Field	Field Name	Dagin	Size	Picture	Field Edits
No.	Field Name	Begin Pos	Size	Picture	Field Edits
110.		1 03			
1	Record Type	1	2	9(02)	Required. Must be 21.
2	Approved Insurance	3	2	X(02)	Required. Edit with AIP/Company table.
	Provider			(- /	· In the second
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.
					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; Edit with ADM2.
8	Insurance Plan Code	25	2	9(02)	Required; Edit with ADM2.
9	Location County	27	3	9(03)	Required; Edit with FIPS County Table.
10	Unit Number	30	5	9(05)	Required; Must be > zeros. Unit Number
					must end in "00" for Enterprise and Whole
					Farm Units & Crop 0231 (i.e. 00100). For crops 0088 & 1191, plans 13 and 14,
					only basic units by unique crop type/crop
			17		practice/grid id # and share are allowed.
11	Type Code	35	3	9(03)	Required; Edit with ADM2.
12	Practice Code	38	3	9(03)	Required; Edit with ADM2. Index Interval
12	Tractice Code	30	3	)(03)	for PRF (0088) and Apiculture (1191), edit
					With ADM1-E.
13	Coverage Flag	41	1	X(01)	Required; Must be:
				,	C = Catastrophic 'Cat' Coverage
					A = Additional Coverage
					For CRC, GRIP, ARH and Revenue
					Assurance, RI and VI must be "A".
14	Claim Number	42	8	9(08)	Must match Loss Total Claim Number on the
					Type 20 record.
15	Filler	50	3	X(03)	Must be spaces.
16	Grid ID	53	8	9(08)	Plan Codes 13 and 14 enter Grid ID from
					Map. Right justify with leading zeros. If not
17		<i>c</i> 1	1.5	37/15	applicable, zero fill.
17	Type 21 Key Reserve	61	15	X(15)	Space Reserved for Additional key data
					required in the future or for other record
10	Decord Number	76	2	0(02)	types.
18	Record Number	76	3	9(03)	Must be > zero and unique within a Crop
					Policy Claim (Location State/Location County/Crop).
19	Type 11 Record Number	79	3	9(03)	Required, the record number of the Type 11
19	Type II Record Number	19	3	9(03)	record that established the guarantee, liability
					and premium for this Type 21 record.
20	Adjuster SSN	82	9	9(09)	Required. Must match a certified loss
20	110,0001 0011	02	,	-(0-)	adjuster SSN or an accepted Type 56 record.
					If plan = 12, 13, 14 or 73; zero fill.
					· / / / / / / / / / / / / / / / / / / /

Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			
21	Rate Class	91	3	X(03)	See Exhibit 11-2 for ADM validation rules. Otherwise; zero fill.
22	Stage Code	94	2	X(02)	Required for certain crops. See Exhibit 21-5 for validation rules. Spaces if not applicable. DC = Any claim inspected by the adjuster and denied, resulting in no indemnity payment. (See Note 4 at end of record) If Crop = 0013 or 0039 and the Stage Removal Option (NS) is selected, this field must be an applicable stage code. For Raisins: Fill with "RR" or "RF" for reconditioning payment and spaces for a production loss.
23	100% Replant Payment Flag	96	1	X(01)	Validate as follows: Y = Policy holder entitled up to 100% of the Replant Cost. Includes Plan 40 crops with CV, OX or OZ Option Codes Spaces = Normal Replant reimbursement
24	Stage Guarantee per Acre	97	10	9(08)V9(02)	See Indemnity Calculations for validation rules. Zero Fill, except for replants, Fl. Fruit Trees and Hawaii Tropical Trees (plan 40), Income Protection (plan 42) and Indexed Income Protection (plan 45). Raisin Reconditioning Payment = dollars and cents per ton for reconditioning.
25	Determined Acres/Tons/ Colonies	107	8	9(06)V9(02)	Required for all crops except Florida Fruit Trees, Hawaii Tropical Trees, and Oysters. For Raisins, enter the number of tons to the nearest hundredth.  For Mint, if stage code is W1, acres must be at least the lesser of 20 acres or 20% of the insurable acres in the unit.
26	Gleaned Acreage Code	115	2	X(02)	HG for Harvested Gleaned or UG for Unharvested Gleaned Acreage. Otherwise, must be spaces.
27	Filler	117	2	X(02)	Must be spaces.
28	Loss Guarantee	119	10	9(08)V9(02)	Required; See Indemnity Calculations for edits. Zero fill for Raisin Reconditioning Payment.
29	Unit Liability	129	10	9(10)	Required: Value must be the same on all lines for the Unit. Will match to the corresponding Unit Liability on the T-11. Zeros = Not Applicable.

		_		1	
Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			
•					
30	Loss Premium	139	10	X(10)	Must be spaces – Not used as this time.
31	Reserved	149	10	X(10)	Must be spaces.
32	Reserved	159	10	X(10)	Must be spaces.
33	Harvested Production	169	10	9(08)V9(02)	Must be ≤ Production to Count. Otherwise zero fill. Plan 47 must be in whole dollars.
34	Adjusted/Allocated Production	179	10	9(08)V9(02)	Must be ≤ Production to Count. Plan 47 Unharvested Production Adjustment in whole dollars Otherwise zero fill.
35	Production to Count	189	10	9(08)V9(02)	Sum of Net Harvested, Net Adjusted/Allocated and Net Appraised Production. Used to calculate Farm Unit Deficiency, may be zero. Adjusted for moisture and quality. Plan 47, must be in whole dollars.
36	Production to Count Conversion for Revenue Crops (Bushels, Tons, etc)	199	10	9(08)V9(02)	whole dollars.  Production to count in the basic unit of measure for RA (plan 25), IP (plan 42), IIP (plan 45), ARH (plan 47) and CRC (plan 44) if field 35 (production to count) is greater than zero. Otherwise, zero fill.  Not applicable for stages (field 22, pos. 94) R, RF, RR, RS, RT, P2, PF or PT.  Additional edits:  Ins plan 25 – If harvested price option = Y (rec type 11, RA Fall Harvest Price Option, field 54, pos 309) and county harvest price (ADM 4 suffix 3) is greater than zero then field 35 divided by county harvest price.  If county harvest price is zero then field 35 divided by projected price (ADM 4 suffix 3) If harvest price is greater than zero then field 35 divided by county harvest price is greater than zero then field 35 divided by county harvest price
37	Farm Unit Deficiency	209	10	S9(08)V9(02)	(ADM 4 suffix 3) if greater than zero. For RA Malting Barley, field 35 divided by field 57 (price election).  Ins plan 44 – field 35 divided by harvest market price (ADM 4, suffix 8).  Ins plan 42 and 45 – field 35 divided by harvest price (ADM 4, suffix 7) divided by insured share (field 38,pos. 219). Additional coverage (rec type 21, Coverage Flag, field 13, pos. 41) 100% harvest price and CAT 55% harvest price.  Required; If ≤ zero, Indemnity must be ≤ zero. Must be a signed field. Zero fill for Raisin Reconditioning Payment and IP. If Plan = 12, 13, 14 or 73, zero fill.

Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			
20	I 1 Cl	210	4	0/01)1/0/02)	Dec. 'e. 1. M. of her and < 1.000
38	Insured Share	219	4	9(01)V9(03)	Required; Must be $>$ zero and $\le 1.000$ .
39	Payment Calculation	223	4	9(01)V9(03)	Required for GRP/GRIP/RI & VI plan crops
	Factor				only, all other Plans, zero fill. For
40	Indemnity	227	10	S9(10)	calculation see exhibit 21-10.  Required; See Exhibit 21-10 for calculation. The total of all Type 21 Indemnity fields for a given claim number must equal the sum of the Total fields for the corresponding Type 20 record(s). The sum of all Type 21 Indemnity fields for a Unit cannot exceed the sum of all Type 11 Liability fields for the same unit by more than the lesser of 0.1% or \$10. Total indemnity for the units cannot be negative. If the plan code = 25 and the basic unit option code = WU, then the indemnity can be negative by crop, but not by whole farm.  If the Multi Cropping Flag = 'SW' this field
					must = zeros.
41	Sugar Factor	237	3	V9(03)	Must be > zero for Sugar Beets if Harvested Production > zero. Otherwise; zero fill
42	Audit Correction	240	1	9(01)	Must be:
					0 = Not Applicable
					1 = Corrected
43	Preliminary Indemnity	241	10	S9(10)	Required. This must be a signed field See Exhibit 21-10 for calculation instructions. Zero fill if the Stage Code = "R, RR, RS or RT".
44	Multi Cropping Exception Flag	251	1	X(01)	Values are X or spaces. See Note 2 at end of record.
45	Simplified Claim Flag	252	1	X(01)	Must be:
	Simplified Claim Fing	232	•	11(01)	S = Simplified Claim R = Self-Certified Replant Claim Blank = Not Applicable See Exhibit 21-6.
46	Farm Serial Number	253	7	X(07)	Required for Peanuts and Burley Tobacco, Buy-up coverage (Coverage Flag = A) policies only. For Burley Tobacco, each FSN must have a unique unit number. For Peanuts, each optional unit number must have a unique FSN, but Basic units may include more than one FSN. Optional for other crops, otherwise spaces.

November 4, 2010	Exhibit 21	FCIC-Appendix III
	(LOSS LINE – TYPE 21)	
	Format/Edits	

F: 11	E: 11X	D :	G.	D'	P' 11 P 1'.
Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
47	Guarantee Reduction Factor	260	3	V9(03)	Must match to the corresponding T-11 record.  Required if Guarantee Reduction Flag on the 11 record is not Blank. Enter applicable Late or Prevented Planting Guarantee Reduction Factor.  For crop 0013 in State 36, Stage 1 factor = .5 For crop 0013 in State 36, Stage 2 factor = .8 For Mint types with winter coverage option, enter applicable guarantee reduction factor.  Otherwise; zero fill. See Exhibit 11-1 or
48	Dollar Amount of Insurance	263	10	9(08)V9(02)	Exhibit 11-5. For GRP (12), GRIP (73), Revenue Assurance (25), Pecans (41), IP (42 and 45), Rainfall Index (13), Vegetation Index (14), and Dollar Crops (50), the selected dollar amount of protection per acre or per colony goes in this field and includes coverage level and/or price election factor (see exhibit 11-4 for details (on the 11 record). For plan 47 (ARH) enter the calculated revenue from the calculations in Exhibit 21- 10. Otherwise; zero fill.
49	Liability Adjustment Factor	273	7	9(01)V9(06)	Must be ≤ 1.000000. If < 1.000000, indicates that the liability submitted on the Type 11 record was understated. Factor will be the same value for all records of a unit by payment type. See Exhibit 18 in the LAM for calculation.

November 4, 2010	Exhibit 21	FCIC-Appendix III
	(LOSS LINE – TYPE 21)	
	Format/Edits	

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
50	Contract Price	280	8	9(04)V9(04)	For Contract Price crops enter 100% of the contract price; if applicable.  Crop Crop Alfalfa Seed Mustard Barley Peanuts Buckwheat Processing Beans Dry Beans Pumpkins Dry Peas Silage Sorghum Grapes Soybeans Green Peas
51	Guarantee Reduction Flag	288	1	X(01)	Zero fill if not applicable.  Must match the corresponding T-11 record.  L = Late Planting  Required for Onions (0013) in State 36 (NY)

stage percent reduction.

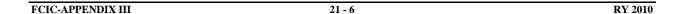
M = Maximum Late Planted Reduction

if there is a late planting reduction and a

P = Prevented Planting

E = Company verified eligible PP acres from another unit and/or crop or qualifying crop payment acres do not constitute 20 acres or 20 percent of the unit (as allowed by section 17 (h) of the Common Crop Insurance Policy Basic Provisions).

F = First Year thinning for Pecans Space = No Reduction



November 4, 2010	Exhibit 21	FCIC-Appendix III
	(LOSS LINE – TYPE 21)	
	Format/Edits	

Field	Field Name	Begin	Size	Picture	Field Edits
No.	Ticia ivanic	Pos	Size	Ticture	Field Edits
110.		103			
52	Multiple Cropping Flag	289	2	X(02)	USE ONLY ON FIRST CROP LOSS LINES (See Ex. 11-1 for flow chart) Required for all crops. (See Ex. 21-10 Loss Calc Pages) Values are: DC = 100% indemnity or PP Payment with Double Cropping history FC = 100% Indemnity (second crop planted and no other code applies) IR = 65% Reduction in Indemnity Payment on first crop NS = 100% indemnity (no second crop for PP or no insured second crop for planted acreage) USE FOR PERENNIALS, unless perennials destroyed and 2 <sup>nd</sup> crop planted RI = Restore Indemnity or PP Payment (no loss on second crop or no second planted crop for PP) RP = 65% Reduction to Prevented Planting Payment on first crop. WI = Waives insurance on second crop USE ONLY ON SECOND CROP LOSS LINES SC = 100% Indemnity on second crop acres SW = Waived indemnity on second crop acreage  SPACES ARE NOT ALLOWED IN THIS FIELD UNLESS THE STAGE CODE = 'R', 'RS', 'RT' (REPLANT) OR 'RF', 'RR' (RAISIN RECONDITIONING)  REFER TO THE LAM FOR MORE DETAILED EXPLANATION OF CODES.
53	Skip Row Code	291	5	9(05)	Cotton: Enter the appropriate skip-row code for the planting pattern and row width from the table for skip-row cotton, if applicable. See note on last page on the Type 15 record. Otherwise; zero fill.

November 4, 2010	Exhibit 21	FCIC-Appendix III				
(LOSS LINE – TYPE 21)						
	Format/Edits					

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
54	Yield	296	10	9(08)V9(02)	Insurance Plans 12, 13, 14, 40, 50, 51, and 73: zero fill.  Insurance plans 41 and 47: yield must be in whole dollars and match Type 11 record for approved yield.  Insurance Plan 30: yield must be greater than zero and match FCI-35 for rate class or FCI-2 agreement.  Insurance plan 55: (Yield from FCI-35 * Coverage Level Factor) - minimum payment: yield must be > 0 and ≤ ADM yield * coverage level factor.  Insurance plans 25, 42, 44, 45, 84, 90 and 92: Yield must match T- 11 record for approved yield.  See Exhibit 11-12 for yield requirements.
55	Number of Trees/ Contract Pounds/Oyster Pounds	306	10	9(10)	This field is required for the determined number of Florida Fruit Trees by crop code and the number of insurable Pecan trees.  The number of insured Hawaii Tropical Fruit Trees (plan 90) and Hawaii Tropical Trees (plan 40) by crop code and age.  The number of contract pounds of Peanuts, if applicable.  For Oysters, the number of determined pounds.  Otherwise, zero fill.

Field Field Name Begin Size Picture Field Edits  No.	
56 Coverage Level 316 5 9(01)V9(04) Must match coverage level on the 11 record For Cat Policies, the coverage level must 0.5000 for all crops except GRP Crops, in which case it must be 0.6500. Florida Citrus - Valid Coverage Levels at {0.5000, 0.5500, 0.6000, 0.6500, 0.7000 0.7500, 0.8000, 0.8500} Ins Plan 47 Valid Coverage Levels are {0.5000, 0.5500, 0.6000, 0.6500, 0.7000, 0.7500} Ins Plan 12, 13, 14 & 73 - Valid Coverage Levels are {0.7000, 0.7500, 0.8000, 0.8500 0.9000} IP (Ins. Plan 45) - Valid Coverage Levels {0.5000, 0.5500, 0.6000, 0.6500, 0.7000, 0.7500} For Revenue Assurance - All T21 record RA must have the same coverage level withe unit organization selected. IP (42), CRC (44) and All Other Crops - Valid Coverage Levels are {0.5000, 0.5500, 0.6000, 0.7500, 0.8000, 0.8500} There is no valid Coverage Level below 0.5000.	e 000, s are

Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			

57 Price Election Amount 321 8 9(04)V9(04)

Required; Must be 1.0000 for Plan codes 12,

13, 14, 41, 47, 50, 51 and 73.

Certified Seed Potatoes -

Option CL = 1.00

Option CH = 3.00

Ins. Plan 25 –

Malt Barley Option  $A \leq$  the Price from

ADM-P

Malt Barley Option  $B \le 2.00$ .

Ins. Plan 90 -

Malt Barley Option  $A \le the$ 

Price from ADM-P

Malt Barley Option  $B \le 2.00$ .

Ins. Plan 42 -

Pre Sales Price used to calculate the Loss

Guarantee

Malt Barley Option  $A \le the$ 

Price from ADM-P

Malt Barley Option  $B \le 2.00$ .

All other Plans/Crops edit using ADM4. (ADM Price or Contract Price) \* Price Election Factor = Price Election Amount. The "CAT" price election is 55%. Alfalfa Seed (0107) - If Contract Price (field 50) = zeros, then use ADM Price. Suffix:

- 1 = Catastrophic & Established High Price are applicable (MPCI)
- 2 = Catastrophic, Established High & Market Price are applicable (MPCI)
- 3 = Projected Harvest and County Harvest Price (RA) are applicable
- 4 = N/A
- 5 = N/A
- 6 = N/A
- 7 = IP, Pre Sales Price or Harvest
- 8 = CRC Base Price is applicable.
- 9 = Contract Price is applicable (MPCI)
- A = N/A

If CE Option is selected, price must be 100% of the price for the MPCI crop policy.

	T	T	1 =	T = .	
Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			
58	Written Agreement Number	329	8	X(08)	If Plan = 25, this field must equal spaces. For RMA issued Written Agreements enter the identification number for the approved written agreement for the AIP, state, county and crop.  The first 3 digits identify the issuing RO and must be valid for the location state.
59	Written Agreement Type	337	2	X(02)	Enter spaces if No Written Agreement exists.  Valid Written Agreement types are: GP, HR, NB, OC, OP, PE, RE, SC, SG, SM, SP, TC, TD, TL, TP, UA, UC, XC and 33.  Enter spaces if NO Written Agreement is in effect. Enter '33' if the insurance rate is provided on a FCI-33 (rules page, map or supplement).  If Plan = 25, this field must equal spaces.  All entries, except a "33" require a valid
60	Written Agreement Processing Flag	339	2	X(02)	Written Agreement Number in field 58.  If Plan = 25, this field must equal spaces. All single values must be left justified. Must be: H = Use only for High Risk land with a Written Agreement that changes the
					High Risk rate, factor or yield. Use the Written Agreement type of "HR".  P = FCI-2 Dollar Amount of Insurance exception for Macadamia Trees.  R = FCI-2 Agreement with a Reference County.  W = FCI-2 Agreement with no Reference County  3 = FCI-33 (rules page, map or supplemental) Rates  RC = Certified organic acreage with a location or reference county  RT = Transitional acreage with a location or reference county
61	Valid for Escrow Flag	341	1	X(01)	NC = Certified organic acreage with no reference county NT = Transitional acreage with no reference county Otherwise, spaces. See Exhibit 11-8 for edit details. Internal Use. Will be "Y" if the record passes edits necessary for escrow processing (numeric checks). Will be "N" if the record is not acceptable for escrow.

November 4, 2010	Exhibit 21	FCIC-Appendix III
140vember 4, 2010		Tele-Appendix III
	(LOSS LINE – TYPE 21)	
	Format/Edits	

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
62	Price Election Factor	342	5	9(01)V9(04)	Must match price election factor on the 11 record (field 43). Required for all crops. Plan code 25, 44, 50 (except Florida Citrus) and 51 must = 1.0000. If option code = CE, this field must = 1.0000. If crop = 0084 and the option code is CL or CH, this field must = 1.0000. If insurance plan = 41 and coverage flag (field 13) equals A, then this field must = 1.0000; if coverage flag (field 13) equals C, this field must = 0.5500. If insurance plan = 12 or 73 and coverage flag (field 13) equals 'A', then this field must equal 0.6000 thru 1.0000. If insurance plan = 12 and if coverage flag (field 13) equals C, this field must = 0.4500. If insurance plan = 13 or 14, this is the productivity factor selected by the insured and coverage flag (field 13) must equal A, and this field must equal 0.6000 thru 1.5000. For Plan 47, this is the payment factor elected by the insured and must be within the ranges below. For all other plans, if coverage flag (field 13) equals 'A' and coverage level (field 56) 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 ≥ 0.6300 8.) 0.8500 this field must be ≥ 0.6900
63	Filler	347	1	X(01)	Must be a space.
64	Peanut Processing Flag	348	1	X(01)	Must be 'S', 'M', or 'blank' and must match the Flag shown in field 84 of the applicable T11 record for the unit.
65	CEO Coverage Level	349	5	9(01)V9(04)	Enter CEO coverage level; must be greater than Coverage Level (field 56). Used to determine premium. Otherwise; zero fill.
66	CEO Indemnity Factor	354	6	9(01)V9(05)	(CEO Coverage Level/MPCI Coverage Level) (field 65/field 56) used in indemnity calculation. Otherwise, zero fill.

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
67	Price Indicator	360	1	X(01)	This field must equal 'A', 'E' or 'H'.  'A' = Additional Price: If the additional price has not been released, DAS will validate to the established price.  'E' = Established Price 'H' = Harvest Price causes indemnity to exceed SCP Limit. For plans 25, 42, 44. Plan codes 30, 55, 70, 84 & 90 can be 'A' or 'E'.  Plan Code 90, Hawaii Tropical Fruit (crops 0255, 0256 & 0257), indicator must equal 'E'.
					Plan Code 47, indicator must equal "E".  All other Plan codes must = 'E'.
68	Loss Adjuster Signature Date	361	8	9(08)	Required, unless Simplified Claim Flag (field 45) = 'S' or 'R'. Date that Loss Adjuster settled claim. MMDDCCYY format. If Plan = 12, 13, 14, or 73, zero fill.
69	Notice of Loss Date	369	8	9(08)	Required. Date that insured provided first notice of loss. MMDDCCYY format. Cannot exceed submission date. If Plan = 12, 13, 14 or 73, zero fill. See Note 5 at end of record.
70	First Date of Damage	377	8	9(08)	Required. Day is optional-The format is (MM00CCYY). Unless the cause of loss = "13, 14, 21, 41, 42, 51, 63, 64, 91, 92, 95, 97 or 98" enter MMDDCCYY. If plan = "12, 13, 14 or 73" must be month of final payment. The First <b>OR</b> Second Date must be
71	First Cause	385	2	9(02)	before Notice of Loss date.  Must have a valid cause of loss
72	First Percent	387	3	9(01)V9(02)	(See Exhibit 21-2) Plan 12, 13, 14 or 73 = 55. Must be > zero if First Cause is reported. Must be "0" if plan = "12, 13, 14 or 73".
73	Second Date of Damage	390	8	9(08)	Day is optional. The format is (MM00CCYY), unless the cause of loss = "13, 14, 21, 41, 42, 51, 63, 64, 91, 92, 95, 97 or 98" enter MMDDCCYY. The First <b>OR</b> Second Date must be before Notice of Loss date.  If Plan = 12, 13, 14 or 73, zero fill.
74	Second Cause	398	2	9(02)	Must have a valid cause of loss. If Primary Percent = 1.00, then zero fill. (See Exhibit 21-2) If Plan = 12, 13, 14, or 73, zero fill.

Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos	5120		
75	Second Percent	400	3	9(01)V9(02)	Must be > zero if Secondary Cause is reported. Must be "0" if plan = 12, 13, 14, or 73.
76	Insured's Signature Date	403	8	9(08)	Required: Format is MMDDCCYY Cannot exceed submission date. Cannot be less than Notice of Loss Date (field 69).
77	Second Crop Waived Indemnity	411	10	S9(10)	If the Multi Cropping Flag = 'SW' this field must = the calculated indemnity for the crop/plan (See exhibit 21-10 for calculation)
78	Large Claim Flag	421	1	X(01)	If the record is part of a potential claim on the eligible crop insurance contract, which is likely to exceed \$500,000, this field must be:  N= AIP notified RMA of excessive Indemnity and RMA did not participate in loss determinations  R = RMA participated in loss determinations, else spaces
79	Settlement Flag	422	1	X(01)	Values are:  A = Settlement by arbitration  M = Settlement by mediation  O = Other settlement process  Spaces = Not applicable
80	Misreported Information Factor	423	7	9(01)V9(06)	See the LAM, page 34 for Calculation Formula. Factor will be same value for all records of a unit by payment type.  1.000000 fill if not applicable.
81	Last Notice of Loss Date	430	8	9(08)	Format (MMDDCCYY) Cannot exceed submission date. If plan 12, 13, 14, or 73, zero fill.
82	Common Option Codes	438	20	X(20)	Applicable Option Codes from the Corresponding T-11 record.  Must be left justified.  Spaces = Not applicable.
83	Written Agreement Multi Year Flag	458	1	X(01)	Internal Use. Must be a space. Will be populated with Y, N or a space if there is no Written agreement. Y - This is the initial year of the multi year written agreement and the WA approval date is used to calculate fund cutoff. N - This is not the initial year of the multi year written agreement and the sales closing date will be used to calculate fund cutoff.

## Field Field Name Begin Picture Field Edits Size Pos No. 84 Unit Liability Flag 459 1 X(01)Values are: O = Original Unit Liability (field 97 on the T-11) R = Revised Unit Liability Indicates which Unit Liability from the corresponding T-11 Unit is being used to calculate the LAF & MIF. Spaces = Not Applicable 2 9(02) Must have a valid cause of loss. If Primary 85 Third Cause 460 Percent = 1.00, then zero fill. (See Exhibit 21-2) If Plan = 12, 13, 14 or 73, zero fill. 86 Third Percent 462 3 9(01)V9(02) Must be > zero if Third Cause is reported. Must be "0" if plan = 12, 13, 14, or 73. 87 Pre QA Appr. Prod. 465 10 9(08)V9(02) Total Appraised production before QA from Production Worksheet. 88 Post QA Appr. Prod. 475 10 9(08)V9(02) Total Appraised production after OA from **Production Worksheet** 89 Uninsured Cause Prod. 485 10 9(08)V9(02) Total appraised production due to uninsured causes from Production Worksheet 90 Pre QA Harvested Prod. 495 10 9(08)V9(02) Total harvested production after adjustments to gross production. (Includes deductions for production not to count) 91 Total APH Prod. 505 10 9(08)V9(02) Total APH production from Production Worksheet. 92 Type(s) of QA 515 6 X(06)Quality Adjustment condition(s) applied to production from the unit using the following codes. (Can submit up to 3 codes/unit) 00 - None01 - Test Weight 02 – Kernel Damage 03 – Aflatoxin 04 – Vomitoxin 05 - Fumonisin 06 - - Garlicky 07 - Dark Roast 08 - Sclerotinia 09 - Ergoty 10 - CoFo 11 - Other 93 Mycotoxin Level 521 1 X(01)Enter Y if Mycotoxin level exceeds FDA, State or other health organization identified maximum limits. Otherwise must be a space. 94 Filler 522 21 X(21)Must be spaces.

X(08)

Internal Use. Reserved.

95

**Ineligible Tracking** 

Validation Flag

543

8

	T		~.	I	T-1.4
Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			
96	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch
					file was received. (From when transmission
					started) HHMM Format.
97	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch
					file was received. (From when transmission
					started) MMDDCCYY Format.
98	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY
					format.
99	Batch Number	567	4	9(04)	Internal Use. The sequential number
					identifying the file that was submitted by the
					RO to FCIC/RMA.
100	Transaction Sequence	571	8	9(08)	Internal Use. The sequential number
	Number				assigned to each transaction number
					processed by DAS after it has been sorted.
101	Transaction Rejected Flag	579	1	X(01)	Internal Use. Reserved.
102	Transaction Source Flag	580	1	X(01)	Internal Use. Reserved.
103	Filler	581	20	X(20)	Internal Use.
				· //	

## Note 1:

The Type 21 record must contain the record number of the corresponding Type 11 record. The Type 11 record must match the Type 21 on:

Fields 2 thru 13 and field 28.

Requires an accepted 11 record.

## Note 2:

If any of the T-21 records within a unit has a Multi Cropping Code of 'IR' and there are other T-21 lines with any of the following codes (DC, FC, WI, SC, NS, RI) then sum the Indemnities of the lines with any of the codes in parenthesis, and if the sum of these lines is less than or equal to 0, then apply .35 to all of the lines in the unit except any line with a Multi Cropping Code of 'SW' or any line with a Guarantee Reduction Flag of 'P' or 'E' and require that the Multi Cropping Exception Flag have an 'X' on these same lines. The lines with DC, FC, WI, SC, NS, RI would normally be calculated at 100% Indemnity unless this exceptions exists.

# Note 3:

n/a

## Note 4:

For a Denied Claim Record being submitted to RMA the following fields must be populated:

1 Record Type, 2 AIP, 3 Location State, 5 Policy Number, 6 Crop Year, 7 Crop Code, 8 Ins. Plan, 9 Location County, 10 Unit Number, 11 Type Code, 12 Practice, 13 Coverage Flag, 14 Claim Number, 18 Record Number,

20 Adjuster SSN, 22 Stage Code (DC), 25 Determined Acres, 55 Number of Trees, 68 Loss Adjuster Signature Date, 69 First Notice of Loss Date.

## Note 5:

Type 21 date entries in fields 69 and 81 Notice of Loss Dates are required only for the cause(s) of loss reported on the record. One of the Dates of Damage must be on or before the Notice of Loss date field 69.