



NVS Underwriting Inspection Report

(Complete One Report per Practice and Location)

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1. Crop Year	2. Unit Number(s).	3. Practice	4. Policy Number
5. Name of Nursery and Mailing Address		6. Name of Owner	7. Name of Operator
		8. Name of Agent/Agency Phone No. ()	9. Legal Description
		10. Location Description and Address:	

SITE INFORMATION

11. REASON FOR REPORT:

12. FLOOD/EXCESS PRECIPITATION RATING: Is the nursery site susceptible to flood or excess precipitation damage? Yes No
 If yes, describe in detail what precautions have been taken to protect the container / field grown.

 Identify any low areas in the nursery and attach a map of areas of standing water.

13. IRRIGATION PRACTICE: Describe in detail the irrigation water source.

A. Surface: _____ % of total supply	B. Irrigation Well(s): _____ % of total supply
(1) Irrigation district name _____	(1) Irrigation district name _____
(2) Allocation last year: _____ % of normal	(2) Allocation last year: _____ % of normal
(3) Expected allocation: _____ % of normal	(3) Expected allocation: _____ % of normal
(4) Water Impoundment: Size _____ How many _____	(4) Number of Wells: _____ Gallons per minute _____
(5) Rivers/Creeks: _____ Number of months available	Other: Size and number _____

Type of Irrigation Method:
 Overhead _____ Drip or Trickle System _____ Other _____

14. Describe in detail the fertilization program used for the location. Include any specialized requirements required by species (Attach additional sheets as necessary).

15. Describe in detail weed control measures used for the location.

16. Describe in detail wildlife control measures used for the location.

17. 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. Explain Methods of Prevention.

18. Are plants being grown in appropriate growing medium according to accepted industry standards?

19. Is the location subject to above normal frost hazard?

20. Check Cold Protection Type: N/A if Field grown (Skip 21,22, &23)

Type A. None B. Sprinklers C. Hoop House D. Poly E. Greenhouse F. Heat	G. Average number of times per year that frost protection is utilized? H. USDA Hardiness Zone for the growing location.
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21. Are adequate facilities available to meet cold protection requirements verified by an agricultural expert?
Describe the type of protection and note any deficiencies.

III. Operational Cold Protection Requirements. (CHECK ALL THAT APPLY)

- A. Glass, Lexan types, Polycarbonate sheeting or Double Translucent Poly Covered Walk-in Structure or an environmentally controlled building with plants standing up or lying down, with appropriate supplemental heat, humidity and irrigation to prevent cold, freeze, heat or desiccation damage.
- B. Structureless Plant Bed with plants laid down and consolidated container-to-container, with Poly plus of Hay plus Poly plus of Hay completely covering the plants and containers.
- C. Structureless Plant Bed with plants laid down and consolidated container-to-container, with Poly plus of Hay plus Poly completely covering the plants and containers
- D. Structureless Plant Bed with plants laid down and consolidated container-to-container, with Poly and then of Hay completely covering the plants and containers.
- E. Lexan type or Double Translucent Poly Covered Walk-in Structure with plants consolidated container-to-container, standing up or lying down, with thermo blanket (Fleece Fabric, Micro Foam, Spun-bound Fabric) completely covering the plants and containers.
- F. Below Ground Pot-in-Pot System with adequate drainage to prevent water logging and excess salt accumulation.
- G. White Poly Covered Low Hoop House, Cold Frame or Walk-in Structure with plants consolidated container-to-container, standing up or lying down, with thermos blanket (Fleece Fabric, Micro Foam, Spun-bound Fabric) completely covering the plants and containers.
- H. Structureless Plant Bed with plants laid down and consolidated container-to-container, with thermo blanket (Fleece Fabric, Micro Foam, Spun-bound Fabric) plus White Poly completely covering the plants and containers.
- I. Structureless Plant Bed with plants standing up and mulched with woodchips between containers and above the containers.
- J. White Poly Covered Low Hoop House, Cold Frame or Walk-in Structure with plants consolidated container-to-container, standing up or lying down, plus White Poly completely covering the plants and containers.
- K. Structureless Plant Bed with plants laid down covered with thermo blanket (Fleece Fabric, Micro Foam, Spun-bound Fabric) completely covering the plants and containers.
- L. White Poly Covered Low Hoop House, Cold Frame or Walk-in Structure with plants consolidated container-to-container, standing up or lying down.
- M. Structureless Plant Bed with plants laid down with White Poly completely covering plants and containers. Care must be taken to avoid foliar damage.
- N. Structureless Plant Bed with plants consolidated container-to-container standing up with the entire perimeter of the bed wrapped to the height of the container with a thermo blanket or similar material.
- O. Shade Structure with shade fabric or woven translucent fabric and an Irrigation System capable of coating the structure with ice to form a Tent of Ice
- P. Overhead Irrigation System equipped with sufficient sprinklers, water volume and water pressure to provide complete coverage of all plants throughout the duration of potential frost damage.
- Q. Smudge Pots, Portable Heaters and/or Wind Machines with sufficient capacity to provide protection for all plants throughout the duration of potential frost damage.

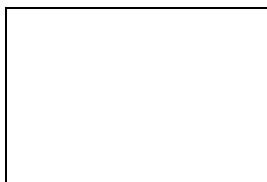
22. By what date does the nursery normally complete cold protection of container plants? _____

23. On what date are container plants fully removed from cold protection? _____

24. Have the plants sustained previous damage? _____ If so, describe:

25. Are previously damage plants identified and segregated? _____

26. Unit location map:



Draw in nursery / unit locations with identifying roads and landmarks. Prepare a location map showing the unit as applicable as well as other property units owned, share rented, and land physically separated by another farm operator. The map itself should be detailed, showing landmarks and crops grown by the insured.

Is a sketched map attached? _____

Is an FSA aerial photo attached? _____

27. A. Percentage of wholesale _____% retail _____%

B. Based on the calculation above, has the nursery derived at least 40 percent of its gross income derived of plant sales from the wholesale marketing of plants?
 Yes No

C. Record how the verification and determination was made. Attach a separate sheet if necessary.

28. Does Insured have electronic records for:

a) Sales Yes No

b) Inventory Yes No

29. Remarks and Additional information and comments:

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE
30. A. Your evaluation of the management of this operation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Your evaluation of the nursery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Action recommended to accept or reject:

Acceptance Rejection RO Field Review AIP Representative

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CERTIFICATION STATEMENT - I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to avoidance of the policy, and in criminal or civil penalties (18 U. S. C. sect. 1006 and sect. 1014; 7 U. S. C. sect 1506; 31 U. S. C. sect 3729, sect. 3730 and any other applicable 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

NVS UNDERWRITING INSPECTION REPORT INSTRUCTIONS
[2020-NCIS 928]

Note: Complete an inspection report for each location inspected.

The following entries are required for the NVS Underwriting Inspection Report. The sequence of the items on the form will be determined by the format selected by the company.

This report must be completed for all new applications or when the nursery meets any criteria contained in paragraph 16B and must be completed within 30 days of the applicant's signature date on the application or revised NVR as directed by the AIP.

IDENTIFYING THE INSURED

1. Crop Year.
2. Basic Unit Number(s).
3. Practice for the unit
4. Policy Number.
5. Name of nursery and mailing address.
6. Name of Owner.
7. Name of Operator.
8. Name of Agent/Agency and phone number.
9. Legal Description.
10. Location Description, including physical address.
11. Reason for Report: See the Inspection section of the NVS Pilot Crop Insurance Standards Handbook.

UNDERWRITING QUESTIONS

12. Flood/excess precipitation rating:
Is the nursery site susceptible to pooling of water due to flood or excess precipitation damage? Check "Yes" or "No"
Check the insured's history for previous excess moisture claims. If yes, describe in detail what precautions have been taken to protect the nursery stock.
If there are low areas in the nursery, attach a map identifying those areas and consider not insuring those areas unless the plants are elevated. Appropriate precautions should be evident in the operation and marked in the Remarks section of the report.

IRRIGATION PRACTICE

13. Irrigation Practice:
Describe in detail the irrigation water source.
 - (A) Surface water supply as a percentage of total supply.
 - (1) Irrigation district name.
 - (2) Allocation last year as a percentage of normal usage.
 - (3) Expected allocation as a percentage of normal usage.
 - (4) Water impoundment. State size and how many.
 - (5) Rivers/creeks. State number of months available as a supply.
 - (B) Irrigation well(s) as a percentage of total supply used.
 - (1) Irrigation district name.
 - (2) Allocation last year as a percentage of normal usage.
 - (3) Expected allocation as a percentage of normal usage.
 - (4) Number of wells. Gallons per minute. Other supply: (include size and number).

Type of irrigation method: Overhead, Drip / trickle system, or Other. Explain in Remarks section of the form.

OTHER SITE OBSERVATIONS

14. Describe in detail the fertilization program used and any special requirements by plant species.
15. Describe in detail weed control measures.
16. Describe in detail wildlife control measures.

17. Do any plant species show evidence of insect or disease infestation? If so, document what is being done as control measures.
18. Are plants being grown in appropriate growing medium according to accepted industry standards?

FROST AND FREEZE

19. Is the location subject to above normal frost hazard for the county?
20. Frost/Freeze protection, check and enter type:
 - (A) None,
 - (B) Sprinklers,
 - (C) Hoop house,
 - (D) Poly,
 - (E) Greenhouse,
 - (F) Heat.
 - (G) Average number of times per year that frost protection is utilized?
 - (H) USDA Hardiness Zone for the growing location.
21. Are adequate facilities available to meet over-winterization requirements verified by the agricultural experts? Note any deficiencies.
22. By what date does the nursery normally complete cold weather protection of container plants?
23. By what date does the nursery normally remove cold weather protection for container plants?

ADDITIONAL INFORMATION

24. Have the plants sustained previous damage and not been rehabilitated and offered for sale at the approved sales value? If so, describe. List in the Remarks section of the form or on a separate sheet, if additional space is needed, the name, number, size and value of each damaged plant. Plants with damage at the time of inspection are not insurable under NVS, but are to be documented.
25. Are previously damaged plants identified and segregated?
26. Growing location map. Sketch a map or provide an FSA aerial photo showing the growing location in detail, indicating other owned or share rented locations, landmarks and nursery crops grown by the insured.
27.
 - A. State the percentage of gross income derived from plant sales from wholesale and retail sales of nursery plants based on the calculation contained in Part 2, paragraph 11.
 - B. "Based on the calculation above, has the nursery derived at least 40 percent of its gross income of plant sales from the wholesale marketing of plants?" Check "Yes" or "No." Explain and document what information was verified to determine the result of the calculation. Attach a separate sheet if necessary.
28. Review sales records for the lesser of five percent of the number of plants or 10 plants in each insured practice to verify adequacy of reported plant sales prices. Copies of sales receipts must be included.
29. Provide additional information and comments as necessary.

INSPECTOR'S EVALUATION

30.
 - A. The inspector's evaluation of the management of the nursery as to whether it is above average, average, or below average.
 - B. The inspector's evaluation of the nursery facilities, operation, and adherence to good nursery practices as to whether it is above average, average, or below average.
31. The inspector's recommendation as to accept, reject or refer to AIP representative.

SIGNATURES

- Inspector signs and dates on the date of inspection.
- AIP supervisor signs and dates on the date received and evaluated.
- Insured signs and dates on the date of inspection, acknowledging any uninsurable specific plants due to existing damage.