

Appendix B:

Worksheet Entries and Completion Procedures

1. WORKSHEET ENTRIES AND COMPLETION PROCEDURES

A. General Information

- (1) Include the insurance provider's name in the growing season inspection and appraisal worksheet title if not preprinted on the form.
- (2) Include the claim number on the growing season inspection and appraisal worksheet (when required by the insurance provider) when a worksheet entry of this number is not provided.
- (3) Separate Growing Season Inspection Worksheets are required for each field or subfield inspected or appraised. Refer to Section 5.B. for sampling requirements. In the narrative of the Production Worksheet clearly note the procedures used to divide the unit so that the fields/subfields and sample plants can be revisited.
- (4) Use one set of appraisal worksheets per unit.

NOTE: Worksheet items are numbered consecutively in the sections following. Examples of Growing Season Inspection and Final Appraisal Worksheets are provided to illustrate completion of entries.

B. Growing Season Inspection Worksheet Entries and Completion Information (Preliminary Field Visits)

NOTE: The purposes of this form are to determine the condition of the crop, to determine if good sweet potato farming practices are being followed, to document any damage either by insured cause of loss or by uninsured cause of loss and to gather such information as may be necessary to advise the insurance provider of any further action that may be needed. If the sweetpotatoes are in the mature stage and will be harvested or destroyed within 14 days of the initial field visit, this form is used by the adjuster in conjunction with the final appraisal form.

Verify or make the following entries:

Item No.	<u>Information Required</u>
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Part I:

1. **Insured's Name:** Name of the insured that identifies EXACTLY the person (legal entity) to whom the policy is issued. Also, provide the insurance provider's name if it is not preprinted on the form.
2. **Policy Number:** Insured's assigned policy number.
3. **County:** Name of the county where the sweetpotato plants are physically located.
4. **Unit Number/FSA Farm Number:** Split the block and enter the five-digit unit number from the Summary of Coverage after it is verified to be correct (e.g., 00100) as well as the FSA farm serial number, if applicable. Depending on the county where the unit is located, the FSA farm serial number may be three or more digits in length.

5. **Variety:** Enter the variety name. Indicate the source of documentation supplied to verify the variety and the appropriate practices regarding source of the seed. All varieties other than Beauregard are uninsurable unless otherwise stated in the Special Provisions.
6. **Stage:** Enter the stage (“Immature” or “Mature”) on the day of the field visit/appraisal. (Refer to Section 5.C. above.)

Part II:

Part II is to be completed or verified by an adjustor or a qualified agricultural expert.

7. **Field Identification/Planting Density:** Enter above the line a unique field or subfield identification symbol. Document the division of the unit into fields and subfields in the narrative of the Production Worksheet so that the precise field and subfield can be revisited. Enter below the line the planting density determined using the formula in Section 11, TABLE C.

NOTE: All fields in the unit must be sampled when performing a growing season inspection.

8. **Number of Acres:** Number of determined acres, to tenths, in the field or subfield being appraised (determine the total acreage for the unit).
9. **Number of Plants/Samples:** In the top half, record the **original number of plants in the field** derived by multiplying **planting density** (Item 7 below the line) by the factor of .9 and multiplying that result by the **planted acreage** (Item 8). Verify from the planting record. In the bottom half, record the **number of plants sampled**. The **TOTAL** number of plants sampled for each field or subfield is determined from the TOTALS (column 20) of the GSI Worksheet or the CUMULATIVE TOTAL (column 20) of the last worksheet continuation if more than one page is used for the field or subfield.
10. **Fraction of Crop Sampled:** Enter the number of plants sampled divided by the number of plants in the field (both from Item 9), to three decimal places.
11. **Date Planted/Stage:** Record the month and day of the last planting of the field as determined by the insured’s records. Enter “I” if the crop is in Immature Stage. Enter “M” if the crop is in the Mature Stage.
12. **Guarantee:** Enter the guarantee in hundredweight to the nearest whole number.
13. **Sample Plants Destroyed by Insured Causes:** Enter the number of plants in the sample destroyed in each field or subfield by insured causes as determined from the plants identified in Column 21.

NOTE: All plants discolored by a fire or crushed by fire fighting efforts are considered dead.

14. **Sample Plants Damaged by Insured Causes:** Enter the number of sample plants damaged by insured causes as determined from the plants identified in column 22.
15. **Sample Plants Destroyed by Uninsured Causes:** Enter the number of plants in the

sample destroyed by uninsured causes as determined from the plants identified in Column 23.

16. Sample Plants Damaged by Uninsured Causes: Enter the number of plants in the sample damaged by uninsured causes as determined from the plants identified in column 24.

17. Damaged Cause Ratios: In the upper half of the cell, enter the result of dividing the sum of **Sample Plants Destroyed by Uninsured Causes** (Item 15) and **Sample Plants Damaged by Uninsured Causes** (Item 16) by the number of plants sampled (lower half of Item 9) to two decimal places.

$$\frac{\text{Plants Lost to Uninsured Causes} + \text{Plants Damaged by Uninsured Causes}}{\text{Number of Samples}}$$

If the value of the first damage cause ratio for the field or subfield is 0.10 or less, no further action is required for this item; these levels of losses to uninsured causes are typical for the crop. If the value of the first loss ratio is greater than 0.10, divide the sum of Item 15 and Item 16 by the sums of Items 13, Item 14, Item 15, and Item 16 and enter as a decimal rounded to two places. This is the ratio of destruction or damage by an uninsured cause to all destruction or damage.

$$\frac{\text{Item 15} + \text{Item 16}}{\text{Item 13} + \text{Item 14} + \text{Item 15} + \text{Item 16}}$$

In the event that this ratio is in excess of 0.25, refer to the LAM for procedures to address controversial claims.

18. Total Uninsured Plant Losses: Enter the result of the number of Sampled Plants Destroyed by Uninsured Causes (Item 15) divided by the Fraction of Crop Sampled (Item 10). This represents the total plants in the field or subfield lost to uninsured causes.

19. Total Uninsured Production Loss to Count: Enter the result of the Guarantee (Item 12) multiplied by the acreage of the field or subfield (Item 8), multiplied by the Total Uninsured Plant Losses (Item 18), and divided by the Number of Plants in the field (Item 9 above the line). Enter the production losses in hundredweight rounded to tenths.

$$\text{Uninsured Production Losses to Count} = \frac{\text{Guarantee} \times \text{Acreage} \times \text{Total Uninsured Plant Losses}}{\text{Number of Plants in the field}}$$

Part III:

Part III is to be completed or verified by an adjustor or a qualified agricultural expert.

20. Sample Number: Samples are numbered sequentially on the Growing Season Inspection Worksheet.

21. Destroyed by Insured Cause: Make a check mark (✓) for each sample plant DESTROYED BY INSURED CAUSE in the field or subfield. If the plant is not destroyed, or was destroyed by uninsured causes, make no entry.

22. Damaged by Insured Cause: Make a check mark (✓) for each sample plant

- DAMAGED BY INSURED CAUSE in the field or subfield. If the plant is not damaged or was damaged by uninsured cause make no entry.
23. **Destroyed by Uninsured Cause:** Make a check mark (✓) for each sample plant DESTROYED BY UNINSURED CAUSE in the field or subfield. If the plant is not destroyed or was destroyed by insured cause, make no entry.
24. **Damaged by Uninsured Cause:** Make a check mark (✓) for each sample plant DAMAGED BY UNINSURED CAUSE in the field or subfield. If the plant is not damaged or was damaged by insured cause make no entry.
25. **Insured's Signature and Date:** Signature of the insured and date signed..
26. **Adjuster's Signature, Code No., and Date:** Signature of expert or adjuster, adjuster's code number (if applicable), and date signed **after** the insured (or insured's authorized representative) has signed. If the inspection is performed prior to the signature date, document the date of appraisal in the Remarks/Narrative section of the Appraisal Worksheet (if available); otherwise, document the appraisal date in the Narrative of the Production Worksheet.

Page Number: Page numbers (**EXAMPLE:** Page 1 of 1, Page 1 of 2, P

For Illustration Purposes Only				PART I:	
1. NAME OF INSURED		2. POLICY NO.		3. COUNTY	
I. M. Insured		The Insurance Co.		Somewhere	
4. UNIT NUMBER / FSA FARM NO. Claim XXXXXXXX		5. VARIETY Seed purchase records/I.M. Agriculture Co. MM/DD/YY		6. STAGE Mature	
00100 / XXX					

PART II:															
Field ID/ Planting Density	Number of Acres	Number of Plants/ Samples	Fraction of Crop Sampled	Date Planted/ Stage	Guarantee	Sample Plants Destroyed by Insured Causes	Sample Plants Destroyed by Insured Causes	Sample Plants Destroyed by Insured Causes	Sample Plants Destroyed by Uninsured Causes	Sample Plants Destroyed by Uninsured Causes	Sample Plants Destroyed by Uninsured Causes	Sample Plants Destroyed by Uninsured Causes	Sample Plants Destroyed by Uninsured Causes	Total Uninsured Plant Losses	Total Uninsured Production Loss to Count
A	16,200	1,458	0.055	MM/DD/I	100.0	40	30	4	6	4	0.13	0.13	0.13	109	0.7

PART III:																			
Sample Number	25 SIGNATURE OF INSURED		DATE		26 SIGNATURE OF ADJUSTER		DATE		DATE		DATE		TOTAL	80	40	30	6	4	
	I. M Insured	MM/DD/YYYY	I. M. Adjuster	XXXXX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY							
1	✓					46	✓			61	✓			76	✓				
2	✓					47		✓		62	✓			77	✓				
3		✓				48		✓		63	✓			78		✓			
4	✓					49	✓			64	✓			79		✓			
5	✓					50		✓		65		✓		80			✓		
6	✓					51	✓			66		✓		81					
7	✓					52		✓		67	✓			82					
8		✓				53		✓		68	✓			83					
9	✓					54		✓		69		✓		84					
10	✓					55		✓		70	✓			85					
11		✓				56		✓		71	✓			86					
12	✓					57		✓		72	✓			87					
13		✓				58		✓		73	✓			88					
14	✓					59			✓	74		✓		89					
15	✓					60			✓	75	✓			90					

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SWEETPOTATO GROWING SEASON INSPECTION WORKSHEET

PART I:

1 NAME OF INSURED: **I. M. Insured** 2 POLICY NO: **XX-XXX-XXXX** 3 COUNTY: **Somewhere**

4 UNIT NUMBER / FSA FARM NO. / Claim XXXXXXXX: **00100 / XXX** 5 VARIETY: **Seed purchase records/I.M. Agriculture Co. MM/DD/YY** 6 STAGE: **Mature**

PART II:

Field ID/ Planting Density	Number of Acres	Number of Plants/ Samples	Fraction of Crop Sampled	Date Planted/ Stage	Guarantee	Sample Plants Destroyed by Insured Causes	Sample Plants Damaged by Insured Causes	Sample Plants Destroyed by Uninsured Causes	Sample Plants Destroyed by Uninsured Causes	Damage Cause Ratios	Total Uninsured Plant Losses	Total Uninsured Production Loss to Count
B	8	19,562	0.003	MM/DD	100.0	2	5	2	3	0.08	667	6.5

PART III:

Sample Number	21 Destroyed by Insured Causes	22 Destroyed by Insured Causes	23 Destroyed by Insured Causes	24 Destroyed by Insured Causes	20 Sample Number	21 Destroyed by Insured Causes	22 Destroyed by Insured Causes	23 Destroyed by Insured Causes	24 Destroyed by Insured Causes	20 Sample Number	21 Destroyed by Insured Causes	22 Destroyed by Insured Causes	23 Destroyed by Insured Causes	24 Destroyed by Insured Causes	20 Sample Number	21 Destroyed by Insured Causes	22 Destroyed by Insured Causes	23 Destroyed by Insured Causes	24 Destroyed by Insured Causes	20 Sample Number	21 Destroyed by Insured Causes	22 Destroyed by Insured Causes	23 Destroyed by Insured Causes	24 Destroyed by Insured Causes	
1					16					46					61					76					91
2					17					47	✓				62					77					92
3					18					48	✓				63					78					93
4					19					49					64					79					94
5					20					50					65					80					95
6					21					51					66					81					96
7					22					52					67					82					97
8					23					53					68					83					98
9					24					54					69					84					99
10					25					55					70					85					100
11					26					56					71					86					
12					27					57					72					87					
13					28					58					73					88					
14					29					59					74					89					
15					30					60					75					90					
25 SIGNATURE OF INSURED I. M. Insured	DATE MM/DD/YYYY	26 SIGNATURE OF ADJUSTER I. M. Adjuster	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY
		TOTAL		TOTAL		TOTAL		TOTAL		TOTAL		TOTAL		TOTAL		TOTAL		TOTAL		TOTAL		TOTAL		TOTAL	
		60		60		60		60		60		60		60		60		60		60		60		60	
		2		2		2		2		2		2		2		2		2		2		2		2	
		5		5		5		5		5		5		5		5		5		5		5		5	
		3		3		3		3		3		3		3		3		3		3		3		3	
		17		17		17		17		17		17		17		17		17		17		17		17	
		0.08		0.08		0.08		0.08		0.08		0.08		0.08		0.08		0.08		0.08		0.08		0.08	

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SWEETPOTATO GROWING SEASON INSPECTION WORKSHEET

PART I:

1 NAME OF INSURED **I. M. Insured** The Insurance Co. XX-XXX-XXXX Somewhere

2 POLICY NO. 3 COUNTY

4 UNIT NUMBER / FSA FARM NO. 5 VARIETY 6 STAGE

Claim XXXXXXXX Seed purchase records/I.M. Agriculture Co. MM/DD/YY Mature

00100 / XXX

PART II:

Field ID/ Planting Density	Number of Acres	Number of Plants/ Samples	Fraction of Crop Sampled	Date Planted/ Stage	Guarantee	Sample Plants Destroyed by Insured Causes	Sample Plants Damaged by Insured Causes	Sample Plants Destroyed by Uninsured Causes	Sample Plants Destroyed by Uninsured Causes	Sample Plants Damaged by Uninsured Causes	Sample Plants Destroyed by Uninsured Causes	Damage Cause Ratios	Total Uninsured Plant Losses	Total Uninsured Production Loss to Count
C	8	185,328	0.002	MMDD	100.0	8	25	13	8	0.03	17	18	63.1	

PART III:

Sample Number	25 SIGNATURE OF INSURED I. M. Insured	DATE MM/DD/YYYY	26 SIGNATURE OF AGRICULTURAL EXPERT/ADJUSTER I. M. Adjuster XXXXX	DATE MM/DD/YYYY	TOTAL
1					
2					
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12					
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16					
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92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL					100
TOTAL					6
TOTAL					4

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SWEETPOTATO GROWING SEASON INSPECTION WORKSHEET (Continuation)

PART I:
 1 NAME OF INSURED **I. M. Insured** **The Insurance Co.** **XX-XXX-XXXX** **Somewhere**
 2 POLICY NO. 3 COUNTY

PART II:
 4 UNIT NUMBER / FSA FARM NO. 5 VARIETY 6 STAGE
00100 / XXX **Seed purchase records/I.M. Agriculture Co. MM/DD/YY** **Mature**

PART III:		20	21	22	23	24	20	21	22	23	24	20	21	22	23	24	20	21	22	23	24	20	21	22	23	24	
Sample Number	Destroyed by Insured Causes	Damaged by Insured Causes	Destroyed by Uninsured Causes	Damaged by Uninsured Causes	Sample Number	Destroyed by Insured Causes	Damaged by Insured Causes	Destroyed by Uninsured Causes	Damaged by Uninsured Causes	Sample Number	Destroyed by Insured Causes	Damaged by Insured Causes	Destroyed by Uninsured Causes	Damaged by Uninsured Causes	Sample Number	Destroyed by Insured Causes	Damaged by Insured Causes	Destroyed by Uninsured Causes	Damaged by Uninsured Causes	Sample Number	Destroyed by Insured Causes	Damaged by Insured Causes	Destroyed by Uninsured Causes	Damaged by Uninsured Causes	Sample Number	Destroyed by Insured Causes	Damaged by Uninsured Causes
1					51					76					101					126					151		
2		✓			52					77					102					127					152		
3		✓			53					78					103					128					153		
4		✓			54					79					104					129					154		
5		✓			55					80					105					130					155		
6		✓			56					81					106					131					156		
7		✓		✓	57					82					107					132					157		
8		✓			58					83					108					133					158		
9					59					84					109			✓		134					159		
10					60					85					110					135					160		
11					61					86					111					136					161		
12					62					87					112					137					162		
13					63					88					113					138					163		
14					64					89					114					139					164		
15					65					90					115					140					165		
16					66					91					116					141					166		
17					67					92					117					142					167		
18					68					93					118					143					168		
19					69					94					119					144					169		
20					70					95					120					145					170		
21					71					96					121					146					171		
22					72					97					122					147					172		
23					73					98					123					148					173		✓
24					74					99					124					149					174		
25					75					100					125					150					175		

TOTAL	175	3	9	2	1
PREVIOUS TOTAL	100	2	5	6	4
CUMULATIVE TOTAL	275	5	14	8	5

For Illustration Purposes Only		PART I:	
1 NAME OF INSURED		3 COUNTY	
I. M. Insured The Insurance Co. XX-XXX-XXXX		Somewhere	
4 UNIT NUMBER / FSA FARM NO. Claim XXXXXXXX		6 STAGE	
00100 / XXX		Mature	
5 VARIETY		Seed purchase records/I.M. Agriculture Co. MM/DD/YY	
00100 / XXX			

**SWEETPOTATO GROWING SEASON
INSPECTION WORKSHEET (Continuation)**

PART III:		20	21	22	23	24	20	21	22	23	24	20	21	22	23	24	20	21	22	23	24	20	21	22	23	24	
Sample Number	Destroyed by Insured Causes	Sample Number	Destroyed by Insured Causes	Sample Number	Destroyed by Insured Causes	Sample Number	Destroyed by Insured Causes	Sample Number	Destroyed by Insured Causes	Sample Number	Destroyed by Insured Causes	Sample Number	Destroyed by Insured Causes	Sample Number	Destroyed by Insured Causes	Sample Number	Destroyed by Insured Causes	Sample Number	Destroyed by Insured Causes	Sample Number	Destroyed by Insured Causes	Sample Number	Destroyed by Insured Causes	Sample Number	Destroyed by Insured Causes	Sample Number	Destroyed by Insured Causes
1		26	✓				76					101					126					151					
2		27					77					102					127					152					
3		28					78	✓				103					128					153					
4		29					79					104					129					154					
5		30					80					105					130					155					
6		31					81					106				✓	131					156					
7		32					82		✓			107					132					157					
8		33					83		✓			108					133					158					
9		34					84		✓			109					134					159					
10		35					85					110					135					160					
11		36					86			✓		111					136					161					
12		37					87		✓			112					137					162					
13		38					88					113					138					163					
14		39					89					114					139					164					
15		40					90					115					140					165					
16		41					91					116					141					166					
17		42					92					117					142					167					
18		43					93					118					143					168					
19		44					94					119					144					169					
20		45					95					120				✓	145					170					
21		46					96					121					146					171					
22		47					97					122				✓	147					172					
23		48					98				✓	123					148					173					
24		49					99					124				✓	149					174					
25		50					100					125					150					175					

TOTAL	125	3	11	5	3
PREVIOUS TOTAL	275	5	14	8	5
CUMULATIVE TOTAL	400	8	25	13	8

C. Final Appraisal Worksheet Entries and Completion Information

NOTE: The purpose of this form is to calculate the preliminary adjusted potential. Use the Final Sweetpotato Appraisal Worksheet for appraisal of sweetpotatoes that are in the Mature stage and will be harvested or destroyed within 14 days or for appraisal of check strips from harvested fields left by the insured as instructed by the insurance provider. If the insured has requested an immediate release to put a field in the immature stage to other use, the production to count is determined by dividing the number of surviving plants by the total number of plants and multiplying the result by the approved yield used to calculate the guarantee. Enter the result as the adjusted potential for that field and note the calculations used for that determination in the narrative of the production worksheet.

Verify or correct the following entries on the Sweetpotato Growing Season Inspection Worksheet and enter the appropriate information on the Final Sweetpotato Appraisal Worksheet:

Verify or make the following entries:

Item

No. Information Required

Part I:

1. **Insured's Name:** Name of the insured that identifies EXACTLY the person (legal entity) to whom the policy is issued. Also, provide the insurance provider's name if it is not pre-printed on the worksheet.
2. **Policy Number:** Insured's assigned policy number.
3. **County:** Name of the county where the sweetpotato plants are physically located.
4. **Unit Number /FSA Farm Number:** Split the block and enter the five-digit unit number from the Summary of Coverage after it is verified to be correct (e.g., 00100) and the FSA farm serial number, if applicable. Depending on the county where the unit is located, the FSA farm serial number may be three or more digits in length.
5. **Variety:** Enter the variety name. Indicate the source of documentation supplied to verify the variety and the appropriate practices regarding source of the seed. Varieties are uninsurable unless specifically listed in the Special Provisions.
6. **Stage:** Enter **Mature** if the unit is in the mature stage. If the unit is not mature, it is not appropriate to perform a final appraisal, unless the field, subfield, or unit is to be put to other uses. In that case, enter "Immature" and proceed to Item 19.

Part II:

7. **Field Identification/Planting Density:** Above the line, enter the field or subfield identification symbol. Document the division of the unit into fields and subfields in the narrative of the Production Worksheet so that the precise field and subfield can be revisited. Enter below the line the planting density determined using the formula in **TABLE C** of Section 11.
8. **Number of Acres:** Number of determined acres, to tenths, in the field or subfield being appraised. In the **TOTAL** row, sum the acreages for the fields or subfields insured as a unit to verify the acreage.
9. **Number of Plants/Samples:** In the top half, record **the original number of plants** in the field derived by multiplying **planting density** (Item 7 below the line) by the factor of .9 and multiplying that result by the **planted acreage** (Item 8). Verify from the planting record.

In the bottom half record the number of **plants sampled** in the final appraisal.

NOTE: Depending on the dates of the growing season inspections and the final appraisal visits, the number of plants sampled in a single field or subfield for these two procedures may be different, but in no case should they be less than the minimum required by **TABLE A** and **TABLE B**. For harvested fields or subfields when no check strips were left, the uninsured causes of loss appraised potential will be the greater of the guarantee or the harvested production divided by the acreage.

10. **Fraction of Crop Sampled:** For each field or subfield, enter the number of plants sampled divided by the number of plants (both from Item 9), to three decimal places.
11. **Date Planted/Stage:** In the top half, record the month and day of the last planting of the fields in the unit as determined by the insured's records and in the bottom half enter I if the crop in the field is in Immature Stage. MAKE NO ENTRY if the crop is in the Mature Stage.
12. **Guarantee:** Enter the guarantee in hundredweight to tenths.

NOTE: For immature fields being released for other uses, make no entry for items 13 through 18.

13. **Harvested Weight of Samples:** Weight of field pack production sweetpotatoes from sample plants, rounded to whole pounds.
14. **Preliminary Appraised Production:** Enter the result of dividing the Harvested Weight of Samples (Item 13) by the **Fraction of Crop Sampled** (Item 10), and divided by 100 (to convert pounds to hundredweight), rounded to tenths.
15. **Appraised Potential:** Enter the result of dividing the **Preliminary Appraised Production** (Item 14) divided by the **Number of Acres** (Item 8).
16. **Uninsured Production Loss/Potential:** Enter, above the line, the Total Uninsured Production Loss from Item 19 on the Growing Season Inspection Worksheet. Enter below the line the Uninsured Potential Loss calculated by dividing the **Uninsured Production Loss** by the **Number of Acres** (Item 8). Both entries should be in hundredweight to tenths. Be sure to account for any losses due to insufficient planting densities. Refer to Section 7. A. (4) for instructions related to production to count due to insufficient planting densities.
17. **Condition of Field on Appraisal Date:** For each field appraised, enter the appropriate abbreviation from the list below.

CONDITION

EXPLANATION

“D/C”	Destroyed or abandoned, check strips maintained
“D/N”	Destroyed or abandoned, no check strips maintained
“UH”	Unharvested
“H/C”	Harvested (check strips maintained)
“H/N”	Harvested, no check strips maintained

18. **Anticipated Harvest Date:** Enter the month and day harvest or destruction of the crop is anticipated by the insured to occur.
19. **Adjusted Potential Per Acre:** Enter the sum of the **Appraised Potential** (Item 15) and the **Uninsured Production Loss Potential** (Item 16 below the line), in hundredweight, rounded to tenths.

NOTE: For immature fields being released for other uses, enter the result of dividing the number of surviving plants (including damaged plants) in a sample by the number of plants

in the sample (including dead and damaged plants) and multiplying by the guarantee.

Part III:

20. **Comment:** Indicate whether the worksheets were reviewed with the insured, the parties involved, and the date of such review. Enter the name of the qualified person who has a share of 50% or more if different from the name of the insured.
21. **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 the signature date, document the date of appraisal in the Remarks/Narrative section of the Appraisal Worksheet (if available); otherwise, document the appraisal date in the Narrative of the Production Worksheet.

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

For Illustration Purposes Only			1 NAME OF INSURED		2 POLICY NO		3 COUNTY	
			I. M. Insured		The Insurance Co.		Somewhere	
			Claim XXXXXXX		XX-XX-XXXX		6 STAGE	
			00100 / XXX		5 VARIETY		Mature	
			00100 / XXX		Seed purchase records/I.M. Agriculture Co. MM/DD/YY			

PART I:		FINAL SWEETPOTATO APPRAISAL WORKSHEET														
Field ID/ Planting Density 7	Number of Acres 8	Number of Plants/ Samples 9	Fraction of Crop Sampled 10	Date Planted/ Stage 11	Guarantee 12	Harvested Weight of Samples 13	Preliminary Appraised Production 14	Appraised Potential 15	Uninsured Production Loss/Potential 16	Condition of Field on Appraisal Date 17	Anticipated Harvest Date 18	Adjusted Potential per Acre 19				
A	16,200 0.1	1,458 80	0.055	MM/DD	100.0	33	6.0	60.0	0.8	D/C		68.0				
B	11,440 1.9	19,562 60	0.003	MM/DD	100.0	53	176.7	93.0	6.5	D/C	MM/DD	96.4				
C	11,440 18.0	185,328 400	0.000	MM/DD	100.0				100.0	H/N		100.0				
TOTAL	20.0															

20 SIGNATURE OF INSURED I.M. INSURED	21 SIGNATURE OF ADJUSTER I. M. Adjuster
MM/DD/YYYY	MM/DD/YYYY
DATE	DATE
XXXXX	XXXXX
MM/DD/YYYY	MM/DD/YYYY

*Uninsured losses assessed for failure to leave check strips, a policy requirement.