Field	Field Name	Dogin	Size	Picture	Field Edits
No.	rieid Name	Begin Pos	Size	Picture	Field Edits
			1	ı	
			_		
1	Record Type	1	2	9(02)	Required. Must be 20.
2	Approved Insurance Provider	3	2	X(02)	Required. Edit with AIP/Company table.
3	Location State	5	2	9(02)	Required. Edit with FIPS State table.
4	Policy Issuing Company	7	3	9(03)	For Reinsured edit with company table; for FSA edit with the county 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	Type 20 Key Reserve	21	21	X(21)	Space Reserved for other record types.
8	Claim Number	42	8	9(08)	Required. Must be > zeros.
9	Reinsurance Year	50	4	9(04)	Required. Must be 2006.
10	Type 20 Key Reserve	54	22	X(22)	Space Reserved for Additional key data
11	Record Number	76	3	9(03)	required in the future or for other record types. Must be > zero and unique within a Crop Policy (Location State/Location County/Crop).
12	1 st Total Reinsurance Year	79	4	9(04)	If 1 st Total Loss Code = "R", Must = Recovery Year or subsequent year. Otherwise must = zeros.
13	1 st Total Payment/Credit Memo Company	83	3	9(03)	If 1 st Total Loss Code<> Spaces, must be a valid company. Otherwise must = zeros.
14	1 st Total Loss Code 1 st Escrow Check/Draft	86 87	9	X(01) 9(09)	Must be: D = Unfunded Escrow (See Note) E = Escrow Funded F = Administrative Fees M = Credit Memo this Policy for current reinsurance year O = Other (e.g. Interest, etc.) P = Credit Memo - Loss Applied to another Policy for current reinsurance year R = Recovery of Premium or Overpaid Indemnity for prior or subsequent reinsurance year Premium Blank = No Total If 1st Total Loss Code = E or V must be >
	Number -or- P/C Memo State P/C Memo Policy			, ,	zero. Enter escrow check # or if = 'P' enter credit memo number. Otherwise; zero fill.
16	1 st Total Date Draft Issued	96	8	9(08)	If 1 st Total Loss Code = D or Blank, must be zeros. Otherwise, if > 0 must be a valid date. Format is MMDDCCYY.

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
17	1 st Total Amount	104	12	S9(10)V(02)	If 1^{st} Total Loss Code = Blank, must be zero. Otherwise, must be > 0 or < 0 . Sum of all Total Amounts must be $>$ zero for each loss
18	2 nd Total Reinsurance Year	116	4	9(04)	code by claim number. If 2 nd Total Loss Code = "R", Must = Recovery Year or subsequent year. Otherwise must = zeros.
19	2 nd Total Payment/Credit Memo Company	120	3	9(03)	If 2^{nd} Total Loss Code \Leftrightarrow Spaces, must be a valid company. Otherwise must = zeros.
20	2 nd Total Loss Code	123	1	X(01)	See 1 st Total Loss Code for permitted values.
21	2 nd Escrow Check/Draft Number -or- P/C Memo State P/C Memo Policy	124	9	9(09)	If 2 nd Total Loss Code = E or V must be > zero. Enter escrow check # if = 'P' enter credit memo number. Otherwise; zero fill.
22	2 nd Total Date Draft Issued	133	8	9(08)	If 2^{nd} Total Loss Code = D or Blank, must be zeros. Otherwise, if > 0 must be a valid date. Format is MMDDCCYY.
23	2 nd Total Amount	141	12	S9(10)V(02)	If 2^{nd} Total Loss Code = Blank, must be zero. Otherwise, must be > 0 or < 0 for each loss code by claim number. Sum of all Total Amounts must be $>$ zero for each loss code by claim number.
24	3 rd Total Reinsurance Year	153	4	9(04)	If 3 rd Total Loss Code = "R", Must = Recovery Year or subsequent year. Otherwise must = zeros.
25	3 rd Total Payment/Credit Memo Company	157	3	9(03)	If 3 rd Total Loss Code <> Spaces, must be a valid company. Otherwise must = zeros.
26	3 rd Total Loss Code	160	1	X(01)	See 1 st Total Loss Code for permitted values.
27	3 rd Escrow Check/Draft Number -or- P/C Memo State P/C Memo Policy	161	9	9(09)	If 3 rd Total Loss Code = E or V must be > zero. Enter escrow check # or if = 'P' enter credit memo number. Otherwise, zero fill.
28	3 rd Total Date Draft Issued	170	8	9(08)	If 3 rd Total Loss Code = D or Blank, must be zeros. Otherwise, if > 0 must be a valid date. Format is MMDDCCYY.
29	3 rd Total Amount	178	12	S9(10)V(02)	If 3 rd Total Loss Code = Blank, must be zero. Otherwise, must be > 0 or < 0. Sum of all Total Amounts must be > zero for each loss code by claim number.
30	4 th Total Reinsurance Year	190	4	9(04)	If 4 th Total Loss Code = "R", Must = Recovery Year or subsequent year. Otherwise must = zeros.
31	4 th Total Payment/Credit Memo Company	194	3	9(03)	If 4 th Total Loss Code <> Spaces, must be a valid company. Otherwise must = zeros.

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Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			
32	4 th Total Loss Code	197	1	X(01)	See 1 st Total Loss Code for permitted values.
33	4 th Escrow Check/Draft	198	9	9(09)	If 4 th Total Loss Code = E or V must be >
33	Number -or-	170	,)(0))	zero. Enter escrow check # or if = 'P' enter
	P/C Memo State				credit memo number. Otherwise, zero fill.
	P/C Memo Policy				
34	4 th Total Date Draft Issued	207	8	9(08)	If 4 th Total Loss Code = D or Blank, must be
				` /	zeros. Otherwise, if > 0 must be a valid date.
					Format is MMDDCCYY.
35	4 th Total Amount	215	12	S9(10)V(02)	If 4^{th} Total Loss Code = Blank, must be zero.
					Otherwise, must be > 0 or < 0 . Sum of all
					Total Amounts must be > zero for each loss
					code by claim number.
36	Filler	227	115	X(115)	Must be Blanks.
37	Valid for Escrow Flag	342	1	X(01)	Internal Use. Will be "Y" if the record passes
					edits necessary for escrow processing (numeric
					checks). Will be "N" if the record is not
20	T:11	2.12	200	**/****	acceptable for escrow.
38	Filler	343	208	X(208)	Must be spaces.
39	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch
					file was received. (From when transmission
40	FCIC Control Date	555	8	9(08)	started) HHMM Format. Internal Use. The date the transaction batch
40	rete control Date	333	0	9(08)	file was received. (From when transmission
					started) MMDD CCYY Format.
41	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY
	remarance rear	303	•	<i>)</i> (01)	format.
42	Batch Number	567	4	9(04)	Internal Use. The sequential number
				2 (0.1)	identifying the file that was submitted by the
					RO to FCIC/RMA.
43	Transaction Sequence	571	8	9(08)	Internal Use. The sequential number assigned
	Number			, ,	to each transaction number processed by DAS
					after it has been sorted.
44	Transaction Rejected Flag	579	1	X(01)	Internal. Reserved.
45	Transaction Source Flag	580	1	X(01)	Internal. Reserved.
46	Filler	581	20	X(20)	Internal.

Note:

The loss code of "D" will be used to process a loss without funding escrow. In order to fund escrow the AIP must resubmit the records for the policy using a loss code of "E".