

FRUIT TREE DAMAGE WORKSHEET

PART I

COMPANY NAME										CLAIM NUMBER							
1. NAME OF INSURED					2. POLICY NO.			3. COUNTY			4. UNIT IDENTIFICATION			5. TYPE		6. CROP YEAR	

PART II

TREES DESTROYED							LIMB DAMAGE										
Sample Plot (Number)	Number of Trees/Unit	Acres	Year Setout Or Dehorned	Percent Value	Number Trees Destroyed	Percent Loss (12 ÷ 8)	Trees Damaged	% Trees Limb Damage (14 ÷ 8)	TOTAL Limbs	Limbs Damaged	Percent Limb Loss (17 ÷ 16)	(15 X 18)	TOTAL % Loss (13 ÷ 19)	Applicable Percent (Level)	(20 - 21)	Applicable Percent (Level)	Applicable % Loss
7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.
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PART III

	TREES			LIMBS		TREES			LIMBS		TREES			LIMBS		TREES			LIMBS						
	25.	26.	27.	28.	29.	25.	26.	27.	28.	29.	25.	26.	27.	28.	29.	25.	26.	27.	28.	29.					
	Number	Destroyed	DAMAGED	TOTAL PER TREE	Damaged Per Tree	Number	Destroyed	DAMAGED	TOTAL PER TREE	Damaged Per Tree	Number	Destroyed	DAMAGED	TOTAL PER TREE	Damaged Per Tree	Number	Destroyed	DAMAGED	TOTAL PER TREE	Damaged Per Tree					
1						19					37					55					73				
2						20					38					56					74				
3						21					39					57					75				
4						22					40					58					76				
5						23					41					59					77				
6						24					42					60					78				
7						25					43					61					79				
8						26					44					62					80				
9						27					45					63					81				
10						28					46					64					82				
11						29					47					65					83				
12						30					48					66					84				
13						31					49					67					85				
14						32					50					68					86				
15						33					51					69					87				
16						34					52					70					88				
17						35					53					71					89				
18						36					54					72					90				

30. TOTAL

31. ADJUSTER'S SIGNATURE					CODE NO.		DATE			32. SIGNATURE OF INSURED					DATE	
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COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT

Agents, Loss Adjusters and Policyholders

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U. S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIP 's contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

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CERTIFICATION STATEMENT

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 avoidance 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).