the Preliminary Indemnity (item 32) for this unit, in whole dollars.
 - b. For additional optional units within a basic unit, enter the Effective Amount of Insurance Remaining (item 36 of the previous optional unit) minus the Preliminary Indemnity (item 32) for this optional unit, in whole dollars.
37. **Narrative:** If more space is needed, document on a Special Report, and enter "See Special Report." Attach the Special Report to the Production Worksheet.
- a. Explain any uninsured causes, unusual, or controversial cases.
 - b. Explain any errors found on the Inventory Value Report.
 - c. Explain a "No" checked in item 24.
 - d. Explain any difference between inspection and signature dates. For an ABSENTEE insured, enter the date of the inspection AND the date of mailing the Production Worksheet for signature.
 - e. When any other adjuster or supervisor or consultant accompanied the adjuster on the inspection, enter the code number of any adjuster, or supervisor, and the name of any consultant present during the inspection and the date of inspection.
 - f. Explain any delayed notices or delayed claims as instructed in the LAM.

- g. Document any other pertinent information. If on an attachment, enter "See attachment."
38. **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.
39. **Adjuster's Signature and Date:** Signature of adjuster, code number, and date signed **after** the insured (or authorized representative) has signed. For an absentee insured, enter adjuster's code ONLY. The signature and date will be entered AFTER the absentee has signed and returned the Production Worksheet.
40. **Witness' Signature and Date:** Signature of witness and date signed **after** the insured (or insureds' authorized representative) and adjuster has signed. For an absentee insured or if signatures are not observed, leave blank.
41. **Other Signature(s) and Date(s):** Signature(s) of others if present when the loss adjustment was conducted, e.g., consultants, etc., and the date signed.
42. **Page Numbers:** Page 1 of 1, Page 1 or 2, Page 2 of 2, etc.

C. PRODUCTION WORKSHEET CALCULATION REFERENCE

For each loss occurrence

The following items are completed **ONLY** on page 1 of the production worksheet for each basic unit.

17a Basic Unit Amount of Insurance Report	17b Basic Unit Previous Indemnities Sum of 32, prev. losses	17c Effective Amount of Insurance 17a - 17b
18a Basic Unit Crop Year Deductible Report	18b Basic Unit Previous Occurrence Deductibles Sum of 29, prev. losses	18c Effective Crop Year Deductible 18a - 18b
20 Reported Basic Unit Value 17a + 18a	21 Sum Prev. Losses (Adj. Losses) 17b + 18b	22 Basic Unit Value Sum of 25
	23 Under reporting factor (URF) (20 - 21) ÷ 22	

The following items are completed for each unit whether it is a basic or optional unit.

Item	Optional Unit A	Optional Unit B...etc.
25 Unit Value Before Loss	Adjuster det.	Adjuster det.
26 Unit Value After Loss	26a. Value remaining-ins.	Adjuster det.
	26b. Value assessed-unins.	Adjuster det.
	26c. (TOTAL)	26a + 26b
27 Unadjusted Loss	25 - 26c.	25 - 26c.
28 Adj. Loss (for Under reporting; 27 X 23)	27 X 23	27 X 23
29 Occurrence Ded. OD (Unit Value Before Loss) (URF) (100 - level %)	<(28, calc. 29 or 18c)	<(28, calc. 29 or 31)
30 Unadjusted Indemnity	28 - 29A	28 - 29
31 CYD Remaining	18c - 29A	31A-29B => etc.
32 Preliminary Indemnity	<(30 or 17c)	<(30 or 36A) => etc.
33 CAT Adjustment (if applicable)	0.55	0.55
34 Percent Share	Report	Report
35 Indemnity	32 X 33 X 34	32 X 33 X 34
36 Effective Amount of Insurance Remaining	17c-32A	36A-32B => etc.

CLAM PRODUCTION WORKSHEET/CLAIM FORM

1 Crop and Code No. Cultivated Clam 0116	2 Basic Unit 00100	3 Legal Description Parcel 17	7 Company Any Insurance Company Any City, Any State			8 Name of Insured I.M. Insured		
4 Date of Damage JAN 10	5 Cause of Damage FREEZE	6 Primary Cause % 100	Agency ABC Agency Any City, Any State			9 Claim Number XXXXXXXXXX	11 Crop Year YYYY	
12 Optional Units	00101	00102	00103			10 Policy Number XXXXXXXXXX	13 Date Notice of Loss MM DD YYYY	
						14 Assign. of Indemnity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	15 Transfer of Right to Indemnity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
						16 Companion Policy(ies)		

SECTION I - IMMEDIATELY PRIOR TO THIS LOSS

17a Basic Unit Amount of Insurance 22,500	17b Basic Unit Previous Indemnity(ies) (Sum of 32, previous losses) 0	17c Effective Amount of Insurance (17a - 17b or 36 from page 1 > 6 units) 22,500
18a Basic Unit Crop Year Deductible (Inventory Value X (1.00 Cov. Level)) 7,500	18b Basic Unit Previous Occurrence Deductible(s) (Sum of 29, previous losses) 0	18c Effective Crop Year Deductible (CYD) (18a - 18b or 31 from page 1 if > 6 units) 7,500

SECTION II - THIS LOSS

19 Inspection Number 1	20 Reported Basic Unit Value (17a + 18a) 30,000	21 Sum of Prev. Losses (Adj. Losses) (Adj. Losses) (17b + 18b) 0	22 Basic Unit Value (Sum of Item 25 entries) 27,000	23 Under Reporting Factor (URF) [<(1.000 or ((20 - 21) ÷ 22))] 1.000			
24 Damage similar to other lease parcels in the area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	A. Unit No. 00101	B. Unit No. 00102	C. Unit No. 00103	D. Unit No.	E. Unit No.	F. Unit No.	G. Summary
25 Unit value before loss	11,000	9,000	7,000				27,000
26 Unit value after loss	26a. Value remaining-ins. cause 2,000	0	3,000				5,000
	26b. Value assessed-unins. cause 0	0	0				0
	26c. Unit value after loss (Total) (26a + 26b) 2,000	0	3,000				5,000
27 Unadjusted Loss (25 - 26c) 9,000	9,000	4,000					22,000
28 Adj. Loss (for Under reporting; 27 x 23) 9,000	9,000	4,000					22,000
29 Occurrence Ded. (OD) Unit Value Before Loss x URF x (100 - level %) 75 % 2,750	2,250	1,750					6,750
30 Unadjusted Indemnity (28 - 29) 6,250	6,750	2,250					15,250
31 CYD Remaining [Opt. Unit A - (18c - 29)] [Remaining Units - (31 - 29)] 4,750	2,500	750					750
32 Preliminary Indemnity [Opt. Unit A < (30 or 17c)] [Remaining Units < (30 or 36)] 6,250	6,750	2,250					15,250
33 CAT Adjustment							
34 Percent Share 1.000	1.000	1.000					1.000
35 Indemnity 6,250	6,750	2,250					15,250
36 Effective Amount of Insurance Remaining [Opt. Unit A - (17c - 32)] [Remaining Units - (36 - 32)] 16,250	9,500	7,250					7,250

37 Narrative (If more space is needed, attach a Special Report) This loss occurred due to siltation as a result of ice chunking. The clams died from oxygen depletion.

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 crops. 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. False claims or false statements made on a matter within the jurisdiction of the Federal Crop Insurance Corporation may subject the maker to criminal and civil penalties under various Federal statutes including the provisions of 18 U.S.C. 1006, 1014; 7 U.S.C. 1506; 31 U.S.C. 3729, 3730, 3801, 3812.

38 Insured's Signature I.M. INSURED	Date MM-DD-YYYY	39 Adjuster's Signature I.M. ADJUSTER	Code Number XXXXXX	Date MM-DD-YYYY
40 Witness' Signature	Date	41 Other Signature(s)	Date(s)	

For Illustration Purposes Only
CLAM PRODUCTION WORKSHEET/CLAIM FORM

1 Crop and Code No. Cultivated Clam 0116	2 Basic Unit 00100	3 Legal Description Parcel 17	7 Company Any Insurance Company Any City, Any State			8 Name of Insured I.M. Insured		
4 Date of Damage			Agency ABC Agency Any City, Any State			9 Claim Number XXXXXXXX		11 Crop Year YYYY
5 Cause of Damage						10 Policy Number XXXXXXXX		13 Date Notice of Loss MM DD YYYY
6 Primary Cause % 100						14 Assign. of Indemnity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
12 Optional Units	00101	00102	00103			15 Transfer of Right to Indemnity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
						16 Companion Policy(ies)		

SECTION I - IMMEDIATELY PRIOR TO THIS LOSS

17a Basic Unit Amount of Insurance 27,000	17b Basic Unit Previous Indemnity(ies) (Sum of 32, previous losses) 15,250	17c Effective Amount of Insurance (17a - 17b or 36 from page 1 > 6units) 11,750
18a Basic Unit Crop Year Deductible (Inventory Value X (1.00 Cov. Level)) 9,000	18b Basic Unit Previous Occurrence Deductible(s) (Sum of 29, previous losses) 6,750	18c Effective Crop Year Deductible (CYD) (18a - 18b or 31 from page 1 if > 6 units) 2,250

SECTION II - THIS LOSS

19 Inspection Number 2	20 Reported Basic Unit Value (17a + 18a) 36,000	21 Sum of Prev. Losses (Adj. Losses) (Adj. Losses) (17b + 18b) 22,000	22 Basic Unit Value (Sum of Item 25 entries) 8,500	23 Under Reporting Factor (URF) [<(1.000 or ((20 - 21) ÷ 22))] 1.000				
24 Damage similar to other lease parcels in the area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		A. Unit No. 00101	B. Unit No. 00102	C. Unit No. 00103	D. Unit No.	E. Unit No.	F. Unit No.	G. Summary
25 Unit value before loss		1,000	6,000	1,500				8,500
26 Unit value after loss	26a. Value remaining-ins. cause	0	2,000	0				0
	26b. Value assessed-unins. cause	0	0	0				0
	26c. Unit value after loss (Total) (26a + 26b)	1,000	2,000	1,500				4,500
27 Unadjusted Loss (25 - 26c)		0	4,000	0				4,000
28 Adj. Loss (for Under reporting; 27 x 23)		0	4,000	0				4,000
29 Occurrence Ded. (OD) Unit Value Before Loss x URF x (100 - level %)		75	0	1,500	0			1,500
30 Unadjusted Indemnity (28 - 29)		0	2,500	0				2,500
31 CYD Remaining [Opt. Unit A - (18c - 29)] [Remaining Units - (31 - 29)]		2,250	750	750				750
32 Preliminary Indemnity [Opt. Unit A < (30 or 17c)] [Remaining Units < (30 or 36)]		0	2,500	0				2,500
33 CAT Adjustment								
34 Percent Share		1.000	1.000	1.000				1.000
35 Indemnity		0	2,500	0				2,500
36 Effective Amount of Insurance Remaining [Opt. Unit A - (17c - 32)] [Remaining Units - (36 - 32)]		11,750	9,250	9,250				9,250

37 Narrative (If more space is needed, attach a Special Report)
This is a continuation of the previous example. After the first loss on these optional units, \$1,000 and \$1,500 of inventory were sold from optional units 00101 and 00103, respectively. Optional unit 00102 was restocked with a \$6,000 inventory and a subsequent loss occurred.

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 crops. 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. False claims or false statements made on a matter within the jurisdiction of the Federal Crop Insurance Corporation may subject the maker to criminal and civil penalties under various Federal statutes including the provisions of 18 U.S.C. 1006, 1014; 7 U.S.C. 1506; 31 U.S.C. 3729, 3730, 3801, 3812.

38 Insured's Signature I.M. INSURED	Date MM-DD-YYYY	39 Adjuster's Signature I.M. ADJUSTER	Code Number XXXXX	Date MM-DD-YYYY
40 Witness' Signature	Date	41 Other Signature(s)	Date(s)	