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

Record Code: P22

Reinsurance Year: 2016 Version: Approved Release Date: 12/6/2018

<u>Insurance Plan Code</u> 50 Dollar Amount of Insurance

Commedity Code									
Commodity Code		0073 Nursery	1		1	I	T		
	Coloulations	<u>Field</u>	Record	<u>Field</u>	<u>Field</u> Format	<u>Field</u>	Rules		
<u>Calculations</u>		<u>Name</u>	Number	<u>Number</u>	Rounding	Rules			
Section 1: Loss Guarantee Calculation When Coverage Type Code EQUAL "A" and Unit Division Code equal "T":		Unadjusted Loss Amount	Internal		S999999999	None	Unadjusted Loss Amount will be by each individual record.		
Unadjusted Loss Amount = Field Market Value A - Field Market Value B		Field Market Value A	P22	24	99999999	None	Field Market Value A will be by each individual record. For Liners (Type Code '071'), Field Market Value A will have the Survival Factor applied.		
		Field Market Value B	P22	25	99999999	None	Field Market Value B will be by each individual record.		
= Adjusted Loss Amount =	When Over Under Reporting Factor Code EQUAL "U":	Adjusted Loss Amount	P22	44	\$99999999	Round to whole number	Adjusted Loss Amount will be by each individual record.		
	Unadjusted Loss Amount * Over Under Reporting Factor								
	When Over Under Reporting Factor Code EQUAL "O":	Over Under Reporting Factor	P22	23	9.999	None	Over Under Reporting Factor must be the same for all records within the same Pract Code, Claim Number and Inventory Inspection Number.		
	Unadjusted Loss Amount * (1 - Over Under Reporting Factor)								
When Coverage Type Code is EQUAL "C", or "A' with Unit Division Code equal "S": Unadjusted Loss Amount = Field Market Value A - (Field Market Value B		Unadjusted Loss Amount	Internal		S99999999	None	Unadjusted Loss Amount will be by each individual record.		
		Field Market Value A	P22	24	999999999	None	Field Market Value A will be by each individual record. For Liners (Type Code '071'), Field Market Value A will have the Survival Factor applied.		
		Field Market Value B	P22	25	99999999	None	Field Market Value B will be by each individual record.		
	When Over Under Reporting Factor Code EQUAL "U":								
= Adjusted Loss Amount =	Unadjusted Loss Amount * Over Under Reporting Factor	Unadjusted Loss Amount (summed)	Internal		S999999999	None	Summed for Unit.		
	When Over Under Reporting Factor Code EQUAL "O":	Adjusted Loss Amount	P22	44	\$99999999	Round to whole number	Adjusted Loss Amount will be the same for all records within the same Practice Code Claim Number and Inventory Inspection Number when Coverage Type Code equal "C" or "A" with Unit Division Code equal		
	Unadjusted Loss Amount * (1 - Over Under Reporting Factor)	Over Under Reporting Factor	P22	23	9.999	None	Over Under Reporting Factor must be the same for all records within the same Prac Code, Claim Number and Inventory Inspection Number.		

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Exhibit Name: Indemnity Calculation
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Insurance Plan Code 50 Dollar Amount of Insurance

Insurance Plan Code	50 Dollar Amount of Insurance								
Commodity Code	0073 Nursery								
<u>Calculations</u>	<u>Field</u> <u>Name</u>	Record Number	<u>Field</u> Number	<u>Field</u> Format	<u>Field</u> <u>Rounding</u>	<u>Rules</u>			
Section 2: Indemnity Calculation									
	Unadjusted Indemnity Amount	P22		599999999	Round to whole number	Unadjusted Indemnity Amount will be the same for all records within the same Practice Code, Claim Number and Inventory Inspection Number when Coverage Type Code equals "C" or "A" with Unit Division Code equal "S".			
Unadjusted Indemnity = Adjusted Loss Amount - Occurrence Deductible Amount Amount	Occurrence Deductible Amount	P22	28	99999999	None	Occurrence Deductible Amount for under reporting must equal lesser of: Field Market Value A * (1.000 - Coverage Level Percent) * Under Reporting Factor 'OR' Effective Crop Year Deductible. Occurrence Deductible Amount for over reporting must equal lesser of: Field Market Value A * (1.000 - Coverage Level Percent) * Over Reporting Factor + 1.000 'OR' Effective Crop Year Deductible. Occurrence Deductible Amount will be the same for all records within the same Practice Code, Claim Number and Inventory Inspection Number when Coverage Type Code equals "C" or "A" with Unit Division Code equal "S".			
The lesser of:	Preliminary Indemnity Amount	P22	46	S9999999999	None	Preliminary Indemnity Amount will be the same for all records within the same Practice Code, Claim Number and Inventory Inspection Number when Coverage Type Code equals "C" or "A" with Unit Division Code equal "S".			
Preliminary Indemnity Amount Or Amount Unadjusted Indemnity Amount	XPS Effective Insurance Amount	P22	22	999999999	None	XPS Effective Insurance Amount will be the same for all records within the same Practice Code, Claim Number and Inventory Inspection Number when Coverage Type Code equals "C" or "A" with Unit Division Code equal "S".			

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Exhibit Name: Indemnity Calculation **Exhibit Number:** P22-2, Plan 50

Record Name: Inventory Value Claim
Record Code: P22

Reinsurance Year: 2016

Version: Approved

Release Date: 12/6/2018

Release Date: 12/6/2018 Record Code: P22 50 Dollar Amount of Insurance **Insurance Plan Code Commodity Code** 0073 Nursery Field **Field** Record **Field** Field Calculations Name Number Number Format Rounding Rules Indemnity Amount will be the same for all records within the same Practice Code, Round to whole number Indemnity Amount P22 41 S999999999 Claim Number and Inventory Inspection Number when Coverage Type Code equals Indemnity Amount = * Price Election Percent Preliminary Indemnity Amount * Insured Share Percent "C" or "A" with Unit Division Code equal "S" Insured Share Percent P22 29 9.999 None Price Election Percent P14 35 9.9999 None Rehabilitation Payment Section 3 Rehabilitation Payment Calculation When Insurance Option Code List contains Rehabilitation Payment, "RH": P22 41 S999999999 Indemnity Amount Round to whole number The Lesser of: Actual Rehab Amount P22 39 999999999 = Actual Rehab Amount * Over Under Reporting Factor P22 23 9.999 Over Under Reporting Factor None P22 36 999999999 Rehabilitation Plant Amount None Indemnity Amount Coverage Level Percent P14 34 9.9999 None (Rehabilitation Plant Amount * .075) * Over Under = Reporting Factor * Coverage Level Percent * Insured Insured Share Percent P22 29 9.999 None Share Percent

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