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Department of
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Federal Crop
Insurance
Corporation



Product
Development
Division

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MACADAMIA TREE LOSS ADJUSTMENT STANDARDS HANDBOOK

2000 and Succeeding Crop Years

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

FEDERAL CROP INSURANCE HANDBOOK		NUMBER: 25270
SUBJECT: MACADAMIA TREE LOSS ADJUSTMENT STANDARDS HANDBOOK 2000 AND SUCCEEDING CROP YEARS	DATE: October 20, 1999	
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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

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

CHANGES:

- (1) Changed to new common format. Where applicable, standard language for item entries was used.
- (2) Added language clarifying policy provision about reducing amount of insurance when stand is less than 90% of original planting pattern.
- (3) Incorporated Informational Memorandum R&D-97-076 about Macadamia Tree appraisal when unit or plot contains trees that are randomly replaced with several set out dates.
- (4) Added instructions to include the company name and claim number on the appraisal worksheet when a blank is not provided.
- (5) Completion instructions and form example for the FCI-74 have been removed and replaced with claim form entry instructions and example of a Production Worksheet, which more closely resembles the form being used by most of the industry.

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SUMMARY OF CHANGES/CONTROL CHART (Continued)

- (6) Incorporated policy provisions contained in the Macadamia Tree Policy (99-024) and the Catastrophic Risk Protection Endorsement (99-CAT).
- (7) Removed the instructions for completing the Macadamia Orchard Inspection Report from the handbook. These instructions can now be found in the Crop Insurance Handbook.
- (8) Revised the appraisal worksheet and appraisal continuation sheet to match forms used by most companies. Blank forms included in the back of the book.

Control Chart For: Macadamia Tree Loss Adjustment Standards Handbook						
	SC Page(s)	TC Page(s)	Text Page(s)	Reference Material	Date	Directive Number
Remove	FCIC-30270 and Replace with FCIC-25270					
Current Index	1-2	1-2	1-22	23	10-1999	FCIC-25270

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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 the insured. The original and all remaining copies as instructed by the insurance provider.

NOTE: It is the insurance providers' 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 macadamia tree loss adjustment and this handbook, which are not defined in this section, are defined as they appear in the text.
- (3) Definitions:

Destroyed: Trees damaged to the extent that the insurance provider determines replacement, including grafts, is required.

Graft: The uniting of a macadamia shoot to an established macadamia tree rootstock for future production of macadamia nuts.

Rootstock: The root and stem portion of a macadamia tree to which a macadamia shoot can be grafted.

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

- (1) The insured crop will be all macadamia trees in the county for which the insured has a share, a premium rate is provided by the actuarial documents, and:
 - (a) that are grown for the production of macadamia nuts;
 - (b) for which the rootstock is adapted to the area;
 - (c) that are at least one year of age when the insurance period begins; and
 - (d) that, if the orchard is inspected, is acceptable to the insurance provider.
- (2) If the stand is less than 90 percent, based on the original planting pattern, the dollar amount of insurance will be reduced 1 percent for each percent below 90 percent.

EXAMPLE: The insured selects \$2,000 as the amount of insurance per acre. The stand is determined to be 85 percent of the original stand. The amount of insurance per acre will be reduced as follows:

$$\begin{aligned} 90\% - 85\% &= 5\% & 1.00 - .05 &= .95 \\ \$2,000 \times .95 &= \$1,900 \text{ amount of insurance per acre} \end{aligned}$$

- (3) See the Macadamia Tree Crop Provisions for specific insured causes of loss. See the Basic Provisions and the Macadamia Tree Crop Provisions for causes of loss that are excluded.

B. PROVISIONS NOT APPLICABLE TO CAT COVERAGE:

- (1) Optional Units.
- (2) Hail and Fire Exclusion provisions (also not applicable to limited coverage).
- (3) Written agreements.

C. UNIT DIVISION

- (1) See the insurance contract for unit provisions.
- (2) Provisions in the Basic Provisions, that allow optional units by section, section equivalent, or FSA farm serial number and by irrigated and non-irrigated practices are not applicable. Unless otherwise allowed by a written agreement, optional units may be established only if each optional unit:
 - (a) Contains at least 80 acres of insurable age macadamia trees; or
 - (b) Is located on non-contiguous land.

NOTE: The insured must provide records, which can be independently verified, of acreage and age of trees for each unit for at least the last crop year.

4. MACADAMIA TREE APPRAISALS

A. GENERAL INFORMATION

- (1) ANY TREES DAMAGED BY UNINSURED CAUSES WILL NOT BE INCLUDED IN DETERMINING THE ACTUAL PERCENT OF DAMAGE.
- (2) Enter the percent damage due to UNINSURED causes in the narrative section of the claim form with an explanation as to the cause of damage.
- (3) The adjuster will complete a separate appraisal worksheet for each age group of trees on the unit or plot when the producers records show age and location of the individual trees. The actual percent of loss determined for each age group of trees will be used to determine the amount of loss on the claim form for that age of tree.
- (4) For a unit or plot that contains more than one age group of trees on the acreage report, and there are no maps or records available that show age and location of the individual trees to allow division into subfields by age of trees, the adjuster will complete the appraisal worksheet based on a representative sample of all trees in the unit or plot. The percent of loss determined will be an average for the entire acreage being appraised. The sample size will be large enough to reasonably expect that all ages of trees have been sampled during the appraisal.

NOTE: For appraisals as described in (4) above, make no entry on the appraisal worksheet for item 10 ("Year Setout) and item 11 (% Value). Once the Applicable Percent of Loss (item 24) is determined, apply that percentage on the claim form for each line with the applicable acreage and age of trees.

B. SELECTING REPRESENTATIVE SAMPLES FOR APPRAISAL

Account for damage to all insured trees in the unit by examining the sample trees selected.

- (1) Make a general examination of all acreage in the unit before selecting representative sample trees for appraisal.
- (2) Locate a corner tree (the first insurable tree on an outside row); this will be the first sample tree.
- (3) Proceed along each row, count each insured tree. See TABLE A for minimum sample requirements.

NOTE: Do not count skips, other types of trees, trees that were dead before insured damage occurred, and trees damaged by uninsured causes.

- (4) At the end of each row, proceed down the adjacent row in the opposite direction beginning with the first tree and sample as instructed in "4 B" above, until the entire unit or plot has been covered (see diagram below).
- (5) Make all damage determinations as required in sections 5 and 7.

PLOTS 5 ACRES OR LESS IN SIZE								PLOTS OVER 5 ACRES IN SIZE							
↗	↘	↗	↘	↗	↘	↗	↘	↗	↘	↗	↘	↗	↘	↗	↘
(X)	*	*	*	(X)	*	*	*	(X)	*	*	*	*	*	*	*
*	*	*	*	*	(X)	*	*	*	*	*	*	*	*	*	*
*	*	(X)	*	*	*	*	*	*	*	(X)	*	*	*	*	*
*	*	*	*	*	*	(X)	(X)	*	*	*	*	*	*	*	(X)
*	(X)*	*	(X)	*	*	*	*	*	*	*	*	(X)	*	*	*
(X)	*	*	*	(X)	*	*	*	*	*	*	*	*	(X)	*	*
*	*	*	*	*	(X)	*	*	*	*	*	*	*	*	(X)	*
*	*	(X)	*	*	*	*	*	*	*	*	(X)	*	*	*	*
*	*	*	*	*	*	(X)	(X)	*	*	*	*	*	*	*	*
*	(X)	*	(X)	*	*	*	*	*	(X)	*	*	*	*	*	*
(X)	*	*	*	(X)	*	*	*	(X)	*	*	*	*	*	*	*
↑	↘	↗	↘	↗	↘	↗		↑	↘	↗	↘	↗	↘	↗	
start here - sample every 5th tree								start here - sample every 10th tree							
(X) = Sample tree								(X) = Sample tree							

5. APPRAISALS METHODS

A. GENERAL INFORMATION

These instructions provide information on appraisals methods for:

Appraisal Method...	Use...
Damaged or destroyed trees	when trees are damaged or destroyed.

B. APPRAISAL METHOD FOR DAMAGED OR DESTROYED TREES

Use the macadamia tree worksheet to document the following information.

- (1) For each unit or plot, enter the total number of trees and the number of trees sampled (e.g., 1200/120) in item 8 of the appraisal worksheet.
- (2) Determine the number of scaffold limbs on each sample tree (scaffold limbs are limbs attached DIRECTLY to the tree trunk).
- (3) Divide the number of DAMAGED scaffold limbs by the total number of scaffold limbs on the sample tree to determine the percent damage.

EXAMPLE:

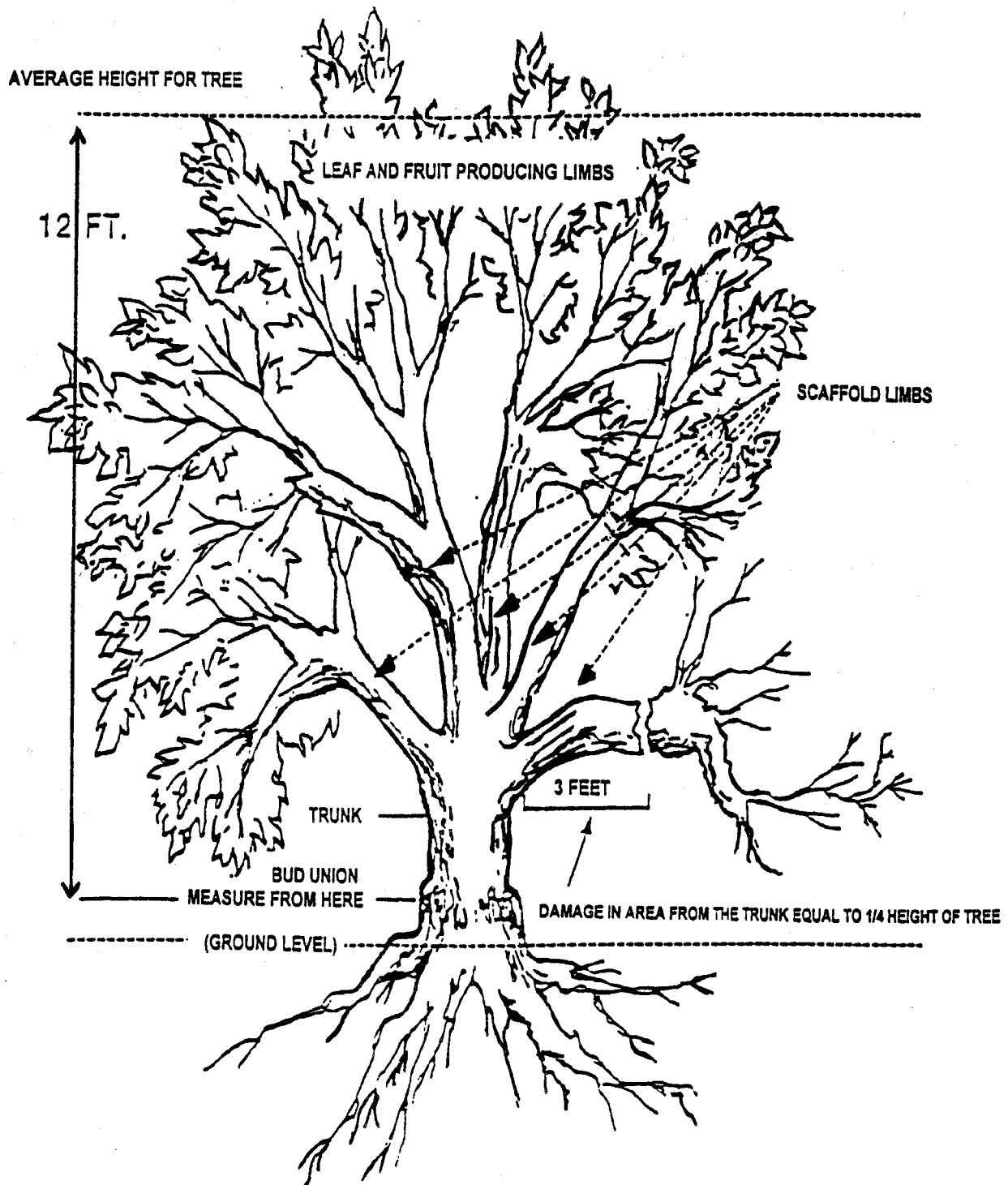
4 damaged scaffold limbs ÷ 5 scaffold limbs = 80%

3 damaged scaffold limbs ÷ 5 scaffold limbs = 60%

3 damaged scaffold limbs ÷ 4 scaffold limbs = 75%

- (4) Identify sample trees damaged (and the percent damage rounded to two decimal places, e.g., .75 or .60) or destroyed due solely to insurable causes.
- (5) Record sample tree count with the number of damaged and destroyed trees noted in the appropriate item entry on the worksheet.
- (6) **Plots** with over 80 percent actual damage from insurable causes will be considered 100 percent damaged.

C. MACADAMIA TREE EXAMPLE - DAMAGED OR DESTROYED TREE



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 on 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 or plot inspected. Refer to section 4 for sampling instructions.

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

PART I: - (HEADING)

Verify or make the following entries:

Item

No. Information Required

Company Name: Name of insurance provider, if not pre-printed on the worksheet.

Claim Number: Claim Number as assigned by the insurance provider, if required.

1. **Name of Insured:** Name of the insured that identifies EXACTLY the person (legal entity) to whom the policy is issued.
2. **Policy No.:** Insured's assigned policy number.
3. **County:** Name of county or island where the macadamia trees are physically located.
4. **Unit Identification:** Five-digit unit number from the Summary of Coverage after it is verified to be correct (e.g., 00100).
5. **Type:** Appropriate variety name.
6. **Crop Year:** Crop year, as defined in the policy, for which the claim has been filed.

PART II: (PERCENT LOSS)

Verify or make the following entries:

Item

No. Information Required

7. **Sample Plot (Number):** Applicable plot number.
8. **Number of Trees/Unit:** Split the column in half and record, in the top half, the **Number of Trees** counted for the appraisal method transferred from **Totals** of the **Trees Number** counted column (item 25) of PART III - APPRAISAL METHODS. If continuation sheets are used, transfer the **Grand Total** of the **Trees Number** (item 25) counted column to this item.

In the bottom half, record the result of adding the **Totals** column of the **Trees Destroyed** (item 26) and/or **Trees Damaged** (item 27) of PART III - APPRAISAL METHODS. If continuation sheets are used, add the **Grand Total** of **Trees Destroyed** and/or **Trees Damaged**.
9. **Acres:** Number of acres in the unit or plot, rounded to tenths.
10. **Year Setout:** Month and year trees are set out, obtain dates from the **Summary of Coverage**.

NOTE: MAKE NO ENTRY if there are more than one age group of trees in the unit or plot being appraised and the exact age and location of the individual trees cannot be determined from a plat map or producer records.

11. **% Value:** Whole dollar amount of insurance per acre from the **Summary of Coverage**.
- NOTE: MAKE NO ENTRY** if there are more than one age group of trees in the unit or plot being appraised and the exact age and location of the individual trees cannot be determined from a plat map or producer records.
12. **Number Of Trees Destroyed:** Total number of sampled trees DESTROYED from item 26 on the worksheet or from "Grand Total" on **the final** continuation sheet.
13. **Percent Loss (12 ÷ 8):** Number of Trees Destroyed (item 12) ÷ Number of Trees/Unit (item 8, below the line), entered as a decimal rounded to three places.
14. **Trees Damaged:** Total number of sampled trees DAMAGED from item 27 of the worksheet or from "Grand Total" on **the final** continuation sheet.
15. **% of Trees Limb Damage (14 ÷ 8):** Number of Trees Damaged (item 14) ÷ Number of Trees/Unit (item 8, below the line), entered as a decimal rounded to three places.
16. **No. of Trees Damaged:** Repeat the result from item 14.
17. **% Totals:** Record the Total of the (Limbs) % Damage Per Tree column (column 29) of Part III of the Appraisal Worksheet. If continuation sheets are used, enter the Grand Total of (Limbs) % Damage Per Tree from the final continuation sheet.
18. **% of Limb Loss (17 ÷ 16):** Limbs Damaged (item 17) ÷ Total Number of Damaged Trees (item 16), entered as a decimal rounded to three places.
19. **(15 x 18):** Item 15 x item 18, entered as a decimal rounded to three places.
20. **Total % Loss (13 + 19):** Item 13 + item 19, entered as a decimal rounded to three places.

NOTE: If the item 20 entry is OVER 80 PERCENT, do not complete items 21 through 23. Enter 1.000 as the Applicable % Loss (item 24). If the item 20 entry is LESS THAN OR EQUAL TO 80 PERCENT, continue with item 21, 22, 23, and 24 instructions.

21. **Applicable % (Level):** (Deductible) Enter the applicable deductible percent level as a three-place decimal, calculated by subtracting the coverage level percent from 100 percent.

EXAMPLE: 100% - 75% = 25% deductible, entered as .250.

22. **(20 minus 21):** Total % Loss (item 20) minus Applicable % Level (item 21).

23. **Applicable % (Level):** (Coverage Level) Enter the applicable coverage level percent as a two-place decimal.

EXAMPLE: .75 for 75 percent coverage level.

24. **Applicable % Loss:** Item 22 ÷ item 23, entered as a decimal rounded to three places.

PART III: (APPRAISAL METHODS)

Verify or make the following entries:

**Item
No.**

Information Required

25. **Number:** Make a check mark (✓) for each sample tree in the unit.

26. **Destroyed:** Make a check mark (✓) for each sample tree DESTROYED in the unit. If the tree is not destroyed, MAKE NO ENTRY.

27. **Damaged:** Make a check mark (✓) for each sample tree DAMAGED. If the tree is not damaged, make no entry.

28. **Number Trees:** MAKE NO ENTRY.

29. **% Damage per Tree:** Divide the number of damaged scaffold limbs by the total number of scaffold limbs on the sample tree. Enter percent damage entered as a decimal rounded to two places for each DAMAGED sample tree due to insurable causes.

Totals: Enter totals from columns 25, 26, 27, and 29. If a continuation sheet is used, transfer “Totals” item entries from the worksheet to the “Previous Total” item on the continuation sheet. Calculate the “Grand Total” on the continuation sheet by adding "Totals" and "Previous Total" entries. Enter results in "Grand Total" item. Transfer these entries to Part II of the worksheet in items 12, 14, 16, and 17, respectively.

30. **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.

31. **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. If the appraisal is performed prior to 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: Page numbers - (Example: Page 1 of 1, Page 1 of 2, Page 2 of 2, etc.).

For Illustration Purposes Only			PART I:		
COMPANY NAME: ANY COMPANY			CLAIM NO.: XXXXXX		
MACADAMIA TREE WORKSHEET			1 NAME OF INSURED I.M. INSURED		2 POLICY NO. XX-XXX-XXXXX
			4 UNIT IDENTIFICATION 00100		
					6 CROP YEAR YYYY

TREES DESTROYED								LIMB DAMAGE													
Sample Plot (Number)	Number of Trees/Unit	Acres	Year Setout	% Value	Number of Trees Destroyed	Percent Loss (12 + 8)	Trees Damaged	% of Trees Limb Damage (14 ÷ 8)	No. of Trees Damaged	% Totals	% of Limb Loss (17 ÷ 16)	(15 x 18)	Total % Loss (13 + 19)	Applicable % (Level)	(20 - 21)	Applicable % (Level)	Applicable % Loss				
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24				
A	1200/120	108.9	MM/YYYY	3937	55	.458	19	.158	19	11.75	.618	.098	.556	(-)	.25	(=)	.306	(-)	.75	(=)	.408
B														(-)	(=)	(-)	(=)				
C														(-)	(=)	(-)	(=)				
D														(-)	(=)	(-)	(=)				

TREES		DAMAGE		TREES		DAMAGE		TREES		DAMAGE		TREES		DAMAGE		TREES		DAMAGE	
25	26	27	28	29	25	26	27	28	29	25	26	27	28	29	25	26	27	28	29
NUMBER	DESTROYED	DAMAGED	NUMBER TREES	% DAMAGE PER TREE	NUMBER	DESTROYED	DAMAGED	NUMBER TREES	% DAMAGE PER TREE	NUMBER	DESTROYED	DAMAGED	NUMBER TREES	% DAMAGE PER TREE	NUMBER	DESTROYED	DAMAGED	NUMBER TREES	% DAMAGE PER TREE
1	✓	✓			19	✓				37	✓				55	✓			
2	✓	✓			20	✓	✓		.60	38	✓	✓		.50	56	✓			
3	✓	✓			21	✓	✓		.70	39	✓	✓		.55	57	✓		✓	.60
4	✓	✓			22	✓	✓		.75	40	✓	✓		.45	58	✓		✓	.60
5	✓	✓			23	✓	✓		.65	41	✓	✓		.60	59	✓		✓	.70
6	✓	✓			24	✓	✓		.70	42	✓	✓		.45	60	✓		✓	.65
7	✓	✓			25	✓				43	✓				61	✓		✓	.60
8	✓	✓			26	✓	✓			44	✓	✓			62	✓			
9	✓	✓			27	✓	✓			45	✓	✓			63	✓			
10	✓	✓			28	✓	✓			46	✓	✓			64	✓	✓		
11	✓	✓			29	✓	✓			47	✓	✓			65	✓	✓		
12	✓	✓			30	✓	✓			48	✓	✓			66	✓	✓		
13	✓	✓			31	✓	✓			49	✓	✓			67	✓	✓		
14	✓	✓			32	✓	✓			50	✓	✓			68	✓	✓		
15	✓	✓			33	✓	✓			51	✓	✓			69	✓	✓		
16	✓	✓			34	✓				52	✓				70	✓	✓		
17	✓	✓			35	✓				53	✓				71	✓	✓		
18	✓	✓			36	✓				54	✓				72	✓			

30 SIGNATURE OF INSURED I.M. INSURED						DATE MM/DD/YYYY		31 SIGNATURE OF ADJUSTER I.M. ADJUSTER XXXXX						DATE MM/DD/YYYY		TOTALS		90	40	15		9.10
--	--	--	--	--	--	---------------------------	--	--	--	--	--	--	--	---------------------------	--	---------------	--	----	----	----	--	------

For Illustration Purposes Only

COMPANY NAME: ANY COMPANY

CLAIM NO.: XXXXXX

MACADAMIA TREE WORKSHEET
(Continuation Sheet)

PART I:

1 NAME OF INSURED I.M. INSURED										2 POLICY NO. XX-XXX-XXXXX					3 COUNTY HAWAII				
4 UNIT IDENTIFICATION 00100										5 TYPE PURVIS					6 CROP YEAR YYYY				

APPRAISAL WORKSHEET (Continued from Part III, Form FCI-74-A)

	TREES			DAMAGE			TREES			DAMAGE			TREES			DAMAGE			TREES			DAMAGE				
	25	26	27	28	29		25	26	27	28	29		25	26	27	28	29		25	26	27	28	29			
	NUMBER	DESTROYED	DAMAGED	NUMBER TREES	% DAMAGE PER TREE		NUMBER	DESTROYED	DAMAGED	NUMBER TREES	% DAMAGE PER TREE		NUMBER	DESTROYED	DAMAGED	NUMBER TREES	% DAMAGE PER TREE		NUMBER	DESTROYED	DAMAGED	NUMBER TREES	% DAMAGE PER TREE			
1	✓		✓		.70	31						61						91					116			
2	✓		✓		.60	32						62						92					117			
3	✓		✓		.75	33						63						93					118			
4	✓		✓		.60	34						64						94					119			
5	✓					35						65						95					120			
6	✓					36						66						96					121			
7	✓	✓				37						67						97					122			
8	✓					38						68						98					123			
9	✓					39						69						99					124			
10	✓	✓				40						70						100					125			
11	✓	✓				41						71						101					126			
12	✓	✓				42						72						102					127			
13	✓	✓				43						73						103					128			
14	✓	✓				44						74						104					129			
15	✓	✓				45						75						105					130			
16	✓	✓				46						76						106					131			
17	✓	✓				47						77						107					132			
18	✓	✓				48						78						108					133			
19	✓	✓				49						79						109					134			
20	✓	✓				50						80						110					135			
21	✓	✓				51						81						111					136			
22	✓	✓				52						82						112					137			
23	✓	✓				53						83						113					138			
24	✓					54						84						114					139			
25	✓					55						85						115					140			
26	✓					56						86						TOTAL					30	15	4	2.65
27	✓					57						87						PREVIOUS TOTAL					90	40	15	9.10
28	✓					58						88						GRAND TOTAL					120	55	19	11.75
29	✓					59						89														
30	✓					60						90														

8. CLAIM FORM ENTRIES AND COMPLETION PROCEDURES

A. GENERAL INFORMATION

- (1) The claim form (hereafter referred to as “Production Worksheet”) is a progressive form containing all notices of damage for all preliminary and final inspections on a unit.
- (2) If a Production Worksheet has been prepared on a prior inspection, verify each entry and enter additional information as needed. If a change or correction is necessary, strike out all entries on the line and re-enter correct entries on a new line. The adjuster and insured should initial any line deletions.
- (3) Refer to the LAM for instructions regarding the following:
 - (a) Acreage report errors.
 - (b) Delayed notices and delayed claims.
 - (c) **Corrected claims or fire losses (double coverage) and cases involving uninsured causes of loss, unusual situations, controversial claims, concealment, or misrepresentation.**
 - (d) Claims involving a Certification Form (when all the acreage on the unit has been appraised to be put to another use).
 - (e) "No Indemnity Due" claims (which must be verified by an APPRAISAL or NOTIFICATION from the insured that the production exceeded the guarantee).
 - (f) **GLEANED ACREAGE: See Bulletin No. MGR-99-023, dated June 28, 1999 (or the LAM after bulletin has been incorporated) for more information on gleaning.**
- (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) Instructions labeled “**PRELIMINARY**” apply to preliminary inspections only. Instructions labeled “**FINAL**” apply to final inspections only. Instructions not labeled apply to ALL inspections.

B. FORM ENTRIES AND COMPLETION INFORMATION

Verify or make the following entries:

Item

No. Information Required

1. **Crop/Code #:** “Macadamia Trees” (0024).
2. **Unit #:** Five digit unit number from the Summary of Coverage after it is verified to be correct. (e.g., 00100).
3. **Legal Description:** Section, township, and range **number** or other legal description 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 hail damage (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 Provisions and the Crop Provisions for this crop for information pertaining to insured and uninsured causes of loss.
6. **Primary Cause %:**

PRELIMINARY: MAKE NO ENTRY.

FINAL: Percent of damage for the cause of damage listed in item 5 above that is determined to be the primary cause of damage, to the nearest whole percent. The primary cause of damage must exceed 50 percent (e.g., 51%). Enter an “X” for the major secondary cause of damage.
7. **Company/Agency:** Name of the company and 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 #:** Claim number as assigned by the insurance provider.
10. **Policy #:** Insured’s assigned policy number.
11. **Crop Year:** Crop year, as defined in the policy, for which the claim is filed.

12. **Additional Units:**

PRELIMINARY: MAKE NO ENTRY.

FINAL: Unit number(s) for ALL non-loss units for the crop at the time of final inspection. A non-loss unit is any unit for which a Production Worksheet has not been completed. Additional non-loss units may be entered on a single Production Worksheet.

NOTE: If more spaces are needed for non-loss units, enter the unit numbers identified as "Non-Loss Units", in the narrative or on an attached Special Report.

13. **Est. Prod. Per Acre:** MAKE NO ENTRY.

14. **Date(s) Notice of Loss:**

PRELIMINARY:

- a. Date the notice of damage was given for the unit in item 2.
- b. A third preliminary inspection (if needed) requires an additional set of Production Worksheets. Enter the date of notice for a third preliminary inspection in the 1st space of item 14 on the second set.
- c. Reserve the "Final" space on the first page of the first set of Production Worksheets for the date of notice for the final inspection.
- d. If the inspection is initiated by the insurance provider, enter "Company Insp" instead of the date.

FINAL: Transfer the last date in the 1st or 2nd space to the FINAL space if a final inspection should be made as a result of the notice. Always enter the complete date of notice (month, day, year) for the FINAL inspection in the FINAL space on the first page of the first set of Production Worksheets. For a delayed notice of loss or delayed claim, refer to the LAM.

15. **Companion Policy(s):**

- 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 **crop insurance** 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 - ACREAGE APPRAISED, PRODUCTION AND ADJUSTMENTS

Make separate line entries for varying:

- (1) Rate classes, types, or farming practices;
- (2) Appraisals;
- (3) Stages or intended use(s) of acreage;
- (4) Shares (e.g., 50 percent and 75 percent shares on the same unit); or
- (5) Appraisals for damage due to hail or fire if Hail and Fire Exclusion is in effect.

Verify or make the following entries:

**Item
No.**

Information Required

A. **Field ID:** The field identification symbol from a sketch map or an aerial photo. See the narrative. In the margin (or in a separate column), enter the date of inspection for the last line entry of each inspection.

B. **Preliminary Acres:**

PRELIMINARY: The number of acres, to tenths, (include "E" if estimated), for which consent for other use has been given. Determine actual acreage, to tenths, when the boundaries of the appraised acreage may not be determined later.

FINAL: MAKE NO ENTRY.

- C. **Final Acres:** See the LAM for definition of acceptable determined acres used herein.

Determined acres to tenths (include “E” if estimated) for which consent is given for other use and/or acreage is:

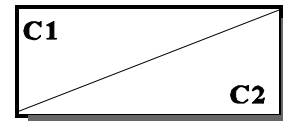
- a. Put to other use without consent.
- b. Abandoned.
- c. Damaged by uninsured causes.

FINAL: Determined acres to tenths.

NOTE: Acreage breakdowns WITHIN a unit may be estimated (enter “E” in front of the acres) if a determination is impractical AND if authorization was received from the insurance provider. Document authorization in the Narrative.

ACCOUNT FOR ALL ACREAGE IN THE UNIT. In the event of over reported acres, handle in accordance with individual insurance provider instructions. In the event of under-reported acres, draw a diagonal line in Column “C” as shown.

- C₁ Enter the ACTUAL acres for the field or subfield.
C₂ Enter the REPORTED acres for the field or subfield.



- D. **Interest or Share:** Insured’s interest in crop to three decimal places as determined at the time of inspection. If shares vary on the same UNIT, use separate line entries.

- E. **Risk:** The correct rate class from the actuarial documents. Verify with the Summary of Coverage, and if the rate class is found to be incorrect, revise according to insurance provider instructions. See the LAM.

NOTE: Unrated land is uninsurable without a written agreement.

- F. **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.

- G. **Type/Class/Variety:** 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.

- H. - I. MAKE NO ENTRY.

- J. **Appraised Potential:** Enter, as whole dollars, the dollar **Amount of Insurance** per acre.

NOTE: If the stand is less than 90 percent, based on the original planting pattern, the dollar amount of insurance will be reduced 1 percent for each percent below 90 percent. (See section 3 A.)

K₁ - K₂. MAKE NO ENTRY.

L. **Shell and/or Quality Factor: (Percent Undamaged)** Enter the result of 1.000 minus Applicable Percent Loss (item 24 on the Appraisal Worksheet). Record calculation in the Narrative.

EXAMPLE: $1.000 - .408 = .592$ percent undamaged.

M. + **Uninsured Causes: Refer to the LAM when a Hail and Fire Exclusion is in effect.**

NOTE: Enter hail and fire exclusion appraisal **per acre, in dollars and cents**, otherwise, MAKE NO ENTRY. Any other tree damage due to uninsured causes is recorded as a percent in the Narrative.

N. **Adjusted Potential:** Multiply column P times column L, plus column M, **in dollars and cents**.

EXAMPLE: $\$3,937 \times .592 = \$2,330.70$

O. **Total to Count:** Column "C or C₁" (**actual** acres) times Column "N," rounded to **whole dollars**.

P. **Per Acre:** Enter the dollar Amount of Insurance per-acre production guarantee from the insured's policy.

Q. **Total:** Column "C₂" (**reported** acres; "C" if acreage is not under-reported) times Column "P", rounded to whole dollars.

16. **Total Acres:**

PRELIMINARY: MAKE NO ENTRY.

FINAL: Total Actual Acres (Column "C" or ["C₁" if there are under-reported acres]), to tenths.

17. **Totals:**

PRELIMINARY: MAKE NO ENTRY.

FINAL: Total of Column "O" and total of Column "Q."

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. If no acreage is released on the unit, enter "No acreage 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. If there is an appraisal in Section I, item M for uninsured causes due to a hail/fire exclusion, show the original hail/fire liability per acre and the hail/fire indemnity per acre.
- 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. State that there is "No other fire insurance" when fire damages or destroys the insured crop, and it is determined that the insured has no other fire insurance. Also see the LAM.
- g. Explain any errors found on the Summary of Coverage.
- h. Explain a "NO" checked in item 19.
- i. Attach a sketch map or aerial photograph to identify the total unit:
 - (1) If consent is or has been given to put part of the unit to another use;
 - (2) If uninsured causes are present; or
 - (3) For unusual or controversial cases.

NOTE: Indicate on the aerial photo or sketch map, the disposition of acreage destroyed or put to other use with or without consent.
- j. 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.
- k. 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.
- l. Explain the reason for a "No Indemnity Due" claim. "No Indemnity Due" claims are to be distributed in accordance with the insurance provider's instructions.

- m. Explain any delayed notices or delayed claims as instructed in the LAM.
- n. Document any authorized estimated acres shown in Section I, item C as follows: “Line 3 ‘E’ acres authorized by insurance provider MM/DD/YYYY.”
- o. Document the method and calculation used to determine acres for the unit. See the LAM.
- p. Specify the type of insects or disease when the insured cause of damage or loss is listed as insects or disease. Explain why control measures did not work.
- q. Document the name and address of the charitable organization when gleaned acreage is applicable. See Bulletin No. MGR-99-023, dated June 28, 1999 (or the LAM after bulletin has been incorporated) for more information on gleaning
- r. Document any other pertinent information, including any data to support any factors used to calculate the production.

SECTION II - HARVESTED PRODUCTION

Verify or make the following entries:

**Item
No.**

Information Required

18. **Date Harvest Completed:**

PRELIMINARY - MAKE NO ENTRY.

FINAL:

- a. Enter the date the **entire** acreage on the unit was (1) totally destroyed, (2) a combination of destroyed and damaged, or (3) the calendar date for the end of the insurance period.
- b. If the case involves a Certification Form, enter the date from the Certification Form when the entire unit is put to another use, etc. See the LAM.

19. **Similar Damage:**

PRELIMINARY - MAKE NO ENTRY.

FINAL - Check “Yes” or “No.” Check “Yes” if amount and cause of damage due to **insurable** causes is similar to 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.” See 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.” See the LAM.
- A₁ - S. MAKE NO ENTRY.
22. **Section II Total:** MAKE NO ENTRY.
23. **Section I Total:**
PRELIMINARY: MAKE NO ENTRY.
FINAL - Enter figure from Section I, Column “O” total.
24. **Unit Total:**
PRELIMINARY: MAKE NO ENTRY.
FINAL - Total Net Dollar Amount to Count for the unit from item 23.
25. **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.
NOTE: Final indemnity inspections should be signed on bottom line.
26. **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.
NOTE: Final indemnity inspections should be signed on bottom line.
27. **Page Numbers:**
PRELIMINARY - Page numbers. Enter page “1,” “2,” etc., at the time of inspection.
FINAL - Page numbers (Example: Page 1 of 1, Page 2 of 2, etc.).

**PRODUCTION WORKSHEET
(FOR ILLUSTRATION PURPOSES ONLY)**

1 Crop/Code # Macadamia Trees (0024)	2 Unit # 00100	3 Legal Description Lot 1 M-102
4 Date of Damage FEB 20		
5 Cause of Damage Wind		
6 Primary Cause % 100%		
12 Additional Units 00200		
13 Est. Prod. Per Acre		

7 Company Any Company
Agency Any Agency

8 Name of Insured I.M. Insured			
9 Claim # XXXXX		11 Crop Year YYYY	
10 Policy #			
14 Date(s) Notice of Loss	1st MM/DD/YYYY	2nd MM/DD/YYYY	3rd MM/DD/YYYY
15 Companion Policy(s)			

SECTION I - ACREAGE APPRAISED, PRODUCTION AND ADJUSTMENTS

ACTUARIAL									POTENTIAL YIELD						STAGE GUARANTEE	
A	B	C	D	E	F	G	H	I	J	K ₁ K ₂	L	M	N	O	P	Q
Field ID	Prelim Acres	Final Acres	Interest or Share	Risk	Practice	Type Class Variety	Stage	Intended or Final Use	Appraised Potential	Moisture % Factor	Shell and/or Quality Factor	+ Uninsured Cause	Adjusted Potential	Total To Count (C x N)	Per Acre	Total (C x P)
A M/D		108.9	1.000	D05	002	997			3,937		.592		2,330.70	253,813	3,937	428,739
16 TOTAL		108.9											17 TOTALS	253,813		428,739

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

ITEM L CALCULATIONS - 1.000 - .408 (PERCENT OF LOSS) = .592 (PERCENT UNDAMAGED) ACREAGE DETERMINED FROM WHEEL MEASUREMENTS.

SECTION II - HARVESTED PRODUCTION

18 Date Harvest Completed 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 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				21 Transfer of Right To Indemnity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
MEASUREMENTS					GROSS PRODUCTION				ADJUSTMENTS TO HARVESTED PRODUCTION									
A ₁ A ₂	B	C	D	E	F	G	H	I	J	K ₁ K ₂	L ₁ L ₂	M ₁ M ₂	N	O	P	Q ₁ Q ₂	R	S
Share Field ID	Length of Diameter	Width	Depth	Deduction	Net Cubic Feet	Conversion Factor	Gross Prod. (F x G)	Bu. Ton Lbs. CWT	Shell/Sugar Factor	FM % Factor	Moisture % Factor	Test WT Factor	Adjusted Production (Horl)xJK2xL2xM2	Prod. Not to Count	Production (N - O)	Value Mkt. Price	Quality Factor	Production to Count (P x R)

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. 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 Section II Total	
23 Section I Total	\$ 253,813
24 Unit Total	\$ 253,813

25 Adjuster's Signature		Code #	Date	26 Insured's Signature		Date
1st Inspection				1st Inspection		
2nd Inspection				2nd Inspection		
Final Inspection	I.M. Adjuster	XXXXX	MM/DD/YYYY	Final Inspection	I.M. Insured	MM/DD/YYYY

27 Page

1 of 1

9. REFERENCE MATERIAL

TABLE A - MINIMUM REPRESENTATIVE SAMPLE REQUIREMENTS

PLOT OR UNIT SIZE	SAMPLE TREES SELECTED
Up to and including 5 acres	Select every 5th tree
Over 5 acres	Select every 10th tree

TABLE B - NUMBER OF TREES PER ACRE CHART

Tree Spacing (feet)	Row Spacing (feet)																
	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
8	389	363	340	320	303	287	272	259	248	237	227	218	209	202	194	188	182
9	346	323	303	285	269	255	242	230	220	210	202	194	186	179	173	167	161
10	311	290	272	256	242	229	218	207	198	189	182	174	168	161	156	150	145
11	283	264	248	233	220	208	198	189	180	172	165	158	152	147	141	137	132
12	259	242	227	214	202	191	182	173	165	158	151	145	140	134	130	125	121
13	239	223	209	197	186	176	168	160	152	146	140	134	129	124	120	116	112
14	222	207	194	183	173	164	156	148	141	135	130	124	120	115	111	107	104
15	207	194	182	171	161	153	145	138	132	126	121	116	112	108	104	100	97
16	194	182	170	160	151	143	136	130	124	118	113	109	105	101	97	94	91
17	183	171	160	151	142	135	128	122	116	111	107	102	99	95	92	88	85
18	173	161	151	142	134	127	121	115	110	105	101	97	93	90	86	83	81
19	164	153	143	135	127	121	115	109	104	100	96	92	88	85	82	79	76
20	156	145	136	128	121	115	109	104	99	95	91	87	84	81	78	75	73
21	148	138	130	122	115	109	104	99	94	90	86	83	80	77	74	72	69
22	141	132	124	116	110	104	99	94	90	86	83	79	76	73	71	68	66
	Trees Per Acre																

Do **NOT** use chart to determine acres. The above figures are for square and hedgerow plantings. Use the following formula for tree and/or row spacings not shown in the chart: Multiply the distance between tree rows by the spacing between trees within the row and divide into 43,560.

EXAMPLE: Tree row spacing 16.0 feet and tree spacing within rows 12.5 feet.

$$\frac{43,560}{16.0 \times 12.5} = \frac{43,560}{200} = 217.8 = 218 \text{ trees per acre.}$$

FCI-74-A (Macadamia Trees)
(Rev. 10-99)

USDA/FCIC

PART I:

**MACADAMIA TREE
WORKSHEET**

1 NAME OF INSURED					2 POLICY NO.					3 COUNTY									
4 UNIT IDENTIFICATION										5 TYPE					6 CROP YEAR				

PART II:

Sample Plot (Number)	TREES DESTROYED							LIMB DAMAGE					(15 x 18) 19	Total % Loss (13 + 19) 20	Applicable % (Level) 21	(20 - 21) 22	Applicable % (Level) 23	Applicable % Loss 24
	Number of Trees/Unit 8	Acres 9	Year Setout 10	% Value 11	Number of Trees Destroyed 12	Percent Loss (12 ÷ 8) 13	Trees Damaged 14	% of Trees Limb Damage (14 ÷ 8) 15	No. of Trees Damaged 16	% Totals 17	% of Limb Loss (17 ÷ 16) 18							
A														(-)	(=)	(÷)	(=)	
B														(-)	(=)	(÷)	(=)	
C														(-)	(=)	(÷)	(=)	
D														(-)	(=)	(÷)	(=)	

PART III:

	TREES			DAMAGE		TREES			DAMAGE		TREES			DAMAGE		TREES			DAMAGE		TREES			DAMAGE	
	25	26	27	28	29	25	26	27	28	29	25	26	27	28	29	25	26	27	28	29	25	26	27	28	29
	NUMBER	DESTROYED	DAMAGED	NUMBER TREES	% DAMAGE PER TREE	NUMBER	DESTROYED	DAMAGED	NUMBER TREES	% DAMAGE PER TREE	NUMBER	DESTROYED	DAMAGED	NUMBER TREES	% DAMAGE PER TREE	NUMBER	DESTROYED	DAMAGED	NUMBER TREES	% DAMAGE PER TREE	NUMBER	DESTROYED	DAMAGED	NUMBER TREES	% DAMAGE PER TREE
1					19					37					55					73					
2					20					38					56					74					
3					21					39					57					75					
4					22					40					58					76					
5					23					41					59					77					
6					24					42					60					78					
7					25					43					61					79					
8					26					44					62					80					
9					27					45					63					81					
10					28					46					64					82					
11					29					47					65					83					
12					30					48					66					84					
13					31					49					67					85					
14					32					50					68					86					
15					33					51					69					87					
16					34					52					70					88					
17					35					53					71					89					
18					36					54					72					90					

30 SIGNATURE OF INSURED	DATE	31 SIGNATURE OF ADJUSTER	DATE	TOTALS
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COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

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

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

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

PAPERWORK REDUCTION ACT

In accordance with the Paperwork Reduction Act, public reporting burden for the collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection information, including suggestions for reducing this burden to the Department of Agriculture, Clearance Officer, OIRM (OMB No. 0563-0053), Stop 7630, Washington, D.C. 20250-7630.

NONDISCRIMINATION STATEMENT

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

FCI-74-A (Continuation Sheet)
(Rev. 10-99)

USDA/FCIC

PART I:

MACADAMIA TREE WORKSHEET
(Continuation Sheet)

1 NAME OF INSURED															2 POLICY NO.					3 COUNTY				
4 UNIT IDENTIFICATION										5 TYPE										6 CROP YEAR				

APPRAISAL WORKSHEET (Continued from Part III, Form FCI-74-A)

	TREES			DAMAGE			TREES			DAMAGE			TREES			DAMAGE			TREES			DAMAGE			TREES			DAMAGE																										
	25	26	27	28	29		25	26	27	28	29		25	26	27	28	29		25	26	27	28	29		25	26	27	28	29																									
	NUMBER	DESTROYED	DAMAGED	NUMBER TREES	% DAMAGE PER TREE		NUMBER	DESTROYED	DAMAGED	NUMBER TREES	% DAMAGE PER TREE		NUMBER	DESTROYED	DAMAGED	NUMBER TREES	% DAMAGE PER TREE		NUMBER	DESTROYED	DAMAGED	NUMBER TREES	% DAMAGE PER TREE		NUMBER	DESTROYED	DAMAGED	NUMBER TREES	% DAMAGE PER TREE																									
1						31						61							91						116																													
2						32						62							92						117																													
3						33						63							93						118																													
4						34						64							94						119																													
5						35						65							95						120																													
6						36						66							96						121																													
7						37						67							97						122																													
8						38						68							98						123																													
9						39						69							99						124																													
10						40						70							100						125																													
11						41						71							101						126																													
12						42						72							102						127																													
13						43						73							103						128																													
14						44						74							104						129																													
15						45						75							105						130																													
16						46						76							106						131																													
17						47						77							107						132																													
18						48						78							108						133																													
19						49						79							109						134																													
20						50						80							110						135																													
21						51						81							111						136																													
22						52						82							112						137																													
23						53						83							113						138																													
24						54						84							114						139																													
25						55						85							115						140																													
26						56						86																																										
27						57						87																																										
28						58						88																																										
29						59						89																																										
30						60						90																																										
																							TOTAL																															
																							PREVIOUS TOTAL																															
																							GRAND TOTAL																															

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

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

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

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

PAPERWORK REDUCTION ACT

In accordance with the Paperwork Reduction Act, public reporting burden for the collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection information, including suggestions for reducing this burden to the Department of Agriculture, Clearance Officer, OIRM (OMB No. 0563-0053), Stop 7630, Washington, D.C. 20250-7630.

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