



NURSERY UNDERWRITING INSPECTION REPORT

(complete one report per practice and location)

1. Crop Year	2. Unit Number(s)	3. Practice	4. Policy Number
5. Name and Mailing Address of Applicant		6. Name of Owner	7. Name of Operator
		8. Name of Agent/Agency	9. Legal Description
		10. Location Description	

Site Information

11. Reason For Report

12. Flood/Excess Precipitation Rating

Is the nursery site susceptible to flood or excess precipitation damage? Yes No
 If yes, describe in detail what precautions have been taken to protect the container / field grown inventories.

Identify any low areas in the nursery and attach a map of areas of standing water.

13. Irrigation Practice

Describe in detail the irrigation water source.

A. Surface: _____ % of total supply

- (1) Irrigation district name _____
- (2) Allocation last year: _____ % of normal
- (3) Expected allocation: _____ % of normal
- (4) Water Impoundment: Size _____ How many _____
- (5) Rivers/Creeks: _____ Number of months available _____

Type of Irrigation Method:

Overhead _____ Drip or Trickle System _____ Other _____

B. Irrigation Well(s): _____ % of total supply

- (1) Irrigation district name _____
- (2) Allocation last year: _____ % of normal
- (3) Expected allocation: _____ % of normal
- (4) Number of Wells: _____ Gallons per minute _____
 Other: Size and number _____

14. Describe in detail the fertilization program used for the location. Include any specialized requirements required by species (attach additional sheets as necessary).

15. Describe in detail weed control measures used for the location.

16. Describe in detail wildlife control measures used for the unit.

17. Do any plant species show evidence of insect or disease infestation? If evidence of disease is observed describe in detail and document what is being done to control the disease. Attach additional sheets as necessary.

18. Are plants being grown in appropriate growing medium according to accepted industry standards?

19. (A) Is the location subject to above normal frost hazard?

(B) Has winter damage or damage the previous year occurred which may affect this years potential production? If yes, explain.

20. Frost/Freeze Protection: (Check and enter type information)

		TYPE
<input type="checkbox"/> A.	None	<input type="checkbox"/> F. Heat
<input type="checkbox"/> B.	Sprinklers	<input type="checkbox"/> G. Does site location aid in frost protection?
<input type="checkbox"/> C.	Hoop house	<input type="checkbox"/> H. Average number of times per year that frost protection is utilized.
<input type="checkbox"/> D.	Poly	<input type="checkbox"/> I. Designated Hardiness Zone for the site location.
<input type="checkbox"/> E.	Greenhouse	

21. Are adequate facilities available to meet over winterization requirements required by the Nursery Eligible Plant Listing? Describe type of protection and note any deficiencies.

22. By what date does the nursery normally complete cold weather protection of container plants?

23. On what date are container plants fully removed from cold weather protection?

24. Have the plants sustained previous damage? If so, describe.

25. Crop unit location map:

Small Blocks = 40 acres				Draw in nursery / unit locations with identifying roads and landmarks. Prepare a location map showing the unit as applicable as well as other property units owned, share rented and land physically separated by another farm operator. The map itself should be detailed showing landmarks and crops grown by the insured.		
SECTION				Is a hand sketched map attached?		
				Is an FSA aerial photo attached?		

26. Additional information and comments:

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
27. A. Your evaluation of the management of this operation:			
B. Your evaluation of the nursery:			

28. Action recommended:

- Acceptance
 Rejection
 RO Field Review
 AIP Representative

Certified Inspector
Date
Supervisor
Date

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to voidance of the policy, and in criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).

Insured's Signature
Date