



NURSERY UNDERWRITING INSPECTION REPORT

Complete an inspection report for each location inspected.

7300 West 110th Street, Suite 400
Overland Park, KS 66210
Phone: 866/450-1445
Fax: 913/345-1671

Crop Year	Unit Number(s)	Practice	Policy Number		
Name of Nursery and Mailing Address	Name of Owner		Name of Operator		
	Name of Agent/Agency		Legal Description		
	Agent/Agency Phone Number				
Language Assistance Requested? If yes, what language.		If the above listed unit is based on non-contiguous land, a map must be included detailing each units location.			
Location Description, including physical address					
Site Information					
Reason for Report (See inspection section of the Nursery Insurance Standards Handbook)					
<p>FLOOD / EXCESS PRECIPITATION RATING</p> <p>Is the nursery site susceptible to flood or excess precipitation damage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe in detail what precautions have been taken to protect the nursery stock.</p> <p>Check the insured's loss history for previous excess moisture claims. Identify any low areas in the nursery and attach a map of areas in standing water.</p>					
<p>IRRIGATION PRACTICE</p> <p>Describe in detail the irrigation water source.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Surface _____ % of total supply</p> <p>(1) Irrigation District Name _____</p> <p>(2) Allocation last year _____ % of normal</p> <p>(3) Expected allocation _____ % of normal</p> <p>(4) Water Impoundment Size _____ How Many _____</p> <p>(5) Rivers and Creeks _____ Number of Months Available _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Irrigation Wells _____ % of total supply</p> <p>(1) Irrigation District Name _____</p> <p>(2) Allocation last year _____ % of normal</p> <p>(3) Expected allocation _____ % of normal</p> <p>(4) Number of Wells _____ Gallons per Minute _____</p> <p>Other (Size and Number) _____</p> </td> </tr> </table> <p>Type of Irrigation Method</p> <p>Overhead _____ Drip or Trickle _____ Other _____</p> <p>Sprinkler Information</p> <p>Sprinkler Height _____ Sprinkler Spacing _____ Type of Sprinkler Head _____</p>				<p>Surface _____ % of total supply</p> <p>(1) Irrigation District Name _____</p> <p>(2) Allocation last year _____ % of normal</p> <p>(3) Expected allocation _____ % of normal</p> <p>(4) Water Impoundment Size _____ How Many _____</p> <p>(5) Rivers and Creeks _____ Number of Months Available _____</p>	<p>Irrigation Wells _____ % of total supply</p> <p>(1) Irrigation District Name _____</p> <p>(2) Allocation last year _____ % of normal</p> <p>(3) Expected allocation _____ % of normal</p> <p>(4) Number of Wells _____ Gallons per Minute _____</p> <p>Other (Size and Number) _____</p>
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Describe in detail the fertilization program used for the location. Include any specialized requirements required by species (attach additional sheets as necessary).					



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Name of Nursery	Unit Number(s)	Practice	Policy Number
Describe in detail weed control measures used for the location.			
Describe in detail wildlife control measures used for the unit.			
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.			
Are plants being grown in appropriate growing medium according to accepted industry standards?			
FROST / FREEZE Is the location subject to above normal frost hazard? Has winter damage or damage the previous year occurred which may affect this year's potential production? If yes, explain. Frost / Freeze Protection (Check and enter type) <input type="checkbox"/> None _____ <input type="checkbox"/> Sprinklers _____ <input type="checkbox"/> Hoop House _____ <input type="checkbox"/> Poly _____ <input type="checkbox"/> Greenhouse _____ <input type="checkbox"/> Heat _____ Does this growing location aid in frost protection? _____ Average number of times per year that frost protection is utilized? _____ What is the USDA Hardiness Zone for the growing location? _____			
Are adequate facilities available to meet over winterization requirements required by the Nursery Eligible Plant List? Describe type of protection and note any deficiencies.			
By what date does the nursery normally complete cold weather protection of container plants?			
On what date are container plants fully removed from cold weather protection?			
Have the plants sustained previous damage? If plants have sustained previous damage, one or more of the following conditions will apply. Check the appropriate box. <ul style="list-style-type: none"> <input type="checkbox"/> There are damaged plants from a previous loss in recovery at the date of the inspection and the previous crop year claim appraisal is included. <input type="checkbox"/> There are damaged plants from a previous loss in recovery but the previous crop year claim has not been closed. Plants will be insured at full value until the previous crop year claim is closed. <input type="checkbox"/> There are damaged plants but no previous loss has been reported. An appraisal of the damaged plants is included that reflects the reduced values. <input type="checkbox"/> There are plants that are recommended to be rejected for coverage. The name, sizes, and number of plants to be rejected are identified on the CIVR and the reason for rejection documented in a special report. <input type="checkbox"/> There are plants listed on the CIVR that will be insurable but are uninsured against certain perils. The name, sizes and number of plants are identified on the CIVR and special report. 			



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Name of Nursery	Unit Number(s)	Practice	Policy Number
Comments / Remarks:			
Rank on scale of 1-10 (Below = 1-3; Average = 4-7; Above = 8-10)		Above Average	Average
Your evaluation of the management of this operation			
Your evaluation of the nursery facilities, operation and adherence to good nursery practices			
Action Recommended:			
<input type="checkbox"/> Acceptance <input type="checkbox"/> Rejection <input type="checkbox"/> RO Field Review <input type="checkbox"/> AIP Representative			

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.

Non-Discrimination Statement

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

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Persons with Disabilities - Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email.

Hudson Insurance Privacy Policy

When you apply to any of the Hudson Insurance Group companies for any type of insurance, you disclose information about yourself to us. The collection, use and disclosure of such information is regulated by law. Hudson Insurance Group, its agents, affiliates and subsidiaries maintain physical, electronic and procedural safeguards that comply with state and federal regulations to guard your personal information. We also limit employee access to certain personal information, to those with a business reason for knowing such information. Hudson Insurance Group also instructs its employees so that they will understand the importance of the confidentiality of persona information, and takes appropriate measures to enforce employee privacy responsibilities.

USDA Multiple Benefit Certification Statement

I understand that obtaining multiple Federal benefits for the same loss, such as a Noninsured Crop Disaster Assistance Program (NAP) payment(s) and a Federal crop insurance indemnity, is prohibited by law. I certify that I have, or will disclose any other USDA benefit; including any NAP benefit, received for this crop. Failure to disclose the receipt of multiple Federal benefits, or failure to repay one of the multiple Federal benefits such as either the NAP benefit or the Federal crop insurance indemnity for the same crop, may result in my being disqualified from receiving Federal crop insurance benefits, as well as being ineligible for various programs administered by the Farm Service Agency for up to five (5) years.

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 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 Printed Name		Insured's Signature	Date
Inspector's Printed Name	Code	Inspector's Signature	Date
Supervisor's Printed Name	Code	Supervisor's Signature	Date