



United States  
Department of  
Agriculture



Federal Crop  
Insurance  
Corporation

FCIC-25980 (09-2023)

# **SHELLFISH LOSS ADJUSTMENT STANDARDS HANDBOOK**

## **2024 and Succeeding Crop Years**

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**UNITED STATES DEPARTMENT OF AGRICULTURE  
FARM PRODUCTION AND CONSERVATION  
RISK MANAGEMENT AGENCY  
KANSAS CITY, MO 64133**

<b>TITLE: Shellfish Loss Adjustment Standards Handbook</b>	<b>NUMBER: FCIC-25980 OPI: Product Administration and Standards Division</b>
<b>EFFECTIVE DATE: 2024 and Succeeding Crop Years</b>	<b>ISSUE DATE: September 28, 2023</b>
<b>SUBJECT:</b>  Provides the procedures and instructions for administering the Shellfish Pilot Crop Insurance Program.	<b>APPROVED:</b>  <i>/s/ John W. Underwood for</i>  Deputy Administrator for Product Management

**REASON FOR ISSUANCE**

The Shellfish Pilot Loss Adjustment Standards Handbook is being issued and effective for the Shellfish Pilot Crop Insurance Program available beginning with the 2024 crop year.

# SHELLFISH LOSS ADJUSTMENT STANDARDS HANDBOOK

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## PART 1: GENERAL INFORMATION AND RESPONSIBILITIES

### 1 General Information

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#### A. Purpose and Objective

The RMA-issued loss adjustment standards for the Shellfish Pilot Crop Insurance Program are the official standard requirements for adjusting losses in a uniform and timely manner. The RMA-issued standards for this program and crop year are in effect as of the signature date for this handbook located at [www.rma.usda.gov](http://www.rma.usda.gov)

This handbook remains in effect until superseded by reissuance of either the entire handbook subject to any directives contained in any bulletin or FAD released by RMA. A bulletin or FAD can supersede applicable portions of the original handbook.

#### B. Source of Authority

The FCIC Board of Directors approved the Shellfish Pilot Crop Insurance Program during the FCIC Board meeting on May 18, 2023, under the authority of Section 523 of the Federal Crop Insurance Act.

#### C. Title VI of the Civil Rights Act of 1964

The USDA prohibits discrimination against its customers. Title VI of the Civil Rights Act of 1964 provides that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” Therefore, programs and activities that receive Federal financial assistance must operate in a nondiscriminatory manner. Also, a recipient of RMA funding may not retaliate against any person because they opposed an unlawful practice or policy, or made charges, testified or participated in a complaint under Title VI.

It is the AIPs’ responsibility to ensure that standards, procedures, methods and instructions, as authorized by FCIC in the sale and service of crop insurance policies, are implemented in a manner compliant with Title VI. Information regarding Title VI of the Civil Rights Act of 1964 and the program discrimination complaint process is available on the USDA public website at [www.ascr.usda.gov](http://www.ascr.usda.gov). For more information on the RMA Non-Discrimination Statement see the DSSH.

## 1 General Information (Continued)

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### D. Related Handbooks

The following table identifies handbooks that shall be used in conjunction with this handbook.

Handbook	Relation/Purpose
CIH	This handbook provides the official FCIC-approved underwriting standards for policies administered by AIPs for the General Administrative Regulations, Common Crop Insurance Policy Basic Provisions, and Area Risk Protection Regulations.
DSSH	This handbook provides the official FCIC-approved form standards for use in the sale and service of any eligible Federal crop insurance policy; required statements and disclosures; and the standards for submission and review of non-reinsured supplemental policies in accordance with the SRA.
GSH	This handbook provides the official FCIC-approved standards for policies administered by AIPs under the General Administrative Regulations, Common Crop Insurance Policy Regulations Basic Provisions, including the Catastrophic Risk Protection Endorsement; the Area Risk Protection Insurance Regulations Basic Provisions; the Stacked Income Protection Plan of Insurance; the Rainfall Index Plan; and the Whole-Farm Revenue Protection Pilot Policy.
LAM	This handbook provides the official FCIC-approved general loss adjustment standards for all levels of insurance provided under FCIC unless a publication specifies that none or only specified parts of this handbook apply.
SHELLFISH ISH	This handbook provides specific underwriting guidelines for shellfish.

- (1) Terms, abbreviations, and definitions general (not shellfish-specific) to loss adjustment are identified in the GSH and LAM.
- (2) Terms, abbreviations, and definitions specific to shellfish loss adjustment and this handbook are in [Exhibits 1](#) and [2](#), herein.

### E. CAT Coverage

Refer to the CIH, GSH, and LAM for provisions and procedures not applicable to CAT coverage.

## 2 AIP Responsibilities

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### A. Utilization of Standards

All AIPs must utilize these standards for both loss adjustment and loss training for the applicable crop year. These standards, which include appraisal methods, claims completion instructions, and form standards, supplement the general (not shellfish specific) loss adjustment standards identified in the LAM.

**B. Form Distribution**

The following is the minimum distribution of forms completed by the adjuster and signed by the insured (or the insured's authorized representative) for the loss adjustment inspection:

- (1) one legible copy to the insured; and
- (2) the original and all remaining copies as instructed by the AIP.

**C. Record Retention**

It is the AIP's responsibility to maintain records (documents) as stated in the SRA and described in the LAM.

**D. Form Standards**

- (1) The entry items in [Exhibits 3](#) and [4](#) are the minimum requirements for the Appraisal Worksheets and PWs. All entry items are "Substantive" (i.e., they are required).
- (2) The Privacy Act and Non-Discrimination statements are required statements that must be printed on the form or provided to the insured as a separate document. These statements are not shown on the example form(s) in [Exhibits 3](#) and [4](#). The current Non-Discrimination Statement and Privacy Act Statement can be found in the DSSH and on the RMA website at: [www.rma.usda.gov](http://www.rma.usda.gov).
- (3) The certification statement required by the current DSSH must be included on the PW directly above the insured's signature block immediately followed by the statement below:  
  
"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)."
- (4) Refer to the DSSH for other insurance form requirements (such as point size of font and so forth). The current DSSH can be found on the RMA website at [www.rma.usda.gov](http://www.rma.usda.gov).

## PART 2: POLICY INFORMATION

The AIP determines the insured has complied with all policy provisions of the insurance policy. The Shellfish CP are to be considered in this determination.

### 11 Insurability

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The following may not be a complete list of insurability requirements. Refer to the BP, CP, and the SP for a complete list.

#### (1) Insured Commodity

In accordance with Section 7 of the CP, the commodity insured in the county will be all of each commodity the insured elects to insure for which premium rates are provided by the AD:

- (a) in which the insured has a share;
- (b) that is listed on an application submitted by the insured and which is accepted by the AIP;
- (c) that is a type designated in the SP;
- (d) that is grown in containers;
- (e) that meets the minimum seed size if contained in the SP and is supported by the insured's seed purchase receipts;
- (f) that is purchased from a private or commercial shellfish nursery or hatchery;
- (g) that is grown by a person who has grown the insured commodity or participated in managing an operation of the same commodity for at least four crop years in the county in which the commodity will be insured, unless otherwise specified in the SP;
- (h) that is produced using generally recognized and acceptable production methods for the commodity; and
- (i) that is produced in an operation that, if inspected by the AIP, is considered acceptable to the AIP.

(2) Shellfish grown in nurseries and hatcheries are not insurable.

### 12 Unit Division

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#### A. Basic Unit

In lieu of the definition contained in Section 1 of the BP, a basic unit will be established for all of the insurable commodity in the county for which the insured has a share on the date coverage begins for the crop year.



## **12 Unit Division**

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### **B. Other Units**

No other unit division under Section 34 of the BP is allowed.

## **13 Quality Adjustment**

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Quality adjustment does not apply for the Shellfish Pilot Crop Insurance Program.

## **14 AIP Duties**

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For a county qualifying under Section 10(b)(1) of the CP, the AIP will pay any indemnity the insured is eligible to receive for the insured's loss under the CP within 30 days after the later of the date:

- (1) FCIC releases the list of counties identified as meeting the county loss trigger and the insured's county is on the list;
- (2) the AIP determines the insured's production to count for the unit under the CP for the insured crop; or
- (3) any applicable determination under Section 14(f) of the BP.

In accordance with Section 10(a)(4) of the CP, if the insured failed to comply with the notice requirements in the described sections, if:

- (1) The AIP has the ability to accurately adjust the loss, Section 11(f)(1)(i)(E) of the CP will not apply for purposes of the notice requirements of the CP.
- (2) The AIP does not have the ability to accurately adjust the loss for any claim for indemnity, no indemnity will be paid, but the insured will still be required to pay all premiums owed.

## **15 Federal or State Ordered Destruction**

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Under Section 15(j) of the BP, if due to insured causes, a Federal or State agency has ordered the insured crop or crop production to be destroyed, on the claim form enter the factor ".000" in column 35 for appraised production or column 65 for harvested production, as applicable. 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 in the PW instructions). Also refer to the LAM for additional information.

## **16-20 Reserved**

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## PART 3: APPRAISALS

Potential production inspections and appraisals for the commodity will be appraised in accordance with procedures specified in this handbook and the LAM.

### 21 Determining Appraisals

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Following a notice of damage or loss, the AIP may conduct inspections and appraisals it determines are appropriate without regard to the insured county meeting the county loss trigger. Appraised production will be included in the production to count, as outlined in Section 11(f) of the CP:

#### A. Required Appraisals

- (1) An appraisal is required:
  - (a) when an appraisal not less than the production guarantee applies;
  - (b) for an uninsured cause of loss;
  - (c) for potential production; and
  - (d) for determining mature shellfish that is not harvested by the EOIP.
- (2) Make separate appraisals to document damage due to uninsured causes.

#### B. Selecting Representative Samples

Sample five percent of the containers for each growing location.

#### C. Uninsured Appraisals

- (1) Assess an appraisal of not less than the applicable production guarantee (e.g., damaged solely by uninsured causes).

Enter the appraisal in column 37 of the PW.

**Example:** Shellfish that die due to an uninsured cause, are destroyed due to an official quarantine order, are abandoned, put to another use without consent, or are quarantined or subject to closure and not released during the insurance period.

- (2) Enter the appraisal for potential lost production due to uninsured causes by counting the number of shellfish that are dead that exceed the insured's adjusted mean survival rate (See Paragraph 45D of the Shellfish ISH). Assistance from third-party experts may be used to confirm the cause of loss and determine if it is an insurable or uninsurable cause of loss. Explain the calculations in the Narrative or on a Special Report.

## 21 Determining Appraisals (Continued)

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### C. Uninsured Appraisals (Continued)

**Example** Insured Gave Notice of Damage or Loss  
No Insured Cause of Loss Determined  
Growing Location 1: 100 containers  
Sample Size: 5 containers (100 containers × 5%)  
Adjusted Mean Survival Rate: 68%  
1 - 68% = 32% Expected Number of Dead Shellfish  
Total Number of Shellfish for All Sample Containers: 1,000  
Total Number of Dead Shellfish for All Sample Containers: 400  
Percent Dead Shellfish: 40% (400 ÷ 1,000)  
Excess of Adjusted Mean Survival Rate: 8% (40% Dead Shellfish - 32%  
Adjusted Mean Survival Rate)  
Uninsured Appraisal Per Container: 16 Shellfish [(1,000 ÷ 5) × 8%]

### D. Potential Appraisals

Applicable appraisals are based on:

- (1) potential production on the commodity that the AIP gives consent to abandon or no longer care for; and
- (2) mature production that will not be harvested within the insurance period. Count the number of mature shellfish that will not be harvested by the calendar date for the EOIP.

**Example** End of Insurance Period: December 31  
Insured Gives Notice of Intent of Incomplete Harvest of Mature Shellfish  
AIP Inspection Conducted December 15  
Growing Location 1: 100 containers  
Sample Size: 5 containers (100 containers × 5%)  
Total Number of Shellfish for All Sample Containers: 1,000  
Total Number of Unharvested Mature Shellfish for All Sample  
Containers: 100  
Number of Unharvested Mature Shellfish per Container: 20 (100 ÷ 5)

### E. Appraisal Worksheets

Complete Appraisal Worksheets in accordance with the instructions in [Exhibit 3](#). Appraisals are reported in Section I of the PW as uninsured and unharvested appraisals, as applicable.

## 22 Deviations and Modifications

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- (1) Deviations in appraisal methods require RMA written authorization (as described in the LAM) prior to implementation.
- (2) There are no pre-established appraisal modifications contained in this handbook, refer to the LAM for additional information.

## **23 General Information for Appraisal Worksheet Entries and Completion Procedures**

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- (1) Include the AIP's name in the Appraisal Worksheet title if not preprinted on the worksheet or when a worksheet entry is not provided.
- (2) Include the claim number on the Appraisal Worksheet (when required by the AIP) when a worksheet entry is not provided.
- (3) Separate Appraisal Worksheets may be required for each growing location appraised within the basic unit if appraising both mature production shellfish potential and potential for shellfish released with consent for the same growing location, etc. See [Paragraph 21A\(2\)](#) regarding separate uninsured cause appraisals. (Applicable to preliminary and final claims.)
- (4) Standard Appraisal Worksheet items are numbered consecutively in [Exhibit 3](#). Example Appraisal Worksheets are also provided to illustrate how to complete item entries.

### **24-30 Reserved**

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## PART 4: PRODUCTION WORKSHEET

### 31 General Information

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- (1) The PW is a progressive form containing all notices of damage occurring during the insurance period (including “No Indemnity Due” claims) on a unit.
- (2) The PW is used to record any appraisals for uninsured causes and all shellfish production for the unit.
- (3) Refer to the LAM for instructions regarding the following:
  - (a) commodity report errors;
  - (b) delayed notices and delayed claims;
  - (c) corrected claims and cases involving uninsured causes of loss, unusual situations, controversial claims, concealment, or misrepresentation; and
  - (d) “No Indemnity Due” claims (which must be verified by an appraisal or notification from the insured that the production, including any applicable appraisal (e.g., solely uninsured causes), exceeded the guarantee).
- (4) The adjuster is responsible for determining if any of the insured’s requirements under the notice and claim provisions of the policy have not been met. If any requirements have not been met, the adjuster should contact the AIP.
- (5) Instructions labeled “**PRELIMINARY**” apply to preliminary inspections only related to certain cause of loss determinations (e.g., to document insurable or uninsurable losses). Instructions labeled “**FINAL**” apply to final inspections only performed at the EOIP.
- (6) If the AIP determines the claim is to be denied, refer to the LAM for PW completion instructions.
- (7) Standard PW items are numbered consecutively in [Exhibit 4](#). An example PW is also provided to illustrate how to complete item entries.

### 32-40 Reserved

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## EXHIBITS

### Exhibit 1 Acronyms and Abbreviations

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

<b>Approved Acronyms</b>	<b>Term</b>
AD	Actuarial Documents
AIP	Approved Insurance Provider
APH	Actual Production History
BP	Basic Provisions
CAT	Catastrophic Risk Protection
CIH	Crop Insurance Handbook
CP	Commodity Provisions
DSSH	Document and Supplemental Standards Handbook
EOIP	End of Insurance Period
FAD	Final Agency Determination
FCIC	USDA Federal Crop Insurance Corporation
GPS	Global Positioning System
GSH	General Standards Handbook
ISH	Insurance Standards Handbook
LAM	Loss Adjustment Manual
OPI	Office of Primary Interest
PW	Production Worksheet
RMA	Risk Management Agency
SDP	Shellfish Data Provisions
SP	Special Provisions
SRA	Standard Reinsurance Agreement
USDA	United States Department of Agriculture

## Exhibit 2 Definitions

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**Actual yield**: In lieu of the definition in section 1 of the BP, the total number of the commodity (which includes harvested and appraised mature production) as documented by production records or claims for indemnities for the basic unit.

**Adjusted mean survival rate**: The simple average of the standardized survival rates for the APH base period for the applicable growing interval that is used to determine your expected yield for the current crop year.

**Approved yield**: In lieu of the definition in section 1 of the BP, the approved yield for the basic unit for the crop year is the lesser of the:

- (a) average yield for the basic unit multiplied by 1.25; or
- (b) expected yield.

**Assigned yield**: In lieu of the definition in section 1 of the Basic Provisions, an annual yield assigned according to FCIC approved procedures for an APH crop year when the insured does not file an acceptable production report, or when upon request by the AIP, or any other person authorized by FCIC, the insured does not provide acceptable evidence of production and seed records to support the production report. The assigned yield will not be more than 75 percent of the prior year's approved yield. If an assigned yield cannot be determined due to no prior year's approved yield, no coverage will be provided.

**Average yield**: In lieu of the definition in section 1 of the BP, the result of summing the yearly actual and assigned yields for the APH database and dividing the sum by the number of yields contained in the APH database for the applicable growing interval.

**Basic unit**: In lieu of the definition in section 1 of the BP, a basic unit will be all of the insurable commodity in the county in which the insured has a share on the date coverage begins for the crop year.

**Commodity**: An agricultural commodity as defined in the BP. The term commodity will have the same meaning as crop when referenced in applicable sections of the BP, the CP, and applicable FCIC approved procedures.

**Commodity report**: In addition to section 6 of the Basic Provisions, your report of the insured commodity in the county, whether insurable or not insurable. For the purposes of these Commodity Provisions, the commodity report functions as the acreage report.

**Containers**: Floats, bags, rafts, trays, longline systems, racks, and other off-bottom cages commonly used by the shellfish industry.

**County loss trigger**: The occurrence of an insurable cause of loss as determined in accordance with the CP and the SDP. A county meeting the county loss trigger will be specified in the AD.

**Crop year**: In accordance with the definition in section 1 of the Basic Provisions, the calendar year of expected harvest.

**Expected yield**: The result of the number of seed purchased from a private or commercial shellfish nursery or hatchery that are placed into containers for the crop year (as determined by the applicable growing interval) multiplied by the adjusted mean survival rate.

## Exhibit 2 Definitions (Continued)

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**Growing Interval:** The time between the calendar year of the seed purchased and the crop year for the insured commodity and county and is used to calculate the expected yield. The growing interval must be based on the majority of the seeds in your operation as follows:

- (a) Growing interval I – The majority of the seed is purchased one calendar year prior to the crop year (e.g., for crop year 2024, seeds are purchased in 2023).
- (b) Growing interval II – The majority of the seed is purchased two calendar years prior to the crop year (e.g., for crop year 2024, seeds are purchased in 2022).
- (c) Growing interval III – The majority of the seed is purchased three calendar years prior to the crop year (e.g., for crop year 2024, seeds are purchased in 2021).

**Harvest:** The removal of the mature commodity from the basic unit.

**Maximum over established price:** The upper limit to the producer price option, as show in the AD.

**Observed survival rate:** The percentage determined by dividing the harvested production for each crop year by the number of seed purchased in the calendar year corresponding to the growing interval (e.g., for Growing Interval II, divide the harvested production from the 2024 crop year by the number of seed purchased in 2022).

**Price election:** The price election, elected by the insured by the SCD:

- (a) as defined in section 1 of the BP, shown as the “established price” in the AD; or
- (b) the producer price option.

**Producer price option:** The producer price option is calculated as the average price received by the insured for each year in the most recent four APH crop years up to the maximum over established price. The average price is the total dollar sales of the commodity divided by the total number of the commodity sold for each crop year.

**Production guarantee:** In lieu of the definition in section 1 of the BP, the number of the commodity determined by multiplying the approved yield for the basic unit by the coverage level percentage the insured elects.

**Shellfish:** Oysters and other commodities as specified in the AD.

**Shellfish Data Provisions:** A document that describes the methodology utilized by FCIC in identifying counties subject to a county loss trigger.

**Standardized survival factor:** A percentage established by FCIC based on different seed sizes that are used to calculate the insured’s standardized survival rate. The seed size factors are contained in the SP.

**Standardized survival rate:** The insured’s observed survival rate for the applicable seed size for each crop year in the APH base period, as specified in section 3(d)(1)(ii) of the CP, multiplied by the standardized survival factor for that seed size.

**Type:** A category of the commodity identified as a type in the SP.



**Exhibit 3 Form Standards – Appraisal Worksheet**

Verify and/or make the following entries for each Appraisal Worksheet element/item number. A completed Appraisal Worksheet example is at the end of this exhibit. For general form standards and other general information, see [Subparagraph 2D](#) and [Paragraph 23](#).

Complete separate appraisal worksheets for each commodity.

**Section I**  
**MATURE SHELLFISH APPRAISALS – REMAINING POTENTIAL**  
**(For End of Insurance Period (Calendar Date) Appraisals Only)**  
**[See [Paragraph 21D](#)]**

Element/Item Number	Description
Company	Name of AIP if not preprinted on the appraisal worksheet (Company Name).
1. Insured's Name	Name of the insured that identifies exactly the person (legal entity) to whom the policy is issued.
2. Policy Number	Insured's assigned policy number.
3. Unit Number	Unit number from the Summary of Coverage after it is verified to be correct. (Shellfish are insured by basic unit; see the definition of basic unit and Section 2 of the CP.)
4. Commodity	Enter "Oysters." (Any reference to "oysters" in the following item numbers applies on a commodity basis as the insured crop is each separate commodity (i.e., shellfish.)
5. Crop Year	Four-digit crop year, as defined in the policy, for which the claim is filed.
6. Claim Number	Claim number as assigned by the AIP.
7. Type	Enter the type(s) and type code(s) as specified in AD.
8. Shellfish Containers in Production	Number of shellfish containers in production in the unit.
9. Growing Location	Enter each growing location, enter the number of containers in production, lease identification number (or other applicable identification numbers for the growing location) and applicable GPS coordinates.
10. Number of Unharvested Mature Shellfish per Sample Container	Sample 5 percent of the container for the location. Enter the number of unharvested mature shellfish for each sample container.
11. Total number of unharvested Mature Shellfish for all containers	Enter the total number of mature shellfish sampled.
12. Total number of Rep. Samples	Enter the total number of containers sampled.
13. Average Number of Unharvested Mature Shellfish for All Samples	Total the number of unharvested mature shellfish for all sample containers and divide by the number of sample containers to determine the number of unharvested mature shellfish per container for the location. Round result to the nearest whole shellfish.  Transfer the entry for each growing location to Column 31 of the PW.

**Exhibit 3 Form Standards – Appraisal Worksheet (Continued)**

<b>Element/Item Number</b>	<b>Description</b>
14. Total Number of Shellfish and Number of Shellfish Lost for the Growing Location	Make no entry.
15. Percent Survival for the Growing Location	Make no entry.
16. Uninsured Appraisal for the Growing Location	Make no entry.

**Section II**  
**UNINSURED DAMAGE APPRAISALS**  
**Partially Uninsured Causes**  
**[See [Paragraph 21C\(2\)](#)]**

<b>Element/Item Number</b>	<b>Description</b>
8. Shellfish Containers in Production	Number of shellfish containers in production the unit from the commodity report.
9. Growing Location	Enter each growing location, enter the number of containers in production, lease identification number (or other applicable identification numbers for the growing location), and applicable GPS coordinates.
10. Number of Shellfish and Number of Shellfish Lost per Sample Container	Sample 5 percent of the container for the location. Split the item. In the top half, enter the number of shellfish in the sample container. Enter in the bottom half the number of dead shellfish in the sample container. Make no entry for solely uninsured damaged causes.
11. Total Number of Shellfish and Total Number of Shellfish Lost	Split the item. Enter the total number of Shellfish for the sample on the top half. Enter the total number of dead shellfish for the sample on the bottom half.
12. Total number of Rep. Samples	Enter the total number of containers sampled.
13. Average Number of Shellfish and Number of Shellfish Lost per Container Due to Uninsured Causes	Split the item. Total the number of shellfish for all sample and divide by the number of sample containers to determine the number of shellfish per container for the location. Enter the result in the top half, rounded to the nearest whole shellfish. Total the number of dead shellfish for all sample containers and divide by the number of sample containers to determine the number of dead shellfish per container for the location. Enter the result in the bottom half, rounded to the nearest whole shellfish.

**Exhibit 3 Form Standards – Appraisal Worksheet (Continued)**

Element/Item Number	Description
14. Total Number of Shellfish and Number of Shellfish Lost for the Growing Location	<p>Enter the result of multiplying the number of shellfish per container from item 13 for the location by the number of containers for the location in item 9 and enter the result. Enter the result in the top half, rounded to the nearest whole shellfish.</p> <p>Enter the result of multiplying the number of shellfish lost per container from item 13 for the location by the number of containers for the location in item 9 and enter the result. Enter the result in the bottom half, rounded to the nearest whole shellfish.</p>
15. Percent Survival for the Growing Location	<p>Enter percent survival by dividing the bottom half of item 14 by the top half of item 14. Enter the result to the nearest whole percent.</p> <p>Enter the Adjusted Mean Survival Rate from the production report in the Remarks.</p>
16. Uninsured Appraisal for the Growing Location	<p>Enter the uninsured appraisal in whole shellfish. See the Remarks section for calculations. Transfer the entry to Column 37 of the PW.</p>

**The following required entries are not illustrated on the Appraisal Worksheet examples below.**

Element/Item Number	Description
17. Remarks	<p>Enter applicable remarks.</p>
18. Adjuster's Signature, Code No., and Date	<p>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 Narrative section of the appraisal worksheet (if available); otherwise, document the appraisal date in the Narrative of the PW.</p>
19. Insured's Signature and Date	<p>Insured's (or insured's authorized representative's) signature and date. Before obtaining the insured's signature, review all entries on the appraisal worksheet with the insured or insured's authorized representative, particularly explaining codes, etc., that may not be readily understood.</p>
20. Page Numbers	<p>Page numbers (Example: Page 1 of 1, Page 1 of 2, Page 2 of 2, etc.).</p>

**Exhibit 3 Form Standards – Appraisal Worksheet (Continued)**

SHELLFISH APPRAISAL WORKSHEET (FOR ILLUSTRATION PURPOSES ONLY)	COMPANY: Any Company				
	1 INSURED'S NAME Shellfish Pete	2 POLICY NUMBER XXXXXX	3 UNIT NUMBER 0001-0000 BU	4 Commodity Oysters	5 CROP YEAR YYYY
	6 CLAIM NUMBER XXXXX	7 TYPE Half Shell 044		8 SHELLFISH CONTAINERS IN PRODUCTION 1,000	

**Section I: MATURE SHELLFISH APPRAISAL – END OF INSURANCE PERIOD (CALENDAR DATE)**

9 GROWING LOCATION				10 NUMBER OF UNHARVESTED MATURE SHELLFISH PER SAMPLE CONTAINER					11 Total Number of Unharvested Mature Shellfish for all Containers	12 Total Number of Rep. Samples	13 Average Number of Unharvested Mature Shellfish for All Samples	14	15	16
Location No.	No. of Containers in	Lease ID NO.	GPS											
L1	200	XXXXX	XXXXXXXX	25	35	20	40	30	250	10	25			
				20	15	30	25	10						

REMARKS:

**Refer to the Above Appraisal Worksheet instructions for required statements and signature entries.**

**Exhibit 3 Form Standards – Appraisal Worksheet (Continued)**

SHELLFISH APPRAISAL WORKSHEET (FOR ILLUSTRATION PURPOSES ONLY)	COMPANY: Any Company				
	1 INSURED'S NAME Shellfish Pete	2 POLICY NUMBER XXXXXX	3 UNIT NUMBER 0001-0000 BU	4 Commodity Oysters	5 CROP YEAR YYYY
	6 CLAIM NUMBER XXXXX	7 TYPE Half Shell 044		8 SHELLFISH CONTAINERS IN PRODUCTION 1,000	

Section II: POTENTIAL APPRAISAL – PARTIALLY UNINSURED CAUSES														
GROWING LOCATION 9				NUMBER OF SHELLFISH & NUMBER OF SHELLFISH LOST PER SAMPLE CONTAINER 10					Total Number of Shellfish and Total Number of Shellfish Lost 11	Total Number of Rep. Samples 12	Average Number of Shellfish and Number of Shellfish Lost per Container Due to Uninsured Causes 13	Total Number of Shellfish and Number of Shellfish Lost for the Growing Location 14	Percent Survival for the Growing Location 15	Uninsured Appraisal for the Growing Location 16
Location No.	No. of Container	Lease ID NO.	GPS											
L2	100	XXXXX	XXXXXXXX	240	260	225	260	255	2500	10	250	25,000	0.60	2,500
				255	245	275	240	245						
				160	150	140	120	150	1500		150	15,000		
				140	165	150	165	160						

REMARKS: Shellfish death excess of the Adjusted Mean Survival Rate is 0.70.  
 Location 2 Uninsured appraisal = 0.70 - .060 (item 12, 15,000 ÷ 25,000) × 25,000 = 2,500 Oysters

**Refer to the Above Appraisal Worksheet instructions for required statements and signature entries.**

**Exhibit 4 Form Standards – Production Worksheet**

Verify and/or make the following entries for each PW element/item number. Completed PW examples are at the end of this exhibit. For general form standards and other general information, see [Subparagraph 2D](#) and [Paragraph 31](#).

An indemnity is payable only if the County Loss Trigger is met as identified in the AD for the applicable county. Notices of damage or loss are applicable for purposes of establishing that damage to the insured commodity occurred during the insurance period.

Element/Item Number	Description
1. Crop/Code #	"Oysters" (0115). (Any reference to "shellfish" in the following item numbers applies on a commodity basis as the insured crop is each separate commodity (i.e., oysters).)
2. Unit #	Unit number from the Summary of Coverage after it is verified to be correct. (Shellfish is insured in a single basic unit (see unit definition in the CP) for the county containing all growing locations.)
3. Growing Location Description	Location identifications, i.e., L1 (plus lease identification number or other applicable number and GPS coordinates) for each growing location in the basic unit.
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 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 the commodity 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 the county loss trigger is not met or if met, 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>

**Exhibit 4 Form Standards – Production Worksheet (Continued)**

Element/Item Number	Description						
6. Insured Cause %	<p><b>PRELIMINARY:</b> Make no entry.</p> <p><b>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> <p>Example entries for items 4-6 and the Narrative reflect entries for multiple dates of damage, the corresponding insured causes of damage, and insured cause percentages:</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding-right: 20px;">4. Date(s) of Damage</td> <td><b><i>JUL</i></b></td> </tr> <tr> <td>5. Causes of Damage</td> <td><b>Salinity</b></td> </tr> <tr> <td>6. Insured Cause %</td> <td><b>100</b></td> </tr> </table> <p style="text-align: center;">Narrative</p>	4. Date(s) of Damage	<b><i>JUL</i></b>	5. Causes of Damage	<b>Salinity</b>	6. Insured Cause %	<b>100</b>
4. Date(s) of Damage	<b><i>JUL</i></b>						
5. Causes of Damage	<b>Salinity</b>						
6. Insured Cause %	<b>100</b>						
7. Company/Agency	Name of company and agency servicing the policy.						
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	Make no entry (only one basic unit applies for the commodity).						
13. Est. Prod. For the Commodity Acre	<p><b>PRELIMINARY:</b> Make no entry.</p> <p><b>FINAL:</b> Strike through “Acre” and insert the shellfish commodity.</p>						
14. Date(s) Notice of Loss	<p><b>PRELIMINARY:</b></p> <p>(a) Date the first or second notice of damage or loss was given for the unit in item 2, in the 1st or 2nd space, as applicable. Enter the complete date (MM/DD/YYYY) for each notice.</p> <p>(b) A notice of damage or loss for a third preliminary inspection (if needed) requires an additional set of PWs. Enter the date of notice for a third preliminary inspection in the 1st space of item 14 on the second set of PWs.</p>						

**Exhibit 4 Form Standards – Production Worksheet (Continued)**

Element/Item Number	Description
<p>14. Date(s) Notice of Loss (Continued)</p>	<p>(c) Reserve the “Final” space on the first page of the first set of PWs for the date of notice for the final inspection.</p> <p>(d) If the inspection is initiated by the AIP, enter “Company Insp.” instead of the date.</p> <p>(e) If the notice does not require an inspection, document as directed in the Narrative instructions.</p> <p><b>FINAL:</b> Transfer the last date (in the 1st or 2nd space from the first or second set of PWs) to the final space on the first page of the first set of PWs if a final inspection should be made as a result of the notice. Always enter the complete date of notice (MM/DD/YYYY) for the “final” inspection in the final space on the first set of PWs. For a delayed notice of loss or delayed claim, refer to the LAM.</p>
<p>15. Companion Policy(s)</p>	<p>(a) If no other person has a share in the unit (insured has 100 percent share), make no entry.</p> <p>(b) In all cases where the insured has less than a 100 percent share of a loss-affected unit, ask the insured if the other person sharing in the unit has a shellfish insurance policy (not crop-hail, fire, and so forth). If the other person does not, enter “None.”</p> <p>(1) If the other person has a shellfish insurance policy and it can be determined that the same AIP services it, enter the policy number. Handle these companion policies according to AIP instructions.</p> <p>(2) If the other person has a shellfish insurance policy and a different AIP or agent services it, enter the name of the AIP and/or agent (and policy number) if known.</p> <p>(3) If unable to verify the existence of a companion policy, enter “Unknown” and contact the AIP for further instructions.</p> <p>(c) Refer to the LAM for further information regarding companion policies.</p>



Section I – Determined Shellfish Appraised, Production and Adjustments

Make separate line entries for varying:

- (1) rate classes, types, classes, sub-classes, intended uses, or cropping practices, as applicable;
- (2) APH yields;
- (3) appraisals;
- (4) stages or intended use(s); or
- (5) shares (e.g., 50 percent and 75 percent shares on the basic unit).

Element/Item Number	Description
16. Growing Location ID Field ID	Location identifications associated with the Growing Location Description contained in item 3.  The location identification symbol from a sketch map or an aerial photo. Refer to the Narrative.
17. Multi-Crop Code	<b>PRELIMINARY AND FINAL:</b> Make no entry.
18. Reported Growing Location ID Acre	Make no entry.
19. No. of Containers <del>Acres</del>	Strike through “acres” and enter the number of determined containers in production for each location.  Account for all growing locations in the unit.
20. Interest or Share	Insured’s interest in the commodity to three decimal places as determined at the time of inspection. If shares vary on the basic unit, use separate line entries.

**Exhibit 4 Form Standards – Production Worksheet (Continued)**

Element/Item Number	Description
21. Risk	Three-digit code for the correct “Rate” as specified on the AD maps. If a “Rate” or “High-Risk Area” is not specified on the AD maps, make no entry. Verify with the Summary of Coverage and if the “Rate” is found to be incorrect, revise according to the AIP’s instructions. Refer to the LAM.  (Written agreements are not authorized for the Shellfish Pilot Crop Insurance Program.)
22. Type	Three-digit code, entered exactly as specified on the AD for the type grown by the insured. If “No Type Specified” is shown in the AD, enter the appropriate three-digit code from the AD (e.g., 997). If a type is not specified on the AD, make no entry.
23. Class	Three-digit code, entered exactly as specified on the AD for the class grown by the insured. If “No Class Specified” is shown in the AD, enter the appropriate three-digit code from the AD (e.g., 997). If a class is not specified on the AD, make no entry.
24. Sub-Class	Three-digit code, entered exactly as specified on the AD for the sub-class grown by the insured. If “No Sub-Class Specified,” is shown in the AD, enter the appropriate three-digit code from the AD (e.g., 997). If a sub-class is not specified on the AD, make no entry.
25. Intended Use	Three-digit code, entered exactly as specified on the AD for the intended use of the commodity grown by the insured. If “No Intended Use Specified” is shown in the AD, enter the appropriate three-digit code from the AD (e.g., 997). If an intended use is not specified on the AD, make no entry.
26. Irr. Practice	Three-digit code, entered exactly as specified on the AD for the irrigated practice carried out by the insured. If “No Irrigated Practice Specified” is shown in the AD, enter the appropriate three-digit code from the AD (e.g., 997). If an irrigated practice is not specified on the AD, make no entry.
27. Cropping Practice	Three-digit code, entered exactly as specified on the AD for the cropping practice (or practice) carried out by the insured. If “No Cropping Practice Specified” or “No Practice Specified” is shown in the AD, enter the appropriate three-digit code from the AD (e.g., 997). If a cropping practice is not specified on the AD, make no entry.

**Exhibit 4 Form Standards – Production Worksheet (Continued)**

Element/Item Number	Description												
28. Organic Practice	Make no entry.												
29. Stage	<p><b>PRELIMINARY:</b> Make no entry.</p> <p><b>FINAL:</b> Stage abbreviation as shown below.</p> <table border="0"> <thead> <tr> <th data-bbox="565 369 651 401"><u>STAGE</u></th> <th data-bbox="789 369 976 401"><u>EXPLANATION</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="537 422 727 453">“P” .....</td> <td data-bbox="789 422 1503 611">Shellfish abandoned without consent, destroyed or put to other use without consent, damaged solely by uninsured causes, seized, quarantined, or for which the insured failed to provide acceptable records of production to the AIP</td> </tr> <tr> <td data-bbox="537 632 727 663">“H” .....</td> <td data-bbox="789 632 919 663">Harvested</td> </tr> <tr> <td data-bbox="537 684 727 716">“UH” .....</td> <td data-bbox="789 684 1382 716">Unharvested or put to other use with consent</td> </tr> </tbody> </table>	<u>STAGE</u>	<u>EXPLANATION</u>	“P” .....	Shellfish abandoned without consent, destroyed or put to other use without consent, damaged solely by uninsured causes, seized, quarantined, 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				
<u>STAGE</u>	<u>EXPLANATION</u>												
“P” .....	Shellfish abandoned without consent, destroyed or put to other use without consent, damaged solely by uninsured causes, seized, quarantined, 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												
30. Use of Shellfish <del>Acreage</del>	<p>Use of the shellfish (strike through “Acreage”). Use the following “Intended Use” abbreviations.</p> <table border="0"> <thead> <tr> <th data-bbox="565 831 613 863"><u>USE</u></th> <th data-bbox="789 831 976 863"><u>EXPLANATION</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="537 873 727 905">“WOC” .....</td> <td data-bbox="789 873 1130 905">Other use without consent</td> </tr> <tr> <td data-bbox="537 926 727 957">“SU” .....</td> <td data-bbox="789 926 1000 957">Solely uninsured</td> </tr> <tr> <td data-bbox="537 978 727 1010">“ABA” .....</td> <td data-bbox="789 978 1154 1010">Abandoned without consent</td> </tr> <tr> <td data-bbox="537 1031 727 1062">“H” .....</td> <td data-bbox="789 1031 1130 1062">Harvested mature shellfish</td> </tr> <tr> <td data-bbox="537 1083 727 1115">“UH” .....</td> <td data-bbox="789 1083 1455 1157">Unharvested (mature shellfish not harvested by the EOIP)</td> </tr> </tbody> </table> <p>Verify any “Intended Use” entry. If final use of the commodity was not as indicated, strike out the original line and initial it. Enter all data on a new line showing the correct “Final Use.”</p>	<u>USE</u>	<u>EXPLANATION</u>	“WOC” .....	Other use without consent	“SU” .....	Solely uninsured	“ABA” .....	Abandoned without consent	“H” .....	Harvested mature shellfish	“UH” .....	Unharvested (mature shellfish not harvested by the EOIP)
<u>USE</u>	<u>EXPLANATION</u>												
“WOC” .....	Other use without consent												
“SU” .....	Solely uninsured												
“ABA” .....	Abandoned without consent												
“H” .....	Harvested mature shellfish												
“UH” .....	Unharvested (mature shellfish not harvested by the EOIP)												
31. Appraised Potential	Transfer the potential shellfish appraisal from item 11 from the applicable appraisal worksheet.												
32a. Moisture %	Make no entry.												
32b. Factor	Make no entry.												
33. Shell %, Factor, or Value	Make no entry.												
34. Production Pre QA	Column 19 multiplied by column 31, results in whole shellfish. If no entry in column 31, make no entry.												

**Exhibit 4 Form Standards – Production Worksheet (Continued)**

Element/Item Number	Description
35. Quality Factor	Make no entry, unless <a href="#">Paragraph 16</a> applies.
36. Production Post QA	Transfer the entry in item 34. If no entry in column 34, make no entry.
37. Uninsured Causes	<p>Transfer the uninsured shellfish appraisal for uninsured causes (taken from Column 14 of Appraisal Worksheet or other documentation). Refer to the LAM for information on how to determine uninsured cause appraisals. If no uninsured causes, make no entry.</p> <p>Hail and Fire exclusion not applicable.</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>FINAL:</b> Split the entry horizontally. Enter in the top half the total determined number of containers in production for all growing locations. Enter in the bottom half the number of containers in production reported on the commodity report. If the number of determined containers in the top half of the block is larger than the bottom half of the block (i.e., under-reported), the premium, liability, and any indemnity will be based on determined number of containers. If the number of determined containers in the top half of the block is less than the bottom half of the block (i.e., over-reported), the premium, liability, and any indemnity will be based number of determined containers.</p> <p>If the top and bottom block are equal, there is no under- or over-reporting.</p>
40. Quality	<p>(a) If injurious substances or conditions are identified and the production is ordered destroyed by a Federal or State agency:</p> <ol style="list-style-type: none"> <li data-bbox="630 1213 1490 1325">(1) Identify the injurious substance or condition, the date the crop was destroyed and the method of destruction in the Narrative or on a Special Report.</li> <li data-bbox="630 1360 1490 1507">(2) Attach to the claim, the completed Certification Form, a copy of the destruction order, and if possible, a copy of the laboratory test results confirming the presence of any injurious substances or conditions.</li> </ol> <p>(b) Otherwise, enter “None.”</p>
41.	Make no entry.
42. Totals	Total of entries in columns 34, 36, 37, and 38. If a column has no entries, make no entry.

**Narrative Instructions**

If more space is needed, document on a Special Report, and enter “Refer to the Special Report.” Attach the Special Report to the PW.

a.	If no shellfish are released, enter “No shellfish released,” adjuster’s initials, and date.
b.	Explain any uninsured causes, unusual, or controversial cases.
c.	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.
d.	Explain any errors found on the Summary of Coverage.
e.	Explain any commingled shellfish for other producer growing locations (share locations or separate producer locations). Refer to the LAM any applicable guidance.
f.	Explain a “NO” checked in item 44, “Damage Similar to Other Growing Locations in the Area?”
g.	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.
h.	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.
i.	Explain the reason for a “No Indemnity Due” claim. “No Indemnity Due” claims are to be distributed in accordance with the AIP’s instructions.
j.	Explain any delayed notices or delayed claims as instructed in the LAM.
k.	For production to be destroyed due to presence of injurious substances or conditions, document the following. (a) Explain any “0.000” quality adjustment factor entered in items 35 and 65. Follow the documentation requirements listed in item 40 above. (b) Refer to the LAM for additional documentation requirements.
l.	Document the method and calculation used to determine shellfish for the unit. Refer to the LAM.

**Section II – Determined Harvested Production**

- (1) Account for all harvested mature shellfish production sold for the basic unit based on acceptable third-party records (see the CIH for record requirements for vertically integrated operation).
- (2) Make entries in columns 49 through 52 For sold shellfish production as follows: Name and address of buyer. Document information on the Narrative.
- (3) If additional lines are necessary, the data may be entered on a continuation sheet. Use separate lines for:
  - (a) varying names and addresses of buyers.
  - (b) varying shares; e.g., 50 percent and 75 percent shares in the basic unit.

Section II – Determined Harvested Production (Continued)

- (4) If there is 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, refer to the LAM. (Commingled production by commodity is not applicable, i.e., oyster production would not be commingled with clam production, etc.)

Element/Item Number	Description
43. Date Harvest Completed (Used to determine if there is a delayed notice or a delayed claim. Refer to the LAM.)	<p><b>PRELIMINARY:</b> Make no entry.</p> <p><b>FINAL:</b> The earlier of the date all harvested mature shellfish on the unit were:</p> <p>(1) sold;</p> <p>(2) totally destroyed;</p> <p>(3) put to other use;</p> <p>(4) a combination of sold, destroyed, or put to other use; or</p> <p>(5) the calendar date for the EOIP.</p>
44. Damage similar to other farms in the area?	Check "Yes" or "No." Check "Yes" if the amount and cause of damage due to insurable causes is similar to the experience of growing locations in the area. If "No" is checked, explain in the "Narrative."
45. Assignment of Indemnity	Check "Yes" only if an assignment of 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 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 basic unit to three decimal places.
47b. Growing Location ID <del>Field</del>	<p>(a) If only one practice of mature production is listed in Section I, make no entry.</p> <p>(b) If more than one practice of mature production is listed in Section I, and a separate approved APH yield exists, indicate for each practice the corresponding growing location ID (from Section I, column 16).</p>
48. Multi-Crop Code	Make no entry.
49. 55. Length or Diameter	Enter name and address of buyer.
56. Shellfish Bu., Ton, Lbs., <del>Cwt.</del>	Strike through column heading. Enter the mature production in whole shellfish for the unit.
57. Shell/Sugar Factor	Make no entry.
58a. FM %	Make no entry.
58b. Factor	Make no entry.

**Exhibit 4 Form Standards – Production Worksheet (Continued)**

<b>Element/Item Number</b>	<b>Description</b>
59a. Moisture %	Make no entry.
59b. Factor	Make no entry.
60a. Test Wt.	Make no entry.
60b. Factor	Make no entry.
61. Adjusted Production	Transfer entry from Column 56.
62. Prod. Not to Count	Net mature production NOT to count, in whole shellfish for the unit, when acceptable records identifying such production are available, which has been assessed an appraisal of not less than the guarantee for the growing location, or from other sources. 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 column 62 from column 61. If no entry in column 62, transfer entry from Column 61.
64a. Value	Make no entry.
64b. MKT Price	Make no entry.
65. Quality Factor	Make no entry, unless <a href="#">Paragraph 16</a> applies.
66. Production to Count	Transfer entry from Column 63.
67. Total of Column 63.	Total entries in column. If no entry in Column 63, make no entry.

For items 68. - 72. When separate line entries are made for varying shares, stages, APH yields, types, etc., within the basic unit, and totals need to be kept separate for calculating indemnities, make no entry and follow the AIP’s instructions. Otherwise, make the following entries.

<b>Element/Item Number</b>	<b>Description</b>
68. Section II Total:	<b>PRELIMINARY:</b> Make no entry. <b>FINAL:</b> Total of Column 66.
69. Section I Total	<b>PRELIMINARY:</b> Make no entry. <b>FINAL:</b> Enter figure from Section I, Column 38 total.
70. Unit Total	<b>PRELIMINARY:</b> Make no entry. <b>FINAL:</b> Total of item 68 and item 69.
71. Allocated Prod	Refer to the LAM for instructions for determining allocated production. Enter the total mature production of shellfish, 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.

**Exhibit 4 Form Standards – Production Worksheet (Continued)**

Element/Item Number	Description
72. Total APH Prod.	Result 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 practice, and so forth, within the unit.

**The following required entries are not illustrated on the PW example below.**

Element/Item Number	Description
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 PW with the insured (or insured’s authorized representative), particularly explaining codes, and so forth, that may not be readily understood. Final indemnity inspections and final replanting payment inspections should be signed on bottom line.
74. Adjuster’s Signature, Code #, 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 PW. Final indemnity inspections should be signed on bottom line.
75. Page	<b>PRELIMINARY:</b> Page numbers - “1,” “2,” and so forth, at the time of inspection. <b>FINAL:</b> Page numbers (Example: Page 1 of 1, Page 1 of 2, Page 2 of 2, and so forth).



**Exhibit 4 Form Standards – Production Worksheet (Continued)**

PRODUCTION WORKSHEET (FOR ILLUSTRATION PURPOSES ONLY)																							
1. Crop/Code # Oysters 0115		2. Unit # 0001-0000 BU		3. Growing Location Description L1 1XXXX GPS XXXX L2 2XXXX GPS XXXX			7. Company ANY COMPANY Agency ANY AGENCY			8. Name of Insured JOE RANCHER													
4. Date(s) of Damage JUL		5. Cause(s) of Damage SALINITY		6. Insured Cause % 100		12. Additional Units		13. Est. Prod./Commodity		9. Claim # XXXXXXXX					11. Crop Year YYYY								
10. Policy # XXXXXXXX										14. Date(s) 1 <sup>st</sup> MM/DD/YYYY			2 <sup>nd</sup> MM/DD/YYYY			Final MM/DD/YYYY							
15. Companion Policy(s)																							
SECTION I – DETERMINED SHELLFISH, 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.	
Growing Location Field ID	Multi-Crop Code	Reported Growing Location ID Acres	No. of Containers Aeres	Interest or Share	Risk	Type	Class	Sub-Class	Intended Use	IP Practice	Cropping Practice	Organic Practice	Stage	Use of Shellfish Acreage	Appraised Potential	Moisture % Factor	Shell %, Factor, or Value	Production Pre QA	Quality Factor	Production Post QA	Uninsured Causes	Total to Count	
L1			200	1.000		044							UH	UH	25	-----		5,000		5,000		5,000	
L2			100	1.000		044							UH	UH		-----						2,500	
L1/L2			700	1.000		044							H	H		-----							
39. TOTAL			1,000 1,000	40. QUALITY NONE				41. NO ENTRY REQUIRED									42. TOTALS		5,000		5,000	2,500	7,500
NARRATIVE (If more space is needed, attach a Special Report).																							
SECTION II – DETERMINED HARVESTED PRODUCTION																							
43. Date Harvest Completed MM/DD/YYYY					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. 47b.	48.	49.	50.	51.	52.	53.	54.	55.	56.	57.	58a. 58b.	59a. 59b.	60a. 60b.	61.	62.	63.	64a. 64b.	65.	66.				
Share	Multi-Crop Code	Length or Diameter	Width	Depth	Deduction	Net Cubic Feet	Conversion Factor	Gross Prod.	Shellfish Bu., Ten 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				
			ACME SALES ANYTOWN, ANY STATE						250,000					250,000		250,000	-----		250,000				
67.Total															250,000	68. Section II Total			250,000				
															69. Section I Total			7,500					
															70. Unit Total			257,500					
															71. Allocated Prod.								
															72. Total APH Prod.			255,000					

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