Exhibit Name: Indemnity Calculation Exhibit Number: P22-2, Plan 50 Reinsurance Year: 2011 Record Name: Inventory Value Claim Version: Approved Record Code: P22 **Release Date:** 8/11/2015 50 Dollar Amount of Insurance **Insurance Plan Code** 0073 Nursery Commodity Code Field Record Field Field Field Calculations Name Number Number Format Rounding Rules Section 1: Loss Guarantee Calculation Undjusted Loss Amount will be by each When Coverage Type Code EQUAL "A" and Unit Division Code equal "T": Unadjusted Loss Amount Internal \$999999999 None individual record. Field Market Value A will be by each Field Market Value A P22 24 999999999 None individual record. Unadjusted Loss Amount = Field Market Value A - Field Market Value B Field Market Value B will be by each Field Market Value B P22 25 999999999 None individual record. When Over Under Reporting Factor Code EQUAL "U": Adjusted Loss Amount will be by each P22 44 Adjusted Loss Amount \$9999999999 Round to whole number individual record. Unadjusted Loss Amount * Over Under Reporting Factor Adjusted Loss Amount Over Under Reporting Factor must be the When Over Under Reporting Factor Code EQUAL "O": same for all records within the same P22 **Over Under Reporting Factor** 23 9,999 None Unadjusted Loss Amount * (1 - Over Under Reporting Practice Code, Claim Number and Inventory Inspection Number. Factor) Undjusted Loss Amount will be by each When Coverage Type Code is EQUAL "C", or "A' with Unit Division Code equal "S": \$999999999 Unadjusted Loss Amount Internal None individual record. Field Market Value A will be by each Field Market Value A P22 24 999999999 None individual record. Unadjusted Loss Amount = Field Market Value A - Field Market Value B Field Market Value B will be by each P22 Field Market Value B 25 9999999999 None individual record. When Over Under Reporting Factor Code EQUAL "U": Unadjusted Loss Amount Internal \$999999999 None Summed for Unit. (summed) Unadjusted Loss Amount * Over Under Reporting Factor When Over Under Reporting Factor Code EQUAL "O": Adjusted Loss Amount will be the same for all records within the same Practice Code, Adjusted Loss Amount P22 44 \$999999999 Round to whole number Claim Number and Inventory Inspection Adjusted Loss Amount Number when Coverage Type Code equals "C" or "A" with Unit Division Code equal "S". Unadjusted Loss Amount * (1 - Over Under Reporting Over Under Reporting Factor must be the Factor) same for all records within the same **Over Under Reporting Factor** P22 23 9.999 None Practice Code, Claim Number and Inventory Inspection Number.

Exhibit Name: Indemnity Calculation Exhibit Number: P22-2, Plan 50 Record Name: Inventory Value Claim Record Code: P22		Reinsurance Year: 2011 Version: Approved Release Date: 8/11/2015				
Insurance Plan Code	50 Dollar Amount of Insurance					
<u>Commodity Code</u>	0073 Nursery					
Calculations	<u>Field</u> Name	<u>Record</u> Number	<u>Field</u> Number	<u>Field</u> Format	<u>Field</u> Rounding	Rules
Section 2: Indemnity Calculation		-				
Unadjusted Indemnity Amount = Adjusted Loss Amount - Occurrence Deductible Amount	Unadjusted Indemnity Amount	P22	45	\$9999999999	Round to whole number	Unadjusted Indemnity Amount will be the same for all records within the same Practice Code, Claim Number and Inventory Inspection Number when Coverage Type Code equals "C" or "A" with Unit Division Code equal "S".
	Occurrence Deductible Amount	P22	28	999999999	None	Occurrence Deductible Amount for under reporting must equal lesser of: Field Market Value A * (1.000 - Coverage Level Pecent) * Under Reporting Factor 'OR' Effective Crop Year Deductible. Occurrence Deductible Amount for over reporting must equal lesser of: Field Market Value A * (1.000 - Coverage Level Percent) * Over Reporting Factor + 1.000 'OR' Effective Crop Year Deductible. Occurrence Deductible Amount will be the same for all records within the same Practice Code, Claim Number and Inventory Inspection Number when Coverage Type Code equals "C" or "A" with Unit Division Code equal "S".
The lesser of:	Preliminary Indemnity Amount	P22	46	S99999999999	None	Preliminary Indemnity Amount will be the same for all records within the same Practice Code, Claim Number and Inventory Inspection Number when Coverage Type Code equals "C" or "A" with Unit Division Code equal "S":
XPS Effective Insurance Amount Preliminary Indemnity Amount = Or Unadjusted Indemnity Amount	XPS Effective Insurance Amount	P22	22	99999999999	None	XPS Effective Insurance Amount will be the same for all records within the same Practice Code, Claim Number and Inventory Inspection Number when Coverage Type Code equals "C" or "A" with Unit Division Code equal "S".

Exhibit Name: Indemnity Calculation Exhibit Number: P22-2, Plan 50 Record Name: Inventory Value Claim Record Code: P22

Reinsurance Year: 2011 Version: Approved Release Date: 8/11/2015

Insurance Plan Code		50 Dollar Amount of Insurance								
Commodity Code	0073 Nursery									
	Calculations	Field <u>Name</u>	<u>Record</u> <u>Number</u>	<u>Field</u> Number	<u>Field</u> Format	<u>Field</u> <u>Rounding</u>	Rules			
Indemnity Amount = Preliminary Indemnity Amount * Insured Share Percent * Price Election Percent	Indemnity Amount	P22	41	\$99999999999	Round to whole number	Indemnity Amount will be the same for all records within the same Practice Code, Claim Number and Inventory Inspection Number when Coverage Type Code equals "C" or "A" with Unit Division Code equal "S"				
	Insured Share Percent	P22	29	9.999	None					
	Price Election Percent	P14	35	9.9999	None					
Rehabilitation Payment Section 3 Rehabilitation Payment Calculation										
When Insurance Option Cod	e List contains Rehabilitation Payment, "RH": The Lesser of:	Indemnity Amount	P22	41	\$99999999999	Round to whole number				
Indemnity Amount =	Actual Rehab Amount * Over Under Reporting Factor	Actual Rehab Amount	P22	39	99999999999					
		Over Under Reporting Factor	P22	23	9.999	None				
	Or (Rehabilitation Plant Amount * .075) * Over Under Reporting Factor * Coverage Level Percent * Insured Share Percent	Rehabilitation Plant Amount	P22	36	99999999999	None				
		Coverage Level Percent	P14	34	9.9999	None				
		Insured Share Percent	P22	29	9.999	None				