(INELIGIBLE PRODUCER INPUT RECORD)

Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 60.
2	Approved Insurance Provider	3	2	X(02)	Required. Edit with AIP/Company table.
3	Reinsurance Year	5	4	9(04)	Reinsurance year of the contract with the debt.
4	ID Type	9	1	9(01)	ID Type for the Primary Insured. Must be: 1 = SSN 2 = EIN 5 = BIA Number
5	ID Number	10	9	9(09)	ID Number for the Primary Insured. If ID Type eq ‘1’ - Valid SSN If ID Type eq ‘2’ - Numeric > 0 If ID Type eq ‘5’ - First 5 digits are FIPS State and County Code
6	Type 60 Key Reserved	19	6	X(06)	Must be spaces or blanks.
7	Record Number	25	3	9(03)	A Record Number = 001 must exist for each primary insured that has been identified as ineligible due to debt. If the Entity Type of the primary insured record is P and ID Type is ‘1’, at least one additional record is required for the primary insured (Record Number = 002-999) to report the SBIs for that Partnership. If Entity Type of primary insured record is P and ID Type is ‘2’, at least 2 additional records are required to report the SBI’s for that partnership (Record Number 002-999).
8	Entity Type	28	1	X(01)	Entity Type for the Primary Insured if the Record Number is 001. Entity Type for the SBI if the Record Number is 002 - 999. Refer to the Type 10 record, Field 12 (Entity Type) or the Exhibit 10-1 for a valid listing of Entity Types.
9	SBI ID Type	29	1	9(01)	Required if Record Number is 002-999. Must be: 1 = SSN 2 = EIN 3 = OTH (Other) 5 = BIA Number Zero fill if Record Number is 001.

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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
10	SBI ID Number	30	9	9(09)	Required if Record Number is 002-999. Must be: If SBI ID Type eq '1' - Valid SSN If SBI ID Type eq '2' - Numeric > 0 If SBI ID Type eq '3' – Numeric 999999999 If SBI ID Type eq '5'- First 5 digits are FIPS State and County Code Zero fill if Record Number is 001.
11	Ineligibility Transaction Flag	39	2	9(02)	See Exhibit 60-1 for valid values.
12	Debt Delinquency Date	41	8	9(08)	Must be a valid date in YYYYMMDD format that represents the earliest date of indebtedness, i.e., for unpaid premium is the crop policy termination date. Required for all records (Reference the ITS Handbook)
13	Payment Agreement Date	49	8	9(08)	Must be a valid date in YYYYMMDD format that represents the date that a Payment Agreement was established between the company and the insured. Required if Ineligibility Transaction Flag is 06. Valid only if previous Ineligibility Transaction Flag was 01, 02, 03, 21, 22 or 23. Otherwise, zero fill.
14	Debt Satisfied Date	57	8	9(08)	Must be a valid date in YYYYMMDD format that represents the date that the debt was paid in full to the company or a settlement is reached or write off occurred. Required if Ineligibility Transaction Flag is 04 or 14. Must be > Debt Delinquency Date. Otherwise, zero fill.
15	Bankruptcy Date	65	8	9(08)	Must be a valid date in YYYYMMDD format that represents the date that eligibility is restored due to the debtor filing bankruptcy. Required if Ineligibility Transaction Flag is 10. Valid only if previous Ineligibility Transaction Flag was 01, 02, 03, 21, 22 or 23. Otherwise, zero fill.
16	Last Name	73	20	X(20)	If applicable, must be left justified beginning in the first position (See Note 1).
17	First Name	93	10	X(10)	If applicable, must be left justified beginning in the first position (See Note 1).
18	Middle Name	103	10	X(10)	If used, must be left justified beginning in the first position.
19	Name Suffix	113	5	X(05)	If used, must be left justified beginning in the first position.
20	Title	118	4	X(04)	If used, must be left justified beginning in the first position.

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Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
21	Business Name	122	35	X(35)	If applicable, must be left justified beginning in the first position (See Note 1).
22	Address Line 1	157	35	X(35)	Required for all records. Must be left justified beginning in the first position.
23	Address Line 2	192	35	X(35)	Not Required. If used, must be left justified beginning in the first position.
24	City	227	35	X(35)	Required for all records. Must be a valid city for the zip code submitted.
25	Address State	262	2	X(02)	Must be a valid state postal abbreviation. For foreign addresses, must be “ZZ”.
26	Zip Code	264	5	9(05)	Required for all records. Must be a valid code. Must be left justified, beginning in the first position.
27	Zip Extension	269	4	9(04)	Not required.
28	Contact Office Name	273	35	X(35)	Must be the name of the office, or office personnel to contact for the insured to settle their debt. Must be left justified, beginning in the first position.
29	Contact Office Phone	308	10	X(10)	Must contain the phone number of the Contact Office.
30	Crop Year	318	4	9(04)	Crop year of the latest crop on the policy with the debt.
31	Eligibility Reversal Date	322	8	9(08)	Must be a valid date in YYYYMMDD format that represents the date of default on a payment agreement or dismissal of a bankruptcy. Required if Ineligibility Transaction Flag is 11 or 12. Valid only if previous Ineligibility Transaction Flag was 06 or 10. Otherwise, zero fill.
32	Special Purpose Flag	330	1	X(01)	Must be ‘C’ for a double-cropping policy that has an ineligible date other than the Termination Date. Must be ‘D’ for a defaulted payment agreement that was established before the Termination Date. Must be ‘M’ if debt delinquency date is for a prior reinsurance year and crop year. The month and day must be valid for the crop year. Otherwise, blank.
33	Reserved (Filler)	331	11	X(11)	Must be spaces.
34	Reserved (Accept Flag)	342	1	X(01)	For FCIC use only. u = update, d = duplicate
35	Reserved (RM Data Receipt Date)	343	8	9(08)	For FCIC use only.

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Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits

Note 1: The entry of either a Producer Last Name and Producer First Name or a Business Name is required if primary insured Record Number is 001 or for the SBI if the Record Number is 002-999.

Note 2: The address must be for the primary insured if the Record Number is 001 and for the SBI if the Record Number is 002-999.

Note 3: The key structure for this record consists of Fields 1-5, 7 and 12.

Note 4: For records with all Ineligibility Transaction Flags except 99 the specified edits for all fields apply.

Note 5: For records with an Ineligibility Transaction Flag of 99, only the edits for the following fields will apply:

Record Type 60
Reporting Organization
Reinsurance Year
ID Type
Debt Delinquency Date
Id Number
Entity Type
SBI ID Type (If applicable)
SBI ID Number (If applicable)

Note 6: The AIP, Reinsurance Year, ID Type, ID Number, Entity Type, SBI ID Type and SBI ID Number must match an accepted DAS policy.