Exhibit Name: Indemnity Calculation
Exhibit Number: P22-2, Plan 50
Reinsurance Year: 2017
Record Name: Inventory Value Claim
Version: Approved
Record Code: P22
Release Date: 7/1/2016

Insurance Plan Code 50 Dollar Amount of Insurance

Commodity Code 0073 Nursery

Calculations		Field Name	Record Number	Field Number	Field Format	Field Rounding	Rules
Section 1: Loss Guarantee Calculation							
When Coverage Type Code EQUAL "A" and Unit Division Code equal "T":		Unadjusted Loss Amount	Internal		S999999999	None	Unadjusted Loss Amount will be by each individual record.
Unadjusted Loss Amount = Field Market Value A - Field Market Value B		Field Market Value A	P22	24	999999999	None	Field Market Value A will be by each individual record.
		Field Market Value B	P22	25	999999999	None	Field Market Value B will be by each individual record.
Adjusted Loss Amount =	**When Over Under Reporting Factor Code EQUAL "U":** Unadjusted Loss Amount * Over Under Reporting Factor	Adjusted Loss Amount	P22	44	S999999999	Round to whole number	Adjusted Loss Amount will be by each individual record.
Adjusted Loss Amount =	**When Over Under Reporting Factor Code EQUAL "O":** Unadjusted Loss Amount * (1 - Over Under Reporting Factor)	Over Under Reporting Factor	P22	23	9.999	None	Over Under Reporting Factor must be the same for all records within the same Practice Code, Claim Number and Inventory Inspection Number.
When Coverage Type Code is EQUAL "C", or "A' with Unit Division Code equal "S":		Unadjusted Loss Amount	Internal		S999999999	None	Unadjusted Loss Amount will be by each individual record.
Unadjusted Loss Amount = Field Market Value A - (Field Market Value B		Field Market Value A	P22	24	999999999	None	Field Market Value A will be by each individual record.
		Field Market Value B	P22	25	999999999	None	Field Market Value B will be by each individual record.
Adjusted Loss Amount =	**When Over Under Reporting Factor Code EQUAL "U":** Unadjusted Loss Amount * Over Under Reporting Factor	Unadjusted Loss Amount (summed)	Internal		S999999999	None	Summed for Unit.
Adjusted Loss Amount =	**When Over Under Reporting Factor Code EQUAL "O":** Unadjusted Loss Amount * (1 - Over Under Reporting Factor)	Adjusted Loss Amount	P22	44	S999999999	Round to whole number	Adjusted Loss Amount will be the same for all records within the same Practice Code, Claim Number and Inventory Inspection Number when Coverage Type Code equals "C" or "A" with Unit Division Code equal "S".
		Over Under Reporting Factor	P22	23	9.999	None	Over Under Reporting Factor must be the same for all records within the same Practice Code, Claim Number and Inventory Inspection Number.

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Calculations	Field Name	Record Number	Field Number	Field Format	Field Rounding	Rules
Section 2: Indemnity Calculation						
Unadjusted Indemnity Amount = Adjusted Loss Amount - Occurrence Deductible Amount	Unadjusted Indemnity Amount	P22		S999999999	Round to whole number	Unadjusted Indemnity Amount will be the same for all records within the same Practice Code, Claim Number and Inventory Inspection Number when Coverage Type Code equals "C" or "A" with Unit Division Code equal "S".
	Occurrence Deductible Amount	P22	28	999999999	None	Occurrence Deductible Amount for under reporting must equal lesser of: Field Market Value A * (1.000 - Coverage Level Percent) * Under Reporting Factor 'OR' Effective Crop Year Deductible. Occurrence Deductible Amount for over reporting must equal lesser of: Field Market Value A * (1.000 - Coverage Level Percent) * Over Reporting Factor + 1.000 'OR' Effective Crop Year Deductible. Occurrence Deductible Amount will be the same for all records within the same Practice Code, Claim Number and Inventory Inspection Number when Coverage Type Code equals "C" or "A" with Unit Division Code equal "S".
Preliminary Indemnity Amount = **The lesser of:**	Preliminary Indemnity Amount	P22	46	S9999999999	None	Preliminary Indemnity Amount will be the same for all records within the same Practice Code, Claim Number and Inventory Inspection Number when Coverage Type Code equals "C" or "A" with Unit Division Code equal "S".
Preliminary Indemnity Amount = XPS Effective Insurance Amount **Or** Unadjusted Indemnity Amount	XPS Effective Insurance Amount	P22	22	9999999999	None	XPS Effective Insurance Amount will be the same for all records within the same Practice Code, Claim Number and Inventory Inspection Number when Coverage Type Code equals "C" or "A" with Unit Division Code equal "S".

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Calculations	Field Name	Record Number	Field Number	Field Format	Field Rounding	Rules
Indemnity Amount = Preliminary Indemnity Amount * Insured Share Percent * Price Election Percent	Indemnity Amount	P22	41	S9999999999	Round to whole number	Indemnity Amount will be the same for all records within the same Practice Code, Claim Number and Inventory Inspection Number when Coverage Type Code equals "C" or "A" with Unit Division Code equal "S".
	Insured Share Percent	P22	29	9.999	None	
	Price Election Percent	P14	35	9.9999	None	
Rehabilitation Payment **Section 3 Rehabilitation Payment Calculation**						
When Insurance Option Code List contains Rehabilitation Payment, "RH":	Indemnity Amount	P22	41	S9999999999	Round to whole number	
Indemnity Amount = **The Lesser of:** Actual Rehab Amount * Over Under Reporting Factor	Actual Rehab Amount	P22	39	9999999999		
	Over Under Reporting Factor	P22	23	9.999	None	
	Rehabilitation Plant Amount	P22	36	9999999999	None	
Or	Coverage Level Percent	P14	34	9.9999	None	
= (Rehabilitation Plant Amount * .075) * Over Under Reporting Factor * Coverage Level Percent * Insured Share Percent	Insured Share Percent	P22	29	9.999	None	