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Department of
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**Federal Crop
Insurance
Corporation**



**Risk Management
Agency**

**Actuarial and
Product Design
Division**

FCIC-25850 (10-2008)

HAWAII TROPICAL TREES PILOT LOSS ADJUSTMENT STANDARDS HANDBOOK

2009 and Succeeding Crop Years

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

FEDERAL CROP INSURANCE HANDBOOK	NUMBER: 25850 (10-2008)
SUBJECT: HAWAII TROPICAL TREES PILOT LOSS ADJUSTMENT STANDARDS HANDBOOK 2009 AND SUCCEEDING CROP YEARS	OPI: Actuarial and Product Design Division
	APPROVED: /s/ Tim B. Witt Deputy Administrator, Product Management Date: September 29, 2008

THIS HANDBOOK CONTAINS THE OFFICIAL FCIC-APPROVED LOSS ADJUSTMENT STANDARDS FOR THIS CROP FOR THE 2009 AND SUCCEEDING CROP YEARS. IN THE ABSENCE OF INDUSTRY-DEVELOPED, FCIC-APPROVED PROCEDURES FOR THIS CROP FOR 2009 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.

1. Pg. 2, Definitions, Age: Added "Growth Stage".
2. Pg 2, Definitions, Banana Daughter Plant: Added.
3. Pg 2, Definitions, Banana Mother Plant: Added.
4. Pg 5, Section 3.A.(4): Added papaya language.
5. Pg 5, Section 3.A.(4): Deleted papaya language.
6. Pg 8, Section 4.B.(5)(b): Added banana tree language.

Control Chart For: Hawaii Tropical Tree Pilot Loss Adjustment Standards Handbook						
	SC Page(s)	TC Page(s)	Text Page(s)	Reference Material	Date	Directive Number
Remove			Entire Handbook		10/2008	FCIC-25850
Insert and current Index	1-2	1-2	1-28	29-31	10/2008	FCIC-25850

HAWAII TROPICAL TREE PILOT LOSS ADJUSTMENT HANDBOOK

TABLE OF CONTENTS

	<u>PAGE</u>
1. INTRODUCTION	1
2. SPECIAL INSTRUCTIONS	1
A. DISTRIBUTION	1
B. TERMS, ABBREVIATIONS, AND DEFINITIONS.....	1
3. INSURANCE CONTRACT INFORMATION	5
A. INSURABILITY	5
B. PROVISIONS NOT APPLICABLE TO CAT COVERAGE	6
C. UNIT DIVISION	6
D. UNIT VALUE DETERMINATIONS	6
4. HAWAII TROPICAL TREE APPRAISALS	6
A. GENERAL INFORMATION.....	6
B. DEAD TREE APPRAISAL METHOD	7
5. APPRAISAL DEVIATIONS AND MODIFICATIONS	9
A. DEVIATIONS	9
B. MODIFICATIONS	9
6. APPRAISAL WORKSHEET ENTRIES AND COMPLETION	
PROCEDURES	9
A. APPRAISAL WORKSHEET FORM STANDARDS	9
B. GENERAL INFORMATION FOR WORKSHEET ENTRIES AND COMPLETION	
INFORMATION	9
C. WORKSHEET ENTRIES AND COMPLETION INFORMATION	10
PART I – HAWAII TROPICAL TREE APPRAISAL WORKSHEET	10
PART III – APPRAISAL AND TREE COUNT	11
PART II – PERCENT DEAD	12
BASE POLICY APPRAISAL WORKSHEET	14
CTV ENDORSEMENT APPRAISAL WORKSHEET	16

HAWAII TROPICAL TREE PILOT LOSS ADJUSTMENT HANDBOOK

TABLE OF CONTENTS (Continued)

	<u>PAGE</u>
7. CLAIM FORM ENTRIES AND COMPLETION INFORMATION	17
A. CLAIM FORM STANDARDS	17
B. GENERAL INFORMATION FOR COMPLETION INFORMATION.....	18
C. FORM ENTRIES AND COMPLETION INFORMATION	18
SECTION I - ACREAGE APPRAISED, PRODUCTION AND ADJUSTMENTS	21
SECTION II - HARVESTED PRODUCTION	24
PRODUCTION WORKSHEET EXAMPLES	26
8. REFERENCE MATERIAL.....	29
A. APPRAISAL WORKSHEET (BLANK FORM)	30

1. INTRODUCTION

THIS HANDBOOK MUST BE USED IN CONJUNCTION WITH THE LOSS ADJUSTMENT MANUAL (LAM) STANDARDS HANDBOOK, FCIC-25010.

The FCIC-issued loss adjustment standards for this crop are the official standard requirements for adjusting Multiple Peril Crop Insurance (MPCI) losses in a uniform and timely manner. The FCIC-issued standards for crop and crop year are in effect as of the signature date for this crop handbook at www.rma.usda.gov/handbooks/25000/index.html. All reinsured companies will utilize these standards for both loss adjustment and loss training for the applicable crop year. These standards, which include crop appraisal methods, claims completion instructions, and forms standards, supplement the general (not crop-specific) loss adjustment standards identified in the LAM.

2. SPECIAL INSTRUCTIONS

This handbook remains in effect until superseded by reissuance of **either** the entire handbook **or** selected portions (through amendments or bulletins). If amendments 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 and signed by the insured (or the insured's authorized representative) for the loss adjustment inspection:

One legible copy to the insured. The original and all remaining copies as instructed by the approved insurance provider (AIP). It is the AIP's responsibility to maintain original insurance documents relative to policyholder servicing as designated in their approved plan of operations.

B. TERMS, ABBREVIATIONS, AND DEFINITIONS

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

BBTV	Banana Bunchy Top Virus
CTVE	Comprehensive Tree Value Endorsement
GMO	Genetically Modified Organism
HTT	Hawaii Tropical Trees
OLO	Occurrence Loss Option
PRSV	Papaya Ringspot Virus

(4) Definitions:

Age – (Year of Growth) - For insurance purposes, tree age (growth stage) will be determined on December 31st according to the following table:

Year	Months After Set Out
1	≤ 12
2	13-24
3	25-36
4	37+

Amount of Insurance – For each crop, the dollar amount for the unit calculated by multiplying the number of insurable trees reported by age times the tree reference price by age, totaling these values, multiplying the result times the coverage level selected by the insured, and then multiplying this result times the insured's share.

Broken – Trunk that is snapped into two or more sections.

Banana Daughter Plant – The younger or smaller stalk residing in a single banana mat that is not insurable.

Banana Mother Plant – The oldest or tallest stalk considered as the banana tree.

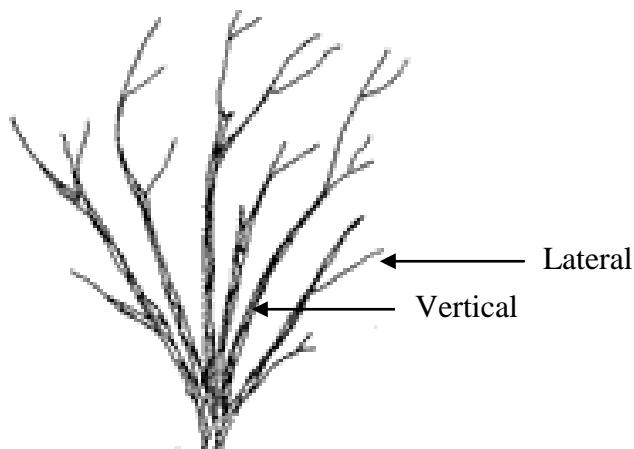
CTV Amount of Insurance – The dollar amount (by unit) calculated by multiplying the number of insurable trees of each crop reported by tree age times the CTV reference price for the age of the trees, totaling these values, multiplying the result times the coverage level selected by the insured, and then multiplying this result times the insured's share.

CTV Reference Price – The price per tree by tree age listed on the actuarial documents for tree value replacement that is used in calculating the CTV unit value, the CTV amount of insurance, and the indemnity.

CTV Underreport Factor – The result of dividing the CTV amount of insurance by the CTV unit value, rounded to two decimal places and not to exceed 1.00.

CTV Unit Value –	The amount determined by multiplying the number of insurable trees in the unit on the day before the loss (but not reduced for any insured loss that occurred during the crop year) times the CTV reference prices listed in the actuarial documents for the applicable tree ages, totaling these values, and then multiplying the result times the coverage level selected by you.
Comprehensive Tree Value Endorsement (CTVE)	A separate coverage endorsement to the Base Policy that the insured may elect for an additional premium.
Crop –	Each of the following tropical trees is a separate crop under the HTT Pilot Crop Provisions: Banana trees (<i>Musa acuminata</i>) Coffee trees (<i>Coffee Arabica</i>) Papaya trees (<i>Carica papaya</i>)
Crop Year –	In lieu of the definition in the Basic Provisions, the period beginning January 1 and extending through December 31 of the same calendar year. The crop year will be designated by the calendar year in which the insurance attaches.
Dead (Death) –	Trees that die or will die due to insurable causes of loss specified in section 11 (a) – (i) of the HTT Pilot Crop Provisions.
Destroyed Trees –	Live trees that are destroyed with our consent to control the spread of BBTv or PRV as specified in sections 11(j) and 12 (c) of the HTT Pilot Crop Provisions. This term is only used to describe the destruction of live trees to control the spread of BBTv or PRV and not trees that die as a result of other insured causes of loss specified in section 11 (a) – (i) of the HTT Pilot Crop Provisions.
Nematodes –	(<i>Meloidogyne konaensis</i> : the Kona Coffee root-knot nematode) - The small, parasitic roundworms that reside in the earth in some areas of Kona, which reduce production and could result in the death of coffee trees growing in these areas.
PPCB -	Plant Pest Control Branch, an agency of the Hawaii Department of Agriculture, or a successor agency, which identifies trees with BBTv and PRV and is responsible for controlling the spread of those diseases.

Replacement Trees –	Trees set out in existing orchards to replace trees that have died, been destroyed and/or removed.
Set Out –	The event of the tree being transplanted or direct seeded into the orchard.
Toppled –	A tree that is leaning and in danger of falling, but is not uprooted.
Tree Reference Price –	The value per tree by age contained in the actuarial documents.
Underreport Factor –	The result of dividing the amount of insurance by the unit value, rounded to two decimal places and not to exceed 1.00.
Unit Value –	The amount determined by multiplying the number of insurable trees in the unit on the day before the loss (but not reduced for any insured loss that occurred during the crop year) times the tree reference prices contained in the actuarial documents for the applicable tree ages, adding these values, multiplying by the result times the coverage level selected by the insured, and then multiplying this result times the insured's share.
Uprooted –	A tree that is not upright and that has an exposed root system.
Verticals –	For coffee trees, branches that always grow upward from the trunk of the tree.



Source: North Dakota State University Extension Service

3. INSURANCE CONTRACT INFORMATION

The insurance provider is to determine that the insured has complied with all crop provisions of the insurance contract. Crop provisions which are to be considered in this determination include (but are not limited to):

A. INSURABILITY

The following may not be a complete list of insurability requirements. Refer to the Basic Provisions, HTT crop Provisions, and Special Provisions for a complete list.

- (1) The insured crop will be all of the trees of each HTT crop in the county for which the insured elects insurance coverage, in which the insured has a share and for which a premium rate is provided by the actuarial documents:
 - (a) That are set out in the county listed on the application;
 - (b) That are grown to produce a crop intended to be sold for human consumption;
 - (c) For which the applicant provides evidence of at least 4 consecutive years of experience growing the crop, excluding the year of setout;
 - (d) That are inspected, and acceptable to the insurance provider; and
 - (e) That are HTT crops specifically listed in the crop provisions.
- (2) HTT crops interplanted with other trees or other perennial crops are insurable, unless the insurance provider inspects the acreage and determines it does not meet the requirements contained in the HTT Pilot Crop Provisions.
- (3) In addition to the exclusions listed in the Basic Provisions, insurance will not be provided for any trees that are:
 - (a) Dead, unsound, diseased, or unhealthy;
 - (b) Toppled or uprooted; or
 - (c) Grown on acreage designated on the actuarial documents as uninsurable.
- (4) Insurance will not attach on papaya trees
 - (a) That have not been set out at least 12 months prior to December 31 preceding the crop year, unless specified in the special provisions; and ***
 - (b) That have reached age four before the beginning of the crop year.

- (5) Insurance will not attach to any replanted coffee trees on acreage where the coffee trees were determined to be dead in accordance with HTT Crop Provisions due to a nematode infestation, unless the trees are either chipped and mulched or removed from the intended replanting site, the soil is treated according to recommend practices, and the site is fallowed for the period of time specified in the Special Provisions.
- (6) Insurance will not attach to acreage where replacement trees or trees on new acreage have been planted after the date that insurance has attached for the crop year. Insurance may attach on such acreage for the following crop year on January 1. Papaya trees are not insurable during the twelve months after set out, unless otherwise specified in the Special Provisions.

B. PROVISIONS NOT APPLICABLE TO CAT COVERAGE

Refer to the Crop Insurance Handbook (CIH) and LAM for other provisions and procedures not applicable to CAT.

C. UNIT DIVISION

Refer to the insurance contract for unit provisions. Unless limited by the Crop or Special Provisions, a basic unit, as defined by the Basic Provisions, may be divided into optional units, if for each optional unit, all conditions stated in the applicable crop provisions are met.

D. AMOUNT OF INSURANCE DETERMINATIONS

- (1) Each tree by age and the corresponding value by age specified on the actuarial documents are used to establish the amount of insurance for the unit.
- (2) For each age, the number of reported insurable trees per unit is multiplied times the applicable tree reference price (or the CTV reference price if the CTVE is elected) from the actuarial documents for the county. These amounts are totaled, and the result is multiplied times the coverage level elected by the insured, and then this result is multiplied times the insured's share.

4. HAWAII TROPICAL TREE APPRAISALS

A. GENERAL INFORMATION

- (1) Potential production for all types of inspections will be appraised in accordance with procedures specified in this handbook and in the LAM.
- (2) Specifically for HTT, circumstances that require an appraisal include (but are not limited to) determining the number of dead trees or destroyed trees. If the crop provisions require that the trees be chipped and mulched or removed from the orchard, APPRAISE THE DEAD OR DESTROYED TREES BEFORE SUCH CHIPPING AND MULCHING OR REMOVAL.

- (3) Make separate appraisals for each unit of the insured crop.
- (4) Within the policy provision is a requirement that insureds file a “notice of damage or loss.” If the insured intends to claim an indemnity on any unit, the insured must notify the AIP prior to the beginning of harvest so that the AIP may inspect the damaged production. The insured must not sell or dispose of the damaged crop until after the AIP has given written consent to do so. If the insured fails to meet the requirement of the crop provisions, all such production will be considered undamaged and included as production to count. Refer to the Basic Provisions, the Crop Provisions, and LAM for more information on “notices of damage or loss.”
- (5) If the insured has elected the CTVE, the adjuster will complete two separate Appraisal Worksheets: the first for the HTT Pilot Crop Provisions utilizing the Tree Reference Prices and the second for the CTVE utilizing the CTV reference prices. All prices are provided on the county actuarial documents. The same coverage level for the unit applies to the HTT Pilot Crop Provisions and the CTVE. The CTVE Appraisal Worksheet should be filled out after completing the appraisal for the HTT Pilot Crop Provisions. The percent of damage record in Part II of the base policy Appraisal Worksheet is used to complete percent of damage entry in Part II of the CTVE Appraisal Worksheet (Part III of the CTVE Appraisal Worksheet is not completed).

B. DEAD/DESTROYED TREE APPRAISAL METHOD

- (1) The adjuster will count the number of insurable trees for the unit.
- (2) The adjuster will count all insured trees dead due to, or destroyed by, **insured** causes of loss during the insurance period for the crop year.
- (3) The adjuster will count all insured trees dead/destroyed due to **uninsured** causes of loss occurring during the insurance period for the crop year and record it on the Appraisal Worksheet. This count will not be used in determining the actual percent of dead/destroyed but is collected for information purposes only.
- (4) The adjuster will **EXCLUDE** from the tree count any trees for which insurance did not attach for the current crop year.
- (5) A tree is considered dead if any of the following conditions exist:
 - (a) For all crops, whenever the trees are determined to be dead.

NOTE: The banana “tree” is actually a group of stalks residing in a single “banana mat.” The banana mat is defined as the entire plant, consisting of one or more pseudostems (upright, trunk-like structures) formed by tightly packed concentric layers of sheaths, an underground rhizome, and a fibrous root system. The oldest, or tallest,

stalk is considered the “mother plant,” with the younger or smaller stalks, called “daughter plants” growing up and around the mother plant. If the mother plant is killed, the entire tree is considered dead, since the daughter plants exist via the root system of the mother plant.

(b) For banana trees, whenever the tree (mother plant) has been uprooted, or the tree (mother plant) is broken.

(c) For papaya trees, whenever:

- 1 The tree has been uprooted;
- 2 All of the leaves have been stripped from the tree; or
- 3 The tree is broken.

(d) For coffee trees, whenever:

- 1 There is no live wood in all the verticals or in the stump;
- 2 The tree is uprooted;
- 3 All verticals have been broken to less than one inch above the ground; or
- 4 The tree has been diagnosed by the University of Hawaii or the State of Hawaii Department of Agriculture as infected with nematodes, the infestation level has reached 50%, and the expected production from the tree is reduced as a result of the nematode infestation by at least 40% over the last two years as verified by the University of Hawaii (verifying that nematodes are the cause for the 40% reduction) and the insured’s production records from previous years. Nematode infestation is not an insured cause of loss for coffee trees that are less than five years of age (e.g., four years after the year of set out).

(e) For any live trees that the insurance provider authorizes to be destroyed in order to contain the spread of disease.

(6) The destruction of trees to control the spread of BBTV or PRV must be performed in accordance with procedures established by PPCB and completed prior to the final settlement of the claim.

(7) Trees dead/destroyed due to uninsured causes of loss will not be included in the tree count when determining actual percent dead/destroyed trees.

5. 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. Refer to the LAM for additional information.

6. APPRAISAL WORKSHEET ENTRIES AND COMPLETION PROCEDURES

A. APPRAISAL WORKSHEET FORM STANDARDS

- (1) The entry items in subsection C are the minimum requirements for the HTT Appraisal Worksheet. All entry items are “Substantive,” (i.e. they are required).
- (2) The completion instructions for the required entry items on the appraisal worksheet in the following subsection are “Substantive,” (i.e. they are required).
- (3) The Privacy Act and Nondiscrimination statements are required statements that must be printed on the form or provided to the insured as a separate document. These statements are not shown on the example form in this exhibit. The current Privacy Act Statements can be found in the Document and Supplement Standards Handbook (DSSH) FCIC-24040.
- (4) Refer to the DSSH for other crop insurance form requirements (e.g., font point size, etc.).

B. GENERAL INFORMATION FOR WORKSHEET ENTRIES AND COMPLETION INFORMATION

- (1) Include the AIPs name in the appraisal worksheet title if not preprinted on the AIP’s worksheet or when a worksheet entry is not provided.
- (2) Include the claim number on the appraisal worksheet (when required by the AIP), when a worksheet entry is not provided.
- (3) Check the applicable box by the appraisal worksheet title to stipulate whether this is the Base Policy or CTVE Appraisal Worksheet.
- (4) Separate appraisal worksheets are required for each unit inspected and by practice or type, if separate practices or types are specified in the Special Provisions. If the unit consists of

trees from all age groups, and the trees counted exceed the provided space, a continuation sheet may be used. Refer to Section A and B for sampling instructions.

- (5) If the insured has elected the CTVE, the adjuster must complete Part II of the appraisal worksheet for the current crop year. Information from Part I may be transferred from the Base Policy. Skip Part III on the CTVE appraisal worksheet. After completion, the adjuster will attach the CTVE appraisal worksheet to the Base Policy appraisal worksheet.
- (6) If it was determined that no appraisal was needed for the Base Policy, no appraisal worksheet will be prepared for the CTVE.
- (7) New tree values (CTV reference prices) will be used to complete Part II of the CTVE appraisal worksheet.

C. WORKSHEET ENTRIES AND COMPLETION INFORMATION

- (1) Complete the HTT Appraisal Worksheet and continuation sheet in the following order:
 - (a) **PART I – INSURED’S INFORMATION**
 - (b) **PART III – APPRAISAL AND TREE COUNT**
 - (c) **PART II – PERCENT DEAD**
- (2) All percent entries are entered as three-place decimals (e.g., 79.4% is entered as .794; 100% is entered as 1.000).

Verify or make the following entries:

Information Required

Appraisal Worksheet Type: Check the appropriate box to stipulate whether this is the Base Policy or CTVE Worksheet.

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

Claim No.: Claim number as assigned by the insurance provider, if required.

PART I – Hawaii Tropical Trees Appraisal Worksheet

Item No.

Information Required

1. **Name of Insured:** Name of insured that identifies EXACTLY the person (legal entity) to whom the policy is issued.

2. **Policy Number:** Insured's assigned policy number.
3. **County:** Name of the county in which the trees are insured.
4. **Unit Number:** Five-digit unit number from the Summary of Coverage after it is verified to be correct (e.g., 00100). If for the CTVE worksheet, enter CV below unit #.
5. **Crop/Type/Practice:** Four-digit crop code number and three-digit type and practice code entered exactly as specified on the actuarial documents for the crop/type/practice grown by the insured. The name or an abbreviation for the type name may also be entered.
6. **Crop Year:** Crop year, as defined in the HTT Pilot Crop Provisions, for which the claim has been filed.

For CTV Endorsement, skip Part III.

PART III – APPRAISAL AND TREE COUNT

For HTT, only the Dead (includes Destroyed Trees) Tree Appraisal Method is allowed.

Item No.

Information Required

- a. **Trees uninsurable:** Enter the number of uninsurable trees.
- b. **Trees dead by uninsured causes:** Enter the number of dead trees by uninsured causes with the designation "DUP" (Dead Uninsured Cause).

Omit from the tree number count uninsurable trees (trees for which insurance did not attach); include only insurable trees dead by an uninsured cause during the crop year.
19. **Number:** Make a check mark (✓) for each insurable tree.
20. **Age:** Enter the age of the tree, as specified in the definitions. For trees 4 years or older, enter 4 as the age of tree.
21. **Dead:** Make a check mark (✓) for each DEAD/DESTROYED tree. If the tree is not dead/destroyed or was dead due to uninsured causes or was chipped and mulched or removed from the orchard without consent, MAKE NO ENTRY.
22. **Total Counted (page one):** Enter the total number of trees counted (sum of Column 19) and the total number of dead/destroyed trees (sum of Column 21) for page one by counting the number of check marks.
23. **Total Counted (continuation sheets):** Enter the total number of trees counted (sum of Column 19) and the total number of dead/destroyed trees (sum of Column 21) for the continuation sheets (pages 2, 3, etc., as needed) by counting the number of check marks or

adding the total number of trees counted from each page (See Section 8: Reference Material for blank forms).

24. **Grand Total:** Enter the sum of Item 22 and Item 23 (from all pages) to determine the total number of trees counted and the total number of dead/destroyed trees.
25. **Total Counted (Age):** Record the total number of trees counted by age of tree for page one and any continuation sheets by counting the number of check marks (Column 19) for each age (Column 20).
26. **Total Dead (Age):** Record the total number of dead/destroyed trees by age of tree for pages one and any continuation sheets by counting the number of check marks in Column 21 for each age (Column 20).

The following required entries are not illustrated on the appraisal worksheet example below.

27. **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 the signature date, document the date of appraisal in the Remarks/Narrative section of the Appraisal Worksheet (if available); otherwise, document the date of appraisal in the Narrative of the Production Worksheet.
28. **Insured's Signature and Date:** Insured's (or insured's authorized representative's) signature and date. BEFORE obtaining insured's signature, REVIEW ALL ENTRIES on the Appraisal Worksheet WITH THE INSURED (or insured's authorized representative), particularly explaining codes and other items that may not be readily understood.

Page Numbers: Page 1 of 1, Page 1 of 2, etc.

The Appraisal Worksheet containing the PART II computations should be listed as page 1; appraisal continuation sheets should be numbered consecutively thereafter for Part III.

Complete Part II next.

PART II - PERCENT DEAD

<u>Item No.</u>	<u>Information Required</u>
---------------------	-----------------------------

- | | |
|----|---|
| 7. | Field ID/Plot Number: Enter the orchard, sub-orchard, or block identification number. |
| 8. | Number of Trees: Enter the total Number of Trees counted (all insurable trees) transferred from Item 24, the Grand Totals of the Number Column (Column 19) of Part III – APPRAISAL AND TREE COUNT . |

CTVE: This will be the same as the Base Policy.

9. **Number of Trees (Age):** Enter the number of trees counted by age (1 through 4) from Item 25 (Total Counted by Tree Age) of **Part III – APPRAISAL AND TREE COUNT** to the appropriate corresponding row (by age) in Column 9.

CTVE: This will be the same as the Base Policy.

10. **Value of Tree (Age):** Enter the Tree Reference Price for the corresponding tree age from the actuarial documents.

CTVE: Enter the CTV Reference Price for the corresponding tree age from the actuarial documents.

11. **Total Value (Age):** For each tree age, multiply Column 9 (Number of Trees by Age of Tree) by Column 10 (Value per Tree by Age of Tree) to determine the total value by age of tree to the nearest dollar. Sum the result of each tree age to determine the total value of insurable trees and enter the total in the **Total** line, Column 11.

12. **Number of Dead Trees (Age):** Transfer the number of dead/destroyed trees counted by age from Item 26 (Total Dead by Tree Age) of **PART III – APPRAISAL AND TREE COUNT** to the appropriate corresponding field (age) in Column 12.

This will be the same for the Base Policy and CTVE.

13. **Total Value of Dead Trees (Age):** For each tree age, multiply Column 12 (Number of Dead Trees by Age of Tree) by Column 10 (Value per Tree by Age of Tree) to determine the value of dead/destroyed trees by age of tree to the nearest dollar. Sum the result of each tree age to determine the total value of dead/destroyed trees and enter the total in the **Total** line, Column 13.

14. **Percent Damage:** Divide the **Total** of Column 13 (Total Value of Dead Trees by Age of Tree) by the **Total** of Column 11 (Total Value by Age of Tree) and enter the result to three decimals.

15. **Percent Dead Trees:** Divide the **Total** of Column 12 (Number of Dead Trees by Age of Tree) by the **Total** of Column 9, (Number of Trees by Age of Tree), rounded to three decimal places.

If the insured has elected the OLO, and the result of Item 15 is less than or equal to 3% (0.030), no indemnity is payable on either the Base Policy or CTVE. Do not complete the Claim Form.

16. **Deductible:** MAKE NO ENTRY.

17. **Applicable Percent of Loss:** MAKE NO ENTRY.

18. **Value of Production to Count:** MAKE NO ENTRY

7. CLAIM FORM ENTRIES AND COMPLETION INFORMATION

A. CLAIM FORM STANDARDS

- (1) The entry items in subsection C are the minimum Claim Form (hereafter referred to as “Production Worksheet”) requirements. All of these entry items are considered “Substantive,” (i.e., they are required).
- (2) The completion instructions for the required entry items on the Production Worksheet in the following subsections are “Substantive,” (i.e., they are required).
- (3) The Privacy Act and Nondiscrimination statements are required statements that must be printed on the form or provided to the insured as a separate document. These statements are not shown on the example form in this exhibit. The current Privacy Act Statements can be found in the Document and Supplement Standards Handbook (DSSH) FCIC-24040.
- (4) The certification statement required by the current DSSH must be included on the form directly above the insured’s signature block and immediately followed by the statement below:

“I understand the certified information on this Production Worksheet will be used to determine my loss, if any, to the above unit. The insurance provider may audit and approve this information and supporting documentation. The Federal Crop Insurance Corporation, and agency of the United States, subsidizes and reinsures this crop insurance.”
- (5) Refer to the DSSH for other crop insurance form requirements (e.g., point size of font. etc.).

B. GENERAL INFORMATION FOR COMPLETION INFORMATION

- (1) The Production Worksheet is a progressive form containing all notices of loss 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) “No Indemnity Due” claims must be verified by an APPRAISAL or NOTIFICATION from the insured that the production exceeded the guarantee.
- (e) Claims involving a Certification Form (when all the acreage on the unit has been appraised to be put to another use, or other reasons as described in the LAM).
- (4) The adjuster is responsible for determining if any of the insured’s requirements under the notice and claim provisions have not been met. If they have not, the adjuster should contact the AIP.
- (5) Instructions designated “**PRELIMINARY**” apply to preliminary inspections only. Instructions designated “**FINAL**” apply to final inspections only. Instructions not labeled apply to ALL inspections.

For this program, multiple final claims may be submitted. A “PRELIMINARY” is only applicable up to the time losses exceed the coverage level percent dollar deductible. Payable claims will always be labeled “FINAL.”

- (6) If the final remaining value of the entire unit was less than 20 percent of the original unit value at the time insurance attached (value of dead or destroyed trees exceeds 80 percent of the insurable value for the unit), the entire unit will be considered a 100-percent loss.
- (7) Multiple claims may be processed for a unit. For each claim for the unit, the dollar loss will be additive (carried forward) to the final claim for the unit.
- (8) The total of all indemnities for the unit must not exceed the lesser of the amount of insurance for the unit or the unit value.
- (9) To assure that all claims can be properly accounted for, date(s) of final notice, the cause of loss, and the indemnity paid for each previous claim for the unit for the crop year must be recorded in the narrative of the Production Worksheet or in a Special Report.
- (10) If the insured has elected the Comprehensive Tree Value Endorsement, the adjuster will complete two separate Production Worksheets: the first for the Base Policy utilizing the Tree Reference Prices and the second for the Comprehensive Tree Value Endorsement utilizing the applicable CTV Reference Prices. All prices are provided on the county actuarial documents. The same coverage level for the unit applies to the Base Policy and the endorsement. The Base Policy claim should be completed prior to the CTV Endorsement claim. If no indemnity is payable on the Base Policy, the CTV Endorsement Production Worksheet should not be completed.

C. FORM ENTRIES & COMPLETION INFORMATION

If the insured has elected the OLO, the Base Policy instructions will apply. Indicate in the narrative if the OLO is in effect.

All percent entries are entered as three-place decimals (e.g., 79.4% is entered as .794; 100% is entered as 1.000).

Verify or make the following entries:

Item
No.

Information Required

1. **Crop/Code #:** Enter the crop name and the crop code number of the HTT crop insured.
2. **Unit #:** Five-digit unit number from the Summary of Coverage after it is verified to be correct (e.g., 00100). The unit number for CTV Endorsement claims should correspond with the Base Policy unit number. Designate when the CTV Endorsement and/or the OLO are in effect using the following codes:

CV – CTV Endorsement is in effect
OL – OLO is in effect
CV/OL – Both the CTV Endorsement and the OLO are in effect
3. **Legal Description:** The address or other description that identifies the location of the unit (section/township/range descriptions are not applicable in Hawaii).
4. **Date of Loss:** First three letters of the month during which MOST of the insured losses (including progressive loss) occurred for each inspection. Include the SPECIFIC DATE where applicable as in the case of wind loss (e.g., JAN 9).
5. **Cause of Loss:** Enter the 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.
6. **Primary Cause %:**

PRELIMINARY: MAKE NO ENTRY.

FINAL: Percent of loss for the cause of loss listed in Item 5 above that is determined to be the primary cause of loss, to the nearest whole percent. The primary cause of loss must exceed 50 percent (e.g., 51%). Enter an X for the major secondary cause of loss.
7. **Company /Agency:** Name of 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 Number:** The claim number as assigned by the insurance provider.
10. **Policy Number:** Insured’s assigned policy number.
11. **Crop Year:** Crop year, as defined in the HTT Pilot Crop Provisions, 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 in an attached Special Report.

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

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

PRELIMINARY:

- a. Date the notice of loss was given for the unit in Item 2, in the 1st or 2nd space, as applicable. Enter the complete date (MM/DD/YYYY) for each notice.
- b. A third preliminary inspection (if needed) requires an additional set of Production Worksheets. Enter the date of the notice for a third preliminary inspection in the first space of Item 14 on the second set of Production Worksheets.
- 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 AIP, enter “Company Insp.” instead of the date.

FINAL: Transfer the last date in the first or second set of Production Worksheets to the FINAL space on the first page of the first set of Production Worksheets if a final inspection should be made as a result of the notice. Always enter the complete date of notice (MM/DD/YYYY) for the “FINAL” inspection. For a delayed notice of loss or delayed claim, refer to the LAM.

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

- a. If no other person has a share in the unit (insured has 100 percent share), MAKE NO ENTRY.
- b. In all cases where the insured has LESS than a 100-percent share of a loss-affected unit, ask the insured if the OTHER person sharing in the unit has a multiple-peril contract (i.e., not crop-hail, fire, etc.). If the other person does not, enter “NONE.” Refer to the LAM for further information regarding companion contracts.
 - (1) If the other person has a multiple-peril contract and it can be determined that the SAME AIP 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 AIP or agent services it, enter the name of the AIP and/or agent (and contract number), if known.
- (3) If unable to verify the existence of a companion contract, enter “Unknown” and contact the AIP for further instructions.

SECTION I - ACREAGE APPRAISED, PRODUCTION, AND ADJUSTMENTS

Verify or make the following entries:

Item No.

Information Required

- A. **Field ID/Plot Number:** The orchard (sub-orchard or block) identification symbol from a Orchard Location Plat Map. Refer to the narrative. In the margin (or in a separate column), enter the DATE of inspection for the last line entry for each inspection.
- B. **Preliminary Trees:** MAKE NO ENTRY.
- C. **Final Trees:**

PRELIMINARY: MAKE NO ENTRY.

FINAL: Enter the number of insurable trees for the respective age, from Part II of the Appraisal Worksheet, Column 9.

Insurable trees may NOT be estimated. Indicate on an orchard diagram (map) which trees are alive and dead.
- D. **Interest or Share (Age):** Insured’s interest in the crop, to three decimal places, as determined at the time of inspection. If shares vary on the same unit, use separate line entries.
- E. **Rate Class:** The correct rate class from the actuarial documents for the age of trees in Column C. Verify with the Summary of Coverage, and if the rate class is found to be incorrect, revise according to the AIP’s instructions. Refer to the LAM.
- 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. **Reference Price (Age):** Enter the applicable Tree Reference Price by age from Column 10, Part II of the respective Appraisal Worksheet.

For CTV Endorsement: Enter the applicable CTV Reference Price by age from Column 10, Part II of the respective Appraisal Worksheet.

- I. **Coverage Level:** Enter the insured's coverage level to three places from the Insured's Summary of Coverage.
- J. **Tree Value:** Enter the value by tree age from Column 11 of Part II of the respective Appraisal Worksheet.
- K. **Value of Dead Trees:** Enter the value of dead trees by age from Column 13 of Part II of the respective Appraisal Worksheet.
- L. **% Damage:** Enter the entry from Column 14 of the respective Appraisal Worksheet.

If the Percent Damage FOR THE UNIT exceeds 80 percent, it will be considered a 100-percent loss. In such case, enter "1.000." Explain the 1.000 entry in the narrative.

- M. **% Loss:** For policies **without the OLO**, enter the result of subtracting the deductible (1 minus the coverage level) from the value in Column L, rounded to three decimal places. For policies **with the OLO**, make no entry.
- N. **% Remaining:** For policies **without the OLO**, enter the result of subtracting the entry in Column M from the entry in Column I. For policies with the OLO, make no entry.
- O. **Value of Production to Count (Age):** For policies **without the OLO**, enter the result of multiplying the value(s) in Column J times Column N, and rounding this result to dollars and cents. For policies with the OLO, enter the result of subtracting the entry(ies) in Column K from the entry(ies) in Column J, multiplying the result(s) by the entry in Column I, and rounding this result to dollars and cents (value of production to count = (tree value – value of dead trees) x coverage level).
- P. **Per Tree:** Enter the result of multiplying the value (s) in Column H times Column I, rounded to dollars and cents.
- Q. **Total:** Enter the result of multiplying the tree count (s) in Column C times the value (s) in Column P, rounding this result to dollars and cents.

- 16. **Underreport Factor:** In the event that the unit value is greater than the amount of insurance, divide the amount of insurance from the Summary of Coverage by the total of Column Q times the insured share, recording the Underreport Factor to two decimal places. Enter "1.00" if the amount of insurance exceeds the unit value. Show the calculations in the narrative.

CTV Endorsement: In the event that the CTV unit value is greater than the CTV amount of insurance, divide the CTV amount of insurance from the Summary of Coverage by the CTV unit value (total of Column Q), recording the CTV Underreport Factor to two decimal places. Enter "1.00" if the CTV amount of insurance equals or exceeds the CTV unit value. Show the calculations in the narrative.

17. Enter in Item 17, Column O and Column Q, the sum of the values from each age line item, rounded to whole dollars.

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 trees are released on the unit, enter “No trees released,” the adjuster’s initials, and the date.
- b. If notice of loss was given and “No Inspection” is necessary, enter the unit number(s), “No Inspection,” the date, and the adjuster’s initials. The insured’s signature is not required.
- c. Explain any uninsured causes or unusual or controversial cases.
- d. Enter the percent loss by uninsured causes and explain. Trees considered dead by an uninsured cause will be counted as trees NOT dead.
- 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 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) If the claim is unusual or controversial.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 the date of inspection and the 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 the date of inspection.
- k. Explain the reason for a “No Indemnity Due” claim. “No Indemnity Due” claims are to be distributed in accordance with insurance provider’s instructions.
- l. Explain any delayed notices or delayed claims as instructed in the LAM.

- m. Enter “OLO in effect” if the insured has elected the OLO option. Enter “CTVE in effect” if this is a CTVE claim (OLO/CTVE if the OLO option also applies).
- n. If an underreporting factor is applicable, record the amount of insurance for the unit from the Summary of Coverage and show the calculations for determining the factor.
- o. If applicable, Explain that the 1.000 entry in Column L based on appraised tree damage for the unit that exceeds 80 percent.
- p. Enter the amount of any prior indemnity (total all prior indemnities). The total amount of indemnity payable for the unit is limited to the lesser of the amount of insurance shown on the Summary of Coverage or the unit value. Enter “No prior indemnities paid” if no other indemnity has been paid on the unit.
- q. Document any other pertinent information. When completed on an attachment, enter “See attachment.”

SECTION II - HARVESTED PRODUCTION

Verify or make the following entries:

Item

No.

Information Required

- 18. **Date Harvest Completed:** (Used to determine if there is a delayed notice or a delayed claim. Refer to the LAM).

PRELIMINARY: MAKE NO ENTRY.

FINAL: Enter the date the ENTIRE unit was (1) considered completely dead (100% loss), or (2) the calendar date for the end of the insurance period.

- 19. **Similar Loss:**

PRELIMINARY: MAKE NO ENTRY.

FINAL: Check “Yes” or “No.” Check “Yes” if amount and cause of loss due to insurable causes is similar to the experience of other orchards 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.

A₁ – S MAKE NO ENTRY.

22. – 24. MAKE NO ENTRY.

The following required entries are not illustrated on the Production Worksheet example below.

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.

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 and other items that may not be readily understood.

NOTE: Final indemnity inspections should be signed on bottom line.

27. **Page Numbers:**

PRELIMINARY: Page numbers – "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 # XXXX Coffee Trees		2. Unit # 00100		3. Legal Description 12 Sunshine Road Kona, HI				7. Company ANY COMPANY				8. Name of Insured Joe Farmer				9. Claim # XXXXXXXX		11. Crop Year YYYY			
4. Date of Loss Jul19		5. Cause of Loss WIND		6. Primary Cause % 65%		12. Additional Units 0200 0300 0400		13. Est. Prod. Per Acre		Agency ANY AGENCY				10. Policy # XXXXXXXX				14. Date(s) Notice of Loss MM/DD/YYYY		15. Companion Policy(ies)	
SECTION I - ACREAGE APPRAISED, PRODUCTION AND ADJUSTMENTS																					
Actuarial									Potential Yield						Stage Guarantee						
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q					
Field ID /Plot ID	Prelim Trees	Final Trees	Interest or Share	Rate Class	Practice	Type Class Variety	Reference Price	Coverage Level	Tree Value	Value of Dead Trees	% Damage	% Loss	% Remaining	Value of Production to Count	Per Tree	Total					
2A		50	1.000	D02	002	997	19.00	.750	950	532	0.416	0.166	0.584	554.80	14.25	712.50					
2A		300	1.000	D04	002	997	28.00		8,400	3,360				4,905.60	21.00	6,300.00					
16. URF		1.000		17. TOTALS												5,460.00		7,013.00			
NARRATIVE (If more space is needed, attach a Special Report)																					
The unit value did not exceed the amount of insurance (\$7,013.00); URF = 1.000. No prior indemnities paid.																					
SECTION II - HARVESTED PRODUCTION																					
18. DATE HARVEST/SALE COMPLETED MM/DD/YYYY						19. IS LOSS SIMILAR TO OTHER FARMS IN THE AREA? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				20. ASSIGNMENT OF INDEMNITY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				21. TRANSFER OF RIGHT TO INDEMNITY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
MEASUREMENTS					GROSS PRODUCTION				ADJUSTMENTS TO HARVESTED PRODUCTION												
A1/A2	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S			
Share	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	Production 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						
															24. UNIT TOTAL						
25. Adjuster's Signature (1st inspection) I. M. ADJUSTER								Code # XXXXX	Date MM/DD/YY	26. Insured's Signature (1st inspection) I. M. INSURED								Date MM/DD/YYYY			
(2nd inspection)								Code #	Date	(2nd inspection)								Date			
(Final inspection) I. M. ADJUSTER								Code # XXXXX	Date MM/DD/YY	(Final inspection) I. M. INSURED								Date MM/DD/YYYY			

Figure 1. Production Worksheet Example.

PRODUCTION WORKSHEET (For Illustration Purposes Only)																					
1. Crop/Code # XXXX Coffee Trees		2. Unit # 00100 CV		3. Legal Description 12 Sunshine Road Kona, HI				7. Company ANY COMPANY				8. Name of Insured Joe Farmer				9. Claim # XXXXXXXXX		11. Crop Year YYYY			
4. Date of Loss Jul19		5. Cause of Loss WIND		6. Primary Cause % 65%		12. Additional Units 0200 0300 0400				13. Est. Prod. Per Acre				10. Policy # XXXXXXXXX				14. Date(s) Notice of Loss MM/DD/YYYY		15. Companion Policy(ies)	
SECTION I - ACREAGE APPRAISED, PRODUCTION AND ADJUSTMENTS																					
Actuarial									Potential Yield						Stage Guarantee						
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q					
Field ID /Plot ID	Prelim Trees	Final Trees	Interest or Share	Rate Class	Practice	Type Class Variety	Reference Price	Coverage Level	Tree Value	Value of Dead Trees	% Damage	% Loss	% Remaining	Value of Production to Count	Per Tree	Total					
2A		50	1.000	D02	002	997	3.00	.750	150	84	0.412	0.162	0.588	88.20	2.25	112.50					
2A		300	1.000	D04	002	997	6.00		1,800	720				1,058.40	4.50	1,350.00					
16. URF		1.000													17. TOTALS		1,147.00		1,463.00		
NARRATIVE (If more space is needed, attach a Special Report) CTVE in effect. The CTVE unit value did not exceed the CTVE amount of insurance (\$1,463.00); URF = 1.000. No prior indemnities paid.																					
SECTION II - HARVESTED PRODUCTION																					
18. DATE HARVEST/SALE COMPLETED MM/DD/YYYY						19. IS LOSS SIMILAR TO OTHER FARMS IN THE AREA? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				20. ASSIGNMENT OF INDEMNITY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				21. TRANSFER OF RIGHT TO INDEMNITY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
MEASUREMENTS					GROSS PRODUCTION				ADJUSTMENTS TO HARVESTED PRODUCTION												
A1 /A2	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S			
Share	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	Production 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																					
24. UNIT TOTAL																					
25. Adjuster's Signature (1st inspection) I. M. ADJUSTER								Code # XXXXX		Date MM/DD/YY		26. Insured's Signature (1st inspection) I. M. INSURED						Date MM/DD/YYYY			
(2nd inspection)								Code #		Date		(2nd inspection)						Date			
(Final inspection)								Code #		Date		(Final inspection)						Date			
I. M. ADJUSTER								XXXXX		MM/DD/YY		I. M. INSURED						MM/DD/YYYY			
27. Page 1 of 1																					

Figure 2. Production Worksheet Example for CTV Endorsement.

OCTOBER 2008

PRODUCTION WORKSHEET (For Illustration Purposes Only)																			
1. Crop/Code # XXXX Coffee Trees		2. Unit # 00100 OL		3. Legal Description 12 Sunshine Road Kona, HI				7. Company ANY COMPANY				8. Name of Insured Joe Farmer				9. Claim # XXXXXXXX		11. Crop Year YYYY	
4. Date of Loss Jul19		5. Cause of Loss WIND		6. Primary Cause % 65%		12. Additional Units 0200 0300 0400				13. Est. Prod. Per Acre				10. Policy # XXXXXXXX					
14. Date(s) Notice of Loss		1st MM/DD/YYYY		2nd MM/DD/YYYY										Final MM/DD/YYYY					
15. Companion Policy(ies)																			
SECTION I - ACREAGE APPRAISED, PRODUCTION AND ADJUSTMENTS																			
Actuarial									Potential Yield						Stage Guarantee				
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q			
Field ID /Plot ID	Prelim Trees	Final Trees	Interest or Share	Rate Class	Practice	Type Class Variety	Reference Price	Coverage Level	Tree Value	Value of Dead Trees	% Damage	% Loss	% Remaining	Value of Production To Count	Per Tree	Total			
2A		50	1.000	D02	002	997	19.00	.750	950	532	0.416			313.50	14.25	712.50			
2A		300	1.000	D04	002	997	28.00		8,400	3,360				3,780.00	21.00	6,300.00			
16. URF		1.000		17. TOTALS												4,094.00		7,013.00	
NARRATIVE (If more space is needed, attach a Special Report) OLO in effect. The unit value did not exceed the amount of insurance (\$7,013.00); URF = 1.000. No prior indemnities paid.																			
SECTION II - HARVESTED PRODUCTION																			
18. DATE HARVEST/SALE COMPLETED MM/DD/YYYY								19. IS LOSS SIMILAR TO OTHER FARMS IN THE AREA? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				20. ASSIGNMENT OF INDEMNITY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				21. TRANSFER OF RIGHT TO INDEMNITY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
MEASUREMENTS					GROSS PRODUCTION				ADJUSTMENTS TO HARVESTED PRODUCTION										
A1/A2	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	
Share	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	Production 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																			
24. UNIT TOTAL																			
25. Adjuster's Signature (1st inspection) I. M. ADJUSTER								Code # XXXXX		Date MM/DD/YY		26. Insured's Signature (1st inspection) I. M. INSURED				Date MM/DD/YYYY			
(2nd inspection)								Code #		Date		(2nd inspection)				Date			
(Final inspection)								Code #		Date		(Final inspection)				Date			
I. M. ADJUSTER								XXXXX		MM/DD/YY		I. M. INSURED				MM/DD/YYYY			

Figure 3. Production Worksheet Example With OLO.

REFERENCE MATERIAL

A. Appraisal Worksheet (Blank)

COMPANY																CLAIM NO.															
<p align="center">FOR ILLUSTRATION PURPOSES ONLY HAWAII TROPICAL TREES APPRAISAL WORKSHEET</p>																															
<div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">Base Policy</div> <div style="border: 1px solid black; padding: 2px; width: 30px;"></div> <div style="border: 1px solid black; padding: 2px;">CTVE</div> <div style="border: 1px solid black; padding: 2px; width: 30px;"></div> </div>																															
PART I: INSURED'S INFORMATION																															
1 NAME OF INSURED								2 POLICY NUMBER								3 COUNTY				4 UNIT NUMBER				5 CROP/[TYPE/PRACTICE]				6 CROP YEAR			
PART II: PERCENT DEAD																															
Field ID/Plot Number	Number of Trees	Number of Trees by Age		Value per Tree by Age		Total Value by Age (9 x 10)		Number of Dead Trees by Age		Value of Dead Trees by Age (12 x 10)		Percent Damage (Total 13 ÷ Total 11)		% Dead Trees (Total 12 ÷ Total 9)		Deductible		Applicable Percent of Loss		Value Of Production To Count (14 x 11)											
7	8	9		10		11		12		13		14		15		16		17		18											
		1)		1)		1)		1)		1)										1)											
		2)		2)		2)		2)		2)																					
		3)		3)		3)		3)		3)																					
		4)		4)		4)		4)		4)																					
		Total)		Total)		Total)		Total)		Total)										Total)											
PART III: APPRAISAL AND TREE COUNT																															
a. TREES UNINSURABLE – TREES DEAD BY UNINSURED CAUSES																															
	Number	Age	Dead		Number	Age	Dead		Number	Age	Dead		Number	Age	Dead		Number	Age	Dead		Number	Age	Dead		Number	Age	Dead		Number	Age	Dead
	19	20	21		19	20	21		19	20	21		19	20	21		19	20	21		19	20	21		19	20	21		19	20	21
1				19				37				55				73				91				109				127			
2				20				38				56				74				92				110				128			
3				21				39				57				75				93				111				129			
4				22				40				58				76				94				112				130			
5				23				41				59				77				95				113				131			
6				24				42				60				78				96				114				132			
7				25				43				61				79				97				115				133			
8				26				44				62				80				98				116				134			
9				27				45				63				81				99				117				135			
10				28				46				64				82				100				118				136			
11				29				47				65				83				101				119				137			
12				30				48				66				84				102				120				138			
13				31				49				67				85				103				121				139			
14				32				50				68				86				104				122				140			
15				33				51				69				87				105				123				141			
16				34				52				70				88				106				124				142			
17				35				53				71				89				107				125				143			
18				36				54				72				90				108				126				144			
																								22 Total Counted (pg 1)							
				1-year-old trees				2-year-old trees				3-year-old trees				4-year-old trees								23 Total Counted (continuation sheets)							
25 TOTAL COUNTED BY AGE				1) _____ 2) _____				3) _____ 4) _____												24 Grand Totals											
26 TOTAL DEAD BY AGE				1) _____ 2) _____				3) _____ 4) _____																							
27 ADJUSTER'S SIGNATURE								CODE NUMBER								DATE				28 INSURED'S SIGNATURE								DATE			
																												Page ____ of ____ pgs.			

FOR ILLUSTRATION PURPOSES ONLY																																		
HAWAII TROPICAL TREES APPRAISAL WORKSHEET (CONTINUATION SHEET)																																		
1 NAME OF INSURED							2 POLICY NUMBER						3 COUNTY				4 UNIT NUMBER				5 CROP/TYPE/PRACTICE				6 CROP YEAR									
PART III: APPRAISAL AND TREE COUNT, continued																																		
a. TREES UNINSURABLE – TREES DEAD BY UNINSURED CAUSES																																		
	Number	Age	Dead		Number	Age	Dead		Number	Age	Dead		Number	Age	Dead		Number	Age	Dead		Number	Age	Dead		Number	Age	Dead		Number	Age	Dead			
					19	20	21		19	20	21		19	20	21		19	20	21		19	20	21		19	20	21		19	20	21			
145				175				205				235				265				295				325				355						
146				176				206				236				266				296				326				356						
147				177				207				237				267				297				327				357						
148				178				208				238				268				298				328				358						
149				179				209				239				269				299				329				359						
150				180				210				240				270				300				330				360						
151				181				211				241				271				301				331				361						
152				182				212				242				272				302				332				362						
153				183				213				243				273				303				333				363						
154				184				214				244				274				304				334				364						
155				185				215				245				275				305				335				365						
156				186				216				246				276				306				336				366						
157				187				217				247				277				307				337				367						
158				188				218				248				278				308				338				368						
159				189				219				249				279				309				339				369						
160				190				220				250				280				310				340				370						
161				191				221				251				281				311				341				371						
162				192				222				252				282				312				342				372						
163				193				223				253				283				313				343				373						
164				194				224				254				284				314				344				374						
165				195				225				255				285				315				345				375						
166				196				226				256				286				316				346				376						
167				197				227				257				287				317				347				377						
168				198				228				258				288				318				348				378						
169				199				229				259				289				319				349				379						
170				200				230				260				290				320				350				380						
171				201				231				261				291				321				351				381						
172				202				232				262				292				322				352				382						
173				203				233				263				293				323				353				383						
174				204				234				264				294				324				354				384						
																								23 Total Counted (continuation sheets)										
27 ADJUSTER'S SIGNATURE							CODE NUMBER							DATE							28 INSURED'S SIGNATURE							DATE						
																												Page ___ of ___ pgs.						