(RECORD 22 OUTPUT FORMAT for '.acp,.rej,.sus')

Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 22.
2	Approved Insurance Provider	3	2	X(02)	Required. Edit with RO/Company table.
3	Location State	5	2	9(02)	Required. Edit with FIPS State table.
4	Company	7	3	9(03)	Required. Edit with company table. Must be valid Pic code for reinsurance year.
5	Policy Number	10	7	9(07)	Required. Must be > zeros.
6	Crop Year	17	4	9(04)	Required. Must be the crop year of the crops reported under the policy. This will equal the Reinsurance Year or Reinsurance Year +/- 1 for applicable crop code
7	Crop Code	21	4	9(04)	Required; must be '0073' for Nursery and '0116' for Aquaculture
8	Insurance Plan Code	25	2	9(02)	Required; must be '50' for Nursery and '43' for Aquaculture.
9	Location County	27	3	9(03)	Required; Edit with FIPS County Table.
10	Unit Number	30	5	9(05)	Required; Must be > zeros.
11	Type Code	35	3	9(03)	Required; For Nursery, if field 23 = 'Y' edit with numeric type codes (see Exhibit 22-2); else if field 23 = blank enter 997. For Aquaculture, edit with ADM.
12	Practice Code	38	3	9(03)	Required; For Nursery must be 007 or 008. For Aquaculture edit with ADM.
13	Coverage Flag	41	1	X(01)	Required; Must be: C = Catastrophic "Cat" Coverage A = Additional Coverage
14	Claim Number	42	8	9(08)	Must match Loss Total Claim Number on the Type 20 record. Must be unique by Inspection Number.
15	Type 22 Key Reserve	50	26	X(26)	Space Reserved for Additional key data required in the future or for other record types. Must be spaces.
16	Record Number	76	3	9(03)	Must be > zero and unique within a Crop Policy (Location State/Location County/Crop.)
17	Type 13 Record Number	79	3	9(03)	**Required.** The record number of the Type 13 record that established the liability and premium for this Type 22 record.
18	Adjuster SSN	82	9	9(09)	Required; must match a certified loss adjuster SSN (established by an accepted Type 56 record).
19	Primary Date of Damage	91	8	9(08)	Required field. Date of damage format = (MMDDCCYY) Month, Day, Year is required for all Cause of Loss codes.
20	Primary Cause	99	2	9(02)	Must be valid cause of loss. (See Exhibit 21-2)
21	Primary Percent	101	3	9(01)V9(02)	Must be zero if the Primary Cause = zero. Otherwise, must be 0.50 – 1.00.
22	Secondary Cause	104	2	9(02)	Must be valid cause of loss. (See Exhibit 21-2)

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23	Optional Units	106	1	X(01)	Enter "Y" for optional units or leave blank for Basic Units.
24	Inspection Number	107	2	9(02)	Inspection number from item 19 of claim. **Must be the same within a claim number.**
25	Liability Excluding Price & Share (XPS	109	10	9(10)	For Crop 0073, liability for the basic unit without price and share. For Crop 0116, Zero fill.
26	Effective XPS Liability/ Effective Amount of Insurance	119	10	9(10)	For Crop 0073, remaining XPS Liability after previous losses for the basic unit. For Crop 0116, remaining Amount Of Insurance after previous losses for the basic unit.
27	Effective Crop Year Deductible	129	9	9(09)	For Crop 0116, this field must match field 43 on the corresponding (T13) Inventory Record. Total crop year deductible for basic unit. Item 18C from claim.
28	Field Market Value C/ Basic Unit Value	138	9	9(09)	For Crop 0073, field market value C for the basic unit. For Crop 0116, Basic Unit Value. Item 22 from claim.
29	Under Reporting Factor	147	4	9(01)V9(03)	Enter 1.000 or value from item 23 from claim for the basic unit.
30	Field Market Value A/ Unit Value Before Loss	151	9	9(09)	For Crop 0073 for the record: enter the value of all insurable plants based on plant price schedule before any loss occurrence. For Crop 0116, enter unit value before loss in whole dollars for record. Item 25 from claim. **For CAT, all records must be the same within the same claim/inspection number.**
31	Field Market Value B/ Unit Value After Loss	160	9	S9(09)	For Crop 0073 for the record: enter the value of all insurable plants based on the plant price schedule after any loss occurrence. For Crop 0116, enter Unit Value After Loss in whole dollars for the record. Item 26C from claim. **For CAT, all records must be the same within the same claim/inspection number.**
32	Adjusted Loss	169	10	9(10)	Loss adjusted for under reporting and prior to deductibles. (field 30 - field 31) * field 29 (item 25 - item 26) * item 23 from claim. **For CAT, all records must be the same within the same claim/inspection number.**
33	Occurrence Deductible	179	9	9(09)	The lesser of: (Field 30 * (1.0000 - coverage level %) * field 29) or field 27 or field 32 (Item 25 * (1.0000 - coverage level %) * item 23) or Item 18C or item 28 For CAT, all records must be the same.
34	Unadjusted Indemnity	188	10	S9(10)	Adjusted Loss (field 32) - Occurrence Deductible (field 33) Item 28 - item 29 from claim

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					For CAT, all records must be the same within the same claim/inspection number.
35	Preliminary Indemnity	198	10	S9(10)	The lesser of field 34 or field 26. **For CAT, all records must be the same within the same claim/inspection number.**
36	Insured Share	208	4	9(01)V9(03)	Required; must be > zero and ≤ 1.000.
37	Price Election Factor	212	5	9(01)V9(04)	For Crop 0073, required; all records must be the same. If coverage flag (field 13) equals "C", this field must = 0.5500. If coverage flag (field 13) equals "A" and coverage level (field 23) on record type 13 equals: 1.) 0.5000 this field must = 1.0000 2.) 0.5500 this field must be ≥ 0.9100 3.) 0.6000 this field must be.≥ 0.8400 4.) 0.6500 this field must be ≥ 0.7700 5.) 0.7000 this field must be ≥ 0.7200 6.) 0.7500 this field must be ≥ 0.6700 If crop = 0116 and (field 13) = 'A' or 'C' this field must = the ADM-1-8 by Stage/Type. This field must match (field 24) on the T-13.
38	Indemnity	217	10	S9(10)	For Crop 0073 Preliminary Indemnity * Insured Share * Price Election Percent For Crop 0116 Preliminary Indemnity * Insured Share **For CAT, all records must be the same within the same claim/inspection number.**
39	M-14 Review Flag	227	2	9(02)	Must be zeros.
40	Loss Adjuster Signature Date	229	8	9(08)	Required. Date that Loss Adjuster settled claim. MMDDCCYY format. Cannot exceed submission date. Must exceed LSR change date and Record Type 14 FCIC Accepted Date.
41	Notice of Loss Date	237	8	9(08)	Required. Date that insured provided notice of loss. MMDDCCYY format. Cannot exceed submission date.
42	Secondary Date of Damage	245	8	9(08)	Required if secondary cause > "0". Format = (MMDDCCYY) Month, Day, Year is required for all Cause of Loss codes.
43	Insured's Signature Date for the Claim	253	8	9(08)	Required: Format is MMDDCCYY Cannot exceed submission Date. Cannot be less than Notice of Loss Date (field 41).
44	Large Claim Flag	261	1	X(01)	If indemnity exceeds $500,000 this field must: N = AIP notified RMA of excessive indemnity

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					R = RMA participated or reviewed in the excessive indemnity else spaces if unit indemnity is less than $500,000.
45	Filler	262	289	X(289)	Must be spaces.
46	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch file was received. (From when transmission started) HHMM Format.
47	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission started) MMDDCCYY Format.
48	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY format.
49	Batch Number	567	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the RO to FCIC/RMA.
50	Transaction Sequence Number	571	8	9(08)	Internal Use. The sequential number assigned to each transaction number processed by DAS after it has been sorted.
51	Transaction Rejected Flag	579	1	X(01)	Internal Use. Reserved.
52	Transaction Source Flag	580	1	X(01)	Internal Use. Reserved.
53	Filler	581	20	X(20)	Internal Use.

Notes:

Applicable for Nursery (0073) and Clams (0116) only.

Requires an accepted Type 13 record.