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Federal Crop
Insurance
Corporation



Product
Administration and
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ALMOND LOSS ADJUSTMENT STANDARDS HANDBOOK

2012 and Succeeding Crop Years

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

FEDERAL CROP INSURANCE HANDBOOK		NUMBER: 25020 (08-2010) 25020-1 (07-2011)	
SUBJECT: ALMOND LOSS ADJUSTMENT STANDARDS HANDBOOK 2012 AND SUCCEEDING CROP YEARS		OPI: Product Administration and Standards Division	
		APPROVED: /S/ Tim B. Witt Deputy Administrator, Product Management	DATE: 7/21/11

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 the 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 asterisks (***) indicate where information has been removed.

- A. Updated and corrected language in Subsection 7C, Item 22 to address entry of uninsured loss appraisals on the Production Worksheet.
- B. Added instructions under Subsection 8B(3) on how to handle entry of denied claims on the Production Worksheet.
- C. Removed language in Subsection 8C, Item 5 that directed adjuster to enter "DC" for denied claim.
- D. Added language in Subsection 8C, Section I, Items 35, 36, 40, & 41 to comply with the possibility of a State or Federal mandated destruction of a crop as specified in Subsection 15(j) of the Basic Provisions.
- E. Added language in Subsection 8C, Section I, Narrative to comply with the possibility of a State or Federal mandated destruction of a crop as specified in Subsection 15(j) of the Basic Provisions.
- F. Added language in Subsection 8C, Section II, Item 65 to comply with the possibility of a State or Federal mandated destruction of a crop as specified in Subsection 15(j) of the Basic Provisions.

ALMOND LOSS ADJUSTMENT STANDARDS HANDBOOK

SUMMARY OF CHANGES/CONTROL CHART (continued)

Control Chart For: Almond Loss Adjustment Standards Handbook							
	SC Page(s)	TC Page(s)	Text Page(s)	Reference Material	Exhibit(s)	Date	Directive Number
Remove	1-2		5-6 9-10 13-14 17-26			9/2010	FCIC-25020
Insert	1-2		5-6 9-10 13-14 17-26			7/2011	FCIC-25020-1
Current Index	1-2	1-2	1-4 5-6 7-8 9-10 11-12 13-14 15-16 17-26	27-29	30	7/2011 9/2010 7/2011 9/2010 7/2011 9/2010 7/2011 9/2010 7/2011 9/2010	FCIC-25020-1 FCIC-25020 FCIC-25020-1 FCIC-25020 FCIC-25020-1 FCIC-25020 FCIC-25020-1 FCIC-25020 FCIC-25020-1 FCIC-25020

FORMULA:

$$\frac{\text{Number of Rows Planted to a Single Variety}}{\text{Total Rows in the Planting Pattern}} = \text{Percent Variety in Unit or Plot, Round to Nearest Whole Percent}$$

EXAMPLE:

A 20.0 acre orchard is planted to three varieties (Variety 1, Variety 2, and Variety 3) in a four row pattern (1-1-1-1). The first row is Variety 1, the second and fourth rows are Variety 2, and the third row is Variety 3. Variety distribution is as follows:

$$\text{Variety 1} = 1 \text{ row} \div 4 \text{ rows} = .25 \text{ or } 5.0 \text{ acres}$$

$$\text{Variety 2} = 2 \text{ rows} \div 4 \text{ rows} = .50 \text{ or } 10.0 \text{ acres}$$

$$\text{Variety 3} = 1 \text{ row} \div 4 \text{ rows} = .25 \text{ or } 5.0 \text{ acres}$$

D. HANDLING APPRAISAL DISCREPANCIES

If the insured disagrees with the appraisal, make arrangements for leaving representative trees UNHARVESTED and for inspecting those trees when the almonds are ready to harvest (harvest-appraisal). The adjuster and insured should jointly determine the trees to be selected for this representative sample. Make a sketch map of the orchard and mark the sample trees by row number and tree count within the chosen row. An adjuster must be present when the representative trees are harvested.

5. APPRAISAL METHODS**A. GENERAL INFORMATION**

These instructions provide information on appraisal methods for:

Appraisal Method.....	Use....
Nut Count Appraisals	to appraise nuts on the tree prior to harvest that are taken from representative sample trees.
Representative Tree Appraisals	the production from representative trees to determine the appraisal.
Harvested Acreage Appraisals	the average yield per acre from harvested acreage as the appraisal per acre for unharvested acreage.

B. NUT COUNT APPRAISAL METHOD

- (1) Use the Fig/Nut Tree Appraisal Worksheet to record nut counts taken from sample trees (refer to section 4 B above for sampling requirements).
- (2) Determine the percent of acreage occupied by each variety for the acreage being appraised (see Subsection 4C).
- (3) By variety, count the total number of nuts on the sample trees (include nuts damaged by uninsured causes), and record nut counts on the Fig/Nut Tree Appraisal Worksheet.
- (4) Total the number of nuts from all sample trees and divide by the number of trees in the sample.
- (5) **Divide** the result from (4) above by the nut size factor (from **TABLE B**) for the variety being appraised to determine the average pounds of nuts per tree.
- (6) Next multiply by the number of bearing trees per acre to determine the number of whole pounds of nuts per acre for the variety.
- (7) If more than one variety is **on** the acreage being appraised, multiply the number of whole pounds of nuts per acre for each variety by the percent determined in (2) above to determine the number of whole pounds of nuts per acre by variety.
- (8) Add the number of pounds of nuts per acre for all varieties to determine the appraised number of whole pounds of nuts per acre. Transfer the appraisal per acre to column 31 or column 37 of the Production Worksheet for uninsured cause of damage appraisals after multiplying by the number of acres in item 19 on the PW (refer to section 8 below).

C. HARVESTED APPRAISAL METHODS

- (1) **Representative Tree Appraisals:** When representative harvested **almond** trees are used for the appraisal, the adjuster and insured will jointly select representative sample trees that reflect the type and severity of insured crop damage in the unit/orchard. The adjuster will make arrangements with the insured to do a field inspection while the insured harvests the selected representative sample trees. During the field inspection, the adjuster will:
 - (a) Determine the amount of appraised potential production on each sample tree as described in section 5 B above, and
 - (b) Document the amount of potential appraised production on the appraisal worksheet as described in section 7 below.
- (2) **Representative Harvested Acreage Appraisals:** DO NOT USE THIS METHOD if the unharvested acreage will be harvested. Use this method to determine potential production when more than 50 percent of the acreage in the unit is harvested, **and** only when the harvested acreage can be verified as being representative of the unharvested acreage.

9. **Acres:** Number of determined acres to tenths for the variety being appraised. Use separate lines for each variety in the orchard/block being appraised.
10. **Number of Figs/Nuts per Tree:** Number of nuts from each sample tree (do not include nuts damaged by uninsured causes). If necessary, use additional lines to record nut counts for all sample trees. Appraise nuts damaged by uninsured causes on a separate appraisal worksheet. Document in the Remarks any uninsured causes of loss or failure to follow good farming practices.
11. **Total Figs/Nuts all Trees:** Total nuts from item 10 from all sample trees.
12. **Number Trees in Sample:** Total number of sample trees.
13. **Average Figs/Nuts Tree:** Item 11 divided by item 12, whole nuts.
14. **Figs/Nuts Lb. for Variety:** Number of nuts per pound for the variety (refer to **TABLE B**).
15. **Average Pounds per Tree:** Item 13 divided by item 14, rounded to two decimal places.
16. **Bearing Trees per Acre:** Determine tree spacing for the variety and enter the number of bearing trees per acre from Table C. Enter tree spacing in Remarks (refer to **TABLE C**).
17. **Figs/Nuts Pounds per Acre:** Item 15 times item 16, in whole pounds.
18. **Reject Factor:** MAKE NO ENTRY.
19. **Net Nut Lbs. per Acre:** MAKE NO ENTRY.
20. **% Acres for Variety:** Item 9 divided by item 5, rounded to two-decimal places (refer to subsection 4C for more information).
21. **Figs/Nuts Acre for Variety:** Item 17 times item 20, in whole pounds.
22. **Appraisal (Lbs./A.):** Total of all item 21 entries, in whole pounds. Transfer the entry to item 31 on the Production Worksheet. For uninsured cause of loss appraisals, multiply the uninsured cause per acre appraisal by item 19 in the Production Worksheet, and enter this result in item 37 of the Production Worksheet.
23. **Remarks:** Document the following on the appraisal worksheet or on a Special Report:
 - a. Acreage determinations for items 5 and 9;
 - b. The reasons for uninsured cause of loss appraisals and any applicable calculations;
 - c. Whether the appraisal was a Nut Count Appraisal or a Harvested Sample Appraisal;
 - d. Determined tree spacing; and
 - e. Any other pertinent information about the appraisal.

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

24. **Insured's Signature and Date:** Insured's (or insured's authorized representative's) signature and date. **BEFORE** obtaining the signature, **REVIEW ALL ENTRIES** on the Appraisal Worksheet **WITH THE INSURED** (or insured's authorized representative), particularly explaining codes, etc., which may not be readily understood.
25. **Adjuster's Code Number, Signature, and Date:** Signature of adjuster, code number, and date **after** the insured (or insured's authorized representative) has signed. If the appraisal is performed prior to the signature date, document the date of appraisal in the Remarks section of the Appraisal Worksheet (if available); otherwise, document the appraisal date in the Narrative section of the Production Worksheet.

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

- (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 as 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).

(f) If the AIP determines the claim is to be “denied,” refer to Paragraph 67K of the LAM for Production Worksheet completion instructions.

- (4) The adjuster is responsible for determining if any of the insured’s requirements under the notice and claim provisions have not been met. If 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 not labeled apply to ALL inspections.

C. FORM ENTRIES AND COMPLETION INFORMATION

Verify or make the following entries:

Item

No. Information Required

- 1. **Crop/Code #:** “Almonds” (0028).
- 2. **Unit #:** Unit number from the Summary of Coverage after it is verified to be correct.
- 3. **Location Description:** Land location that identifies, if available, 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. **Date(s) of Damage:** First three letters of the month(s) during which the determined insured damage occurred for the inspection and cause(s) of damage listed in item 5. If no entry in item 5 below MAKE NO ENTRY. For progressive damage, enter in chronological order 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., JAN 10, etc.). Enter additional dates of damage in the extra spaces, as needed. If more space is needed, document 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 for this inspection. 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: Whole percent of damage for the insured cause of damage listed in item 5 above for this inspection. 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 damage, 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	<i>MAY</i>	<i>JUN 30</i>	<i>JUN 30</i>	<i>AUG</i>	<i>AUG</i>
5. Cause(s) of Damage	<i>Excess Moisture</i>	<i>Tornado</i>	<i>Hail</i>	<i>Drought</i>	<i>Heat</i>
6. Insured Cause %	<i>10</i>	<i>20</i>	<i>15</i>	<i>25</i>	<i>20</i>
Narrative: <i>Additional date of damage – SEP 5, Cause of Damage – Freeze, Insured Cause% is 10%.</i>					

7. **Company/Agency:** Name of the 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: 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: MAKE NO ENTRY.

20. **Interest or Share:** Insured’s interest in 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:** The three digit code for the correct “Rate Class” specified on the actuarial document maps. 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 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 or variety 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.-25. 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 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 No 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: Stage abbreviation as shown below.

<u>STAGE</u>	<u>EXPLANATION</u>
“P”.....	Acreeage abandoned without consent, put to other use without consent, damaged solely by uninsured causes, or for which the insured failed to provide records of production which are acceptable to the AIP.
“H”.....	Harvested.
“UH”.....	Unharvested or other use with consent.

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

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

<u>USE</u>	<u>EXPLANATION</u>
“Bulldozed,” etc.	Use made of acreage
“WOC”	Other use without consent (refer to LAM for further information)
“SU”	Solely uninsured
“ABA”	Abandoned without consent
“H”	Harvested
“UH”	Unharvested

Verify any “Intended Use of Acreage” 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.”

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

31. **Appraised Potential:** Per-acre appraisal in whole meat pounds, of POTENTIAL production for the acreage appraised. Refer to appraisal methods for additional instructions. If there is no potential on “UH” acreage, enter “0.” Refer to the LAM for procedures on documenting “0” yield appraisals.

32a - 33. MAKE NO ENTRY.

34. **Production Pre QA:** Result of multiplying column 31 times column 19 rounded to the nearest whole pound.

35. **Quality Factor:** 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, enter the factor “.000.” 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 below). Also refer to LAM paragraphs 96 J (2) and 102 A for additional information. Otherwise, MAKE NO ENTRY.

36. **Production Post QA:** Result of multiplying item 34 by item 35, rounded to the nearest whole pound. If no entry in item 35, transfer the entry from item 34.

37. **Uninsured Cause(s):** Result of per acre appraisals for uninsured causes (taken from the appraisal worksheet or other documentation) multiplied by column 19 in whole meat pounds. Refer to the LAM for information on how to determine uninsured cause loss 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 meat 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 meat pounds, for any such acreage. Refer to the LAM for instructions regarding assessing uninsured cause appraisals.

- 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.
- e. For all other appraisals, MAKE NO ENTRY.

38. **Total to Count:** Result of adding items 36 and 37.

39. **Total:** Total determined acres (column 19) to tenths.

40. **Quality:** Check the applicable qualifying quality adjustment (QA) condition(s) affecting the unit’s production (refer to the Table below). Check all qualifying conditions that apply to the unit’s appraised or harvested production.

Qualifying QA Condition:	
Test Weight (TW)	Dark Roast
Kernel Damage (KD)	Sclerotinia
Garlicky (Grade)	Ergoty (Grade)
Aflatoxin	COFO (commercially objectionable foreign odor)
Vomitoxin	Other
Fumonisin	None

- a. Check “Other” if the identified injurious substances or conditions, for which a destruction order was issued, are not listed above. For mycotoxins, refer to item 41 below. Refer to the Narrative instructions for documentation requirements.
- b. Otherwise, check “None.”

41. **Mycotoxins exceed FDA, State, or other health organization maximum limits. Check “Yes.”** Check “Yes” if any mycotoxin listed in item 40 (including any identified as “Other”) exceed the FDA, State, or other health organization maximum limits, otherwise

LEAVE BLANK. Refer to the Narrative for documentation requirements.

42. **Totals:**

PRELIMINARY: MAKE NO ENTRY.

FINAL: Total of 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 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 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 column 62, and/or any production not included in column 56 or column 49 through 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.
- 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.

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 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. 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 shown in column “19” as follows: “Line 3 ‘E’ acres authorized by AIP 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.
- s. Document the name and address of the charitable organization when gleaned acreage is applicable. Refer to the LAM for more information on gleaning.
- t. For production ordered destroyed by a Federal or State agency due to the presence of injurious substances or conditions, document the following:
 - (1) Explain any “.000” factor entered in columns 35 and 65.
 - (2) A description of the injurious substance or condition for which a destruction order was issued. The circumstances that caused the crop to be affected by an injurious substance or condition, the date the crop was destroyed and the method of destruction. Attach to the claim the insured’s completed Certification Form, a copy of the destruction order issued by the Federal or State agency and (if applicable) a copy of the laboratory test results that confirms the presence of injurious substances or conditions.
 - (3) Refer to the LAM for additional documentation requirements.
- u. Document any other pertinent information, including any data to support any factors used to calculate the production. If on an attachment, enter “see attachment.”
- v. Record the number of trees removed without an inspection.

SECTION II – DETERMINED HARVESTED PRODUCTION

GENERAL INFORMATION:

- (1) When all acreage has been harvested, determine total production from warehouse receipts,

packer/processor receipts, or farm management records (refer to the LAM for farm record requirements) verified by the adjuster and supported by written records from the first handler. This production will be the basis for computing losses from the insured and uninsured causes of damage on the Production Worksheet.

- (2) 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.
- (3) For production commercially stored **or** sold, enter the name and address of storage facility, buyer, packinghouse, or processor as applicable in columns 49 through 52.
- (4) If additional lines are necessary, the data may be entered on a continuation sheet. **USE SEPARATE LINES FOR:**
 - (a) Separate storage facilities or warehouse;
 - (b) Different buyers, packinghouses, or processors. The insured must have maintained satisfactory records of **ALL** production sold or stored. Verify any storage facility, warehouse receipts, farm management records, packinghouse or processor records against written records from the first handler. In all localities, if the first handler was not a packinghouse or processor, the production will be determined by the adjuster on the basis of available records (refer to the LAM for farm record requirements);
 - (c) Varying shares; e.g., 50 percent and 75 percent shares on same unit; and
 - (d) Harvested production from more than one insured practice 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 practice. If production has been commingled, refer to the LAM.
- (5) There will generally be no harvested production entries in columns 47 through 66 for preliminary inspections.

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:

a. The earlier of the date the ENTIRE acreage on the unit was:

(1) harvested;

- (2) totally destroyed;
- (3) put to another 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 a 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. **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 orchards in the area. If “No” is checked, explain in the Narrative.

45. **Assignment of Indemnity:** Check “Yes” **only** if an assignment of an 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 an 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 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. If no first crop or second crop is designated in item 17 above, MAKE NO ENTRY.

49 - 52. **Length or Diameter, Width, Depth, Deduction:** For harvested production that is commercially stored or sold, enter the name and address of the storage facility, warehouse, buyer, packinghouse, or processor. For harvested production otherwise disposed of, indicate the disposition (sold by direct marketing, etc.).

- 53-55. MAKE NO ENTRY.
56. **Bu., Ton, Lbs., Cwt.:** Circle “Lbs.” in the column heading. Production in whole meat pounds of almonds delivered to a buyer, packinghouse, or processor. Account for all harvested production. Include both loose (whole and chipped) and in-shell meats.
57. **Shell/Sugar Factor:** Shelling percentage (to two-decimal places) for in-shell almonds in item “I” above, as shown on:
- The settlement sheet. Some almond processors pull samples from deliveries for varieties that are typically sold in-shell. These samples are cracked out to determine the actual shelling percent for the variety. In this instance, use the actual processor’s shelling percent, as applicable.
 - TABLE D** for the applicable varieties, if there is no settlement sheet or no shelling percent on the settlement sheet.
- 58a-60b. MAKE NO ENTRY.
61. **Adjusted Production:** Whole meat pounds as follows:
- For shelled almonds, transfer entry from column “56” in whole meat pounds.
 - For in-shell almonds, item “56” times column “57,” results in whole meat pounds.
62. **Production Not to Count:** Net production NOT to count in whole meat 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). 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 the entry in column “62” from column “61,” in whole meat pounds.
64. MAKE NO ENTRY.
65. **Quality Factor:** If due to insured causes, a Federal or State agency has ordered the insured harvested crop production to be destroyed, enter the factor “.000.” Refer to instructions for items 35 and 40 above for additional information and the Narrative for required documentation. Otherwise, MAKE NO ENTRY.
66. **Production to Count:** Enter result of multiplying item 63 by item 65, in whole meat pounds. If no entry in item 65, transfer the entry from column 63.
67. **Total:** Total of column 63. If no entry in column 63, MAKE NO ENTRY.
68. **Section II Total**

PRELIMINARY: MAKE NO ENTRY

FINAL: Total of all column 66 entries in whole meat pounds.

69. **Section I Total:**

PRELIMINARY: MAKE NO ENTRY.

FINAL: Total of all Section I column 38 entries.

70. **Unit Total:**

PRELIMINARY: MAKE NO ENTRY.

FINAL: Item 68 plus item 69, in whole meat pounds.

71. **Allocated Prod.:** Refer to the LAM Par. 126 C (1-3) and 127, for instructions for determining allocated production. Enter the total production, in whole meat 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, in whole meat 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 the insured's authorized representative), particularly explaining codes, etc., which may not be readily understood. Final inspection should be signed on the bottom line.

74. **Adjuster's Signature, Code Number, and Date:** Signature of adjuster, code number, and date signed after the insured (or insured's authorized representative) has signed. For an absentee insured, enter adjuster's code number ONLY. The signature and date will be entered AFTER the absentee has signed and returned the Production Worksheet. Final inspections should be signed on the bottom line.

75. **Page Numbers:**

PRELIMINARY: Page numbers – "1," "2." etc, at the time of inspection.

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

PRODUCTION WORKSHEET

1. Crop/Code # <i>Almonds 0028</i>	2. Unit # <i>0001-0001-OU</i>	3. Location Description <i>SWI-96N-30W</i>	7. Company Agency <u><i>Any Company</i></u> <u><i>Any Agency</i></u>		8. Name of Insured <i>I. M. Insured</i>
4. Date(s) of Damage <i>June 12</i>	5. Cause(s) of Damage <i>Hail</i>	6. Insured Cause % <i>100%</i>	(Illustration Purposes Only)		9. Claim # <i>XXXXXXXX</i>
12. Additional Units <i>0001-0002-OU</i>	13. Est. Prod. Per Acre <i>1200</i>	11. Crop Year <i>YYYY</i>			
		10. Policy # <i>XXXXXX</i>			
		14. Date(s) Notice of Loss <i>MM/DD/YYYY</i>	1st <i>MM/DD/YYYY</i>	2nd <i>MM/DD/YYYY</i>	Final <i>MM/DD/YYYY</i>
					15. Companion Policy(s)

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		16.0	1.000		997				002			UH	UH	564			9024		9024		9024	
B	NS		18.0	1.000		997				002			H	H									
C	NS		10.0	1.000		997				002			H	H							5500	5500	
39. TOTAL		34.0	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	9024		9024	5500	14524	
41. Do any mycotoxins exceed FDA, State or other health organization maximum limits? Yes <input type="checkbox"/>																							

NARRATIVE (If more space is needed, attach a Special Report) *Acres calculated using GPS. Orchard C, uninsured cause of loss appraisal due to not using recommended number of Beehives. Field C also damaged by hail. See attached Special Report for appraisal calculations. Entry in Section II represents production from both Fields B & C.*

SECTION II – DETERMINED HARVESTED PRODUCTION

43. Date Harvest Completed <i>MM/DD/YYYY</i>					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.	48.	49.	50.	51.	52.	53.	54.	55.	56.	57.	58a.	59a.	60a.	61.	62.	63.	64a.	65.	66.		
47b.	Share	Multi-Crop Code	Length or Diameter	Width	Depth	Deduction	Net Cubic Feet	Conversion Factor	Gross Prod.	Bu., 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	
			<i>ABC Packing Co. Any Town, USA XXXXX</i>							15400							15400			15400	
67. TOTAL																	15400	68. Section II Total		15400	
																	69. Section I Total		14524		
																	70. Unit Total		29924		
																	71. Allocated Prod.				
																	72. Total APH Prod.		24424		

This form example does not illustrate all required entry items (e.g., signatures, etc.).