United States Department of Agriculture



Federal Crop Insurance Corporation



Actuarial and Product Design Division

FCIC-25570 (2-2007) FCIC-25570-1 (5-2007)

FLORIDA FRUIT TREE PILOT LOSS ADJUSTMENT STANDARDS HANDBOOK

2008 and Succeeding Crop Years

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

FEDERAL CROP INSURANCE HANDBOOK		NUMBER: 25570 (2-2007)
		25570-1 (5-2007)
SUBJECT:	OPI: Actuarial	and Product Design Division
FLORIDA FRUIT TREE PILOT	APPROVED:	DATE:
LOSS ADJUSTMENT STANDARDS		
HANDBOOK	/S/ Tim B. Witt	5/2/2007
2008 AND SUCCEEDING CROP YEARS	Deputy Administrator	for Product Management

THIS HANDBOOK CONTAINS THE OFFICIAL FCIC-ISSUED LOSS ADJUSTMENT STANDARDS FOR THIS CROP FOR THE 2008 AND SUCCEEDING CROP YEARS. ALL REINSURED COMPANIES WILL UTILIZE THESE STANDARDS FOR BOTH LOSS ADJUSTMENT AND LOSS TRAINING.

SUMMARY OF CHANGES/CONTROL CHART

The following list contains significant changes to this handbook, as determined by us. It may not represent all changes made. All changes made to this handbook are applicable regardless of whether or not listed.

Major Changes: See changes or additions in text which have been highlighted. Three stars (***) identify where information has been removed. Changes for Crop Year 2008:

- 1. In Subsection 8.C., section I, item 17, clarified how to calculate the underreport factor. In the Narrative instructions for item "m," clarified the information to be documented in the Narrative of the Production Worksheet.
- 2. In subsection 8 C, form completion instructions, revised section II of the Production Worksheet instructions and form examples to record data by tree stage on separate lines. Clarified entries in column "D" are the total of column "M" entries taken from all previous Production Worksheets completed within the same crop year. Corrected calculation entries on the Production Worksheet form examples and inserted information in the Narrative to match the form completion instructions.
- 3. Made additional changes to correct format, spelling and punctuation.

FLORIDA FRUIT TREE PILOT LOSS ADJUSTMENT HANDBOOK

Contro	Control Chart For: Florida Fruit Tree Pilot Loss Adjustment Standards Handbook														
	Directive														
	Page(s)	Page(s)	Text Page(s)	Material	Date	Number									
Remove	1-4		29-36		2/2007	FCIC-25570									
Insert	1-2		29-36		5/2007	FCIC-25570-1									
Current	1-2				5/2007	FCIC-25570-1									
Index		1-2	1-28		2/2007	FCIC-25570									
			29-36		5/2007	FCIC-25570-1									
				37-39	2/2007	FCIC-25570									

SUMMARY OF CHANGES/CONTROL CHART (Continued)

- 17. **URF: (Under Report Factor)** To determine the URF, calculate the amount of protection for the unit (in whole dollars) by multiplying for each line, column "B" times column "I" times column "K" and totaling the results for all lines.
 - a. **Base Policy:** In the event that the unit value (column "O," item 15) is greater than the amount of protection, divide the amount of protection by the unit value, recording the URF to three decimal places. Enter "1.000" if the amount of protection equals or exceeds the unit value.
 - b. **CTVE:** In the event that the CTVE unit value (column "O," item 15) is greater than the CTVE amount of protection, divide the CTVE amount of protection by the CTVE unit value, recording the CTVE URF to three decimal places. Enter "1.000" if the CTVE amount of protection equals or exceeds the CTVE unit value.

NARRATIVE: Attach the Special Report to the Production Worksheet.

- a. If no trees are released on the unit, enter "No trees released," adjuster's initials and date.
- b. If notice of damage was given and "No Inspection" is necessary, enter the unit number(s), "No Inspection," date, and adjuster's initials. The insured's signature is not required.
- c. Explain any uninsured causes, unusual, or controversial cases.
- d. Enter the percent damage by uninsured causes and explain. Trees damaged by an uninsured cause will be counted as undamaged.
- e. Document the actual appraisal date if an appraisal was performed prior to the adjuster's signature date on the Appraisal Worksheet, and the date of the appraisal is not recorded on the Appraisal Worksheet.
- f. Explain any errors found on the Summary of Coverage.
- g. Explain a "NO" checked in item 19.
- h. Attach Grove Identification Maps to identify the total unit:
 - (1) If consent is or has been given to put part of the unit to another use;
 - (2) If uninsured causes are present; or
 - (3) For unusual or controversial cases.

Indicate on the sketch map or aerial photo the disposition of acreage put to other use with or without consent.

- i. Explain any difference between date of inspection and signature dates. For an ABSENTEE insured, enter the date of the inspection AND the date of mailing the Production Worksheet for signature.
- j. When any other adjuster or supervisor accompanied the adjuster on the inspection, enter the code number of the other adjuster or supervisor and date of inspection.

- k. Explain the reason for a "No Indemnity Due" claim. "No Indemnity Due" claims are to be distributed in accordance with AIP's instructions.
- 1. Explain any delayed notices or delayed claims as instructed in the LAM.
- m. Document how the OLO minimum was determined. Also document the amount of protection and calculations used to determine the URF for the unit.
- n. Document any other pertinent information. If on an attachment, enter "See attachment."

SECTION II - ADJUSTMENTS TO UNIT VALUE

Verify or make the following entries:

Item

No. Information Required

- 18. **End of the Insurance Period:** Enter the date the ENTIRE unit was (1) totally destroyed, (2) a combination of destroyed and damaged, or (3) the calendar date for the end of the insurance period.
- 19. **Similar Damage:** Check "Yes" or "No." Check "Yes" if amount and cause of damage due to insurable causes is similar to the experience of other groves in the area. If "No" is checked, explain in the Narrative.
- 20. Assignment of Indemnity: Check "Yes" only if an assignment of indemnity is in effect for the crop year; otherwise, check "No." Refer to the LAM.
- 21. **Transfer of Right to Indemnity:** Check "Yes" **only** if a transfer of right to indemnity is in effect for the unit for the crop year; otherwise, check "No." Refer to the LAM.
- A. Rate Class (Stage): Transfer the entry by stage from section I, column "F." ALL STAGES PRESENT IN THE UNIT SHOULD BE ACCOUNTED FOR IN SECTION II. EXCEPT FOR CTVE, DO NOT ENTER STAGE DO1 TREES. USE MULTIPLE LINE ENTRIES FOR MULTIPLE STAGES.
- B. Date of Previous Loss: For each stage, enter the month(s) and day(s) (e.g., Nov. 15) of the most
 *** recent previous loss event during the same crop year regardless of whether an indemnity was due. If there has been no previous loss event during the crop year, MAKE NO ENTRY.
- C. Unit Value: Transfer entries from section I, column "O" for each stage.
- D. Previous Damage Value (100% Share): For previous loss event(s) on the unit that occurred during the same crop year (whether an indemnity was due or not), total the damage value(s) (or amount(s) of insurance, as applicable) in section I, column "M" for the corresponding stage(s) from all previous Production Worksheet(s) for the unit and enter the result by stage in whole dollars. If there has been no previous loss event on the stage during the crop year, MAKE NO ENTRY.

- E. **Current Damage Value:** Transfer entries by stage from section I, column "M." If the stage block does not have damage, MAKE NO ENTRY.
- ***F. Total Damage Value All Claims: Column "D" plus column "E." If the stage block does not have damage, enter "0."
 - G. Deductible:
 - a. <u>Non-OLO</u>: Transfer entries for the corresponding stage from section I, column "N."
 - b. <u>OLO:</u> MAKE NO ENTRY.

H. Remaining Deductible:

- a. <u>Non-OLO:</u> For the corresponding stage, column "G" minus column "F" results in whole dollars. Make the entry and indicate if the entry is positive or negative (e.g., 10 8 = +2," 8 10 = -2," or 8 8 = 0").
- b. <u>OLO</u>: MAKE NO ENTRY.

I. Unit Value to Count (100% Share):

- a. <u>Base policy and CTVE without OLO</u>: For the corresponding stage, if the entry in Column "H" is a zero, then transfer the entry from Column "C." If the entry in Column "H" is a positive number, then the entry is columns "C" plus "H" (e.g., 10 + 2 = 12). If the entry in column "H" is a negative number, then the entry is columns "C" plus "H" (e.g., 10 + 2 = 12).
- b. <u>OLO:</u> Column "C" minus Column "F" for each stage.
- 22. **Total:** Total of column "I" entries. This dollar value to count applies to this loss occurrence only. This value is based on 100% share. Item "O," line 15 (after adjusting for any URF) less item 22 is the dollar amount the unit is "short" of the unit value as of the date of this loss event.
- 23. Adjuster's Signature, Code Number, and Date: Signature of adjuster, code number, and date signed after the insured (or insured's authorized representative) has signed. For an absentee insured, enter adjuster's code number ONLY. The signature and date will be entered AFTER the absentee insured has signed and returned the Production Worksheet. Final indemnity inspections should be signed on bottom line.
- 24. Insured's Signature and Date: Insured's (or insured's authorized representative's) signature and date. BEFORE obtaining the signature, REVIEW ALL ENTRIES on the Production Worksheet WITH THE INSURED (or the insured's authorized representative), particularly explaining codes, etc., that may not be readily understood. Final indemnity inspections should be signed on the bottom line.
- **25. Page Numbers:** Page numbers (Example: Page 1 of 1, Page 2 of 2, etc.)

					FLO	RIDA FR	UIT TRE	E PRODU	UCTION	WOR	KSH	ЕЕТ							
1 Cro	p/Code #	2 Unit #	3 Legal Des	cription		(For)	llustrat	ion Purp	oses Onl	y)	8 Na	ame of Insured							
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4 Date of		DEC 19				Agency		Any Agen				XXXXX	XX		XXXXX	XXX	X		
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1 Cro	p/Code #	2 Unit #	3 Legal Des	cription		(For l	llustrat	tion Purp	oses Only	r)	8 Name	e of Insured									
Orang	ge Trees	00100	SW	1⁄4 - 12-22-9		X										I. M. Insured					
-	207	OL				7 Company		Any Compa	ny								Crop Year				
4 Date of		DEC 19				Agency		Any Agend			XXXXX	XXX			X	XXXX					
5 Cause o	of Damage	Freeze				EXAMPL	3: Base Policy – With OLO, No 10 Policy # XXXXX							-							
6 Primary	Cause %	100					Pre	vious Loss	5		13 Date	e(s)	1 st		2n	ıd	Final				
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Field ID	Total Reported Trees	Total Trees (Stage)	SDT	Interest or Share	Rate Class (Stage)	Practice	Type Class Variety	Coverage Level	Type of Loss	Referen Price		% Damage		 Amt. of Damage or Damage V 		Unit Deductible	Unit Value (C x I x K)				
1 A	1,000	1,000	500	1.000	D01	997	997	.75	F	18.00)	.483		<mark>3260</mark>			13,500				
2 A	1,000	1,100	400	1.000	D02	997	997 997		-	29.00)	.494		<mark>4298</mark>			23,925				
3 A	3,000	3,000	1,000	1.000	D03	997	997 997			35.00)	.558		<mark>14,648</mark>			78,750				
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8 End of	Insurance Pe	eriod	1	9 Is damage	similar to c	other farms in th	e area?	2	0 Assignment	of Indem	nity			21 Tra	ansfer o	of Right to In	lemnity?				
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1 Crop	p/Code #	2 Unit #	3 Legal De	scription		(Fo	r Illus	trati	on Purp	oses On	y)	8 Name of Insured							
Orang	ge Trees	00100	SV	V ¼ - 12-22-	.9	,					U /				I. M. Insured	1			
0	207	CV				7 Company	/		Any Comp	any		9 Cla	um #			11 Crc	op Year		
4 Date of		DEC 19				Agency		Any Agency XXXX						XXX		XXX	XX		
5 Cause o		Freeze				EXAM	<u>PLE 4:</u>	CTV	/E <mark> – No C</mark>	<mark>)LO,</mark> Req	uires						XXXXX		
6 Primary	Cause %	100				Base										2nd		Final	
12 Additio	onal Units	00100	00300	0040	00		Notice of Loss MM/DD/										MM/DD/YYYY		
												14 C	ompanion Policy(s)					
SECTION I - ACREAGE APPRAISED, UNIT VALUE																			
А	В	С	D	Е	F	G]	H	Ι	J	H	K	L		M		Ν	0	
Field ID	Total Reported Trees	Total Trees (Stage)	SDT	Interest Rate or Class Share (Stage)		Practice	CÌ	/pe ass riety	Coverage Level	Type of Loss	Pr	rence ice	% Damage		Amt. of Ins. Damage or Damage Value	D	Unit eductible	Unit Value (C x I x K)	
2 A	1,000	1,100	167 233	1.000	997	<mark>997</mark>	<mark>/001</mark>	.75			.00 .00	1.000		<mark>2505</mark> 4660	_	5500	16,500		
3 A	3,000	3,000	550 <mark>450</mark>	1.000	D03	997	<mark>997</mark>	<mark>/001</mark>	.75			.00	1.000		11,000 13,500	_	22,500	67,500	
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	IE. (If men	re space is need	- 1 - 44 - 14 - 6		w) <mark>0</mark>	-h - d D D-	l'an Dua di						15. TOTAL	C .	<mark>31,665</mark>		28,000	84,000	
		tection \div \$84,0					ncy Prou	uction	worksheet to						JM (O x 0.05)		28,000	84,000	
\$62,500 am	ount of pro-	eetion - \$84,0		(iotal colum	10) – .982	URP.							10. OLO M 17. URF:		JM (O X 0.03)			.982	
SECTION	J II - ADI	USTMENTS	TO UNIT	VALUE									17. 0141.					.902	
	Insurance I				e similar to	other farms ir	the area	?	1	20 Assignme	nt of Inde	emnity			21 Transfe	er of Rig	ght to Inde	mnity?	
		D/YYYY		Ĭ	Yes X					Y	es	No	Х		Yes		No 2	X	
	A	В		С		D			Е		F		G	- 1	Н			T	
R: Cl (Sta	ate ass age)	Date of P	revious	Unit Value (from C	e	Previo Damage V (100% Sh	/alue	C	Current Damag Value (From M)		F Total Damage Value All Claims (D+E)		_		Remaining Deductible (G - F)			Unit ue To Count 00% Share)	
D	02			<mark>16,50</mark>	<mark>00</mark>				<mark>7165</mark>		<mark>7165</mark>		<mark>5500</mark>		<mark>- 1665</mark>			<mark>14,835</mark>	
D	<mark>03</mark>			<mark>67,50</mark>	<mark>0</mark>				<mark>24,500</mark>		<mark>24,500</mark>		<mark>22,500</mark>		<mark>- 2000</mark>			<mark>65,500</mark>	
Production Corporation	Worksheet an , an agency o		ers are subject to s. I understand	audit and app that any false	proval by the or inaccurate	company. I und information ma	erstand tha y result in t	t this cro the sanct	op insurance is	subsidized and	reinsured	by the Fee	nderstand that this leral Crop Insurance l, and criminal		22. Total: (100% Share)		<mark>80,335</mark>		
23. Adjuster's Signature Code # Date									Insured's Sig	nature					Date				
1 st Inspection I. M. Adjuster XXXXX							/YYYY					MM/DD/YY	YY						
2 nd Inspect			. M. Adjuster			MM/DI	/YYYY	2 nd In	nspection			I. M. Ins	ured		MM/DD/YY	YY	25. Page		
3rd Inspect	ion	Ι	. M. Adjuster	XXXXX		MM/DI	D/YYYY	3 rd II	nspection			I. M. Ins	ured		MM/DD/YYYY 1			of 1	

					FLO	RIDA F	RUIT '	TRE	E PRODU	UCTION	WOR	KSHE	ЕТ						
1 Croj	p/Code #	2 Unit #	3 Legal Des	cription		(Fo	r Illus	trati	on Purp	oses Only	7)	8 Nan	ne of Insured						
Orang	ge Trees	00100	SW	1⁄4 - 12-22-9)	,			· ·	·	/				I. M. Insure	d			
	207	CV/OL				7 Compar	у		Any Compa	any		9 Clai	m #			11 Cro	op Year		
4 Date of		DEC 19				Agency		Any Agency XXX						XXX			XXX	XX	
5 Cause o		Freeze				<u>EXAM</u>	<mark>PLE 5:</mark>	CTV	E <mark> – With (</mark>	<mark>OLO,</mark> Req	uires	10 Policy #			-	XXX			
6 Primary	Cause %	100				Bas	e Polic	у <mark>РИ</mark>	/ With Ind	lemnity <mark>D</mark>	<mark>ue</mark>	13 Da	te(s)	1^{st}		2nd		Final	
12 Additi	onal Units	00100	00300	0040	0									MM	I/DD/YYYY		MM/DD/YYYY		
												14 Co	mpanion Policy(s)					
SECTION I - ACREAGE APPRAISED, UNIT VALUE																			
А	В	С	D	Е	F	G		Н	Ι	J	K		L		М		Ν	0	
Field ID 2 A	Total Reported Trees	Total Trees (Stage) 1,100	SDT <mark>167</mark>	Interest or Share 1.000	Rate Class (Stage) D02	Practic 997	e Va	ype lass riety /001	Coverage Level	Type of Loss	Refere Price 15.0	ce	% Damage		Amt. of Ins. Damage or Damage Value 1879		Unit Deductible	Unit Value (C x I x K) 16,500	
2 A	1,000	1,100	233	1.000	D02	D02 331		/001	.75		20.0	00	1.000		<mark>3495</mark>			10,500	
3 A	1,000	1,100	550 <mark>450</mark>	1.000	D03	997 <mark>997</mark>		/001	.75		20.0		1.000		<mark>8250</mark> 10,125	_		67,500	
																_			
			1 1	:1 D ()	a u		1' D 1						15 70741	-	23.749			84.000	
		re space is need tection ÷ \$84,00											15. TOTAL		<u>23,749</u> UM (O x 0.05)			84,000 4200	
\$62,500 am	ount of pro			otai column	0) = .762 (σπ. φ04,0 0) <u>5 –</u> ⊕ 1 ,200 O		•		10. UEF:		OWI (O X 0.05)			.982	
SECTION	J II - ADJ	USTMENTS	TO UNIT V	VALUE									17. 014.					.502	
18 End of	Insurance I	Period		9 Is damage	similar to o	other farms i	n the area	?	2	0 Assignmen	t of Inde	mnity			21 Transf	er of Ri	ght to Inder	nnity?	
		D/YYYY		Ĭ	Yes X	No				Ye	s	No	Х		Yes		No 2	ζ Į	
	A	В		С		D			Е		F		G		H			T	
R Cl (St	ate ass age)	Date of P.	revious	Unit Value (from O)		Previo Damage (100% S	Value	C	Current Damag Value (From M)		Г Total Damag Value All Cla (D+E)		ige		Remaining			Unit le To Count 0% Share)	
D	<mark>02</mark>			<mark>16,500</mark>)				<mark>5374</mark>		<mark>5374</mark>							11,126	
D	<mark>03</mark>			<mark>67,500</mark>)				<mark>18,375</mark>		<mark>18,375</mark>							<mark>49,125</mark>	
Production Corporation	Worksheet an , an agency o	provided above, to ad supporting pape of the United State C. §§ 1006 and 102	ers are subject to s. I understand t	audit and appr hat any false o	oval by the c r inaccurate i	ompany. I un information m	derstand that y result in	at this cr the sanc	op insurance is	subsidized and r	, einsured b	y the Fede	eral Crop Insurance		22. Total: (100% Share)	60,251			
23. Adjus	ter's Signatu	ure	Date		<mark>24.</mark>	Insured's Sig	nature					Date	I						
1 st Inspect	U		. M. Adjuster	Code # XXXXX			D/YYYY					MM/DD/YY	ΥY						
2 nd Inspect			. M. Adjuster			MM/D	D/YYYY	2 nd I	nspection		I	I. M. Insu	ired		MM/DD/YY	ΥY	25. Page		
000 Inspec	ction	Ι	. M. Adjuster	XXXXX		MM/D	D/YYYY	3 rd I	nspection		I	. M. Insu	ired		MM/DD/YY	ΥY	0 1		