

United States  
Department of  
Agriculture



Federal Crop  
Insurance  
Corporation



Product  
Administration  
And Standards  
Division

FCIC-25770 (07-2010)  
FCIC-25770-1 (06-2011)

# **MINT LOSS ADJUSTMENT STANDARDS HANDBOOK**

**2012 and Succeeding Crop Years**



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

<b>FEDERAL CROP INSURANCE HANDBOOK</b>	Number: <b>25770</b> (07-2010) <b>25770-1</b> (06-2011)
<b>SUBJECT:</b>  MINT LOSS ADJUSTMENT STANDARDS HANDBOOK  2012 AND SUCCEEDING CROP YEARS	<b>OPI: Product Administration and Standards Division</b>
	<b>APPROVED:</b> <span style="float: right;"><b>DATE:</b></span>
	<i>/S:/ TIM B. WITT</i> <span style="float: right;"><i>06/23/2011</i></span>
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**THIS HANDBOOK CONTAINS THE OFFICIAL FCIC-ISSUED LOSS ADJUSTMENT STANDARDS FOR THIS CROP FOR THE 2012 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 2012 (FCIC-25770-1):

- A. Throughout handbook: Made editorial and syntax changes so handbook text tracks with current RMA-approved handbook formatting, and updated examples and forms as needed.
- B. Throughout the handbook: Comments that pertained to grammar, punctuation, deleting unneeded words, rewording to make a sentence flow better, corrections of reference numbers, formatting, etc. were incorporated if accepted, but are not listed.
- C. **Subsection 4 E. FEDERAL OR STATE ORDERED DESTRUCTION:** Added instructions for handling claims when a Federal or State agency has ordered the appraised insured crop or production to be destroyed.
- D. **Subsection 5 A:** Added that Stand Reduction appraisal method is also used for insurability inspections.
- E. **Subsection 5 C (1) (d):** Added instruction for the adjuster to contact the mini-still operator to determine the number of pounds required to run a test involving a mini-still.

## MINT LOSS ADJUSTMENT STANDARDS HANDBOOK

### SUMMARY OF CHANGES/CONTROL CHART (Continued)

- F. **Subsection 5 C (1) (f):** Revised language to clarify what to do if the total weight of all required samples for the unit is less than 20 pounds or the amount required by the mini-still operator.
- G. **Subsection 7 B (5):** Added language instructing the adjuster to refer to the LAM for all zero appraisals,
- H. **Subsection 8 B (8):** Added language instructing the adjuster to refer to Paragraph 67 K of the LAM for PW completion instructions if the AIP determines the claim is to be DENIED.
- I. **Subsection 8 C, item 5 – Cause(s) of Damage:** Deleted statement “If the claim is denied, enter “DC” and refer to the LAM for further instructions.”
- J. **Subsection 8 C, item 34 - Production Pre QA:** Clarified that entry is to be rounded to whole pounds.
- K. **Subsection 8 C, item 35 - Quality Factor:** Added instructions for claims where a Federal or State agency has ordered the appraised crop or production to be destroyed.
- L. **Subsection 8 C, item 36 - Production Post QA:** Clarified that entry is to be rounded to whole pounds.
- M. **Subsection 8 C, item 40 - Quality:** Added procedure for claims where a quality is a factor.
- N. **Subsection 8 C, item 41 - Mycotoxins exceed FDA, State, or other health organization maximum limits. Check “Yes:”** Added procedure for claims where a quality is a factor.
- O. **Subsection 8 C, Narrative – item “s.”** – Added documentations requirements for claims where a Federal or State destruction order has been issued.
- P. **Subsection 8 C, item 65 - Quality Factor: Added instruction to refer to subsection 3 A (8) if a** Federal or State agency has ordered the appraised crop or production to be destroyed.

**MINT LOSS ADJUSTMENT STANDARDS HANDBOOK**

**SUMMARY OF CHANGES/CONTROL CHART (Continued)**

Control Chart For: Mint Loss Adjustment Standards Handbook						
	SC Page(s)	TC Page(s)	Text Page(s)	Reference Material	Date	Directive Number
Remove	1 - 4	1 - 2	5 - 8		07-2010	FCIC-25770
			11 - 12		07-2010	FCIC-25770
			19 - 22		07-2010	FCIC-25770
			25 - 32		07-2010	FCIC-25770
Insert	1 - 4	1 - 2	5 - 8		06-2011	FCIC-25770-1
			11 - 12		06-2011	FCIC-25770-1
			19 - 22		06-2011	FCIC-25770-1
			25 - 32		06-2011	FCIC-25770-1
Current Index	1 - 4	1 - 2	1 - 4		06-2011	FCIC-25770-1
			5 - 8		07-2010	FCIC-25770
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			13 - 18		06-2011	FCIC-25770-1
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			23 - 24		06-2011	FCIC-25770-1
			25 - 32		07-2010	FCIC-25770
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**(RESERVED)**

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# 1. INTRODUCTION

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## 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 this crop and crop year are in effect as of the signature date for this crop handbook at <http://www.rma.usda.gov/data/25000/2011.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 form standards, supplement the general (not crop-specific) loss adjustment standards identified in the (LAM).

# 2. SPECIAL INSTRUCTIONS

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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 and signed by the insured (or the insured's authorized representative) for the loss adjustment inspection:

- (1) One legible copy to the insured. The original and all remaining copies as instructed by the Approved Insurance Provider (AIP).
- (2) It is the AIP's responsibility to maintain original insurance documents relative to policyholder servicing as designated in the 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 mint loss adjustment and this handbook, which are not defined in this section, are defined as they appear in the text.
- (3) Abbreviations:

<b>CAT</b>	Catastrophic Risk Protection
<b>CIH</b>	Crop Insurance Handbook
<b>NDR</b>	No Discernable Rows
<b>R</b>	Discernable Rows
<b>WCO</b>	Winter Coverage Option

(4) Definitions:

<b>Adequate Stand</b>	A population of live mint plants that equals or exceeds the minimum required number of plants or percentage of ground cover, as specified in the Special Provisions.
<b>Cutting</b>	Severance of the upper part of the mint plant from its stalk and roots.
<b>Distillation</b>	A process of extracting mint oil from harvested mint plants by heating and condensing.
<b>Existing Mint</b>	Mint planted for harvest during a previous crop year.
<b>Ground Cover</b>	Mint plants, including mint foliage and stolons, grown on insured acreage.
<b>Harvest</b>	Removal of mint from the windrow.
<b>Mini-still</b>	A 6-stall research still.
<b>Mint</b>	A perennial spearmint or peppermint plant of the family Labiatae and the genus <i>Mentha</i> , grown for distillation of mint oil.
<b>Mint Oil</b>	Oil produced by the distillation of harvested mint plants.
<b>New Mint</b>	Mint planted for harvest for the first time.
<b>Planted Acreage</b>	In addition to the definition in the Basic Provisions, land in which mint stolons have been placed in a manner appropriate for the planting method and at the correct depth into a seed-bed that has been properly prepared.
<b>Stolon</b>	A stem at or just below the surface of the ground that produces new mint plants at its tips or nodes.

### **3. INSURANCE CONTRACT INFORMATION**

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The AIP 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**

**The following may not be a complete list of insurability requirements. Refer to the Basic Provisions, Mint Pilot Crop Provisions, and Special Provisions for a complete list.**

- (1) The crop insured will be all mint types in the county, in which the insured has a share, for which a premium rate is provided by the actuarial documents:
  - (a) That are planted for harvest and distillation for mint oil;
  - (b) That have an adequate stand by the date coverage begins; and
  - (c) That have been:
    - 1 Inspected and accepted by the AIP for the first crop year of insurance; or
    - 2 Certified by the insured as having an adequate stand on the date coverage begins **after** the first crop year insured unless an inspection is required in accordance with the crop provisions as stated below.

For the year of application, for when the insured has reported planting mint during the Winter Coverage Option insurance period, or for any insurance period following the payment of an indemnity or a reported loss where the crop was determined to not have an adequate stand, the AIP will inspect all mint acreage within the two-week period before coverage begins (If the insured has elected the Winter Coverage Option, such inspection will occur not later than November 15).
- (2) Mint that is interplanted with a cover crop will not be considered interplanted if the cover crop is destroyed prior to its maturity and is not harvested as grain.
- (3) In lieu of the provisions in the Basic Provisions that prohibit insurance of a second crop harvested following the same crop in the same crop year, multiple harvests of mint in the same crop year on the same acreage will be considered as one mint crop.
- (4) Any acreage of mint that does not meet the rotation requirements or exceeds the age limitations for existing mint contained in the Special Provisions will not be insured unless allowed by a written agreement.
- (5) Acreage for which a payment has been made under the WCO is no longer insurable for the current crop year.

- (6) In addition to causes of loss excluded in the Basic Provisions, insurance is not provided for loss of production due to damage that:
  - (a) Occurs after harvest;
  - (b) Is due to the insured's failure to distill the crop, unless such failure is due to actual physical damage caused by an insured cause of loss that occurs during the insurance period; or
  - (c) Is due to Verticillium Wilt disease.
- (7) The late and prevented planting provisions of the Basic Provisions are not applicable.

## **B. WINTER COVERAGE OPTION**

The WCO provides coverage equal to 60 percent of the guarantee determined under the Crop Provisions.

- (1) Any acreage of new mint planted after the applicable acreage reporting date must be certified by the insured and reported to the AIP within two weeks of planting, if the WCO is elected.
- (2) The insured must give notice of probable loss within 72 hours after discovery of any insured mint that is damaged and does not have an adequate stand, but no later than the date coverage ends for this option.
- (3) Losses will be determined for each unit on an acre basis. A payment for this option may be made only on acreage that had an adequate stand on the date that insurance attached if the adequate stand was lost due to an insured cause of loss occurring within the Winter Coverage Option insurance period and the acreage consists of at least 20 acres or 20 percent of the insurable planted acres in the unit.
- (4) Appraisals may be deferred until the date coverage ends under this option.
- (5) In the event of loss or damage to mint acreage covered by this option, the claim will be settled by:
  - (a) Multiplying 60 percent by the production guarantee per acre;
  - (b) Multiplying the result in (a) by the number of acres that do not have an adequate stand;
  - (c) Multiplying the result in (b) by the price election; and
  - (d) Multiplying the result in section (c) by the insured's share.

**EXAMPLE:**

The insured has 100% share in 100 acres of peppermint;

The production guarantee is 50 pounds of oil per acre;

The price election is \$23 per pound; and

There is not an adequate stand on 50 acres by the date WCO coverage ends because an insured cause has damaged the stand.

The payment for this option would be calculated as follows:

- (a) 60 percent x 50 pound guarantee = 30 pound (WCO) guarantee per acre
  - (b) 30 pound (WCO) guarantee per acre x 50 acres without an adequate stand = 1,500 pounds
  - (c) 1,500 pounds x \$23 price election = \$34,500
  - (d) \$34,500 x 100 percent share = \$34,500
- (6) Acreage for which a WCO payment has been made is no longer insurable under the Crop Provisions for the current crop year. Any mint production subsequently harvested from uninsured acreage for the crop year and not kept separate from production from insured acreage will be considered production to count from the insured acres.

Acreage for which a WCO payment has been made will receive an amount of production of zero when computing subsequent year's approved yield.

- (7) In addition to the requirements of the Crop Provisions, the insured must give notice to the AIP and obtain consent to put any mint acreage to another use before a determination can be made if there is an adequate stand on the acreage. The AIP will inspect the acreage and the insured must agree in writing that no payment or indemnity will be made for the acreage put to another use. The total production to be counted for acreage put to another use with consent in accordance with this section will not be less than the approved yield.

**Example:**

The insured has 100% share in 100 acres of peppermint insured under the WCO;

The approved yield is 77 pounds of oil per acre;

Due to anticipated market conditions, the insured intends to destroy 50 acres of peppermint and plant that acreage to soybeans, however the crop is not out of dormancy and it is too early in the growing season to determine if there is an adequate stand of mint.

After inspection by the AIP, the insured agrees in writing that there will be no claim and no indemnity will be paid on the acreage to be put to other use. Upon receiving such agreement, the AIP may release the acreage.

The production to count per acre on the released acreage will be the approved yield (77 pounds per acre). This production amount will also be used for APH purposes.

### **C. PROVISIONS AND PROCEDURES NOT APPLICABLE TO CAT COVERAGE**

Refer to the CIH and LAM for provisions and procedures not applicable to CAT.

### **D. UNIT DIVISION**

Refer to the insurance contract for unit provisions. A basic unit, as defined in the Basic Provisions, will be divided into additional basic units by each mint type designated in the Special Provisions.

### **E. FEDERAL OR STATE ORDERED DESTRUCTION**

Under section 15 (j) of the Basic Provisions, if due to insured causes, a Federal or State agency has ordered the appraised insured crop or production to be destroyed, on the claim form enter the factor “.000” in column 35 for appraised production or column 65 for harvested production, as applicable. Instruct the insured to complete and submit a Certification Form stating the date the crop or production WAS DESTROYED and the method of destruction (refer to item 40 and the Narrative in the claim form instructions). Also refer to LAM paragraphs 96 J (2) and 102A for additional information. Otherwise, MAKE NO ENTRY.

## **4. MINT APPRAISALS**

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### **A. GENERAL INFORMATION**

There are two mint appraisal methods, weight method and stand count method. Potential oil production from acreage the insured does not intend to harvest is determined by harvesting and distilling a representative sample of the crop. Harvested appraisal methods rely on the AIP to designate portions of the field to be harvested and distilled by the insured. In counties where mini-stills are available within a reasonable distance, the insured and AIP may agree to collect representative samples using the weight method described in subsection 5 C (1) and distill the sample using the mini-still, if harvesting and distilling a representative sample using the method in 5 C (2) would create a hardship for the insured. The insured is responsible for the cost of distilling samples for loss adjustment purposes.

### **B. SELECTING REPRESENTATIVE SAMPLES FOR APPRAISALS**

- (1) Determine the minimum number of required samples for a field or sub-field by the field size (refer to **TABLE A**), the average stage of growth, age (size) and general capabilities of the plants, and variability of potential production and plant damage within the field or sub-field.
- (2) Split the field into sub-fields when:
  - (a) variable damage causes the crop potential (plant numbers or ground cover variation) to appear to be significantly different within the same field; or
  - (b) the insured wishes to destroy a portion of a field.
- (3) Each field or sub-field must be appraised separately.
- (4) Take not less than the minimum number (count) of representative samples required in **TABLE A (Minimum Representative Sample Requirements)** for each field or subfield.

## 5. APPRAISAL METHODS

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### A. GENERAL INFORMATION

These instructions provide information on appraisal methods for:

Appraisal Method....	Use....
Weight Appraisal Method	at maturity to determine weight of mint oil (Mini-still Appraisals and Representative Harvest Production Appraisals)
Stand Count Method	for Winter Coverage Option and insurability inspections

### B. DEFERMENT OF MINT APPRAISALS BEFORE PHYSIOLOGICAL MATURITY

- (1) Defer all appraisals until the crop reaches maturity or the date harvest is general in the area, unless the mint crop has no production potential such as:
  - (a) the plants will not reach a height of 4 inches or more at maturity;
  - (b) has severe water damage; or
  - (c) has turned abnormal in color.
- (2) Complete the preliminary inspection with special attention to the type of damage and its severity.
  - (a) Inspect all fields thoroughly. It is important to note the acreage that is not damaged.
  - (b) Explain to the insured that, at this time, the amount of loss cannot be determined accurately.
  - (c) Do not attempt to estimate the damage for the insured.
- (3) Inform the insured that if the acreage is put to other use prior to final adjustment, the representative samples the AIP has specified must be preserved and cared for. Refer to the LAM.
- (4) Winter Coverage Option appraisals may be deferred until the date coverage ends to determine if an adequate stand is present.

## C. WEIGHT APPRAISAL METHODS

### (1) Mini-still Appraisals:

The following devices used for representative samples can be constructed in each region. Materials needed and construction steps are as follows:

#### (a) Round hoop with 3, 4, and 5 square feet inside area:

- 1 Material required for round hoop (3 square feet) is 73.7 inches of 2-inch inside diameter plastic hose and 3 inches of one-half inch wooden dowel.
- 2 Material required for round hoop (4 square feet) is 85.1 inches of one-half inch inside diameter plastic hose and 3 inches of one-half inch wooden dowel material.
- 3 Material required for round hoop (5 square feet) is 95.2 inches of one-half inch inside diameter plastic hose and 3 inches of one-half inch wooden dowel material.
- 4 Construction. Insert a 3 inch dowel pin in one end of a one-half inch hose, form a circle and connect together.

#### (b) Collapsible wood frame with 4 square feet inside area:

- 1 Collapsible wood frame 24 inches inside.
- 2 Frame Material: Four 1 inch x 2 inches x 28 inches wood pieces. Four 3 inch x 2 inch stove bolts with wing nuts and 8 flat washers.

#### (c) Collapsible grid shown in **EXHIBIT 1**.

(d) Contact the mini-still operator in order to determine the number of pounds required to run a test.

(e) Use one of the measuring devices described above to outline each sample area by tossing the device into representative areas of the field. Cut off all plants within each sample area (pruning shears or scissors) at mowing-machine height (not to exceed three inches above the ground).

(f) Weigh the samples and enter the total weight on the Appraisal Worksheet. If the total weight of all required samples for the unit is less than 20 pounds or the amount required by the mini-still operator, take additional samples until the required sample size is reached. If the stand is extremely thin and there is difficulty in obtaining 20 pounds or the amount required by the mini-still operator, contacted the mini-still operator in order to determine the minimum number of pounds required to run a test.

(g) Put all the samples in an onion sack or other acceptable porous sack, label it with the insured's name, unit number, adjuster's name and address, and deliver to the mini-still location.

(h) When the oil production results are received from the mini-still location, complete the remainder of the appraisal worksheet.



(2) Representative Harvest Production Appraisals:

- (a) When the insured does not intend to harvest all mint acreage, the insured must timely harvest and distill an appropriate number of sample areas (refer to **TABLE A**) designated by the AIP. Refer to the LAM for additional instructions.
- (b) The insured must harvest an adequate amount of mint plants so the distillation process will give an accurate appraisal.
- (c) Separate records must be kept for the harvested strips. The total amount of oil distilled will be divided by total sample acreage to calculate the production appraisal.

**EXAMPLE:**

A total area for all selected samples is determined to be .8 of an acre.  
The insured distilled 2.4 pounds of oil from the total area sampled.  
The result, in pounds of oil per acre, is:

$$2.4 \text{ pounds of oil} \div .8 \text{ acres} = 3 \text{ pounds of oil per acre.}$$

- (d) Record all calculations on a Special Report and results on the Production Worksheet.

**D. STAND COUNT APPRAISALS FOR WINTER COVERAGE OPTION**

(1) General Information

- (a) The population of live mint plants to be counted from insurable acreage on the unit will be not less than the population of live mint plants in an adequate stand for any acreage:
  - 1 That is abandoned;
  - 2 That is put to another use without consent;
  - 3 For which the insured fails to meet the notice of loss requirements contained in the WCO provisions in the crop policy; or
  - 4 That is damaged solely by uninsured causes.
- (b) Use the methods in subsection D (3) below to determine if there is an adequate mint stand for the WCO.

(2) Selecting Representative Samples for Plant Count Determinations

- (a) Use the required number of viable plants per square foot established by the Special Provisions to determine if indemnity is payable.

(b) Procedure

- 1 Select the appropriate number of samples from **TABLE A**.
- 2 Determine the number of live mint plants within each representative sample area.
- 3 To determine plant counts in fields with no distinguishable rows (NDR), count all plants within three **CONSECUTIVE**, 3 foot x 3 foot grid frames totaling 27 square feet (Refer to Exhibit 1).
- 4 To determine plant counts in fields with rows, each representative sample must be 25 feet long.
- 5 Calculate and record the results on the appraisal worksheet and or a Special Report if needed.

(3) Plant Count Methods

- (a) Mint not in rows: When rows are not discernable, adequate plant counts will be determined by counting plants per square foot. The grid is placed over the **representative** sample area to be examined. A sample consists of three **CONSECUTIVE** grid frame counts totaling 27 square feet (flipping the grid over twice).

- 1 Determine and record the number of live mint plants found inside the grid frame for each sample.
- 2 When all samples are evaluated, sum the number of live mint plants.
- 3 Determine the number of plants per square foot by:

(Total mint plants counted ÷ number of samples) ÷ 27 square feet per sample = Plants Per Square Foot

- (b) Mint in rows: Newly planted mint, or mint with discernable field rows. Measure representative samples 25 feet long in the row to be evaluated. A count of live mint plants will be made to determine the number of plants per square foot:

- 1 Count the number of live mint plants in each 25 foot length of selected rows.
- 2 When all samples are evaluated, sum:  
Plants counted in each sample taken.  
The length of all samples taken (in feet to tenths).
- 3 Plants Per Square Foot = (Total Plant Count) ÷ [Total length of all Samples (ft.) x Row Width (To tenths of a foot)]

**EXAMPLE:**

40 acres are appraised.  
10 samples at 25 feet long each,  
36 inch row width (3.0 feet)  
1200 live plants counted.

The result is:

1200 plants ÷ [(25 feet/sample x 10 samples = 250 feet) x (3.0 foot row width)];

1200 plants ÷ [750] = 1.6 Plants Per Square Foot

## **6. APPRAISAL DEVIATIONS AND MODIFICATIONS**

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### **A. DEVIATIONS**

Deviations in appraisal methods require RMA 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.

## **7. APPRAISAL WORKSHEET ENTRIES AND COMPLETION PROCEDURES**

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### **A. APPRAISAL WORKSHEET FORM STANDARDS**

- (1) The entry items in subsection C are the minimum requirements for the Mint Appraisal Worksheet for the Mini-still Appraisal Method. The entry items in subsection D are the minimum requirements for the Mint Appraisal Worksheet for the Winter Coverage Option. All of these entry items are “Substantive,” (i.e., they are required).
- (2) Appraisal Worksheet Completion Instructions. The completion instructions for the required entry items on the Appraisal Worksheet in the following subsections are “Substantive,” (i.e., they are required).
- (3) The Privacy Act and Non-Discrimination 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 in the example form in this exhibit. The current Non-Discrimination Statement and Privacy Act Statement can be found on the RMA website at <http://www.rma.usda.gov/regs/required.html> or successor website.

- (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 PROCEDURES**

- (1) Include the AIP's 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) Separate appraisal worksheets must be completed for each unit appraised, and for each field or subfield or farming practice (applicable to preliminary and final claims). Refer to section 4 for sampling requirements.
- (4) Standard appraisal worksheet items are numbered consecutively in Subsections C and D. Example appraisal worksheets are also provided to illustrate how to complete all entries, except the last three items on the respective appraisal worksheets.
- (5) For all zero appraisals, refer to the LAM.

## **C. WORKSHEET ENTRIES AND COMPLETION INFORMATION (MINI-STILL)**

Verify or make the following entries:

### **Item No.**

### **Information Required**

**Company:** Name of AIP, if not preprinted on the worksheet. (Company Name).

**Claim No.:** Claim number as assigned by the AIP.

1. **Insured's Name:** Name of the insured that identifies EXACTLY the person (legal entity) to whom the policy is issued.
2. **Policy Number:** Insured's assigned policy number.
3. **Unit Number:** Unit number from the Summary of Coverage after it is verified to be correct.
4. **Crop Year:** Four-digit crop year, as defined in the policy, for which the claim has been filed.
5. **Type:** Type of mint being appraised and the three-digit code number, entered exactly as specified on the actuarial documents.
6. **Field ID:** Field or subfield identification symbol.

7. **Acres to Tenths:** Acres to tenths as determined.
8. **Ounces to Tenths Per Sample:** Weight, in ounces to tenths, for each sample.
9. **Total Weight All Samples:** Total weight of plant cuttings from all samples, converted to pounds to tenths. (Total weight of all samples in Item 8 divided by 16 ounces.)
10. **Total ml. of Distilled Mint:** Total milliliters of distilled mint (in whole milliliters) from the samples cut in Item 9 for the field. This amount is determined at the mini-still site. Refer to subsection 5C.
11. **Number of Samples:** Enter the number of samples taken.
12. **Avg. ml. Oil Per Sample:** Result of dividing item 10 by item 11, rounded to tenths.
13. **Number Sq. Feet in Sample:** Number of square feet in the measuring device used. Refer to subsection 5C.
14. **Avg. ml. Per Sq. Ft.:** Result of dividing item 12 by item 13, rounded to the nearest tenth.
15. **Factor:** (82.86) MAKE NO ENTRY (factor of 82.86 is a constant used to convert milliliters of mint oil per square foot to pounds of oil per acre).
16. **Pounds Oil Per Acre:** Result of multiplying item 14 times the constant factor of 82.86 in item 15, to whole pounds. Production is entered as whole pounds of oil per acre.
17. **Remarks:** Remarks pertinent to the appraisal, sampling, conditions in general (e.g. - very hot and dry), etc. If additional space is needed attach a Special Report with the recorded information to the appraisal worksheet

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

18. **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.
19. **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's), particularly explaining codes, etc., which may not be readily understood.

**Page:** Page numbers (Example: Page 1 of 1, Page 1 of 2, Page 2 of 2, etc.)

(For Illustration Purposes Only) <b>MINT</b> <b>APPRAISAL WORKSHEET</b> (Mini-still)										COMPANY: <b>Any Company</b>					1. INSURED'S NAME  <b>I. M. Insured</b>						
										CLAIM NO: <b>XXXXXXXX</b>										2. POLICY NUMBER  <b>XXXXXX</b>	
										3. UNIT NUMBER <b>00100</b>		4. CROP YEAR <b>YYYY</b>		5. TYPE <b>Peppermint 090</b>							
Field ID 6	Acres To Tenths 7	Ounces To Tenths Per Sample 8								Total Wt. All Samples 9	Total ml. Distilled Mint 10	Number of Samples 11	Avg. ml. Oil Per Sample 12	Number Sq. Feet in Sample 13	Avg. ml. Per Sq. Foot 14	Factor (82.86) 15	Pounds Oil Per Acre 16				
<b>C</b>	<b>30.0</b>	1 <b>64.0</b>	2 <b>66.8</b>	3 <b>60.8</b>	4 <b>62.9</b>	5 <b>58.1</b>	6 <b>68.7</b>	7	8	9											
		10	11	12	13	14	15	16	17	18	= <b>23.8</b>	<b>7</b>	÷	<b>6</b>	= <b>1.2</b>	÷	<b>4</b>	= <b>.3</b>	x	<b>82.86</b>	= <b>25</b>
		1	2	3	4	5	6	7	8	9											
		10	11	12	13	14	15	16	17	18	=	÷	=	÷	=	=	x	<b>82.86</b>	=		
		1	2	3	4	5	6	7	8	9											
		10	11	12	13	14	15	16	17	18	=	÷	=	÷	=	=	x	<b>82.86</b>	=		
		1	2	3	4	5	6	7	8	9											
		10	11	12	13	14	15	16	17	18	=	÷	=	÷	=	=	x	<b>82.86</b>	=		
		1	2	3	4	5	6	7	8	9											
		10	11	12	13	14	15	16	17	18	=	÷	=	÷	=	=	x	<b>82.86</b>	=		
17. REMARKS																					

Refer to the Above Appraisal Worksheet instructions for required statements and signature entries.

**D. WORKSHEET ENTRIES AND COMPLETION INFORMATION**  
**(WINTER COVERAGE OPTION)**

Items designated “R” apply to appraisals with discernable rows. “NDR” apply to appraisals with no discernable rows. If no designation, item instructions apply to both.

**Verify or make the following entries:**

**Item  
No.**

**Information Required**

**Company:** Name of AIP, if not preprinted on the worksheet. (Company Name).

**Claim No.:** Claim number as assigned by the AIP.

1. **Insured's Name:** Name of the insured that identifies exactly the person (legal entity) to whom the policy is issued.
2. **Policy Number:** Insured's assigned policy number.
3. **Unit Number:** Unit number from the Summary of Coverage after it is verified to be correct.
4. **Crop Year:** Four-digit crop year, as defined in the policy, for which the claim has been filed.
5. **Row Width:**  
**R:** Row width in inches, followed by “(R)”.  
**NDR:** Enter “solid” followed by “(NDR)”.
6. **Sample Size:**  
**R:** 25 feet (Refer to subsection 5D).  
**NDR:** Square feet in the sample area (27 sq. ft.).
7. **Field ID:** Field or subfield identification symbol.
8. **Acres:** Determined acres to tenths.
9. **Practice:** Three-digit code number, 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.
10. **Type:** Three-digit code number 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.

11. **Number Live Plants In Each Sample:** Number of live mint plants counted in each sample taken.
12. **Total All Samples:** Total number of live mint plants in all samples.
13. **Number of Sample Plots:** Total number of samples taken (from Item 11).
14. **Length of Sample (Ft.):**  
**R:** Enter 25.  
**NDR:** MAKE NO ENTRY.
15. **Total Length All Samples:**  
**R:** Item 13 times item 14 in whole numbers.  
**NDR:** MAKE NO ENTRY.
16. **Row Width (Ft. to 10th):**  
**R:** Row width converted to tenths of feet, (i.e. 36 inches  $\div$  12 = 3.0 feet; 15 inches  $\div$  12 = 1.3 feet).  
**NDR:** MAKE NO ENTRY.
17. **Total Square Feet All Samples:**  
**R:** Item 15 times item 16, to tenths of feet.  
**NDR:** MAKE NO ENTRY.
18. **Total of All Samples:**  
**R:** Entry from Item 12.  
**NDR:** MAKE NO ENTRY.
19. **Total Sq. Ft. in All Samples or Sq. Ft. in Area:**  
**R:** Entry from item 17.  
**NDR:** Square feet in sample area (from item 6).
20. **Plants per Square Foot:**  
**R:** Item 18 divided by item 19, to tenths.  
**NDR:** Item 12 divided by item 13, divided by item 19, to tenths.
21. **Remarks:** Enter pertinent information about the appraisal. Include any appropriate calculations on a Special Report and attach to the claim when more space is needed.



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

22. **Adjuster's Signature, Code No., and Date:** Signature of adjuster, code number, and date signed **after** the insured (or insured's authorized representative) has signed. If the appraisal is performed prior to 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.
23. **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's)**, particularly explaining codes, etc., which may not be readily understood.

**Page:** Page numbers (Example: Page 1 of 1, Page 1 of 2, Page 2 of 2, etc.)

### EXAMPLE I

<b>(For Illustration Purposes Only)</b>  <b>MINT APPRAISAL WORKSHEET</b> (Winter Coverage Option)				COMPANY:		<b>Any Company</b>			1. INSURED'S NAME  <b>I. M. INSURED</b>						
				CLAIM NO.:		<b>XXXXXXXXXX</b>									
								2. POLICY NUMBER			3. UNIT NUMBER	4. CROP YEAR	5. ROW WIDTH	6. SAMPLE SIZE	
				<b>XXXXXX</b>			<b>00100</b>	<b>YYYY</b>	<b>24 Inch (R)</b>	<b>25 Feet</b>					
7	8	9	10	11			12	13	14	15	16	17	18	19	20
Field ID	Acres	Practice	Type	Number Live Plants In Each Sample			Total All Samples	Number Sample Plots	Length Of Sample (Ft.)	Total Length All Samples	Row Width (Ft. To 10 <sup>ths</sup> )	Total Square Feet All Samples	Total of All Samples	Total Sq. Ft. in All Samples or Sq. Ft. in Area	Plants per Square Foot
<b>B</b>	<b>30.0</b>	<b>003</b>	<b>090</b>	<b>80</b>	<b>70</b>	<b>60</b>	<b>446</b>	<b>6</b>	<b>25</b>	<b>150</b>	<b>2.0</b>	<b>300.0</b>	<b>446</b>	<b>300.0</b>	<b>1.5</b>
				<b>96</b>	<b>64</b>	<b>76</b>									

### EXAMPLE II

<b>(For Illustration Purposes Only)</b>  <b>MINT APPRAISAL WORKSHEET</b> (Winter Coverage Option)				COMPANY:		<b>Any Company</b>			1. INSURED'S NAME  <b>I. M. Insured</b>						
				CLAIM NO.:		<b>XXXXXXX</b>									
								2. POLICY NUMBER			3. UNIT NUMBER	4. CROP YEAR	5. ROW WIDTH	6. SAMPLE SIZE	
				<b>XXXXXXXXXXXX</b>			<b>00100</b>	<b>YYYY</b>	<b>SOLID (ndr)</b>	<b>27 Sq. Ft.</b>					
7	8	9	10	11			12	13	14	15	16	17	18	19	20
Field ID	Acres	Practice	Type	Number Live Plants In Each Sample			Total All Samples	Number Sample Plots	Length Of Sample (Ft.)	Total Length All Samples	Row Width (Ft. To 10 <sup>ths</sup> )	Total Square Feet All Samples	Total of All Samples	Total Sq. Ft. in All Samples or Sq. Ft. in Area	Plants per Square Foot
<b>A</b>	<b>20.0</b>	<b>003</b>	<b>090</b>	<b>10</b>	<b>8</b>	<b>6</b>	<b>47</b>	<b>6</b>						<b>27</b>	<b>.3</b>
				<b>7</b>	<b>9</b>	<b>7</b>									

21 REMARKS

**Refer to the Above Appraisal Worksheet instructions for required statements and signature entries.**

## **8. CLAIM FORM ENTRIES AND COMPLETION PROCEDURES**

### **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) Production Worksheet Instructions. 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 Non-Discrimination 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 in the example form in this exhibit. The current Non-Discrimination Statement and Privacy Act Statement can be found on the RMA website at <http://www.rma.usda.gov/regs/required.html> or successor website.
- (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, an 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 **WORKSHEET** ENTRIES AND COMPLETION PROCEDURES**

- (1) The 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, or other reasons described in the LAM).
  - (e) “No Indemnity Due” claims (which must be verified by an APPRAISAL or NOTIFICATION from the insured that the production exceeded the guarantee).
- (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 AIP.
  - (5) Instructions labeled “**PRELIMINARY**” apply to preliminary inspections only. Instructions labeled “**FINAL**” apply to final inspections only. Instructions labeled “**WCO**” apply to WCO inspections only. Instructions not labeled apply to ALL inspections.
  - (6) Account for all acreage on the unit when completing a WCO claim or a basic claim. Designate the acreage appropriately.
  - (7) Enter “Winter Coverage Option” in the heading of the claim when completing a WCO claim.
  - (8) If the AIP determines the claim is to be DENIED, refer to Paragraph 67 K of the LAM for PW completion instructions.

**C. FORM ENTRIES AND COMPLETION INFORMATION**

Verify or make the following entries:

<b><u>Item No.</u></b>	<b><u>Information Required</u></b>
1.	<b>Crop/Code #:</b> “Mint” (0074).
2.	<b>Unit #:</b> Unit number from the Summary of Coverage after it is verified to be correct.
3.	<b>Location Description:</b> Land location that identifies the legal description, if available, and the location of the unit (e.g., section, township, and range; FSA Farm Numbers; FSA Common Land Units (CLU) and tract numbers; GPS identifications; or Grid identifications) as applicable for the crop.
4.	<b>Date(s) of Damage:</b> First three letters of the month(s) during which the determined insured damage occurred for the inspection and cause(s) of loss listed in item 5 below. If no entry in item 5 below MAKE NO ENTRY. For progressive damage, enter the month that identifies when the majority of the insured damage occurred. Include the SPECIFIC DATE where applicable as in the case of hail damage (e.g., Aug 11). Enter additional dates of damage in the extra spaces, as needed. If more space is needed, document the additional dates of damage in the Narrative (or on a Special Report). Refer to the illustration in item 6 below.

If there is no insurable cause of loss, and a no indemnity due claim will be completed, MAKE NO ENTRY.

5. **Cause(s) of Damage:** Name of the determined insured cause(s) of damage for this crop as listed in the LAM for the date of damage listed in item 4 above. If an insured cause(s) of damage is coded as “Other,” explain in the Narrative. Enter additional causes of damage in the extra spaces, as needed. If more space is needed, document the additional determined insured causes of damage in the Narrative (or on a Special Report). Refer to the illustration in item 6 below.

\*\*\* If it is evident that no indemnity is due, enter “NO INDEMNITY DUE” across the columns in Item 5 (refer to the LAM for more information on no indemnity due claims).

6. **Insured Cause %:**

**PRELIMINARY:** MAKE NO ENTRY.

**FINAL AND WCO:** Whole percent of damage for the insured cause of damage listed in item 5 above. Enter additional “Insured Cause %” in the extra spaces, as needed. If additional space is needed, enter the additional determined “Insured Cause %” in the Narrative (or on a Special Report). The total of all “Insured Cause %” including those entered in the Narrative must equal 100%.

If there is no insurable cause of loss, and a no indemnity due claim will be completed, MAKE NO ENTRY.

Example entries for items 4-6 and the Narrative, reflecting entries for multiple dates of damage, the corresponding insured causes of damage and insured cause percents:

4. Date(s) of Damage	MAY	JUN 30	JUN 30	AUG	AUG
5. Cause(s) of Damage	Excess Moisture	Tornado	Hail	Drought	Heat
6. Insured Cause %	10	20	15	25	20
Narrative: Additional date of damage – SEP 5; Cause of Damage – Freeze; Insured cause percent - 10%.					

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 #:** Claim number as assigned by the AIP.
10. **Policy #:** Insured’s assigned policy number.
11. **Crop Year:** Four-digit crop year, as defined in the policy, for which the claim is filed.

12. **Additional Units:**

**PRELIMINARY:** MAKE NO ENTRY.

**FINAL AND WCO:** 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.

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:**

**PRELIMINARY AND WCO:** MAKE NO ENTRY.

**FINAL:** Estimated yield per acre, in whole pounds, of **ALL** non-loss units for the crop at the time of final inspection.

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

**PRELIMINARY AND WCO:**

- a. Date the first or second notice of damage or 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 notice of damage or loss for 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 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.
- e. If the notice does not require an inspection, document as directed in the “Narrative” instructions.

**FINAL AND WCO:** Transfer the last date (in the 1st or 2nd space from 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 in the final space on 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 crop insurance contract and it can be determined that the SAME AIP services it, enter the contract number. Handle these companion policies according to AIP instructions.
  - (2) If the OTHER person has a multiple-peril crop insurance 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.
- c. Refer to the LAM for further information regarding companion contracts.

**SECTION I – DETERMINED ACREAGE APPRAISED, PRODUCTION AND ADJUSTMENTS**

Make separate line entries for varying:

- (1) Rate classes, types, class, sub-class, intended use, irrigated practice, cropping practice, or organic practices, as applicable;
- (2) APH yields;
- (3) Appraisals;
- (4) Stages or intended use(s) of acreage;
- (5) Shares (e.g., 50 percent and 75 percent shares on the same unit); or
- (6) 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**

\*\*\* 16.

**Field ID:** The field identification symbol from a sketch map or an aerial photo. Refer to the “Narrative.”

17.

**Multi-Crop Code:**

**PRELIMINARY, FINAL, AND WCO:** The applicable two-digit code for first crop and second crop. REFER TO THE LAM FOR INSTRUCTIONS REGARDING ENTRY OF FIRST CROP AND SECOND CROP CODES.

18. 18. **Reported Acres:** In the event of over-reported acres, handle in accordance with the individual AIP's instructions. In the event of under-reported acres, enter the reported acres to tenths for the field or sub field. If there are no under-reported acres MAKE NO ENTRY.

19. **Determined Acres:** Refer to the LAM for definition of acceptable determined acres used herein. Enter the determined acres to tenths for the field or subfield for which consent is given for other use and/or:

- a. Put to other use without consent;
- b. Abandoned;
- c. Damaged by uninsured causes; or
- d. For which the insured failed to provide acceptable records of production.

Refer to the LAM for procedures regarding when estimated acres are allowed and documentation requirements.

**PRELIMINARY, FINAL, AND WCO:** Determined acres to tenths. Acreage breakdowns WITHIN a unit or field may be estimated (refer to the LAM) if a determination is impractical.

\*\*\*

ACCOUNT FOR ALL PLANTED ACREAGE IN THE UNIT

20. **Interest or Share:** 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.

21. **Risk:** Three-digit code for the correct "Rate Class" specified on the actuarial documents. If a "Rate Class" or "High-Risk Area" is not specified on the actuarial documents, make no entry. 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.

Unrated land is uninsurable without a written agreement.

22. **Type:** Three-digit code number, entered exactly as specified on the actuarial documents for the type grown by the insured. If "No Type Specified" is shown in the actuarial documents, enter the appropriate three-digit code number from the actuarial documents (e.g., 997). If a type is not specified on the actuarial documents, MAKE NO ENTRY.

23. **Class:** Three-digit code number, entered exactly as specified on the actuarial documents for the class grown by the insured. If "No Class Specified" is shown in the actuarial documents, enter the appropriate three-digit code number from the actuarial documents (e.g., 997). If a class is not specified on the actuarial documents, MAKE NO ENTRY.

24. **Sub-Class:** Three-digit code number, entered exactly as specified on the actuarial documents for the sub-class grown by the insured. If "No Sub-Class Specified," is shown in the actuarial documents, enter the appropriate three-digit code number from the actuarial documents (e.g., 997). If a sub-class is not specified on the actuarial documents, MAKE NO ENTRY.



25. **Intended Use:** Three-digit code number, entered exactly as specified on the actuarial documents for the intended use of the crop grown by the insured. If “No Intended Use Specified” is shown in the actuarial documents, enter the appropriate three-digit code number from the actuarial documents (e.g., 997). If an intended use is not specified on the actuarial documents, MAKE NO ENTRY.
26. **Irr. Practice:** Three-digit code number, entered exactly as specified on the actuarial documents for the irrigated practice carried out by the insured. If “No Irrigated Practice Specified” is shown in the actuarial documents, enter the appropriate three-digit code number from the actuarial documents (e.g., 997). If an irrigated practice is not specified on the actuarial documents, MAKE NO ENTRY.
27. **Cropping Practice:** Three-digit code number, entered exactly as specified on the actuarial documents for the cropping practice (or practice) carried out by the insured. If “No Cropping Practice (or Practice) Specified” is shown in the actuarial documents, enter the appropriate three-digit code number from the actuarial documents (e.g., 997). If a cropping practice (or practice) is not specified on the actuarial documents, MAKE NO ENTRY.
28. **Organic Practice:** Three-digit code number, entered exactly as specified on the actuarial documents for the organic practice carried out by the insured. If “No Organic Practice Specified” is shown in the actuarial documents, enter the appropriate three-digit code number from the actuarial documents (e.g., 997). If an organic practice is not specified on the actuarial documents, MAKE NO ENTRY.

29. **Stage:**

**PRELIMINARY:** MAKE NO ENTRY.

**FINAL AND WCO:** Stage abbreviation as shown below.

<u>STAGE</u>	<u>EXPLANATION</u>
“P” .....	Acres abandoned without consent, put to other use without consent, damaged solely by uninsured causes, or for which the insured failed to provide <b>acceptable</b> records of production to the AIP.
“H” .....	Harvested.
“UH” .....	Unharvested or put to other use with consent.
“W1” .....	Acres <b>to be paid</b> under a WCO claim. (Must be at least the lesser of 20 acres or 20% of the insurable planted acres in the unit.) <b>TO BE USED FOR WCO CLAIMS ONLY.</b>
“W2” .....	Acres <b>NOT PAID</b> under a WCO claim, or acres released with consent during the WCO period.
“W3” .....	Acres previously paid under WCO.

**GLEANED ACREAGE:** Refer to the LAM for information on gleaning.

30. **Use of Acreage:** Use of acreage. Use the following “Intended Use” abbreviations.

<b><u>USE</u></b>	<b><u>EXPLANATION</u></b>
“To Millet,” etc.,.....	Use made of the acreage
“WOC”.....	Other use without consent
“SU”.....	Solely uninsured
“ABA”.....	Abandoned without consent
“H”.....	Harvested
“UH”.....	Unharvested
“W3”.....	Acreage previously paid under WCO.

Verify any “Intended Use” entry. If final use of the acreage was not as indicated, strike out the original line and initial it. Enter all data on a new line showing the correct “Final Use.”

**GLEANED ACREAGE: Refer to the LAM for information on gleaning.**

31. **Appraised Potential:**

**PRELIMINARY AND FINAL:** Per-acre appraisal in whole pounds of POTENTIAL production for the acreage appraised as shown on the appraisal worksheet. Refer to section 5, “Appraisal Methods” for additional instructions.

If there is no potential on UH acreage, enter “0.” Refer to paragraph 85 in the LAM for procedures for documenting zero yield appraisals.

For acreage with Stage Code “W3”, MAKE NO ENTRY.

**WCO:** MAKE NO ENTRY

32a. **Moisture %:** MAKE NO ENTRY.

32b. **Factor:** MAKE NO ENTRY.

33. **Shell %, Factor, or Value:** MAKE NO ENTRY.

34. **Production Pre QA:**

**PRELIMINARY AND FINAL:** Result of multiplying column 31 times column 19, rounded to whole pounds. If no entry in column 31, MAKE NO ENTRY.

**WCO:** W1: Enter zero (“0”).  
W2: MAKE NO ENTRY

35. **Quality Factor:** Refer to subsection 3 D (1) if, due to insured causes, a Federal or State agency has ordered the appraised crop or production to be destroyed. Otherwise, MAKE NO ENTRY.

36. **Production Post QA:** Result of multiplying column 34 times column 35, rounded to whole pounds. If no entry in column 35, transfer entry from column 34.

37. **Uninsured Cause:**

**PRELIMINARY AND FINAL:** Result of per acre appraisal for uninsured causes (taken from appraisal worksheet or other documentation) multiplied by column 19, rounded to whole pounds. Refer to the LAM for information on how to determine uninsured cause appraisals. If no uninsured causes, MAKE NO ENTRY.

a. Hail and Fire exclusion NOT in effect.

- (1) Enter the result of multiplying column 19 entry by NOT LESS than the insured's production guarantee per acre, in whole pounds, for the line, (calculated by multiplying the elected coverage level percentage times the approved APH yield per acre shown on the APH form), for any "P" stage acreage.
- (2) On preliminary inspections, advise the insured to keep the harvested production from any acreage damaged SOLELY by uninsured causes separate from other production.
- (3) For acreage that is damaged PARTLY by uninsured causes, enter the result of multiplying the APPRAISED UNINSURED loss of production per acre in whole pounds, by column 19 entry for any such acreage

b. Refer to the LAM when a Hail and Fire Exclusion is in effect and damage is from hail or fire.

c. Enter the result of adding uninsured cause appraisals to hail and fire exclusion appraisals.

d. For fire losses, if the insured also has other fire insurance (double coverage), refer to the LAM.

**WCO:** MAKE NO ENTRY

38. **Total to Count:**

**PRELIMINARY AND FINAL:** Result of adding item 36 and item 37.

For acreage with Stage Code "W3", MAKE NO ENTRY.

**WCO – W1:** Enter zero ("0").

39. **Total:**

**PRELIMINARY:** MAKE NO ENTRY.

**FINAL AND WCO:** Total determined acres (column 19), to tenths.

40.

**Quality:**

**WCO: MAKE NO ENTRY.**

**PRELIMINARY AND FINAL:** Check all qualifying conditions that apply to the unit's appraised and harvested production (refer to the crop provisions and SP), otherwise check "None."

<b>Qualifying Condition:</b>
Test Weight (TW)
Kernel Damage (KD) and Total Defects
Garlicky (Grade)
Aflatoxin
Vomitoxin
Fumonisin
Dark Roast (for Sunflowers only)
Sclerotinia (for Sunflowers only)
Ergoty
COFO (commercially objectionable foreign odor) (includes Musty and Sour Odor)
Other
None

a. For all qualifying conditions checked, in the Narrative (or on a Special Report):

- (1) Document the level for each qualifying condition as indicated by approved test results, and the name and location of each testing facility that verifies the presence of the qualifying condition and the date of the test(s); or
- (2) Enter "See documentation included in the claim file" (e.g., include copy of the test facility certificate, grade certificate, summary or settlement sheet, etc., that documents the condition).

b. If "Other" is checked, in addition to the above documentation requirements, document in the Narrative (or on a Special Report):

- (1) A description of the qualifying condition;
- (2) The name of the controlling authority that considers this qualifying condition to be injurious to human and animal health and why.

41.

**Mycotoxins exceed FDA, State, or other health organization maximum limits. Check "Yes:"**

**WCO: MAKE NO ENTRY.**

**PRELIMINARY AND FINAL:** Check “Yes” if any mycotoxins listed in item 40 (including any identified as “Other”) exceed the FDA, state, or other health organization maximum limits, otherwise leave blank. Document in the Narrative (or on a Special Report), the disposition of the production that was:

a. Sold (Document the name and address of the buyer); or

b. Not sold (Document the date(s) of the disposition, how the production was used, or how it was destroyed.).

Refer to subsection 3 A (8) if, due to insured causes, a Federal or State agency has ordered the appraised crop or production to be destroyed

Refer to the LAM and the SP for additional information on claims involving mycotoxins

42. **Totals:** Total of entries in columns 34, 36, 37 and 38. If a column has no entries, MAKE NO ENTRY.

### **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 required, enter “No Inspection,” the unit number(s), date, and adjuster’s initials (do not enter unit numbers for which notice has not been given). 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, column 37 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 refer to the LAM.
- g. Explain any errors found on the Summary of Coverage.
- h. Explain any commingled production. Refer to the LAM.
- i. Explain any entry for “Production Not to Count” in Section II, column 62 and/or any production not included in Section II, column 56 or column 49 - 52 entries (e.g., harvested production from uninsured acreage that can be identified separately from the insured acreage in the unit).
- j. Explain a “No” checked in item 44, “Damage Similar to Other Farms in the Area.”

**(RESERVED)**

k. Attach a sketch map or aerial photo 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 aerial photo or sketch map, the disposition of acreage destroyed or put to other use with or without consent.

- l. 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.
- m. 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.
- n. Explain the reason for a “No Indemnity Due” claim. “No Indemnity Due” claims are to be distributed in accordance with the AIP’s instructions.
- o. Explain any delayed notices or delayed claims as instructed in the LAM.
- p. Document any authorized estimated acres, as instructed in the LAM, shown in Section I, column 19.
- q. Document the method and calculation used to determine acres for the unit. Refer to the LAM.
- r. 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.
- s. If a Federal or State destruction order has been issued, attach to the claim form a copy of the Federal or State destruction order and the insured’s completed Certification Form. Refer to the LAM for additional documentation requirements.
- t. Note any acreage left for harvest under “Winter Coverage Option,” but not insurable for basic coverage.
- u. Note any acreage insured under the “Winter Coverage Option” for which consent was given to put to another use before it was possible to determine if there was an adequate stand. The appraised production to count for such acreage will be the approved yield from the insured’s policy.
- v. Document the plants per square foot and that acreage qualifies for payment under the “Winter Coverage Option.”
- w. Document the name and address of the charitable organization when gleaned acreage is applicable. Refer to the LAM for more information on gleaning.
- x. Document any other pertinent information, including any data to support any factors used to calculate the production.

## SECTION II – DETERMINED HARVESTED PRODUCTION

### GENERAL INFORMATION:

- (1) Account for ALL HARVESTED PRODUCTION (for ALL ENTITIES sharing in the crop) except production appraised BEFORE harvest and shown in Section I because the quantity cannot be determined later (e.g., released for other uses, etc.).
- (2) For production commercially stored, sold, etc., make entry in columns 49 through 52 as follows: Name and address of storage facility or buyer.
- (3) If acceptable sales or weight tickets are not available, refer to the LAM.
- (4) If additional lines are necessary, the data may be entered on a continuation sheet.  
USE SEPARATE LINES FOR:
  - (a) Separate storage facilities.
  - (b) Varying names and addresses of buyers of sold production.
  - (c) Varying determinations of production (value, etc.).
  - (d) Varying shares: e.g., 50 percent and 75 percent shares on the same unit.
- (5) There will generally be no harvested production entries in columns “47” through “66” for preliminary or Winter Coverage Option inspections.
- (6) If there is harvested production from more than one insured practice (or type) and a separate approved APH yield has been established for each, the harvested production also must be entered on separate lines in columns “47” through “66” by type or practice. If production has been commingled, refer to the LAM.

### Verify or make the following entries:

#### **Item**

#### **No.**

#### **Information Required**

43. **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 AND WCO:**

- a. The earlier of the date the ENTIRE acreage on the unit was (1) harvested, (2) totally destroyed, (3) put to other use, (4) a combination of harvested, destroyed, or put to other use, or (5) the calendar date for the end of the insurance period.



- b. If at the time of final inspection (if prior to the end of the insurance period), there is any unharvested insured acreage remaining on the unit that the insured does not intend to harvest; enter “**Incomplete.**”
- c. If at the time of final inspection (if prior to the end of the insurance period), **none** of the insured acreage on the unit has been harvested, and the insured does not intend to harvest such acreage, enter “**No Harvest.**”
- d. If the case involves a Certification Form, enter the date from the Certification Form when the entire unit is put to another use, etc. Refer to the LAM.

44. **Damage similar to other farms in the area? :**

**PRELIMINARY:** MAKE NO ENTRY.

**FINAL AND WCO:** Check “Yes” or “No.” Check “Yes” if the amount and cause of damage due to insurable causes is similar to the experience of other farms in the area. If “No” is checked, explain in the “Narrative.”

45. **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.

46. **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.

47a. **Share:** RECORD ONLY VARYING SHARES on SAME unit to three decimal places.

47b. **Field ID:**

- a. If only one practice and/or type of harvested production is listed in Section I, MAKE NO ENTRY.
- b. If more than one practice and/or type of harvested production is listed in Section I, and a separate approved APH yield exists, indicate for each practice/type the corresponding Field ID (from Section I, column 16).

48. **Multi-Crop Code:** The applicable two-digit code for first crop and second crop. REFER TO THE LAM FOR INSTRUCTIONS REGARDING ENTRY OF FIRST CROP AND SECOND CROP CODES.

49. – 52. **Buyer or Processor:** For production sold or stored, enter the name and address of the buyer or storage location.

53. – 55. MAKE NO ENTRY.

56. **Bu., Ton, Lbs., Cwt.:** Circle “Lbs.” in column heading. Enter the gross production in whole pounds of distilled mint oil, as determined by delivery records, production recaps, sales receipts from processor (must be NET weight), etc.

Any oil distilled from plants growing in the mint will be counted as mint oil on a weight basis.

57. – 60b. MAKE NO ENTRY.

61. **Adjusted Production:** Transfer result from column 56.

62. **Prod. Not to Count:** Net production NOT to count, in whole pounds, WHEN ACCEPTABLE RECORDS IDENTIFYING SUCH PRODUCTION ARE AVAILABLE, from harvested acreage which has been assessed an appraisal of not less than the guarantee per acre, or from other sources (e.g., other units or uninsured acreage) in the same storage structure (if the storage entries include such production).

THIS ENTRY MUST NEVER EXCEED PRODUCTION SHOWN ON THE SAME LINE. EXPLAIN ANY “PRODUCTION NOT TO COUNT” IN THE “NARRATIVE.”

63. **Production Pre-QA:** Result of subtracting column 62 from column 61.

64a.-64b. MAKE NO ENTRY.

65. **Quality Factor:** Refer to subsection 3 A (8) if, due to insured causes, a Federal or State agency has ordered the appraised crop or production to be destroyed, otherwise MAKE NO ENTRY.

66. **Production to Count:** Transfer entry from column 63.

67. Total of column 63. If no entry in column 63, MAKE NO ENTRY.

68. **Section II Total:**

**PRELIMINARY AND WCO:** MAKE NO ENTRY.

**FINAL:** Total of column 66 to whole pounds.

69. **Section I Total:**

**PRELIMINARY:** MAKE NO ENTRY.

**FINAL AND WCO:** Enter figure from Section I, column 38 total.

70. **Unit Total:**

**PRELIMINARY:** MAKE NO ENTRY.

**FINAL AND WCO:** Total of column 68 and column 69, to whole pounds.

71. **Allocated Prod.:** Refer to the LAM for instructions for determining allocated production. Enter the total production, rounded to whole pounds, allocated to this unit that is included in Sections I or II of the Production Worksheet. Document how allocated production was determined and record supporting calculations in the Narrative or on a Special Report.

72. **Total APH Prod.:** Result, rounded to whole pounds, of subtracting the total of column 37 (item 42 “Totals”) and item 71 (Allocated Prod.) from item 70 (Unit Total). If no entries in column 37 and item 71, transfer the entry in item 70. MAKE NO ENTRY when separate APH yields are maintained by type, practice, etc., within the unit.

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

**73. 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 insured's authorized representative's), particularly explaining codes, etc., that may not be readily understood.

Final indemnity inspections should be signed on bottom line.

**74. Adjuster's Signature, Code #, 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.

Final indemnity inspections should be signed on bottom line.

**75. Page:**

**PRELIMINARY:** Page numbers – “1,” “2,” etc., at the time of inspection.

**FINAL AND WCO:** Page numbers - (Example: Page 1 of 1, Page 1 of 2, Page 2 of 2, etc.).

**PRODUCTION WORKSHEET**

1. Crop/Code # <b>MINT 0074</b>	2. Unit # <b>00100</b>	3. Location Description <b>SW1-96N-3W</b>	7. Company Agency <b>ANY COMPANY ANY AGENCY</b>		8. Name of Insured <b>I. M. INSURED</b>				
4. Date(s) of Damage <b>JUN 10</b>	<b>AUG</b>				9. Claim # <b>XXXXXXXXXX</b>	11. Crop Year <b>YYYY</b>			
5. Cause(s) of Damage <b>HAIL</b>	<b>DROUGHT</b>				10. Policy # <b>XXXXXXXXXX</b>				
6. Insured Cause % <b>40</b>	<b>60</b>				14. Date(s) Notice of Loss <b>MM/DD/YYYY</b>	1st	2nd	Final <b>MM/DD/YYYY</b>	
12. Additional Units					15. Companion Policy(s) <b>NONE</b>				
13. Est. Prod. Per Acre									

**SECTION I – DETERMINED ACREAGE APPRAISED, PRODUCTION AND ADJUSTMENTS**

A. ACTUARIAL															B. POTENTIAL YIELD								
16. Field ID	17. Multi-Crop Code	18. Reported Acres	19. Determined Acres	20. Interest or Share	21. Risk	22. Type	23. Class	24. Sub-Class	25. Intended Use	26. Irr Practice	27. Cropping Practice	28. Organic Practice	29. Stage	30. Use of Acreage	31. Appraised Potential	32a. Moisture % Factor	32b. Shell %, Factor, or Value	33. Production Pre QA	34. Quality Factor	35. Production Post QA	36. Uninsured Causes	37. Total to Count	
A	IR		20.0	1.000		090					003		W3	W3									
B	NS		30.0	1.000		090					003		W2	TO SOYBEANS	77		2,310		2,310			2,310	
C	NS		30.0	1.000		090					003		UH	UH	25		750		750			750	
D	NS		50.0	1.000		090					003		H	H									
39. TOTAL			130.0	40. Quality: TW <input type="checkbox"/> KD <input type="checkbox"/> Aflatoxin <input type="checkbox"/> Vomitoxin <input type="checkbox"/> Fumonisin <input type="checkbox"/> Garlicky <input type="checkbox"/> Dark Roast <input type="checkbox"/> Sclerotinia <input type="checkbox"/> Ergoty <input type="checkbox"/> CoFo <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/>												42. TOTALS		3,060		3,060		3,060	
41. Mycotoxins exceed FDA, State or other health organization maximum limits. Yes <input type="checkbox"/>																							

NARRATIVE (If more space is needed, attach a Special Report) **Acreage determined from permanent field measurements. Field a previously paid under the Winter Coverage Option. Field B put to other use with consent during the WCO period. Appraisal on field B will be the approved yield per acre. Field C appraised from representative strips.**

**SECTION II – DETERMINED HARVESTED PRODUCTION**

43. Date Harvest Completed <b>MM/DD/YYYY</b>						44. Damage similar to other farms in the area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						45. Assignment of Indemnity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						46. Transfer of Right to Indemnity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																		
A. MEASUREMENTS						B. GROSS PRODUCTION						C. ADJUSTMENTS TO HARVESTED PRODUCTION																								
47a. Share	47b. Field ID	48. Multi-Crop Code	49. Length or Diameter	50. Width	51. Depth	52. Deduction	53. Net Cubic Feet	54. Conversion Factor	55. Gross Prod.	56. Bu., Ton Lbs. CWT	57. Shell/Sugar Factor	58a. FM% Factor	58b. FM% Factor	59a. Moisture % Factor	59b. Moisture % Factor	60a. Test WT Factor	60b. Test WT Factor	61. Adjusted Production	62. Prod. Not to Count	63. Production Pre-QA	64a. Value Mkt. Price	64b. Value Mkt. Price	65. Quality Factor	66. Production to Count												
		NS	ANY MINT COMPANY ANYTOWN, ANY STATE							450								450		450				450												
67. TOTAL																					450	68. Section II Total		450	69. Section I Total		3,060	70. Unit Total		3,510	71. Allocated Prod.			72. Total APH Prod.		3,510

**PRODUCTION WORKSHEET (WCO EXAMPLE)**

1. Crop/Code # <b>MINT 0074</b>	2. Unit # <b>00100</b>	3. Location Description <b>SW1-96N-3W</b>	7. Company Agency	<b>ANY COMPANY</b>	8. Name of Insured <b>I. M. INSURED</b>
4. Date(s) of Damage <b>JUN 10</b>	<b>AUG</b>			<b>"WINTER COVERAGE OPTION"</b>	9. Claim # <b>XXXXXXXXXX</b>
5. Cause(s) of Damage <b>HAIL</b>	<b>DROUGHT</b>				11. Crop Year <b>YYYY</b>
6. Insured Cause % <b>40</b>	<b>60</b>				10. Policy # <b>XXXXXXXXXX</b>
12. Additional Units					14. Date(s) Notice of Loss <b>MM/DD/YYYY</b>
13. Est. Prod. Per Acre					15. Companion Policy(s) <b>NONE</b>

**SECTION I – DETERMINED ACREAGE APPRAISED, PRODUCTION AND ADJUSTMENTS**

A. ACTUARIAL															B. POTENTIAL YIELD								
16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.	30.	31.	32a.	32b.	33.	34.	35.	36.	37.	38.
Field ID	Multi-Crop Code	Reported Acres	Determined Acres	Interest or Share	Risk	Type	Class	Sub-Class	Intended Use	Irr Practice	Cropping Practice	Organic Practice	Stage	Use of Acreage	Appraised Potential	Moisture % Factor	Shell %, Factor, or Value	Production Pre QA	Quality Factor	Production Post QA	Uninsured Causes	Total to Count	
A	NS		20.0	1.000		090					003		W1	To Soybeans				0			0		0
B	NS		30.0	1.000		090					003		W2	To Soybeans									
C	NS		50.0	1.000		090					003		W2	To Harvest									
39. TOTAL			100.0	40. Quality: TW <input type="checkbox"/> KD <input type="checkbox"/> Aflatoxin <input type="checkbox"/> Vomitoxin <input type="checkbox"/> Fumonisin <input type="checkbox"/> Garlicky <input type="checkbox"/> Dark Roast <input type="checkbox"/> Sclerotinia <input type="checkbox"/> Ergoty <input type="checkbox"/> CoFo <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/>														0		0		0	
														41. Mycotoxins exceed FDA, State or other health organization maximum limits. Yes <input type="checkbox"/>									

NARRATIVE (If more space is needed, attach a Special Report) **ACREAGE DETERMINED FROM PERMANENT FIELD MEASUREMENTS. FIELD A PAYABLE UNDER THE WINTER COVERAGE OPTION. PLANT STAND .3 PLANTS / SQ. FOOT. FIELD B PUT TO OTHER USE WITH CONSENT DURING THE WCO PERIOD. FIELD C NOT PAYABLE UNDER THE WINTER COVERAGE OPTION. PLANT STAND ON FIELD B, 1.5 PLANTS / SQ. FOOT. MINIMUM PLANT STAND IN THE SPOI IS 1.5 PLANTS / SQ. FOOT. FIELD C WILL BE TAKEN TO HARVEST.**

**SECTION II – DETERMINED HARVESTED PRODUCTION**

43. Date Harvest Completed <b>MM/DD/YYYY</b>					44. Damage similar to other farms in the area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					45. Assignment of Indemnity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					46. Transfer of Right to Indemnity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
A. MEASUREMENTS					B. GROSS PRODUCTION					C. ADJUSTMENTS TO HARVESTED PRODUCTION														
47a.	47b.	48.	49.	50.	51.	52.	53.	54.	55.	56.	57.	58a.	58b.	59a.	59b.	60a.	60b.	61.	62.	63.	64a.	64b.	65.	66.
Share	Multi-Crop Code	Length or Diameter	Width	Depth	Deduction	Net Cubic Feet	Conversion Factor	Gross Prod.	Buy Ton (Lbs) CWT	Shell/Sugar Factor	FM% Factor	Moisture % Factor	Test WT Factor	Adjusted Production	Prod. Not to Count	Production Pre-QA	Value Mkt. Price	Quality Factor	Production to Count					
															67. TOTAL					68. Section II Total				
																				69. Section I Total				
																				70. Unit Total				
																				71. Allocated Prod.				
																				72. Total APH Prod.				



## 9. REFERENCE MATERIAL

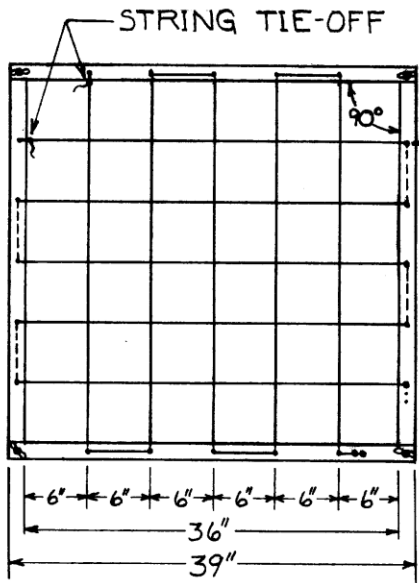
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**TABLE A - MINIMUM REPRESENTATIVE SAMPLE REQUIREMENTS**

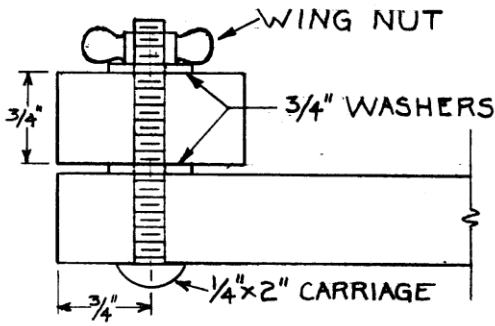
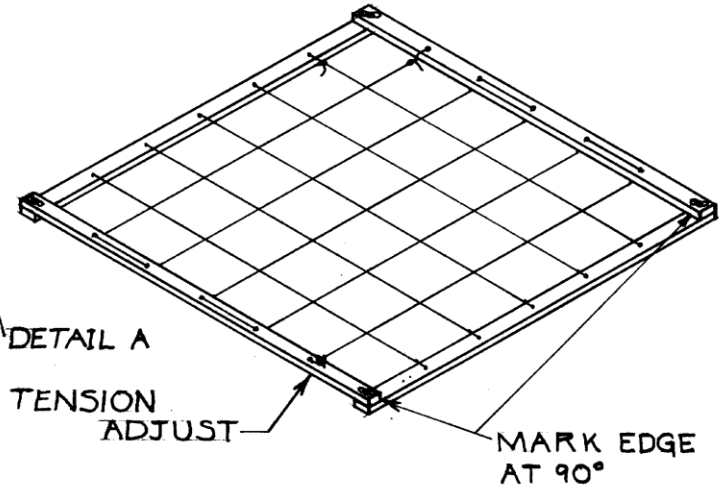
ACRES IN FIELD OR SUBFIELD	MINIMUM NUMBER OF SAMPLES
0.1 - 10.0	3
10.1 - 40.0	4
Add one additional sample for each additional 40.0 acres (or fraction thereof) in the field or subfield.	

# EXHIBIT 1

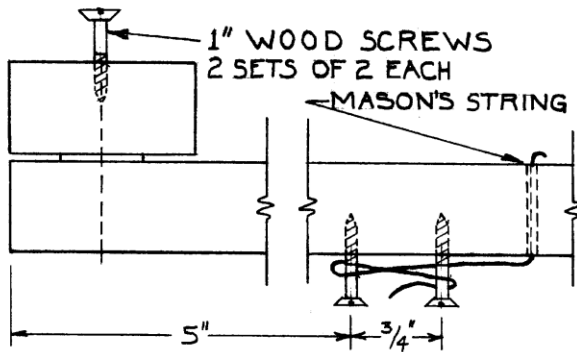
## Collapsible Grid



ALL HOLES  $\frac{3}{32}$ " ON CENTER



DETAIL A



TENSION ADJUST

### MATERIALS

QT.	DESCRIPTION
4	1"x2"x39" WOOD
4	1/4"x2" CARRIAGE BOLTS
4	WING NUTS
8	3/4" WASHERS
4	1" WOOD SCREWS
1	ROLL MASON'S STRING

### NOTES:

- WIDER STOCK MAY BE USED
- INTERIOR DIM. CRITICAL.
- DO NOT INTER-LACE STRING.
- MARK JOINT EDGES AT 90° W/ PENCIL.

DWB 11/98