

1. CROP/CODE #      2. UNIT #      3. LEGAL DESCRIPTION

# PRODUCTION WORKSHEET

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4. DATE OF DAMAGE			
5. CAUSE OF DAMAGE			
6. PRIMARY CAUSE %			
12. ADDITIONAL UNITS			
13. EST. PROD. PER ACRE			

7. Company \_\_\_\_\_  
Agency \_\_\_\_\_

8. Name of Insured \_\_\_\_\_  
9. Claim # \_\_\_\_\_ 11. Crop Year \_\_\_\_\_  
10. Policy # \_\_\_\_\_

14. DATE(S) NOTICE OF LOSS	1 <sup>ST</sup>	2 <sup>ND</sup>	FINAL
15. COMPANION POLICY(S)			

## SECTION I - ACREAGE APPRAISED, PRODUCTION AND ADJUSTMENTS

ACTUARIAL										POTENTIAL YIELD						STAGE GUARANTEE	
A	B	C	D	E	F	G	H	I	J	K <sub>1</sub>	K <sub>2</sub>	L	M	N	O	P	Q
Field ID	Prelim Acres	Final Acres	Interest or Share	Risk	Practice	Type Class Variety	Stage	Intended or Final Use	Appraised Potential	Moisture %	Factor	Shell and/or Quality Factor	+ Uninsured Cause	Adjusted Potential	Total to Count (C x N)	Per Acre	Total (C x P)
16. TOTAL																	17. TOTALS

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

## SECTION II - HARVESTED PRODUCTION

18. Date Harvest Completed \_\_\_\_\_ 19. Is damage similar to other farms in the area? YES  NO  20. Assignment of Indemnity? YES  NO  21. Transfer of Right to Indemnity? YES  NO

MEASUREMENTS					GROSS PRODUCTION				ADJUSTMENTS TO HARVESTED PRODUCTION															
A <sub>1</sub>	A <sub>2</sub>	B	C	D	E	F	G	H	I	J	K <sub>1</sub>	K <sub>2</sub>	L <sub>1</sub>	L <sub>2</sub>	M <sub>1</sub>	M <sub>2</sub>	N	O	P	Q <sub>1</sub>	Q <sub>2</sub>	R	S	
Share	Field ID	Length or Diameter	Width	Depth	Deduction	Net Cubic Feet	Conversion Factor	Gross Prod. (FxG)	Bu. Ton Lbs. Cwt.	Shell/ Sugar Factor	FM %	Factor	Moisture %	Factor	Test WT	Factor	Adjusted Production (H or I)xJxKxLxMxN	Prod. Not to Count	Production (N - O)	Value	MKT Price	Quality Factor	Production to Count (P x R)	

I certify the information provided above, to the best of my knowledge, to be true and complete and that it will be used to determine my loss, if any, to my insured crops. I understand that this Production Worksheet and supporting papers are subject to audit and approval by the company. I understand that this crop insurance is subsidized and reinsured by the Federal Crop Insurance Corporation, an agency of the United States. I understand that any false or inaccurate information may result in the sanctions outlined in my policy and administrative, civil, and criminal sanctions under 18 U.S.C. §§ 1006 and 1014, 7 U.S.C. § 1506, 31 U.S.C. §§ 3729 and 3730 and other federal statutes.

22. SECTION II TOTAL \_\_\_\_\_  
23. SECTION I TOTAL \_\_\_\_\_  
24. UNIT TOTAL \_\_\_\_\_

25. Adjuster's Signature	Code #	Date	26. Insured's Signature	Date
1 <sup>st</sup> Inspection			1 <sup>st</sup> Inspection	
2 <sup>nd</sup> Inspection			2 <sup>nd</sup> Inspection	
Final Inspection			Final Inspection	

## **COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)**

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act, (7 U.S.C. 1501 et seq.) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Federal Crop Insurance Act (7 U.S.C. 1506), and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

The balance of the information requested is necessary for the insurance company and FCIC to process this form to: provide insurance; provide reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The information furnished on this form will be used by Federal agencies, FCIC employees, insurance companies, and contractors who require such information in the performance of their duties. The information may be furnished to: FCIC contract agencies, employees and loss adjusters; reinsured companies; other agencies within the United States Department of Agriculture; The Department of Treasury including the Internal Revenue Service; the Department of Justice, or other Federal or State law enforcement agencies; credit reporting agencies and collection agencies; other Federal agencies as requested in computer matching programs; and in response to judicial orders in the course of litigation. The information may also be furnished to congressional representatives and senators making inquiries on your behalf. Furnishing the information required by this form is voluntary; however, failure to report the correct and complete information requested may result in rejection of this form; rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; and a unilateral determination of any monetary amounts due.

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