



United States  
Department of  
Agriculture



Federal Crop  
Insurance  
Corporation

FCIC-25300 (12-2016)  
FCIC-25300-1 (11-2017)

# **PEA LOSS ADJUSTMENT STANDARDS HANDBOOK**

## **2018 and Succeeding Crop Years**



**RISK MANAGEMENT AGENCY  
KANSAS CITY, MO 64133**

<b>TITLE: PEA LOSS ADJUSTMENT STANDARDS HANDBOOK</b>	<b>NUMBER: 25300 (12-2016) 25300-1 (11-2017)</b>
<b>EFFECTIVE DATE: 2018 and Succeeding Crop Years</b>	<b>ISSUE DATE: November 28, 2017</b>
<b>SUBJECT:  Provides the procedures and instructions for administering the Pea crop insurance program</b>	<b>OPI: Product Administration and Standards Division</b>
	<b>APPROVED:  /S:/ Richard Flournoy  Deputy Administrator for Product Management</b>

**REASON FOR ISSUANCE**

Major changes: See changes or additions in text which have been highlighted. Three stars (\*\*\*) identify information that has been removed.

1. Exhibit 1: Added acronym for “Prevented Planting Standards Handbook” (PPSH) and “Unavoidable Uninsured Fire” (UUF).
2. Exhibit 3, Page 22; Appraisal Worksheet Example: Changed the appraisal date in the narrative to reflect a more realistic date.
3. Exhibit 3, Page 23; Appraisal Worksheet Example: Changed the appraisal date in the narrative to reflect a more realistic date.
4. Exhibit 3, Page 24; Appraisal Worksheet Example: Changed the appraisal date in the narrative to reflect a more realistic date.
5. Exhibit 3, Page 25; Appraisal Worksheet Example: Changed the appraisal date in the narrative to reflect a more realistic date.
6. Exhibit 3, Page 26; Appraisal Worksheet Example: Changed the appraisal date in the narrative to reflect a more realistic date.
7. Exhibit 3, Page 27; Appraisal Worksheet Example: Changed the appraisal date in the narrative to reflect a more realistic date.
8. Exhibit 4, item 29: Added stage codes “TZ,” “TA,” and “TH” for UUF/third party damage.
9. Exhibit 4, item 34: Clarified that the calculation is to be rounded to whole pounds.
10. Exhibit 4, item 39: Clarified that determined acres are to be rounded to tenths.

## PEA LOSS ADJUSTMENT STANDARDS HANDBOOK

### REASON FOR ISSUANCE (Continued)

11. Exhibit 4, item 40b(3): Corrected numbering and subparagraph reference.
12. Exhibit 4, PW example: Revised the appraisal for uninsured causes to a more realistic number. Changed other calculations accordingly.
13. Exhibit 4, PW example for replant: Corrected the item 40 entry. Quality is not applicable to replants.

### CONTROL CHART

Pea Loss Adjustment Standards Handbook						
	TP Page(s)	TC Page(s)	Text Page(s)	Exhibit Pages	Date	FCIC Number
Remove	1-2		15	16 21-28 33-40 49-50 53-54	12-2016	FCIC-25300
Insert	1-2		15	16 21-28 33-40 49-50 53-54	11-2017	FCIC-25300-1
Current Index	1-2	1-2	1-14 15	16 17-20 21-28 29-32 33-40 41-48 49-50 51-52 53-54 55-60	11-2017 12-2016 11-2017 12-2016 11-2017 12-2016 11-2017 12-2016 11-2017 12-2016 11-2017 12-2016	FCIC-25300-1 FCIC-25300 FCIC-25300-1 FCIC-25300 FCIC-25300-1 FCIC-25300 FCIC-25300-1 FCIC-25300 FCIC-25300-1 FCIC-25300 FCIC-25300-1 FCIC-25300

### FILING INSTRUCTIONS

This handbook replaces the 2017 Pea Loss Adjustment Standards Handbook, FCIC-25300-1 (12-2016). This handbook is effective for the 2018 and succeeding crop years and is not retroactive to any 2017 or prior crop year determinations.

**51 General Information for Production Worksheet Entries and Completion Procedures  
(Continued)**

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(c) Contract Seed Peas - apply to inspections of contract seed peas only (insured as dry peas).

(d) Item numbers not so labeled apply to both green pea and dry pea inspections.

**52-60 (Reserved)**

## Acronyms and Abbreviations

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The following table provides the acronyms and abbreviations used in this handbook.

<b>Approved Acronym/Abbreviation</b>	<b>Term</b>
AIP	Approved Insurance Provider
APH	Actual Production History
BP	Basic Provisions
CAT	Catastrophic Risk Protection
CIH	Crop Insurance Handbook
CP	Crop Provisions
DSSH	Document and Supplemental Standards Handbook
FCIC	Federal Crop Insurance Corporation
FSA	Farm Service Agency
GSH	General Standards Handbook
GPS	Global Positioning System
LAM	Loss Adjustment Manual
<b>PPSH</b>	<b>Prevented Planting Standards Handbook</b>
PW	Production Worksheet
QA	Quality Adjustment
QAF	Quality Adjustment Factor
RMA	Risk Management Agency
SP	Special Provisions
<b>UUF</b>	<b>Unavoidable Uninsured Fire</b>
WCO	Winter Coverage Option

## Form Standards – Appraisal Worksheet (Continued)

Item Number/Element	Standard
26. Total Average Beans or Peas Per Sample	Result of dividing the total number of peas from all samples (item 24) by the number of samples (item 25), rounded to the nearest tenth.
27. Sq. Ft. Factor	Square-foot factor for the row width from exhibit 6.
28. Beans or Peas per Sq. Ft.	Result of dividing the total average peas per sample (item 26) by the square-foot factor (item 27), rounded to the nearest tenth.
29. Yield Factor	Yield factor for the variety from exhibit 7.
30. Pounds Per Acre Appr.	Result of dividing the peas per square foot (item 28) by the yield factor for the variety (item 29), rounded to the nearest whole pound.
31. Remarks	List any information pertinent to the appraisal (e.g., appraisal date, uninsured causes of damage, contract seed, irrigated or non-irrigated, etc.). If a Special Report is used, so indicate.
<b>The following required entries are not illustrated on the Appraisal Worksheet example below.</b>	
32. 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 the insured's authorized representative), particularly explaining codes, etc., which may not be readily understood.
33. Adjuster's Code No., Signature, 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 section of the Appraisal Worksheet (if available); otherwise, document the appraisal date in the Narrative of the PW.
Page Number	Page numbers - (Example: Page 1 of 1, Page 1 of 2, Page 2 of 2, etc.).

**Form Standards – Appraisal Worksheet (Continued)**

COMPANY NAME: *ANY COMPANY*

CLAIM NUMBER: *XXXXX*

<b>APPRAISAL WORKSHEET</b> (FOR ILLUSTRATION PURPOSES ONLY)	1 INSURED'S NAME <b>I. M. INSURED</b>	2 CONTRACT NO. <b>XX-XXX-XXXXX</b>	3 UNIT NO. <b>0001-0001-BU</b>	4 CROP <b>GREEN PEAS/POD SUGAR SNAPS</b>	5 CROP YEAR <b>YYYY</b>
	<b>PART I – BEFORE PODDING</b>				

6 FIELD ID AND ACRES	7 ROW SPACE	8 NO. PLANTS (EACH BLOCK EQUALS TOTAL PLANTS FOR ONE SAMPLE)							9 TOTAL PLANTS	10 NO. SAMPLES	11 AVG. NO. PLANTS	12 SQ. FT. FACTOR	13 AVG. PLANTS PER SQ. FT.	14 BEANS OR PEAS PER PLANT FACTOR	15 BEANS OR PEAS PER SQ. FT.	16 YIELD FACTOR	17 POUNDS PER ACRE APPR.
<b>A/20.0</b>	<b>7"</b>	<b>7</b>	<b>10</b>	<b>4</b>	<b>8</b>	<b>6</b>			<b>35</b>	<b>5</b>	<b>7.0</b>	<b>5.8</b>	<b>1.2</b>	<b>9</b>	<b>10.8</b>	<b>.016</b>	<b>675</b>

**PART II – AFTER PODDING**

18 FIELD ID AND ACRES	19 ROW SPACE	NO. PLANTS (EACH BLOCK EQUALS TOTAL PLANTS FOR ONE SAMPLE)							24 TOTAL ALL SAMPLES	25 NO. SAMPLES	26 TOTAL AVERAGE BEANS OR PEAS PER SAMPLE	27 SQ. FT. FACTOR	28 BEANS OR PEAS PER SQ. FT.	29 YIELD FACTOR	30 POUNDS PER ACRE APPR.
		20 PLANTS PER SAMPLE ROW													
		21 AVERAGE PODS PERPLANT													
		22 AVERAGE BEANS OR PEAS PER POD													
		23 SAMPLE TOTALS													
		20 PLANTS PER SAMPLE ROW													
		21 AVERAGE PODS PERPLANT													
		22 AVERAGE BEANS OR PEAS PER POD													
		23 SAMPLE TOTALS													

31 REMARKS Appraisal Date - **May 17, 20XX.**

**Example Green Pea/Pod Appraisal Before Podding**

This form example does not illustrate all required entry items (e.g., signature, dates, etc.). Refer to the above Appraisal Worksheet instructions for required statements and signature entries.



Form Standards – Appraisal Worksheet (Continued)

COMPANY NAME: *ANY COMPANY*

CLAIM NUMBER: *XXXXX*

<b>APPRAISAL WORKSHEET</b> (FOR ILLUSTRATION PURPOSES ONLY)		1 INSURED'S NAME <b>I.M. INSURED</b>				2 CONTRACT NO. <b>XX-XXX-XXXXX</b>		3 UNIT NO. <b>0001-0001-BU</b>		4 CROP <b>GREEN PEAS/POD SUGAR SNAPS</b>		5 CROP YEAR <b>YYYY</b>				
<b>PART I – BEFORE PODDING</b>																
6	7	8						9	10	11	12	13	14	15	16	17
FIELD ID AND ACRES	ROW SPACE	NO. PLANTS (EACH BLOCK EQUALS TOTAL PLANTS FOR ONE SAMPLE)						TOTAL PLANTS	NO. SAMPLES	AVG. NO. PLANTS	SQ. FT. FACTOR	AVG. PLANTS PER SQ. FT.	BEANS OR PEAS PER PLANT FACTOR	BEANS OR PEAS PER SQ. FT.	YIELD FACTOR	POUNDS PER ACRE APPR.
<b>PART II – AFTER PODDING</b>																
18	19							24	25	26	27	28	29	30		
FIELD ID AND ACRES	ROW SPACE	NO. PLANTS (EACH BLOCK EQUALS TOTAL PLANTS FOR ONE SAMPLE)						TOTAL ALL SAMPLES	NO. SAMPLES	TOTAL AVERAGE BEANS OR PEAS PER SAMPLE	SQ. FT. FACTOR	BEANS OR PEAS PER SQ. FT.	YIELD FACTOR	POUNDS PER ACRE APPR.		
<i>B/10.0</i>	<i>7"</i>	20 PLANTS PER SAMPLE ROW	<b>15</b>	<b>0</b>	<b>11</b>	<b>9</b>	<b>12</b>									
		21 AVERAGE PODS PERPLANT	<b>3.0</b>	<b>0</b>	<b>4.0</b>	<b>2.0</b>	<b>4.0</b>									
		22 AVERAGE BEANS OR PEAS PER POD														
		23 SAMPLE TOTALS	<b>45.0</b>	<b>0.0</b>	<b>44.0</b>	<b>18.0</b>	<b>48.0</b>	<b>155.0</b>	<b>5</b>	<b>31.0</b>	<b>5.8</b>	<b>5.3</b>	<b>.016</b>	<b>331</b>		
		20 PLANTS PER SAMPLE ROW														
		21 AVERAGE PODS PERPLANT														
		22 AVERAGE BEANS OR PEAS PER POD														
		23 SAMPLE TOTALS														

31 REMARKS Appraisal Date - **July 10, 20XX.**

**Example Green Pea/Pod Appraisal After Podding**

This form example does not illustrate all required entry items (e.g., signature, dates, etc.). Refer to the above Appraisal Worksheet instructions for required statements and signature entries.

Form Standards – Appraisal Worksheet (Continued)

COMPANY NAME: *ANY COMPANY*

CLAIM NUMBER: *XXXXX*

<b>APPRAISAL WORKSHEET</b> (FOR ILLUSTRATION PURPOSES ONLY)		1 INSURED'S NAME <b>I.M. INSURED</b>				2 CONTRACT NO. <b>XX-XXX-XXXXX</b>		3 UNIT NO. <b>0002-0001-BU</b>		4 CROP <b>GREEN PEAS/SHELL ALASKA</b>		5 CROP YEAR <b>YYYY</b>						
PART I – BEFORE PODDING																		
6	7	8						9	10	11	12	13	14	15	16	17		
FIELD ID AND ACRES	ROW SPACE	NO. PLANTS (EACH BLOCK EQUALS TOTAL PLANTS FOR ONE SAMPLE)						TOTAL PLANTS	NO. SAMPLES	AVG. NO. PLANTS	SQ. FT. FACTOR	AVG. PLANTS PER SQ. FT.	BEANS OR PEAS PER PLANT FACTOR	BEANS OR PEAS PER SQ. FT.	YIELD FACTOR	POUNDS PER ACRE APPR.		
<b>A/20.0</b>	<b>12"</b>	<b>7</b>	<b>10</b>	<b>4</b>	<b>8</b>	<b>6</b>				<b>35</b>	<b>5</b>	<b>7.0</b>	<b>10.0</b>	<b>0.7</b>	<b>28</b>	<b>19.6</b>	<b>.110</b>	<b>178</b>
PART II – AFTER PODDING																		
18	19							24	25	26	27	28	29	30				
FIELD ID AND ACRES	ROW SPACE	NO. PLANTS (EACH BLOCK EQUALS TOTAL PLANTS FOR ONE SAMPLE)						TOTAL ALL SAMPLES	NO. SAMPLES	TOTAL AVERAGE BEANS OR PEAS PER SAMPLE	SQ. FT. FACTOR	BEANS OR PEAS PER SQ. FT.	YIELD FACTOR	POUNDS PER ACRE APPR.				
		20 PLANTS PER SAMPLE ROW																
		21 AVERAGE PODS PERPLANT																
		22 AVERAGE BEANS OR PEAS PER POD																
		23 SAMPLE TOTALS																
		20 PLANTS PER SAMPLE ROW																
		21 AVERAGE PODS PERPLANT																
		22 AVERAGE BEANS OR PEAS PER POD																
		23 SAMPLE TOTALS																

31 REMARKS **Appraisal Date - May 8, 20XX.**

**Example Green Pea/Shell Appraisal Before Podding**

This form example does not illustrate all required entry items (e.g., signature, dates, etc.). Refer to the above Appraisal Worksheet instructions for required statements and signature entries.

Form Standards – Appraisal Worksheet (Continued)

COMPANY NAME: *ANY COMPANY*

CLAIM NUMBER: *XXXXXX*

<b>APPRAISAL WORKSHEET</b> (FOR ILLUSTRATION PURPOSES ONLY)	1 INSURED'S NAME <b>I.M. INSURED</b>					2 CONTRACT NO. <b>XX-XXX-XXXXX</b>		3 UNIT NO. <b>0002-0001-BU</b>		4 CROP <b>GREEN PEAS/SHELL ALASKA</b>		5 CROP YEAR <b>YYYY</b>
	<b>PART I – BEFORE PODDING</b>											

6	7	8							9	10	11	12	13	14	15	16	17
FIELD ID AND ACRES	ROW SPACE	NO. PLANTS (EACH BLOCK EQUALS TOTAL PLANTS FOR ONE SAMPLE)							TOTAL PLANTS	NO. SAMPLES	AVG. NO. PLANTS	SQ. FT. FACTOR	AVG. PLANTS PER SQ. FT.	BEANS OR PEAS PER PLANT FACTOR	BEANS OR PEAS PER SQ. FT.	YIELD FACTOR	POUNDS PER ACRE APPR.

**PART II – AFTER PODDING**

18	19						24	25	26	27	28	29	30
FIELD ID AND ACRES	ROW SPACE	NO. PLANTS (EACH BLOCK EQUALS TOTAL PLANTS FOR ONE SAMPLE)					TOTAL ALL SAMPLES	NO. SAMPLES	TOTAL AVERAGE BEANS OR PEAS PER SAMPLE	SQ. FT. FACTOR	BEANS OR PEAS PER SQ. FT.	YIELD FACTOR	POUNDS PER ACRE APPR.
<b>B/12.0</b>	<b>12"</b>	20 PLANTS PER SAMPLE ROW	<b>15</b>	<b>0</b>	<b>11</b>	<b>9</b>	<b>12</b>						
		21 AVERAGE PODS PERPLANT	<b>3.0</b>	<b>0</b>	<b>4.0</b>	<b>2.0</b>	<b>4.0</b>						
		22 AVERAGE BEANS OR PEAS PER POD	<b>5.0</b>	<b>0.0</b>	<b>5.0</b>	<b>3.0</b>	<b>4.0</b>						
		23 SAMPLE TOTALS	<b>225.0</b>	<b>0.0</b>	<b>220.0</b>	<b>54.0</b>	<b>192.0</b>	<b>691.0</b>	<b>5</b>	<b>138.2</b>	<b>10.0</b>	<b>13.8</b>	<b>.110</b>
		20 PLANTS PER SAMPLE ROW											
		21 AVERAGE PODS PERPLANT											
		22 AVERAGE BEANS OR PEAS PER POD											
		23 SAMPLE TOTALS											

31 REMARKS **Appraisal Date - July 7, 20XX**

**Example Green Pea/Shell Appraisal After Podding**

This form example does not illustrate all required entry items (e.g., signature, dates, etc.). Refer to the above Appraisal Worksheet instructions for required statements and signature entries.

Form Standards – Appraisal Worksheet (Continued)

COMPANY NAME: *ANY COMPANY*

CLAIM NUMBER: *XXXXX*

<b>APPRAISAL WORKSHEET</b> (FOR ILLUSTRATION PURPOSES ONLY)	1 INSURED'S NAME <b>I.M. INSURED</b>				2 CONTRACT NO. <b>XX-XXX-XXXXX</b>		3 UNIT NO. <b>0003-0001-BU</b>		4 CROP <b>DRY PEAS/ COLUMBIAN</b>		5 CROP YEAR <b>YYYY</b>
	PART I – BEFORE PODDING										

6	7	8						9	10	11	12	13	14	15	16	17		
FIELD ID AND ACRES	ROW SPACE	NO. PLANTS (EACH BLOCK EQUALS TOTAL PLANTS FOR ONE SAMPLE)						TOTAL PLANTS	NO. SAMPLES	AVG. NO. PLANTS	SQ. FT. FACTOR	AVG. PLANTS PER SQ. FT.	BEANS OR PEAS PER PLANT FACTOR	BEANS OR PEAS PER SQ. FT.	YIELD FACTOR	POUNDS PER ACRE APPR.		
<b>A/20.0</b>	<b>12"</b>	<b>7</b>	<b>10</b>	<b>4</b>	<b>8</b>	<b>6</b>				<b>35</b>	<b>5</b>	<b>7.0</b>	<b>10.0</b>	<b>.7</b>	<b>20</b>	<b>14.0</b>	<b>.052</b>	<b>269</b>

PART II – AFTER PODDING

18	19	20						24	25	26	27	28	29	30
FIELD ID AND ACRES	ROW SPACE	NO. PLANTS (EACH BLOCK EQUALS TOTAL PLANTS FOR ONE SAMPLE)						TOTAL ALL SAMPLES	NO. SAMPLES	TOTAL AVERAGE BEANS OR PEAS PER SAMPLE	SQ. FT. FACTOR	BEANS OR PEAS PER SQ. FT.	YIELD FACTOR	POUNDS PER ACRE APPR.
		20 PLANTS PER SAMPLE ROW												
		21 AVERAGE PODS PERPLANT												
		22 AVERAGE BEANS OR PEAS PER POD												
		23 SAMPLE TOTALS												
		20 PLANTS PER SAMPLE ROW												
		21 AVERAGE PODS PERPLANT												
		22 AVERAGE BEANS OR PEAS PER POD												
		23 SAMPLE TOTALS												

31 REMARKS: Appraisal Date - **April 10, 20XX** Contract Seed.

**Example Dry Pea Appraisal Before Podding**

This form example does not illustrate all required entry items (e.g., signature, dates, etc.). Refer to the above Appraisal Worksheet instructions for required statements and signature entries.

Form Standards – Appraisal Worksheet (Continued)

COMPANY NAME: *ANY COMPANY*

CLAIM NUMBER: *XXXXX*

<b>APPRAISAL WORKSHEET</b> (FOR ILLUSTRATION PURPOSES ONLY)	1 INSURED'S NAME <b>I.M. INSURED</b>				2 CONTRACT NO. <b>XX-XXX-XXXXX</b>		3 UNIT NO. <b>0003-0001-BU</b>		4 CROP <b>DRY PEAS/SMOOTH GREEN ALASKA 81</b>		5 CROP YEAR <b>YYYY</b>	
	<b>PART I – BEFORE PODDING</b>											

6	7	8						9	10	11	12	13	14	15	16	17
FIELD ID AND ACRES	ROW SPACE	NO. PLANTS (EACH BLOCK EQUALS TOTAL PLANTS FOR ONE SAMPLE)						TOTAL PLANTS	NO. SAMPLES	AVG. NO. PLANTS	SQ. FT. FACTOR	AVG. PLANTS PER SQ. FT.	BEANS OR PEAS PER PLANT FACTOR	BEANS OR PEAS PER SQ. FT.	YIELD FACTOR	POUNDS PER ACRE APPR.

<b>PART II – AFTER PODDING</b>													
18	19						24	25	26	27	28	29	30
FIELD ID AND ACRES	ROW SPACE	NO. PLANTS (EACH BLOCK EQUALS TOTAL PLANTS FOR ONE SAMPLE)					TOTAL ALL SAMPLES	NO. SAMPLES	TOTAL AVERAGE BEANS OR PEAS PER SAMPLE	SQ. FT. FACTOR	BEANS OR PEAS PER SQ. FT.	YIELD FACTOR	POUNDS PER ACRE APPR.
<b>B/18.0</b>	<b>12"</b>	20 PLANTS PER SAMPLE ROW	<b>15</b>	<b>0</b>	<b>11</b>	<b>9</b>	<b>12</b>						
		21 AVERAGE PODS PERPLANT	<b>3.0</b>	<b>0</b>	<b>4.0</b>	<b>2.0</b>	<b>4.0</b>						
		22 AVERAGE BEANS OR PEAS PER POD	<b>5.0</b>	<b>0.0</b>	<b>5.0</b>	<b>3.0</b>	<b>4.0</b>						
		23 SAMPLE TOTALS	<b>225.0</b>	<b>0.0</b>	<b>220.0</b>	<b>54.0</b>	<b>192.0</b>	<b>691.0</b>	<b>5</b>	<b>138.2</b>	<b>10.0</b>	<b>13.8</b>	<b>.052</b>
		20 PLANTS PER SAMPLE ROW											
		21 AVERAGE PODS PERPLANT											
		22 AVERAGE BEANS OR PEAS PER POD											
		23 SAMPLE TOTALS											

31 REMARKS: Appraisal Date - **July 10**, 20XX

**Example Dry Pea Appraisal After Podding**

This form example does not illustrate all required entry items (e.g., signature, dates, etc.). Refer to the above Appraisal Worksheet instructions for required statements and signature entries.

## Form Standards - Production Worksheet

Verify and/or make the following entries for each PW element/item number. A completed PW example is at the end of this exhibit. For general form standards and other general information, see subparagraph 2D and paragraph 51.

Item Number/Element	Standard
1. Crop/Code #	"Peas" (0067)
2. Unit #	Unit number from the Summary of Coverage after it is verified to be correct.
3. Location Description	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. 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 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	<p>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.</p> <p>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).</p>
6. Insured Cause %	<p><b>Preliminary:</b> Make no entry.</p> <p><b>Replant and Final:</b> 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%.</p> <p>If there is no insurable cause of loss, and a no indemnity due claim will be completed, make no entry.</p>

Form Standards - Production Worksheet (Continued)

Item Number/Element	Standard														
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 “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 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	<p><b>Preliminary:</b> Make no entry.</p> <p><b>Replant:</b> Replant stage abbreviation as shown below.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Stage</u></th> <th style="text-align: left;"><u>Explanation</u></th> </tr> </thead> <tbody> <tr> <td>“R”.....</td> <td>Acreage replanted and qualifying for replanting payment.</td> </tr> <tr> <td>“NR”.....</td> <td>Acreage not replanted or not qualifying for a replanting payment. Enter “NR” if the combined potential production appraisal and uninsured cause appraisal totals 90 percent or more of the guarantee for replanting claims.</td> </tr> </tbody> </table> <p><b>Final:</b> Stage abbreviation as shown below.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Stage</u></th> <th style="text-align: left;"><u>Explanation</u></th> </tr> </thead> <tbody> <tr> <td>“P”.....</td> <td>Acreage abandoned without consent, put to other use without consent, damaged solely by uninsured causes, or for which the insured failed to provide acceptable records of production to the AIP.</td> </tr> <tr> <td>“H”.....</td> <td>Harvested.</td> </tr> <tr> <td>“UH”.....</td> <td>Unharvested or put to other use with consent.</td> </tr> </tbody> </table>	<u>Stage</u>	<u>Explanation</u>	“R”.....	Acreage replanted and qualifying for replanting payment.	“NR”.....	Acreage not replanted or not qualifying for a replanting payment. Enter “NR” if the combined potential production appraisal and uninsured cause appraisal totals 90 percent or more of the guarantee for replanting claims.	<u>Stage</u>	<u>Explanation</u>	“P”.....	Acreage abandoned without consent, put to other use without consent, damaged solely by uninsured causes, or for which the insured failed to provide acceptable records of production to the AIP.	“H”.....	Harvested.	“UH”.....	Unharvested or put to other use with consent.
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Form Standards - Production Worksheet (Continued)

Item Number/Element	Standard																						
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30. Use of Acreage	<p data-bbox="526 842 1360 873">Use of acreage. Use the following “Intended Use” abbreviations.</p> <table border="0"> <thead> <tr> <th data-bbox="548 911 781 942"><u>Use</u></th> <th data-bbox="813 911 1453 942"><u>Explanation</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="548 947 781 1016">“Replant” .....</td> <td data-bbox="813 947 1453 1016">Acreage replanted and qualifying for replanting payment</td> </tr> <tr> <td data-bbox="548 1020 781 1089">“Not Replanted” ...</td> <td data-bbox="813 1020 1453 1089">Acreage not replanted or not qualifying for a replanting payment</td> </tr> <tr> <td data-bbox="548 1094 781 1163">“To soybeans,” etc.....</td> <td data-bbox="813 1094 1453 1163">Other use made of the acreage</td> </tr> <tr> <td data-bbox="548 1167 781 1199">“WOC” .....</td> <td data-bbox="813 1167 1453 1199">Other use without consent</td> </tr> <tr> <td data-bbox="548 1203 781 1234">“SU” .....</td> <td data-bbox="813 1203 1453 1234">Solely uninsured</td> </tr> <tr> <td data-bbox="548 1239 781 1270">“ABA” .....</td> <td data-bbox="813 1239 1453 1270">Abandoned without consent</td> </tr> <tr> <td data-bbox="548 1274 781 1306">“H” .....</td> <td data-bbox="813 1274 1453 1306">Harvested</td> </tr> <tr> <td data-bbox="548 1310 781 1341">“UH” .....</td> <td data-bbox="813 1310 1453 1341">Unharvested</td> </tr> <tr> <td data-bbox="548 1346 781 1377">“Bypassed” .....</td> <td data-bbox="813 1346 1453 1377">Bypassed by the processor</td> </tr> <tr> <td data-bbox="548 1381 781 1413">“HD” .....</td> <td data-bbox="813 1381 1453 1451">Harvested as dry peas (only applies when green peas are harvested as dry peas).</td> </tr> </tbody> </table> <p data-bbox="526 1509 1490 1646">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.” Refer to the LAM regarding “WOC” and short rated acreage.</p> <p data-bbox="526 1688 1472 1757"><b>Prevented Planting:</b> Refer to the PPSH for proper codes for any eligible prevented planting acreage.</p> <p data-bbox="526 1799 1386 1831"><b>Gleaned Acreage:</b> Refer to the LAM for information on gleaning.</p>	<u>Use</u>	<u>Explanation</u>	“Replant” .....	Acreage replanted and qualifying for replanting payment	“Not Replanted” ...	Acreage not replanted or not qualifying for a replanting payment	“To soybeans,” etc.....	Other use made of the acreage	“WOC” .....	Other use without consent	“SU” .....	Solely uninsured	“ABA” .....	Abandoned without consent	“H” .....	Harvested	“UH” .....	Unharvested	“Bypassed” .....	Bypassed by the processor	“HD” .....	Harvested as dry peas (only applies when green peas are harvested as dry peas).
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## Form Standards - Production Worksheet (Continued)

Item Number/Element	Standard
31. Appraised Potential	<p>Make the following entries in whole pounds.</p> <p><b>Replant:</b> Document the calculations in the Narrative and enter the amount pounds per acre for replanting, rounded to the nearest whole pound. Refer to Part 3, "Replanting Payment Procedures," for qualifications and computations.</p> <p><b>Preliminary and Final:</b> Per-acre appraisal of potential production for the acreage appraised as shown in items 17 or 30 on the appraisal worksheet. Refer to Part 4 for additional instructions. If there is no potential on UH acreage, enter "0" (zero).</p> <p><b>Green Peas:</b></p> <ul style="list-style-type: none"> <li>a. For unharvested green pea acreage that is bypassed by the processor due to insured causes of loss; enter "0" (zero) on the PW. Consistent with the PW, no production to count will be used for APH purposes. (Refer to the LAM.)</li> <li>b. For unharvested green pea acreage, and/or acreage that is bypassed when no insured cause of loss prevented the processor from timely harvesting, the potential production must be appraised and counted as production against the guarantee and for APH purposes. (Refer to the LAM.)</li> <li>c. For green pea acreage that consent has been given to harvest as dry peas, and the acreage remains unharvested, appraised production will be on a dry pea basis, and converted to the green pea equivalent. (Refer to paragraph 34 herein.)</li> </ul> <p><b>Contract Seed Peas</b> - Enter the production as clean seed equivalent, as follows:</p> <ul style="list-style-type: none"> <li>a. For immature appraised production: <ul style="list-style-type: none"> <li>(1) Multiply gross pounds per acre of immature appraised production, by the seed company's historical average grade out percentage for the variety to calculate the determined pounds of clean seed production. The remaining appraised production is the determined pounds of not-clean seed production.</li> <li>(2) Convert the determined pounds of production which is not-clean seed to clean seed equivalent by multiplying the pounds of such seed by a factor obtained by dividing the local market price (on date of appraisal) of such peas, by the contract price. Add the resulting pounds to the determined pounds of clean seed to obtain the determined pounds of clean seed equivalent.</li> </ul> </li> </ul>

## Form Standards - Production Worksheet (Continued)

Item Number/Element	Standard
31. Appraised Potential (continued)	<p><b>Example:</b></p> <p>2000 lbs./acre appraisal  <math>\times .80</math> seed company's historical grade-out percentage  1600 pounds of clean seed</p> <p>2000 lbs. - 1600 lbs. clean seed = 400 lbs. not-clean seed</p> <p>.1500 (value/lb. not-clean seed) divided by .3000 (value per lb. of clean seed) = .500 factor</p> <p>400 lbs./acre not-clean seed X .500 = 200 lbs./acre clean seed equivalent</p> <p>1600 lbs. + 200 lbs. = 1800 lbs./acre of clean seed equivalent (Enter this sum in item 31)</p> <p>b. For mature appraised unharvested production per acre:</p> <p>(1) Add the value of appraised clean seed production to the value of appraised production which is not-clean seed (nearest whole dollar for each).</p> <p>(2) Divide the value of the appraised production by the base price to determine the whole pounds of clean seed equivalent.</p>
32a. Moisture %	Make no entry.
32b. Factor	Make no entry.
33. Shell %, Factor, or Value	Make no entry.
34. Production Pre QA	<b>Preliminary, Replant, and Final:</b> Result of multiplying column 31 times column 19, <b>rounded</b> to whole pounds. If no entry in column 31, make no entry.
35. Quality Factor	<p><b>Replant:</b> Make no entry.</p> <p><b>Preliminary and Final:</b></p> <p><b>Dry Peas:</b>  For mature unharvested dry peas which due to insurable causes qualify for quality adjustment as provided in the Dry Pea Crop Provisions and paragraph 14 herein, enter the QAF (3-place decimal) calculated as follows:</p> <p>a. Divide the value per pound of the damaged production by the local market price per pound for the same type of variety dry peas grading U.S. No. 1 on the earlier of the date the peas were sold or the day the loss is adjusted.</p>

## Form Standards - Production Worksheet (Continued)

Item Number/Element	Standard
35. Quality Factor (continued)	<p>b. If the appraised dry peas have no value, enter “0.000” and explain the entry in the Narrative.</p> <p><b>Green Peas</b> (when notice of intent to harvest as dry peas has been given): Enter 1.667 for shell types or 3.000 for pod types; otherwise, make no entry.</p> <p>Under section 15 (j) of the BP, 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 (also refer to item 40). Document the cause of condition in the Narrative and include a copy of the Certification Form. Also refer to LAM for additional information.</p>
36. Production Post QA	<p>Make the following entries in whole pounds.</p> <p><b>Replant:</b> Transfer entry from column 34 (refer to Part 3 herein for qualifications and computations).</p> <p><b>Preliminary And Final:</b> Column 34 multiplied by column 35. If no entry in column 35, transfer entry from column 34</p>
37. Uninsured Cause	<p><b>Replant:</b> Make no entry.</p> <p><b>Preliminary and Final:</b> Column 19 multiplied by the per-acre appraisal for uninsured causes (taken from appraisal worksheet or other documentation) rounded to whole pounds. Refer to the LAM for information on how to determine uninsured cause appraisals. If no uninsured causes, make no entry.</p> <p>a. Hail and Fire exclusion not in effect.</p> <ol style="list-style-type: none"> <li>(1) Enter the result of multiplying column 19 entry by not less than the insured’s amount of insurance per acre in dollars and cents for any “P” stage acreage.</li> <li>(2) On preliminary inspections, advise the insured to keep the harvested production from any acreage damaged solely by uninsured causes separate from other production. Refer to the LAM for information on how to determine uninsured cause appraisals.</li> <li>(3) For acreage that is damaged partly by uninsured causes, enter the appraised uninsured loss of production per acre, in dollars and cents, by column 19 entry for any such acreage.</li> </ol>

Form Standards - Production Worksheet (Continued)

Item Number/Element	Standard													
37. Uninsured Cause (continued)	<p>b. When there is late-planted acreage, the applicable per-acre production guarantee for such acreage is the production guarantee per acre that has been reduced for late-planted acreage, multiplied by column 19 entry.</p> <p>c. Refer to the LAM when a Hail and Fire Exclusion is in effect and damage is from hail or fire.</p> <p>d. Enter the result of adding uninsured cause appraisals to hail and fire exclusion appraisals.</p> <p>e. For fire losses, if the insured also has other fire insurance (double coverage), refer to the LAM.</p>													
38. Total to Count	Result of adding item 36 and item 37.													
39. Total	<p><b>Preliminary:</b> Make no entry.</p> <p><b>Replant and Final:</b> Total determined acres <b>to tenths</b> (column 19).</p>													
40. Quality	<p><b>Replant:</b> Make no entry.</p> <p><b>Preliminary and Final:</b> Check the applicable qualifying QA condition(s) affecting the unit's production (refer to table below). Check all qualifying conditions that apply to the unit's appraised and harvested production (refer to the CP and SP).</p> <table border="1" data-bbox="524 1094 1471 1627"> <thead> <tr> <th data-bbox="524 1094 1471 1136"><b>Qualifying QA Condition:</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="524 1136 1471 1171">Test Weight (TW)</td> </tr> <tr> <td data-bbox="524 1171 1471 1207">Kernel Damage (KD) and Total Defects</td> </tr> <tr> <td data-bbox="524 1207 1471 1243">Garlicky (Grade)</td> </tr> <tr> <td data-bbox="524 1243 1471 1278">Aflatoxin</td> </tr> <tr> <td data-bbox="524 1278 1471 1314">Vomitoxin</td> </tr> <tr> <td data-bbox="524 1314 1471 1350">Fumonisin</td> </tr> <tr> <td data-bbox="524 1350 1471 1386">Dark Roast (for Sunflowers only)</td> </tr> <tr> <td data-bbox="524 1386 1471 1421">Sclerotinia (for Sunflowers only)</td> </tr> <tr> <td data-bbox="524 1421 1471 1457">Ergoty (Grade)</td> </tr> <tr> <td data-bbox="524 1457 1471 1549">COFO (commercially objectionable foreign odor) (includes Musty and Sour Odor)</td> </tr> <tr> <td data-bbox="524 1549 1471 1585">Other</td> </tr> <tr> <td data-bbox="524 1585 1471 1627">None</td> </tr> </tbody> </table> <p>a. For all qualifying QA conditions checked, in the Narrative (or on a Special Report):</p> <p>(1) Document the level for each qualifying QA condition as indicated by approved test results, and the name and location of each testing facility that verifies the presence of the qualifying QA condition and the date of the test(s); or</p>	<b>Qualifying QA 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 (Grade)	COFO (commercially objectionable foreign odor) (includes Musty and Sour Odor)	Other	None
<b>Qualifying QA Condition:</b>														
Test Weight (TW)														
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Sclerotinia (for Sunflowers only)														
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COFO (commercially objectionable foreign odor) (includes Musty and Sour Odor)														
Other														
None														

## Form Standards - Production Worksheet (Continued)

Item Number/Element	Standard
40. Quality (continued)	<p>(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 QA condition).</p> <p>b. If “Other” is checked, in addition to the above documentation requirements, document in the Narrative (or on a Special Report):</p> <p>(1) A description of the qualifying QA condition;</p> <p>(2) The name of the controlling authority that considers this qualifying QA condition to be injurious to human or animal health and why.</p> <p>(3) Refer to subparagraph 14(1)(b) if, due to insured causes, a Federal or State agency has ordered the appraised crop or production to be destroyed.</p> <p>c. Check “None” if none of the production qualifies for QA.</p>
41. Mycotoxins exceed FDA, State, or other health organization maximum limits. Check “Yes:”	<p><b>Replant:</b> Make no entry.</p> <p><b>Preliminary and Final:</b> 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:</p> <p>a. Sold, document the name and address of the buyer; or</p> <p>b. Not sold, document the date(s) of the disposition, how the production was used, or how it was destroyed.</p> <p>Refer to the LAM and the SP for additional information on mycotoxins.</p>
42. Totals	Total of entries in columns 34, 36, 37 and 38. If a column has no entries, make no entry.

## Form Standards - Production Worksheet (Continued)

### Narrative Instructions

If more space is needed, document on a Special Report, and enter "See Special Report." Attach the Special Report to the PW.

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.
k.	<p>Attach a sketch map or aerial photo to identify the total unit:</p> <ol style="list-style-type: none"> <li>(1) If consent is or has been given to put part of the unit to another use or to replant;</li> <li>(2) If acreage has been replanted to a practice uninsurable as an original practice;</li> <li>(3) If uninsured causes are present; or</li> <li>(4) For unusual or controversial cases.</li> </ol> <p>Indicate on the aerial photo or sketch map, the disposition of acreage destroyed or put to other use with or without consent.</p>
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 PW 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.

## Form Standards - Production Worksheet (Continued)

Item Number/Element	Standard
69. Section I Total	<p><b>Preliminary and Replant:</b> Make no entry.</p> <p><b>Final:</b> Total of all column 38 entries in whole pounds.</p>
70. Unit Total	<p><b>Preliminary and Replant:</b> Make no entry.</p> <p><b>Final:</b> Column 68 plus and column 69, results in whole pounds.</p>
71. Allocated Prod	Refer to the LAM for instructions for determining allocated production. Enter the total production allocated to this unit that is included in Sections I or II of the PW. Document how allocated production was determined and record supporting calculations in the Narrative or on a Special Report.
72. Total APH Prod.	Result, 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 item 37 and item 71, transfer the entry in item 70.
<b>The following required entries are not illustrated on the PW example below.</b>	
73. Insured's Signature and Date	<p>Insured's (or insured's authorized representative's) signature and date. Before obtaining the signature, review all entries on the PW with the insured (or insured's authorized representative), particularly explaining codes, etc., that may not be readily understood.</p> <p>Final indemnity inspections and final replanting payment inspections should be signed on bottom line.</p>
74. Adjuster's Signature, Code #, and Date	<p>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 PW.</p> <p>Final indemnity inspections and final replanting payment inspections should be signed on bottom line.</p>
75. Page	<p><b>Preliminary:</b> Page numbers – "1," "2," etc., at the time of inspection.</p> <p><b>Replant and Final:</b> Page numbers - (Example: Page 1 of 1, Page 1 of 2, Page 2 of 2, etc.).</p>

Form Standards - Production Worksheet (Continued)

**PRODUCTION WORKSHEET**

(For Illustration Purposes Only)

1. Crop/Code # <b>Green Peas</b> <b>0064</b>	2. Unit # <b>0001-0001-BU</b>	3. Location Description <b>SE6-140N-50W</b>	7. Company Agency <b>Any Company</b> <b>Any Agency</b>	8. Name of Insured <b>I.M. Insured</b>
4. Date(s) of Damage <b>MAY 10</b>	<b>JUL 3</b>			9. Claim # <b>XXXXXXXX</b>
5. Cause(s) of Damage <b>FREEZE</b>	<b>WIND</b>			11. Crop Year <b>YYYY</b>
6. Insured Cause % <b>60</b>	<b>40</b>			10. Policy # <b>XXXXXX</b>
12. Additional Units				14. Date(s) Notice of Loss <b>MM/DD/YYYY</b>
13. Est. Prod. Per Acre				1st <b>MM/DD/YYYY</b>
				2nd <b>MM/DD/YYYY</b>
				Final <b>MM/DD/YYYY</b>
				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		20.0	1.000		612				002			UH	UH	675			13,500			13,500		13,500
B	NS		10.0	1.000		612				002			UH	UH	331			3,310			3,310		3,310
C	NS		5.0	1.000		612				002			P	WOC							5,000	5,000	
D	NS		10.0	1.000		612				002			H	H									
39. TOTAL			45.0	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 checked="" type="checkbox"/> None <input type="checkbox"/>												42. TOTALS		16,810		16,810	5,000	21,810	

NARRATIVE (If more space is needed, attach a Special Report) See attached aerial photo for field ID's. Acreage determined from permanent FSA field measurements. Column "56" line 1 entry: \$610.00 (Value of Production) ÷ \$0.06321 (Contract Price per Lb.) = 9,650 lbs. Line 2 entry: \$550.00 ÷ \$0.05250 = 10,476 lbs. 1,000 lbs/acre uninsured causes appraisal assessed to field "C" due to being destroyed without consent.

**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 type="checkbox"/> No <input checked="" 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.	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				
	NS	Acme Elevator Any Town, Any State							9,650						9,650		9,650			9,650			
	NS	Acme Elevator Any Town, Any State							10,476						10,476		10,476			10,476			
67. TOTAL																20,126	68. Section II Total		20,126				
																69. Section I Total		21,810					
																70. Unit Total		41,936					
																71. Allocated Prod.							
																72. Total APH Prod.		36,936					

**EXAMPLE GREEN PEA CLAIM**

This form example does not illustrate all required entry items (e.g., signature, dates, etc.). Refer to the above Appraisal Worksheet instructions for required statements and signature entries.



Form Standards - Production Worksheet (Continued)

**PRODUCTION WORKSHEET**  
(For Illustration Purposes Only)

1. Crop/Code # <b>DRY PEAS</b> <b>0067</b>	2. Unit # <b>0003-0001-</b> <b>BU</b>	3. Location Description <b>SW1-96N-3W</b>	7. Company Agency <b>ANY COMPANY</b> <b>ANY AGENCY</b>	8. Name of Insured <b>I.M. INSURED</b>
4. Date(s) of Damage <b>JUN 10</b>	5. Cause(s) of Damage <b>HAIL</b>	6. Insured Cause % <b>100</b>	12. Additional Units	13. Est. Prod. Per Acre
9. Claim # <b>XXXXXXXX</b>				11. Crop Year <b>YYYY</b>
10. Policy # <b>XXXXXXXXXX</b>				
14. Date(s) Notice of Loss <b>MM/DD/YYYY</b>		1st <b>MM/DD/YYYY</b>	2nd <b>MM/DD/YYYY</b>	Final <b>MM/DD/YYYY</b>
15. Companion Policy(s)				

**Example 1: 100% Share:**

**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	
<b>A</b>			<b>30.0</b>	<b>1.000</b>		<b>097</b>					<b>002</b>		<b>R</b>	<b>REPLANTED</b>	<b>200</b>			<b>6,000</b>			<b>6,000</b>		<b>6,000</b>
<b>B</b>			<b>25.0</b>	<b>1.000</b>		<b>097</b>					<b>002</b>		<b>NR</b>	<b>NOT REPLANTED</b>									
<b>39. TOTAL</b>			<b>55.0</b>	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 checked="" type="checkbox"/> None <input type="checkbox"/>												<b>42. TOTALS</b>		<b>6,000</b>		<b>6,000</b>		<b>6,000</b>	
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) Example 1 uses the maximum allowance shown in the policy. Maximum allowed - 20% of prod. guar. (1,050 lbs. x 20%) = 210 x \$0.09 (price election) x 1.000 (share) = \$18.90 200 lbs. (maximum lbs allowed in policy) x \$0.09 (price election) x 1.000 (share) = \$18.00 The lesser of \$18.90 and \$18.00 is \$18.00 Actual pounds per acre allowed = 200 lbs. (\$18.00 ÷ \$0.09) (Rounded to whole pounds) See attached Special Report for wheel measurements.

**Example 2: 50% Share**

**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	
<b>A</b>			<b>30.0</b>	<b>.500</b>		<b>997</b>					<b>003</b>		<b>R</b>	<b>REPLANTED</b>	<b>100</b>			<b>3000</b>			<b>3000</b>		<b>3000</b>
<b>B</b>			<b>25.0</b>	<b>.500</b>		<b>997</b>					<b>003</b>		<b>NR</b>	<b>NOT REPLANTED</b>									
<b>39. TOTAL</b>			<b>55.0</b>	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 checked="" type="checkbox"/> None <input type="checkbox"/>												<b>42. TOTALS</b>		<b>3000</b>		<b>3000</b>		<b>3000</b>	
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) Example 2 uses the maximum allowance when shares are applicable. 20% of prod. guar. (1,050 lbs. x 20%) = 210 x \$0.09 (price election) = \$18.90 x .500 (share) = \$9.45 200 lbs. (maximum lbs allowed in policy) x \$0.09 (price election) = \$18.00 x .500 (share) = \$9.00 The lesser of \$9.45 and \$9.00 is \$9.00 Actual lbs. per acre allowed = 100 lbs. (\$9.00 ÷ \$0.09) (Rounded to whole pounds) See attached Special Report for wheel measurements.

**EXAMPLE REPLANT CLAIMS**

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

**Minimum Representative Sample Requirements**

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<b>Acres In Field or Subfield</b>	<b>Minimum No. of Samples</b>
0.1 – 10.0	3
One additional sample is required for each additional 40.0 acres (or fraction thereof) in the field or subfield.	