

United States  
Department of  
Agriculture



Federal Crop  
Insurance  
Corporation



Product  
Administration  
and Standards  
Division

FCIC-25560 (06-2009)  
FCIC-25560-1 (04-2010)

# CANOLA AND RAPESEED LOSS ADJUSTMENT STANDARDS HANDBOOK

**2010 and Succeeding Crop Years**



**UNITED STATES DEPARTMENT OF AGRICULTURE  
WASHINGTON, D.C. 20250**

<b>FEDERAL CROP INSURANCE HANDBOOK</b>	<b>NUMBER:</b> <b>25560 (06-2009)</b> <b>25560-1 (04-2010)</b>
<b>SUBJECT:</b>  <b>CANOLA AND RAPESEED LOSS ADJUSTMENT STANDARDS HANDBOOK 2010 AND SUCCEEDING CROP YEARS</b>	<b>OPI: Product Administration and Standards Division</b>
	<b>APPROVED:</b> <b>DATE</b>  <i>/S:/ Rodger M. Matthews                     04/24/2010</i>  <small>For Deputy Administrator, Product Management</small>

**THIS HANDBOOK CONTAINS THE OFFICIAL FCIC-ISSUED LOSS ADJUSTMENT STANDARDS FOR THIS CROP FOR THE 2010 AND SUCCEEDING CROP YEARS. ALL REINSURED COMPANIES WILL UTILIZE THESE STANDARDS FOR BOTH LOSS ADJUSTMENT AND LOSS TRAINING.**

**SUMMARY OF CHANGES/CONTROL CHART**

The following list contains significant changes to this handbook, as determined by us. It may not represent all changes made. All changes made to this handbook are applicable regardless of whether or not listed

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

**Changes for the Crop Year 2010 (FCIC-25560-1) issued APRIL 2010:**

- A. Subsection 9C, Columns 34, 36, and 37: Deleted “(or column 18 if there are under-reported acres)”. Calculations will be based on the column 19, “Determined Acres”.
- B. Subsection 9 C, Production Worksheet Examples: Made calculation corrections to the Production worksheets.

**CANOLA AND RAPESEED LOSS ADJUSTMENT HANDBOOK**

**SUMMARY OF CHANGES/CONTROL CHART (Continued)**

Control Chart For: Canola and Rapeseed Loss Adjustment Standards Handbook						
	SC Page(s)	TC Page(s)	Text Pages	Reference Material	Date	Directive Number
Remove	1-2		29 - 32 41 - 44		06-2009 06-2009	FCIC-25560 FCIC-25560
Insert	1-2		29 - 32 41 - 44		04-2010 04-2010	FCIC-25560-1 FCIC-25560-1
Current Index	1 - 2	1 - 2	1 - 28 29 - 32 33 - 40 41 - 44	45 - 55	04-2010 06-2009 06-2009 04-2010 06-2009 04-2010 06-2009	FCIC-25560-1 FCIC-25560 FCIC-25560 FCIC-25560-1 FCIC-25560 FCIC-25560-1 FCIC-25560

30. **Use of Acreage:** Use of acreage. Use the following “Intended Use” abbreviations.

<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 Millet,” etc. ....	Use made of the acreage
“WOC” .....	Other use without consent
“SU” .....	Solely uninsured
“ABA” .....	Abandoned without consent
“H” .....	Harvested
“UH” .....	Unharvested

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.”

**PREVENTED PLANTING: Refer to the Prevented Planting Handbook for proper codes for any eligible prevented planting acreage.**

**GLEANED ACREAGE: Refer to the LAM for information on gleaning.**

31. **Appraised Potential:**

**REPLANT: MAKE NO ENTRY.**

**PRELIMINARY AND FINAL:** Per-acre appraisal in whole pounds of POTENTIAL production for the acreage appraised as shown on the appraisal worksheet. Refer to section 6, “Appraisal Methods” for additional instructions.

If there is no potential on UH acreage, enter “0.” Refer to paragraph 85 in the LAM for procedures for documenting zero yield appraisals.

32a. **Moisture %:**

**REPLANT: MAKE NO ENTRY.**

**PRELIMINARY AND FINAL:** Moisture percent to nearest tenth, only if in excess of 8.5 percent. Moisture adjustment is applied prior to applying any qualifying adjustment for quality.

32b. **Factor:**

**REPLANT: MAKE NO ENTRY.**

**PRELIMINARY AND FINAL:** For appraised mature production in excess of 8.5 percent moisture, obtain factor from **TABLE E** (Canola and Rapeseed Moisture Adjustment Factors).

33. **Shell %, Factor, or Value:** MAKE NO ENTRY.

34. **Production Pre QA:**

**REPLANT:** MAKE NO ENTRY.

**\*\*\*** **PRELIMINARY AND FINAL:** Result of multiplying column 31 times column 19, times columns 32b, if applicable, and round the result to whole pounds. If no entry in column 31, MAKE NO ENTRY.

35. **Quality Factor:**

**REPLANT:** MAKE NO ENTRY.

**PRELIMINARY AND FINAL:** For mature unharvested canola which due to insurable causes qualifies for quality adjustment as provided in the Canola and Rapeseed Crop Provisions, enter the Quality Adjustment Factor (QAF) as a three-place decimal calculated in accordance with the Quality Statement(s) in the Special Provisions. Document all calculations in the Narrative of the Production Worksheet (or on a Special Report). Copies of all supporting documentation should be included in the insured's claim file. For additional quality adjustment definitions, instructions, documentation, qualifications, and testing requirements, refer to the LAM and the Official United States Standards for Canola. Also refer to the quality adjustment instructions in the Narrative herein.

If appraised mature canola is determined by the AIP to have zero market value, enter “.000.” Refer to the Special Provisions of Insurance and the LAM.

There is no quality adjustment for rapeseed. Refer to subsection 3 D, Canola Quality Adjustment.

36. **Production Post QA:**

**\*\*\*** **REPLANT:** Result of multiplying the pounds per acre allowed for replanting times column 19, rounded to the nearest whole pound. Document calculations in the Narrative. (Refer to section 4 for qualifications and computations.)

**PRELIMINARY AND FINAL:** Result of multiplying column 34 times column 35, rounded to whole pounds. If no entry in column 35, transfer entry from column 34. If no entry in column 31, MAKE NO ENTRY.

37. **Uninsured Cause:**

**REPLANT:** MAKE NO ENTRY.

**\*\*\*** **PRELIMINARY AND FINAL:** Result of per acre appraisal for uninsured causes (taken from appraisal worksheet or other documentation) multiplied by column 19, rounded to whole pounds. . Refer to the LAM for information on how to determine uninsured cause appraisals. If no uninsured causes, MAKE NO ENTRY.

a. Hail and Fire exclusion NOT in effect.

**\*\*\*** (1) Enter the result of multiplying column 19 entry by NOT LESS than the insured's production guarantee per acre, in whole pounds, for the line, (calculated by multiplying the elected coverage level percentage times the approved APH yield per acre shown on the APH form), for any "P" stage acreage.

(2) On preliminary inspections, advise the insured to keep the harvested production from any acreage damaged SOLELY by uninsured causes separate from other production.

**\*\*\*** (3) For acreage that is damaged PARTLY by uninsured causes, enter the result of multiplying the APPRAISED UNINSURED loss of production per acre in whole pounds, by column 19 entry for any such acreage

**\*\*\*** b. When there is late-planted acreage, the applicable production guarantee for such acreage is the production guarantee per-acre that has been reduced for late-planted acreage, multiplied by column 19 entry.

c. Refer to the LAM when a Hail and Fire Exclusion is in effect and damage is from hail or fire.

d. Enter the result of adding uninsured cause appraisals to hail and fire exclusion appraisals.

e. For fire losses, if the insured also has other fire insurance (double coverage), refer to the LAM.

38. **Total to Count:** Result of adding item 36 and item 37.

39. **Total:**

**PRELIMINARY:** MAKE NO ENTRY.

**REPLANT AND FINAL:** Total determined acres (column 19), to tenths.

40. **Quality:**

**REPLANT:** MAKE NO ENTRY.

**PRELIMINARY AND FINAL:** Check the applicable qualifying quality adjustment (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 crop provisions and SPOI).

<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

- a. For all qualifying QA conditions checked, in the Narrative (or on a Special Report):
  - (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
  - (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).
- b. If “Other” is checked, in addition to the above documentation requirements, document in the Narrative (or on a Special Report):
  - (1) A description of the qualifying QA condition;
  - (2) The name of the controlling authority that considers this qualifying QA condition to be injurious to human and animal health and why.
- c. Check “None” if none of the production qualifies for QA.

72. **Total APH Prod.:** Result, rounded to tenths, 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.

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

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 Production Worksheet WITH THE INSURED, particularly explaining codes, etc., 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 Production Worksheet.

Final indemnity inspections and final replanting payment inspections should be signed on bottom line.

75. **Page:**

**PRELIMINARY:** Page numbers – “1,” “2,” etc., at the time of inspection.

**REPLANT AND FINAL:** Page numbers - (Example: Page 1 of 1, Page 1 of 2, Page 2 of 2, etc.).

**PRODUCTION WORKSHEET**

1. Crop/Code # <b>CANOLA</b> <b>0015</b>	2. Unit # <b>00100</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>	<b>AUG</b>					9. Claim # <b>XXXXXXXXXX</b>
5. Cause(s) of Damage <b>HAIL</b>	<b>DROUGHT</b>					11. Crop Year <b>YYYY</b>
6. Insured Cause % <b>40</b>	<b>60</b>					10. Policy #
12. Additional Units						14. Date(s) Notice of Loss 1st <b>MM/DD/YYYY</b> 2nd Final <b>MM/DD/YYYY</b>
13. Est. Prod. Per Acre						15. Companion Policy(s) <b>NONE</b>

**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>NS</b>		<b>20.0</b>	<b>.500</b>		<b>286</b>					<b>002</b>		<b>UH</b>	<b>UH</b>	<b>764</b>	-----		<b>15,280</b>		<b>15,280</b>		<b>15,280</b>	
<b>B</b>	<b>NS</b>		<b>6.0</b>	<b>.667</b>		<b>286</b>					<b>003</b>		<b>H</b>	<b>H</b>		-----							
<b>C</b>	<b>NS</b>		<b>90.0</b>	<b>1.000</b>		<b>286</b>					<b>002</b>		<b>H</b>	<b>H</b>		-----							
39. TOTAL			116.0	40. Quality: TW <input type="checkbox"/> KD <input checked="" 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 type="checkbox"/> None <input type="checkbox"/>												42. TOTALS			15,280		15,280		15,280
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) **This is an enterprise unit. Acres were determined using permanent field measurements. Canola from field B stored at Acme Elevator. Had 20.5 kernel damage. DF = .514 + .078 (Sample Grade) = .592 DF. 1.000 - .592 = .408 QAF. Field C production stored on farm had 28% kernel damage due to drought and remains unsold 60 days after the Calendar date for the EOIP. QAF = .500. See documentation included in the claim file.**

**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 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 Field ID	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				
<b>.667 B</b>	<b>NS</b>	<b>ACME ELEVATOR ANYTOWN, ANY STATE</b>							<b>900</b>			<b>9.8 .9844</b>			<b>886</b>		<b>886</b>	-----	<b>.408</b>	<b>361</b>			
<b>1.000 C</b>	<b>NS</b>	<b>14.0</b>	<b>RND</b>	<b>2.0</b>		<b>307.9</b>	<b>.8</b>	<b>246.3</b>	<b>11,822</b>				<b>48</b>	<b>11,822</b>		<b>11,822</b>	-----	<b>.500</b>	<b>5,911</b>				
<b>1.000 C</b>	<b>NS</b>	<b>14.0</b>	<b>RND</b>	<b>10.0</b>		<b>1,539.4</b>	<b>.8</b>	<b>1,231.5</b>	<b>59,112</b>				<b>48</b>	<b>59,112</b>		<b>59,112</b>	-----	<b>.500</b>	<b>29,556</b>				
67. TOTAL																<b>71,820</b>		68. Section II Total		<b>35,828</b>			
																		69. Section I Total		<b>15,280</b>			
																		70. Unit Total		<b>51,108</b>			
																		71. Allocated Prod.					
																		72. Total APH Prod.		<b>51,108</b>			

**PRODUCTION WORKSHEET**

1. Crop/Code # <b>CANOLA</b> <b>0015</b>	2. Unit # <b>00100</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>40</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 1st <b>MM/DB/YYYY</b> 2nd Final <b>MM/DB/YYYY</b>
15. Companion Policy(s) <b>NONE</b>				

**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			20.0	1.000		286					002		R	REPLANTED							1,620		1,620
B			6.0	1.000		286					002		NR	NOT REPLANTED									
C			90.0	1.000		286					002		NR	NOT REPLANTED									
39. TOTAL			116.0	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 type="checkbox"/> None <input type="checkbox"/>												42. TOTALS					1,620		1,620
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) **The example above shows allowance when the actual cost is less than the maximum allowance. The insured's actual cost to replant was \$16.00 per acre with a price election of \$0.1986 \$16.00 + \$0.1385 = 81 lbs. 81 lbs. x 20 acres replanted = 1,620 lbs. Acreage was determined using wheel measurements. Maximum allowed = \$34.76 (175 lbs. x \$0.1986) See attached Special Report for wheel measurements.**

**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			20.0	.500		286					002		R	REPLANTED							800		800
B			6.0	.500		286					002		NR	NOT REPLANTED									
C			90.0	.500		286					002		NR	NOT REPLANTED									
39. TOTAL			116.0	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 type="checkbox"/> None <input type="checkbox"/>												42. TOTALS					800		800
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 above shows allowance when the actual cost is less than the maximum allowance when share is considered. Insured's actual cost to replant was \$8.00 per acre with a Price election of \$0.1986. \$8.00 + \$0.1986 = 40 lbs. 40 lbs. x 20 acres replanted = 800 lbs. Maximum allowed - \$17.38 (175 lbs. x \$0.1986 x 50%)**

