

## **Appendix C:**

### **Claim Form Entries and Completion Procedures**

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

### **A. GENERAL INFORMATION**

- (1) The claim form (hereafter referred to as “Production Worksheet”) is a progressive form addressing 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 reporting 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 met or 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 insurance provider.
- (5) Instructions labeled "PRELIMINARY" apply to preliminary inspections only. Instructions labeled "FINAL" apply to final inspections only. Instructions not labeled apply to ALL inspections.

**B. FORM ENTRIES AND COMPLETION INFORMATION**

Verify or make the following entries:

**Item**

**No.            Information Required**

- 1.        **Crop/Code #:** “Sweetpotato” (0085).
- 2.        **Unit #:** Five-digit unit number from the Summary of Coverage after it is verified to be correct (e.g., 00100).
- 3.        **Legal Description:** Section, township, and range number or other legal description that identifies the location of the unit.
- 4.        **Date of Damage:** First three letters of the month during which MOST of the insured damage (including progressive damage) occurred for each inspection. Include the SPECIFIC DATE where applicable as in the case of hail damage (e.g., AUG 11).
- 5.        **Cause of Damage:** Name of insured causes 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 the nature of the cause in the Narrative.

**NOTE:** Refer to the Basic Provisions and the Crop Provisions for this crop for information pertaining to insured and uninsured causes of loss.

- 6.        **Primary Cause %:**

**PRELIMINARY:** MAKE NO ENTRY.

**FINAL:** Percent of damage for the primary cause of damage listed in Item 5 above, to the nearest whole percent. The primary cause of damage must exceed 50 percent (e.g., 51% or greater). Enter an “X” for the major secondary cause % of damage.

- 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 insurance provider.
- 10.       **Policy #:** Insured’s assigned policy number.
- 11.       **Crop Year:** Crop year for which the claim is filed, as defined in the policy.
- 12.       **Additional Units:**

**PRELIMINARY: MAKE NO ENTRY.**

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

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

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

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

**PRELIMINARY:**

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

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

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

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

**NOTE:** Refer to the LAM for further information regarding companion contracts.

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

Make separate line entries for varying:

- (1) Rate classes, types, or farming practices;
- (2) APH yields;
- (3) Appraisals;
- (4) Stages or intended uses;
- (5) Shares (e.g., 50 percent and 25 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**

- A.      **Field ID:**** The field identification symbol from a sketch map or an aerial photo. Refer to instructions for the narrative. In the margin (or in a split cell), enter the date of inspection (MM/DD) for the last entry of each inspection.  
**NOTE 1: REFER TO THE LAM FOR INSTRUCTIONS REGARDING ENTRY OF FIRST CROP, SECOND CROP CODES.**

- B.      **Preliminary Acres:****

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

**FINAL:** MAKE NO ENTRY.

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

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

- (a) Put to other use without consent;
- (b) Abandoned;
- (c) Damaged by uninsured causes;
- (d) Not appropriately documented because the insured failed to provide acceptable records of production.

**FINAL:** Enter final acres to tenths.

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

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

C<sub>1</sub> Enter the ACTUAL acres for the field or subfield.

C<sub>2</sub> Enter the REPORTED acres for the field or subfield.



**D. 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.

**E. 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 insurance provider’s instructions. Refer to the LAM.

**F. Practice:** Three-digit code number entered exactly as specified in the actuarial documents, for the practice carried out by the insured. If “No Practice Specified,” enter appropriate three-digit code number from the actuarial documents.

**G. Type/Class/Variety:** Three-digit code number entered exactly as specified in the actuarial documents, for the type grown by the insured. If “No Type Specified,” enter appropriate three-digit code number from the actuarial documents. Indemnities are limited to covered varieties.

**H. Stage:** Enter the appropriate stage abbreviation from the following list.

**STAGE**

**EXPLANATION**

“P” Acreage abandoned without consent, put to other use without consent, damaged solely by uninsured causes, for which the insured failed to provide records of production that are acceptable to the insurance provider, for which notice was not provided according to the crop provisions, or which were not disposed of according to the crop provisions.

“M” Mature.

“I” Immature.

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

**I. Intended or Final Use of Acreage.** Use the following “Intended Use” abbreviations.

<u>USE</u>	<u>EXPLANATION</u>
“To xxxxxx”	Acreage planted to xxxxxx
“WOC”	Other use without consent
“SU”	Solely uninsured causes
“ABA”	Abandoned without consent
“D”.	Destroyed with consent
“H”.	Harvested (Appraisal from check strips or pre-harvest appraisal)
“H/N”.	Harvested (no check strips or pre-harvest appraisal)
“UH”	Unharvested

Verify any “Intended Use” entry. If the 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.” Note the date of verification in the Narrative.

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

- J. Appraised Potential:** Per acre appraisal in hundredweight, to tenths, of POTENTIAL production for the acreage appraised. (Item 15 on Final Sweetpotato Appraisal Worksheet) (Refer to appraisal methods for additional instructions).
- K<sub>1</sub>- K<sub>2</sub>. Moisture % and Factor:** MAKE NO ENTRY.
- L. Shell factor:** MAKE NO ENTRY.
- M. Uninsured Cause:** Enter potential lost to uninsured causes. (Item 16, below the line, on the Final Sweetpotato Appraisal Worksheets.)

**EXPLAIN IN THE NARRATIVE.**

(a) If a Hail and Fire exclusion is NOT in effect.

- (1) Enter NOT LESS than the insured's production guarantee per acre in HUNDREDWEIGHT, to tenths, for the line, (calculated by multiplying the elected coverage level percentage times the approved yield per acre shown on the APH form) for any “P” stage acreage.

**NOTE:** On preliminary inspections, advise the insured to keep the production records from any acreage damaged SOLELY by uninsured causes separate from other production records.

- (2) For acreage that is damaged PARTLY by uninsured causes, enter the APPRAISED UNINSURED PRODUCTION LOSS per acre in HUNDREDWEIGHT, to tenths, for any such acreage. (Refer to Section 9 Appraisal Worksheet Entries and Completion Procedures.)
- (a) Refer to the LAM when a Hail and Fire Exclusion is in effect and damage is from hail or fire.

- (b) Enter the result of adding uninsured cause appraisals to hail and fire exclusion appraisals.

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

- N. Adjusted Potential:** Per acre appraisal in hundredweight, to tenths, of TOTAL POTENTIAL production for the acreage appraised. (Item 19 on Final Sweetpotato Appraisal Worksheet).
- O. Total to Count:** Enter the result of multiplying Column "C" or "C<sub>1</sub>" by Item "N," rounded to tenths.
- P. Per Acre:** Enter the per acre guarantee from the insured's policy for all fields in the unit.
- Q. Total:** Enter the result of multiplying Column "C" or "C<sub>1</sub>" by Item "P," rounded to tenths for all fields in the unit.
- 16. Total Acres:**

**PRELIMINARY:** MAKE NO ENTRY.

**FINAL:** Enter the Total Actual Acres [Column "C" (or "C<sub>1</sub>" if there are under-reported acres)] to tenths.

**NOTE:** FOR ITEM 17. WHEN SEPARATE LINE ENTRIES ARE MADE FOR VARYING SHARES, STAGES, APPROVED YIELDS, PRICE ELECTIONS, TYPES, ETC., WITHIN THE UNIT, AND TOTALS NEED TO BE KEPT SEPARATE FOR CALCULATING INDEMNITIES, MAKE NO ENTRY AND FOLLOW THE INSURANCE PROVIDER'S INSTRUCTIONS; OTHERWISE, MAKE THE FOLLOWING ENTRIES.

- 17. Totals:**

**PRELIMINARY:** MAKE NO ENTRY.

**FINAL:** Enter the total of Column "O" and total of Column "Q."

**NARRATIVE:**

If more space is needed, document on a Special Report, and enter "Refer to Special Report." Attach the Special Report to the Production Worksheet.

- (a) If no acreage is released on the unit, enter "No acreage released," adjuster's initials, and date.
- (b) If notice of damage was given and "No Inspection" is necessary, enter the unit number(s), "No Inspection," date, and adjuster's initials. The insured's signature is not required.
- (c) Explain any uninsured causes, unusual, or controversial cases.
- (d) If there is an appraisal in Section I, Column M for uninsured causes due to a hail/fire exclusion, show the original hail/fire liability per acre and the

- hail/fire indemnity per acre.
- (e) Document the actual appraisal date if an appraisal was performed prior to the adjuster's signature date on the appraisal worksheet, and the date of the appraisal is not recorded on the appraisal worksheet.
  - (f) State that there is "No other fire insurance" when fire damages or destroys the insured crop and it is determined that the insured has no other fire insurance. (Also 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 "O," and/or any production not included in Section II, Column I or Column B - E 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 19.
  - (k) Attach a sketch map or aerial photograph to identify the total unit:
    - (1) If consent is or has been given to put part of the unit to another use.
    - (2) If uninsured causes are present; or
    - (3) For unusual or controversial cases.

**NOTE:** Indicate on the sketch map or aerial photo 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 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 insurance provider's instructions.
- (o) Explain any delayed notices or delayed claims as instructed in the LAM.
- (p) Document any authorized estimated acres shown in Section I, Column C as follows: "Line 3 'E' acres authorized by insurance provider MM/DD/YYYY."
- (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. Document the laboratory performing confirming assessment.
- (s) Document the appraisal for uninsured causes of loss, if applicable.
- (t) Document field ID's and any other pertinent information including any data to support factors used to calculate production. For further documentation instructions refer to the LAM.

## SECTION II - HARVESTED PRODUCTION

### A. GENERAL INFORMATION

- (1) Check strip appraisals, the guarantee, and harvest records (sales receipts, weight tickets, and stored on location calculation) are use to establish production to count of harvested acreage for indemnity determinations.
- (2) Account for ALL HARVESTED PRODUCTION (for **ALL ENTITIES** sharing in the crop).
- (3) Columns "B" through "E" are for structure measurement entries (Rectangular, Round, Square, Conical Pile, etc.). If structures are a combination of shapes, break into a series of average measurements, if possible. Enter "Odd Shape" if production is stored in an odd shaped structure. Document measurements on a Special Report or other FCIC-approved worksheet used for this purpose.
- (3) If farm-stored production has been weighed prior to storage and acceptable weight tickets are available showing gross weights, enter "Weighed and Stored on Farm" in Columns "B" through "E." (Refer to the LAM for acceptable weight tickets.)
- (4) For production commercially stored, sold, etc., make entries in the spaces reserved for Items B through E as follows:
  - (a) Name of storage facility or buyer.
  - (b) Address of storage facility or buyer.
- (5) If acceptable sales records or weight tickets are not available, refer to the LAM.
- (6) If additional lines are necessary, the data may be entered on a continuation sheet.

#### USE SEPARATE LINES FOR:

- (a) Separate storage structures.
- (b) Varying names and addresses of buyers of sold production, and different FIRST handlers (buyers, packinghouses, or processors). The insured must have maintained satisfactory records of ALL production sold or stored. Verify any packinghouse or processor records.

**NOTE:** In all localities, if the first handler was not a packer or processor, the production will be determined by the adjuster on the basis of available records.

- (c) Varying shares; e.g., 50 percent and 75 percent shares on same unit.
  - (d) Conical piles. Do NOT add the cone in the top or bottom of a bin to the height of other production in the structure. For computing the production in cones and conical piles, refer to the LAM.
- (7) There will generally be no harvested production entries in Columns A through S for preliminary inspections.
  - (8) If there is harvested production from more than one insured practice (or type) and a separate approved yield has been established for each, the harvested production must also be entered on separate lines in Column I.

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 if harvest is made from check strips after harvest. Refer to the LAM.)

**PRELIMINARY:** MAKE NO ENTRY.

**FINAL:**

- (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.

- 19. Similar Damage:**

**PRELIMINARY:** MAKE NO ENTRY.

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

- 20. Assignment of Indemnity:** Check “Yes” **only** if an assignment of indemnity is in effect for the crop year; otherwise, check “No.” (Refer to the LAM.)

- 21. Transfer of Right to Indemnity:** Check “Yes” only if a transfer of right to indemnity is in effect for the unit for the crop year; otherwise, check “No.” (Refer to the LAM.)

- A<sub>1</sub>. Share:** RECORD ONLY VARYING SHARES on the SAME unit as a decimal to three decimal places.

- A<sub>2</sub>. Field ID:** Note the Field ID for all fields that were harvested.

- (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, item “A”).

**NOTE: REFER TO THE LAM FOR INSTRUCTIONS REGARDING ENTRY**

## OF FIRST CROP, SECOND CROP CODES.

- B. Length or Diameter:** Internal measurement in feet, to tenths, of structural space occupied by crop.
- (a) Length if rectangular or square.
  - (b) Diameter if round or conical pile. Refer to the LAM to convert circumference to diameter if internal diameter measurement is not possible.
- C. Width:** Internal width measurement in feet, to tenths, of space occupied by crop in structure if rectangular or square. If round, enter "RND." If conical pile, enter "Cone."
- D. Depth:** Depth measurement in feet, to tenths, of space occupied by crop in rectangular, round, or square structure. If conical pile, enter the height of the cone. (Refer to the LAM if there is production in the storage structure from other units or sources.)
- E. Deductions:** Cubic feet, to tenths, of crop space displaced by chutes, vents, studs, crossies, etc. (Refer to the LAM for computation instructions.)
- F. Net Cubic Feet:** Net cubic feet of crop in the storage structure. Refer to the LAM for computation instructions.
- G. Conversion Factor:** Enter Conversion Factor as 0.4283.
- H. Gross Production:** Multiply Column "F" times Column "G," rounded to tenths.
- I. Bu., Ton, Lbs., Cwt.:** Circle "Cwt." in column heading. Production in hundred weight, to tenths.
- (a) Weighed and stored on the farm.
  - (b) Sold and/or stored in commercial storage - obtain gross harvested production for the UNIT from the summary and/or settlement sheets. (Individual load slips only WILL NOT suffice unless the storage facility or buyer WILL NOT provide summary and/or settlement sheets to the insured, and this is documented in the Narrative.)
  - (c) Stored in odd-shaped structures. The adjuster must compute the amount of gross production. (Refer to the LAM for cubic footage and production computations). A copy of ALL production calculations must be left in the file folder.
- J. - M2. MAKE NO ENTRY.**
- N. Adjusted Production:** Repeat the entry from Column "H" or "I."
- O. Production Not to Count:** Net production NOT to count, in hundredweight, to tenths, WHEN ACCEPTABLE RECORDS IDENTIFYING SUCH PRODUCTION ARE AVAILABLE 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.

**NOTE:** Make no entry if only the depth for production to count has been entered in column D, and the depth for production not to count has been entered in the Narrative. (Refer to the example in the LAM.)

**P. Production:** Result of subtracting the entry in Column “O” from Column “N,” to tenths.

**Q1. - R.: MAKE NO ENTRY.**

**S. Production to Count:**

- (a) For acreage that was harvested without leaving appropriate check strips as directed by the insurance provider, make no entry unless the stored/sold production is greater than the production guarantee. In that case, line out the uninsured production recorded for the acreage in Section I and enter the stored/sold production in Section II.
- (b) For harvested acreage appraised before harvest, or for acreage on which check strips were left in all fields or subfields and appraised after harvest, enter the greater of the stored/sold production or the appraised production.

**NOTE:** FOR ITEMS 22 - 24. WHEN SEPARATE LINE ENTRIES ARE MADE FOR VARYING SHARES, STAGES, APPROVED YIELDS, PRICE ELECTIONS, TYPES, ETC., WITHIN THE UNIT AND TOTALS NEED TO BE KEPT SEPARATE FOR CALCULATING INDEMNITIES, MAKE NO ENTRY AND FOLLOW THE INSURANCE PROVIDER’S INSTRUCTIONS; OTHERWISE MAKE THE FOLLOWING ENTRIES.

**22. Section II Total:**

**PRELIMINARY:** MAKE NO ENTRY.

**FINAL:** Enter the total production to count from Column S above.

**23. Section I Total:**

**PRELIMINARY:** MAKE NO ENTRY.

**FINAL:** Enter figure from Section I Column “O” total.

**24. Unit Total:** Enter the sum of the value from line 22 and the value from line 23 as unit total production to count.

**25. 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.

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

- 26. Insured's Signature and Date:** Insured's (or insured's authorized representative's) signature and date. BEFORE obtaining insured's signature, REVIEW ALL ENTRIES on the Production Worksheet WITH THE INSURED, particularly explaining codes, etc., that may not be readily understood.

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

- 27. Page Numbers:** Page numbers - (**EXAMPLE:** Page 1 of 1, Page 1 of 2, Page 2 of 2, etc.).

1. Crop/Code # <b>SWEETPOTATO 0085</b>	2. Unit # <b>00100</b>	3. Legal Description <b>XXXXXXXXXX</b>
4. Date of Damage <b>MMM DD</b>	<b>MMM DD</b>	
5. Cause of Damage <b>HAIL</b>	<b>FREEZE</b>	
6. Primary Cause % <b>80</b>	<b>X</b>	
12. Additional Units		
13. Est. Prod. Per Acre		

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

7. Company  
Agency **THE COMPANY  
THE AGENCY**

8. Name of Insured <b>I.M. INSURED</b>			
9. Claim # <b>XXXXXXX</b>		11. Crop Year <b>YYYY</b>	
10. Policy # <b>XX-XXX-XXXX</b>			
14. Date(s) Notice of Loss	1 <sup>st</sup> <b>MM/DD/YYYY</b>	2 <sup>nd</sup> <b>MM/DD/YYYY</b>	Final <b>MM/DD/YYYY</b>
15. Companion Policy(s)			

**SECTION I - ACREAGE APPRAISED, PRODUCTION AND ADJUSTMENTS**

ACTUARIAL									POTENTIAL YIELD						STAGE GUARANTEE	
A	B	C	D	E	F	G	H	I	J	K <sub>1</sub> K <sub>2</sub> Moisture % Factor	L	M	N	O	P	Q
Field ID	Prelim Acres	Final Acres	Interest or Share	Risk	Practice	Type Class	Stage	Intended or Final Use	Appraised Potential		Shell and/or Quality Factor	+ Uninsured Cause	Adjusted Potential	Total To Count (C x N)	Per Acre	Total (C x P)
<b>A</b> MM/DD		<b>0.1</b>	<b>1.000</b>	<b>A01</b>	<b>002</b>	<b>097</b>	<b>M</b>	<b>UH</b>	<b>60.0</b>			<b>8.0</b>	<b>68.0</b>	<b>6.8</b>	<b>100.0</b>	<b>10.0</b>
<b>B</b> MM/DD		<b>1.9</b>	<b>1.000</b>	<b>A01</b>	<b>002</b>	<b>097</b>	<b>M</b>	<b>H</b>	<b>93.0</b>			<b>3.4</b>	<b>96.4</b>	<b>183.1</b>	<b>100.0</b>	<b>190.0</b>
<b>C</b> MM/DD		<b>18.0</b>	<b>1.000</b>	<b>A01</b>	<b>002</b>	<b>097</b>	<b>M</b>	<b>H/N</b>				<b>100.0</b>	<b>100.0</b>	<b>1,800.0</b>	<b>100.0</b>	<b>1,800.0</b>
16. TOTAL		<b>20.0</b>												17. TOTALS	<b>1,989.9</b>	<b>2,000.00</b>

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

No acreage released I. M. A. See attached map for field identification. Field A and B – samples take to local inspector. Field A had 8.0 cwt./acre uninsured damage due to improper insect control. Field B had 3.4 cwt./acre uninsured damage due to improper insect control. Oversprayed with pesticides XYZ laboratories. All fields are permanent with acreage measurements on file with insurance company. Field A to be destroyed MM/DD. For field C, harvested but no check strips were left, production to count for Field C at the production guarantee since it is greater than the actual amount harvested.

**SECTION II – HARVESTED PRODUCTION**

18 Date Harvest Completed <b>MM/DD/YYYY</b>				19 Is damage similar to other farms in the area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				20 Assignment of Indemnity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				21 Transfer of Right To Indemnity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
MEASUREMENTS					GROSS PRODUCTION					ADJUSTMENTS TO HARVESTED PRODUCTION									
A <sub>1</sub> A <sub>2</sub> Share Field ID	B Length or Diameter	C Width	D Depth	E Deduction	F Net Cubic Feet	G Conversion Factor	H Gross Prod. (F x G)	I Bu. Ton Lb. Cwt.	J Shell/Sugar Factor	K <sub>1</sub> K <sub>2</sub> FM% Factor	L <sub>1</sub> L <sub>2</sub> Moisture% Factor	M <sub>1</sub> M <sub>2</sub> Test Wt. Factor	N Adjusted Production (H x I x K <sub>1</sub> x L <sub>1</sub> x M <sub>1</sub> )	O Prod. Not to Count	P Production (N - O)	Q <sub>1</sub> Q <sub>2</sub> Value Mkt. Price	R Quality Factor (Q <sub>1</sub> ÷ Q <sub>2</sub> )	S Production To Count (P x R)	
<b>C</b>	Any Elevator Company, Any town, Any State				<b>785.4</b>	<b>0.4283</b>	<b>366.4</b>	<b>1,200.0</b>					<b>1,200.0</b>						<b>1,800.0*</b>
<b>C</b>	<b>10.0</b>	<b>RND</b>	<b>10.0</b>		<b>785.4</b>	<b>0.4283</b>	<b>366.4</b>						<b>366.4</b>						
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 other federal statutes															22 Section II Total		<b>1,800.0</b>		
															23 Section I Total		<b>189.9</b>		
															24 Unit Total		<b>1,989.9</b>		
25 Adjuster's Signature					Code #	Date	26 Insured's Signature					Date	27 Page <u>1</u> of <u>1</u>						
1 <sup>st</sup> Inspection					<b>I. M. ADJUSTER XXXXX</b>	<b>XXXXX</b>	<b>MM/DD/YYYY</b>	1 <sup>st</sup> Inspection								<b>I. M. INSURED</b>	<b>MM/DD/YYYY</b>		
2 <sup>nd</sup> Inspection							2 <sup>nd</sup> Inspection												
Final Inspection					<b>I. M. ADJUSTER XXXXX</b>	<b>XXXXX</b>	<b>MM/DD/YYYY</b>	Final Inspection								<b>I. M. INSURED</b>	<b>MM/DD/YYYY</b>		

\* For field C, Production to Count at the guarantee level because check strips were not left.

<b>SWEETPOTATO GROWING SEASON INSPECTION WORKSHEET</b>	<b>PART I:</b>					
	1 NAME OF INSURED			2 POLICY NO.		3 COUNTY
	4 UNIT NUMBER / FSA FARM No.			5 VARIETY		6 STAGE

**PART II:**

Field ID/ Planting Density	Number of Acres	Number of Plants/ Samples	Fraction of Crop Sampled	Date Planted/ Stage	Guarantee	Sample Plants Destroyed by Insured Causes	Sample Plants Damaged by Insured Causes	Sample Plants Destroyed by Uninsured Causes	Sample Plants Damaged by Uninsured Causes	Damage Cause Ratios	Total Uninsured Plant Losses	Total Uninsured Production Loss to Count
7	8	9	10	11	12	13	14	15	16	17	18	19

**Part III.**

20	21	22	23	24	20	21	22	23	24	20	21	22	23	24	20	21	22	23	24	20	21	22	23	24	20	21	22	23	24																		
Sample Number	Destroyed by Insured Causes	Damaged by Insured Causes	Destroyed by Uninsured Causes	Damaged by Uninsured Causes	Sample Number	Destroyed by Insured Causes	Damaged by Insured Causes	Destroyed by Uninsured Causes	Damaged by Uninsured Causes	Sample Number	Destroyed by Insured Causes	Damaged by Insured Causes	Destroyed by Uninsured Causes	Damaged by Uninsured Causes	Sample Number	Destroyed by Insured Causes	Damaged by Insured Causes	Destroyed by Uninsured Causes	Damaged by Uninsured Causes	Sample Number	Destroyed by Insured Causes	Damaged by Insured Causes	Destroyed by Uninsured Causes	Damaged by Uninsured Causes	Sample Number	Destroyed by Insured Causes	Damaged by Insured Causes	Destroyed by Uninsured Causes	Damaged by Uninsured Causes																		
1					16					31					46					61					76					91																	
2					17					32					47					62					77					92																	
3					18					33					48					63					78					93																	
4					19					34					49					64					79					94																	
5					20					35					50					65					80					95																	
6					21					36					51					66					81					96																	
7					22					37					52					67					82					97																	
8					23					38					53					68					83					98																	
9					24					39					54					69					84					99																	
10					25					40					55					70					85					100																	
11					26					41					56					71					86																						
12					27					42					57					72					87																						
13					28					43					58					73					88																						
14					29					44					59					74					89																						
15					30					45					60					75					90																						
25 SIGNATURE OF INSURED										DATE										26 SIGNATURE OF ADJUSTER										DATE										<b>TOTALS</b>							

# SWEETPOTATO GROWING SEASON INSPECTION WORKSHEET (continuation)

<b>PART I:</b>					
1 NAME OF INSURED			2 POLICY NO.		3 COUNTY
4 UNIT NUMBER / FSA FARM No.			5 VARIETY		6 STAGE

**PART III:**

20	21	22	23	24	20	21	22	23	24	20	21	22	23	24	20	21	22	23	24	20	21	22	23	24	20	21	22	23	24	
Sample Number	Destroyed by Insured Causes	Damaged by Insured Causes	Destroyed by Uninsured Causes	Damaged by Uninsured Causes	Sample Number	Destroyed by Insured Causes	Damaged by Insured Causes	Destroyed by Uninsured Causes	Damaged by Uninsured Causes	Sample Number	Destroyed by Insured Causes	Damaged by Insured Causes	Destroyed by Uninsured Causes	Damaged by Uninsured Causes	Sample Number	Destroyed by Insured Causes	Damaged by Insured Causes	Destroyed by Uninsured Causes	Damaged by Uninsured Causes	Sample Number	Destroyed by Insured Causes	Damaged by Insured Causes	Destroyed by Uninsured Causes	Damaged by Uninsured Causes	Sample Number	Destroyed by Insured Causes	Damaged by Insured Causes	Destroyed by Uninsured Causes	Damaged by Uninsured Causes	
1					26					51					76					101					126					151
2					27					52					77					102					127					152
3					28					53					78					103					128					153
4					29					54					79					104					129					154
5					30					55					80					105					130					155
6					31					56					81					106					131					156
7					32					57					82					107					132					157
8					33					58					83					108					133					158
9					34					59					84					109					134					159
10					35					60					85					110					135					160
11					36					61					86					111					136					161
12					37					62					87					112					137					162
13					38					63					88					113					138					163
14					39					64					89					114					139					164
15					40					65					90					115					140					165
16					41					66					91					116					141					166
17					42					67					92					117					142					167
18					43					68					93					118					143					168
19					44					69					94					119					144					169
20					45					70					95					120					145					170
21					46					71					96					121					146					171
22					47					72					97					122					147					172
23					48					73					98					123					148					173
24					49					74					99					124					149					174
25					50					75					100					125					150					175

TOTAL				
PREVIOUS TOTAL				
CUMULATIVE TOTAL				

