2005 PolicyHolder Tracking Experience Inquiry
Type 81 - Output Format for Year 2000

POLICY KEY INFORMATION USED FOR ALL RECORD TYPES.

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	RECORD TYPE	1	2	XX	Will be 81
2	APPROVED INSURANCE PROVIDER	3	2	XX	**
3	POLICY STATE	5	2	XX	LOCATION STATE for Reinsured/FSA policy, RATE STATE for FCIC policy. **
4	POLICY PREFIX	7	3	XXX	COMPANY/SERVICING COUNTY for Reinsured/FSA policy, RATE COUNTY for FCIC policy. **
5	POLICY NUMBER	10	7	X(07)	**
6	CROP YEAR	17	4	9(04)	**

** From policy which initiated the inquiry when message code is B, N, or S. From retrieved policy data when MESSAGE CODE is D, P, or T.

PHT is designed to be an informational reporting tool for either a 1 year or 5 year inquiry request for an active processing year. When a 1 Year inquiry request is submitted, the requestor will receive **only** the previous year's data information. When a 5 Year request is submitted, the requestor will receive the previous 5 years, providing data is available. The layout of Record 81 with it's respective record types will not always be in the same order/sequence as the records submitted for editing. The procedure is NOT designed to provide a specific year upon request.

Information retrieved from a PHT request – submitted with the type 10/14 record – is based ONLY on the primary insurer's SSN taken from the type 10 record. Limited information is provided on SBI's, affiliated with the primary insurer, not to include crop or cross-reference data.

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TYPE 10 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	RECORD NUMBER	21	3	9(03)	Value for a primary ten record is '001'. Value for a SBI record is '999'.
2	BRANCH OFFICE	24	2	XX	
3	ID TYPE	26	1	X	
4	ID NUMBER	27	9	X(09)	
5	ENTITY TYPE	36	1	X	
6	PRODUCER LAST NAME	37	20	X(20)	
7	PRODUCER FIRST NAME	57	10	X(10)	
8	PRODUCER MIDDLE NAME	67	10	X(10)	
9	PRODUCER NAME SUFFIX	77	5	X(05)	
10	PRODUCER TITLE	82	4	X(04)	
11	BUSINESS NAME	86	35	X(35)	
12	ADDRESS LINE 1	121	35	X(35)	
13	ADDRESS LINE 2	156	35	X(35)	
14	CITY	191	35	X(35)	
15	ADDRESS STATE	226	2	XX	
16	ZIP CODE	228	5	X(05)	
17	ZIP EXTENSION	233	4	X(04)	
18	PHONE NUMBER	237	10	X(10)	
19	CO EMPLOYEE	247	1	X	
20	INELIGIBLE-SBI-FLAG	248	1	X	
21	FILLER-10-1	249	277	X(277)	
22	REINSURANCE YEAR	526	4	9(04)	
23	POLICYHOLDER DATA TYPE 10	530	2	XX	Must equal 10

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TYPE 10 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
24	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

25	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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2005 PolicyHolder Tracking Experience Inquiry
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TYPE 11 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	9(03)	
9	TYPE 15 RECORD NUMBER	45	3	9(03)	
~~10~~	~~FILLER 11-1~~	~~48~~	~~9~~	~~X(09)~~	
10	RATE CLASS	48	3	XXX	
11	MAP AREA	51	3	XXX	
12	CRUSH DISTRICT	54	2	XX	
13	REFERENCE CROP YEAR	56	4	9(04)	
14	WRITTEN AGREEMENT TYPE	60	2	XX	
15	WRITTEN AGREEMENT NUMBER	62	8	X(08)	
16	WRITTEN AGREEMENT FLAG	70	2	XX	
17	DATE PLANTED	72	8	9(08)	
18	GUARANTEE REDUCTION FLAG	80	1	X	
19	YIELD	81	10	9(08)V9(02)	
20	DOLLAR AMOUNT OF INSURANCE	91	10	9(08)V9(02)	
21	QUOTA	101	10	9(10)	
22	COVERAGE LEVEL	111	5	9(01)V9(04)	
23	GUARANTEE PER ACRE	116	10	9(08)V9(02)	
24	GUAR REDUCTION FACTOR	126	3	V9(03)	
25	REPORTED ACRES	129	8	9(06)V9(02)	
26	TOTAL GUARANTEE	137	10	9(08)V9(02)	
27	PRICE ELECTION	147	8	9(04)V9(04)	
28	CONTRACT PRICE	155	8	9(04)V9(04)	
29	INSURED SHARE	163	4	9V9(03)	
30	LIABILITY	167	10	9(10)	
31	PRICE ELECTION FACTOR	177	5	9(01)V9(04)	
32	YIELD CONVERSION FACTOR	182	4	9(01)V9(03)	
33	BASE PREMIUM RATE	186	8	V9(08)	
34	PRELIMINARY BASERATE	194	8	V9(08)	
35	LOADED PREMIUM PER ACRE	202	8	9(04)V9(04)	
36	UNIT OPTION CODE	210	2	XX	
37	ADDITIONAL OPTION CODE	212	20	X(20)	
38	RATE CLASS OPTION CODE	232	20	X(20)	
39	EXPERIENCE FACTOR	252	4	9(01)V9(03)	

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1YPE 11 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
40	PREMIUM RATE SURCHARGE	256	1	X	
41	UNIT PREM ADJUSTMENT FCTR	257	5	9V9(04)	
42	RA FALL HARVEST PRICE OPTION	262	1	X	
43	IP COUNTY AVERAGE YIELD	263	8	9(07)V9(01)	
44	RA WHOLE FARM DISC FACTOR	271	5	9V9(04)	
45	TOTAL PREMIUM	276	10	9(10)	
46	FILLER-11-1	286	10	9(10)	
~~47~~	~~FILLER-11-3~~	~~305~~	~~22~~	~~X(22)~~	
47	PRODUCER PREMIUM	296	10	9(10)	
48	PRIVATE POLICY CODE	306	3	XXX	
49	INTENDED ACREAGE FLAG	309	1	X	
50	SEED COMPANY CODE	310	3	9(03)	
51	RATE STATE	313	2	9(02)	
52	RATE COUNTY	315	3	9(03)	
53	FARM SERIAL NUMBER	318	7	X(07)	
54	NUMBER OF SECTIONS	325	2	9(02)	
55	FILLER-11-2	327	1	X	
56	ACREAGE REVIEW FLAG	328	2	XX	
57	CEO COVERAGE LEVEL	330	5	9(01)V9(04)	
58	EFA PREMIUM DISCOUNT AMOUNT	335	10	9(10)	
59	EFA DISCOUNT FLAG	345	1	X	
60	PRORATION FACTOR	346	3	9V9(02)	
61	FILLER-11-3	349	3	9(03)	
62	RATE YIELD	352	10	9(08)V9(02)	
63	FILLER-11-4	362	164	X(164)	
64	REINSURANCE YEAR	526	4	9(04)	
65	POLICYHOLDER DATA TYPE 11	530	2	XX	Must equal 11

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TYPE 11 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
66	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

67	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 13 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	9(03)	
9	WRITTEN AGREEMENT TYPE	45	2	XX	
10	WRITTEN AGREEMENT NUMBER	47	8	X(08)	
11	WRITTEN AGREEMENT PROCESSING FLAG	55	2	XX	
12	REVISED REPORT	57	1	X	
13	VALUE	58	9	9(09)	
14	PREVIOUS YEAR SALES	67	9	9(09)	
15	COVERAGE LEVEL	76	5	9(01)V9(04)	
16	PRICE ELECTION FACTOR	81	5	9(01)V9(04)	
17	INSURED SHARE	86	4	9(01)V9(03)	
18	AMOUNT OF INSURANCE (ACTUAL LIABILITY)	90	10	9(10)	
19	MAP FACTOR	100	4	9(01)V9(03)	
20	UNIT OPTION CODE	104	2	XX	
21	COMMON OPTION CODES	106	20	X(20)	
22	BASE PREMIUM RATE	126	8	V9(08)	
23	PRORATION FACTOR	134	3	9(01)V9(02)	
24	TOTAL PREMIUM	137	10	9(10)	
25	SUBSIDY	147	10	9(10)	
26	PRODUCER PREMIUM	157	10	9(10)	
27	SIGNATURE DATE	167	8	9(08)	
28	PEAK COMMENCEMENT DATE	175	8	9(08)	
29	PEAK TERMINATION DATE	183	8	9(08)	
30	LIABILITY EXCLUDING PRICE & SHARE (XPS)/ BASIC UNIT AMOUNT OF INSURANCE	191	10	9(10)	
31	CROP YEAR DEDUCTIBLE	201	10	9(10)	
32	M-14 REVIEW FLAG	211	2	9(02)	
33	PREVIOUS YEAR SALES FLAG	213	1	X	
34	ACCEPTED DATE	214	8	9(08)	
35	SURVIVAL FACTOR	222	4	9(01)V9(03)	
36	SURVIVAL FACTOR FLAG	226	1	X	
37	NUMBER OF CLAMS	227	8	9(08)	

TYPE 13 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
38	PRICE ELECTION AMOUNT	235	8	9(04)V9(04)	
39	FILLER-13-1	243	283	X(283)	
40	REINSURANCE YEAR	526	4	9(04)	
41	POLICYHOLDER DATA TYPE 13	530	2	XX	Must equal 13
42	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry.***
43	MESSAGE CODE	550	1	X	

***Contract Number consists of Insurance Provider , Location St, Company Number (FSA Servicing County), Policy Number and Crop Year

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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Type 81 - Output Format for Year 2000

TYPE 14 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	TYPE CODE	30	3	9(03)	
5	PRACTICE CODE	33	3	9(03)	
6	COVERAGE FLAG	36	1	X	
7	RECORD NUMBER	37	3	9(03)	
8	LATE PROCESSED FLAG	40	2	9(02)	
9	FUND DESIGNATION FLAG	42	1	X	
10	FEE PREPAYMENT FLAG	43	1	X	
11	ADMIN FEE FLAG	44	1	X	
12	RATE STATE	45	2	9(02)	
13	RATE COUNTY	47	3	9(03)	
14	DUAL COVERAGE FLAG	50	1	X	
15	CROP SIGNATURE DATE	51	8	9(08)	MMDDCCYY
16	CONTRACT FLAG	59	1	X	
17	EXPERIENCE INQUIRY	60	1	X	
18	WRITTEN AGREEMENT FLAG	61	2	XX	
19	WRITTEN AGREEMENT NUMBER	63	8	X(08)	
20	WRITTEN AGREEMENT TYPE	71	2	XX	
21	MULTIPLE COUNTY FLAG	73	1	X	
22	CANCEL/TRANSFER FLAG	74	1	X	
23	COVERAGE LEVEL	75	5	9(01)V9(04)	
24	PRICE ELECTION FACTOR	80	5	9(01)V9(04)	
25	M-14 REVIEW FLAG	85	2	XX	
26	COMMON OPTION CODES	87	20	X(20)	
27	RATE CLASS OPTION CODES	107	20	X(20)	
28	FILLER-14-1	127	399	X(399)	
29	REINSURANCE YEAR	526	4	9(04)	
30	POLICYHOLDER DATA TYPE 14	530	2	XX	must equal 14

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TYPE 14 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
31	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***
	*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.				
32	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 15 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	9(03)	
9	T-YIELD MAP AREA	45	3	XXX	
10	WRITTEN AGREEMENT TYPE	48	2	XX	
11	WRITTEN AGREEMENT NUMBER	50	8	X(08)	
12	WRITTEN AGREEMENT FLAG	58	2	XX	
13	M-14 REVIEW FLAG	60	2	XX	
14	YIELD INDICATOR	62	2	XX	
15	TRANSTIONAL YIELD	64	10	9(08)V9(02)	
16	FSA YIELD	74	10	9(08)V9(02)	
17	APPROVED YIELD	84	10	9(08)V9(02)	
18	PREVIOUS APPROVED YIELD	94	10	9(08)V9(02)	
19	YIELD YEAR 1	104	4	9(04)	
20	YIELD TYPE 1	108	2	XX	
21	ANNUAL YIELD 1	110	10	9(08)V9(02)	
22	YIELD ACRE 1	120	8	9(06)V9(02)	
23	REVENUE YIELD 1	128	6	9(06)	
24	YIELD YEAR 2	134	4	9(04)	
25	YIELD TYPE 2	138	2	XX	
26	ANNUAL YIELD 2	140	10	9(08)V9(02)	
27	YIELD ACRE 2	150	8	9(06)V9(02)	
28	REVENUE YIELD 2	158	6	9(06)	
29	YIELD YEAR 3	164	4	9(04)	
30	YIELD TYPE 3	168	2	XX	
31	ANNUAL YIELD 3	170	10	9(08)V9(02)	
32	YIELD ACRE 3	180	8	9(06)V9(02)	
33	REVENUE YIELD 3	188	6	9(06)	
34	YIELD YEAR 4	194	4	9(04)	
35	YIELD TYPE 4	198	2	XX	
36	ANNUAL YIELD 4	200	10	9(08)V9(02)	
37	YIELD ACRE 4	210	8	9(06)V9(02)	
38	REVENUE YIELD 4	218	6	9(06)	
39	YIELD YEAR 5	224	4	9(04)	
40	YIELD TYPE 5	228	2	XX	
41	ANNUAL YIELD 5	230	10	9(08)V9(02)	

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TYPE 15 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
42	YIELD ACRE 5	240	8	9(06)V9(02)	
43	REVENUE YIELD 5	248	6	9(06)	
44	YIELD YEAR 6	254	4	9(04)	
45	YIELD TYPE 6	258	2	XX	
46	ANNUAL YIELD 6	260	10	9(08)V9(02)	
47	YIELD ACRE 6	270	8	9(06)V9(02)	
48	REVENUE YIELD 6	278	6	9(06)	
49	YIELD YEAR 7	284	4	9(04)	
50	YIELD TYPE 7	288	2	XX	
51	ANNUAL YIELD 7	290	10	9(08)V9(02)	
52	YIELD ACRE 7	300	8	9(06)V9(02)	
53	REVENUE YIELD 7	308	6	9(06)	
54	YIELD YEAR 8	314	4	9(04)	
55	YIELD TYPE 8	318	2	XX	
56	ANNUAL YIELD 8	320	10	9(08)V9(02)	
57	YIELD ACRE 8	330	8	9(06)V9(02)	
58	REVENUE YIELD 8	338	6	9(06)	
59	YIELD YEAR 9	344	4	9(04)	
60	YIELD TYPE 9	348	2	XX	
61	ANNUAL YIELD 9	350	10	9(08)V9(02)	
62	YIELD ACRE 9	360	8	9(06)V9(02)	
63	REVENUE YIELD 9	368	6	9(06)	
64	YIELD YEAR 10	374	4	9(04)	
65	YIELD TYPE 10	378	2	XX	
66	ANNUAL YIELD 10	380	10	9(08)V9(02)	
67	YIELD ACRE 10	390	8	9(06)V9(02)	
68	REVENUE YIELD 10	398	6	9(06)	
69	RATE STATE	404	2	9(02)	
70	RATE COUNTY	406	3	9(03)	
71	FARM SERIAL NUMBER	409	7	X(07)	
72	YIELD LIMITATION FLAG	416	2	9(02)	
73	EXCESSIVE YIELD BYPASS	418	1	X	
74	NUMBER OF YEARS W/ACTUAL YIELDS ON REFERENCE RECORDS	419	2	9(02)	
75	YIELD INDEX	421	4	9(03)V9(01)	
76	APPLICABLE OPTION CODES	425	16	X(16)	
77	RATE YIELD	441	10	9(08)V9(02)	
78	FILLER-15-1	451	75	X(75)	
79	REINSURANCE YEAR	526	4	9(04)	
80	POLICYHOLDER DATA TYPE 15	530	2	XX	Must equal 15

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TYPE 15 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
81	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

82	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

draft

TYPE 17 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	9(03)	
~~8~~	~~TYPE 17 KEY RESERVE~~	~~42~~	~~34~~	~~X(34)~~	
9	TYPE 11/15 RECORD NUMBER	45	3	9(03)	
10	LAND IDENTIFIER TYPE 1	48	1	X	
11	LAND IDENTIFIER 1	49	13	X(13)	
12	LAND IDENTIFIER TYPE 2	62	1	X	
13	LAND IDENTIFIER 2	63	13	X(13)	
14	LAND IDENTIFIER TYPE 3	76	1	X	
15	LAND IDENTIFIER 3	77	13	X(13)	
16	LAND IDENTIFIER TYPE 4	90	1	X	
17	LAND IDENTIFIER 4	91	13	X(13)	
18	LAND IDENTIFIER TYPE 5	104	1	X	
19	LAND IDENTIFIER 5	105	13	X(13)	
20	LAND IDENTIFIER TYPE 6	118	1	X	
21	LAND IDENTIFIER 6	119	13	X(13)	
22	LAND IDENTIFIER TYPE 7	132	1	X	
23	LAND IDENTIFIER 7	133	13	X(13)	
24	LAND IDENTIFIER TYPE 8	146	1	X	
25	LAND IDENTIFIER 8	147	13	X(13)	
26	LAND IDENTIFIER TYPE 9	160	1	X	
27	LAND IDENTIFIER 9	161	13	X(13)	
28	LAND IDENTIFIER TYPE 10	174	1	X	
29	LAND IDENTIFIER 10	175	13	X(13)	
30	PERSON SHARING 1	188	35	X(35)	
31	PERSON SHARING 2	223	35	X(35)	
32	PERSON SHARING 3	258	35	X(35)	
33	FILLER-17-1	293	233	X(233)	
34	REINSURANCE YEAR	526	4	9(04)	
35	POLICYHOLDER DATA TYPE 17	530	2	XX	Must equal 17

draft

TYPE 17 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
36	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

37	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

draft

TYPE 18 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
~~8~~	~~TYPE 18 KEY RESERVE~~	~~42~~	~~34~~	~~X(34)~~	
8	RECORD NUMBER	42	3	9(03)	
9	TAX YEAR 1	45	4	9(04)	
10	ALLOWABLE INCOME 1	49	10	9(10)	
11	ALLOWABLE EXPENSE 1	59	10	9(10)	
12	TAX YEAR 2	69	4	9(04)	
13	ALLOWABLE INCOME 2	73	10	9(10)	
14	ALLOWABLE EXPENSE 2	83	10	9(10)	
15	TAX YEAR 3	93	4	9(04)	
16	ALLOWABLE INCOME 3	97	10	9(10)	
17	ALLOWABLE EXPENSE 3	107	10	9(10)	
18	TAX YEAR 4	117	4	9(04)	
19	ALLOWABLE INCOME 4	121	10	9(10)	
20	ALLOWABLE EXPENSE 4	131	10	9(10)	
21	TAX YEAR 5	141	4	9(04)	
22	ALLOWABLE INCOME 5	145	10	9(10)	
23	ALLOWABLE EXPENSE 5	155	10	9(10)	
24	TOTAL ALLOWABLE INCOME	165	10	9(10)	
25	TOTAL ALLOWABLE EXPENSE	175	10	9(10)	
26	AVERAGE ALLOWABLE INCOME	185	10	9(10)	
27	AVERAGE ALLOWABLE EXPENSE	195	10	9(10)	
28	INCOME TREND FACTOR	205	4	9(01)V9(03)	
29	M-14 REVIEW FLAG	209	2	9(02)	
30	EXPENSE TREND FACTOR	211	4	9(01)V9(03)	
31	FILLER-18-1	215	311	X(311)	
32	REINSURANCE YEAR	526	4	9(04)	
33	POLICYHOLDER DATA TYPE 18	530	2	XX	Must equal 18

TYPE 18 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
34	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

35	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 19 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
~~8~~	~~TYPE 19 KEY RESERVE~~	~~42~~	~~34~~	~~X(34)~~	
8	RECORD NUMBER	42	3	9(03)	
9	COVERAGE LEVEL	45	5	9(01)V9(04)	
10	PAYMENT RATE	50	5	9(01)V9(04)	
11	COMMODITY CODE 1	55	4	X(04)	
12	COMMODITY VALUE 1	59	10	9(10)	
13	COMMODITY CODE 2	69	4	X(04)	
14	COMMODITY VALUE 2	73	10	9(10)	
15	COMMODITY CODE 3	83	4	X(04)	
16	COMMODITY VALUE 3	87	10	9(10)	
17	COMMODITY CODE 4	97	4	X(04)	
18	COMMODITY VALUE 4	101	10	9(10)	
19	COMMODITY CODE 5	111	4	X(04)	
20	COMMODITY VALUE 5	115	10	9(10)	
21	COMMODITY CODE 6	125	4	X(04)	
22	COMMODITY VALUE 6	129	10	9(10)	
23	COMMODITY CODE 7	139	4	X(04)	
24	COMMODITY VALUE 7	143	10	9(10)	
25	COMMODITY CODE 8	153	4	X(04)	
26	COMMODITY VALUE 8	157	10	9(10)	
27	COMMODITY CODE 9	167	4	X(04)	
28	COMMODITY VALUE 9	171	10	9(10)	
29	COMMODITY CODE 10	181	4	X(04)	
30	COMMODITY VALUE 10	185	10	9(10)	
31	COMMODITY CODE 11	195	4	X(04)	
32	COMMODITY VALUE 11	199	10	9(10)	
33	COMMODITY CODE 12	209	4	X(04)	
34	COMMODITY VALUE 12	213	10	9(10)	
35	COMMODITY CODE 13	223	4	X(04)	
36	COMMODITY VALUE 13	227	10	9(10)	
37	COMMODITY CODE 14	237	4	X(04)	
38	COMMODITY VALUE 14	241	10	9(10)	
39	NUMBER OF COMMODITIES	251	2	9(02)	

TYPE 19 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
40	APPROVED AGR	253	10	9(10)	
41	MPCI LIABILITY	263	10	9(10)	
42	AGR LIABILITY	273	10	9(10)	
43	TOTAL WEIGHTED FARM RATE	283	5	9(02)V9(03)	
44	DIVERSITY FACTOR	288	4	9(01)V9(03)	
45	AGR RATE	292	3	V9(03)	
46	TOTAL PREMIUM	295	10	9(10)	
47	PRODUCER PREMIUM	305	10	9(10)	
48	M-14 REVIEW FLAG	315	2	9(02)	
49	SUBSIDY	317	10	9(10)	
50	WRITTEN AGREEMENT TYPE	327	2	X(02)	
51	WRITTEN AGREEMENT NUMBER	329	8	X(08)	
52	WRITTEN AGREEMENT PROCESSING FLAG	337	2	XX	
53	TOTAL EXPECTED INCOME	339	10	9(10)	
54	APPROVED EXPENSES FOR INSURANCE YEAR	349	10	9(10)	
55	FILLER	359	167	X(167)	
56	REINSURANCE YEAR	526	4	9(04)	
57	POLICYHOLDER DATA TYPE 19	530	2	XX	Must equal 19
58	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

59	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 21 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	CLAIM NUMBER	42	8	9(08)	
9	RECORD NUMBER	50	3	9(03)	
10	TYPE 11 RECORD NUMBER	53	3	9(03)	
~~11~~	~~FILLER-21-1~~	~~56~~	~~9~~	~~X(09)~~	
11	RATE CLASS	56	3	XXX	
12	STAGE CODE	59	2	XX	
13	100% REPLANT PAYMENT FLAG	61	1	X	
14	STAGE GUARANTEE PER ACRE	62	10	9(08)V(2)	
15	DETERMINED ACRES	72	8	9(06)V9(02)	
16	LOSS GUARANTEE	80	10	9(08)V9(02)	
17	PRODUCTION TO COUNT	90	10	9(08)V9(02)	
18	FARM UNIT DEFICIENCY	100	10	S9(08)V9(02)	
19	INSURED SHARED	110	4	9(01)V9(03)	
20	GRP PAYMENT CALC FACTOR	114	4	9(01)V9(03)	
21	INDEMNITY	118	10	S9(10)	
22	HARVESTED PRODUCTIO	128	10	9(08)V9(02)	
23	SUGAR FACTOR	138	3	V9(03)	
24	AUDIT CORRECTION	141	1	9	
25	PRIMARY MONTH	142	2	9(02)	
26	SECONDARY MONTH	144	2	9(02)	
~~28~~	~~PRIMARY CAUSE~~	~~155~~	~~2~~	~~9(02)~~	
~~29~~	~~PRIMARY PERCENT~~	~~157~~	~~3~~	~~9(01)V9(02)~~	
~~30~~	~~SECONDARY CAUSE~~	~~160~~	~~2~~	~~9(02)~~	
27	SIMPLIFIED CLAIM FLAG	146	1	X	
28	FARM SERIAL NUMBER	147	7	X(07)	
29	REVENUE PRODUCTION TO COUNT	154	10	9(08)V9(02)	
30	GUAR REDUCTION FACTOR	164	3	V9(03)	
31	DOLLAR AMOUNT INSURANCE	167	10	9(08)V9(02)	
32	LIABILITY ADJUSTMENT FACTOR	177	7	9(01)V9(06)	
33	CONTRACT PRICE	184	8	9(04)V9(04)	
34	YIELD	192	10	9(08)V9(02)	
35	QUOTA /NUMBER OF TREES	202	10	9(08)V9(02)	
36	COVERAGE LEVEL	212	5	9(01)V9(04)	
37	PRICE ELECTION AMOUNT	217	8	9(04)V9(04)	

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TYPE 21 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
38	WRITTEN AGREEMENT TYPE	225	2	XX	
39	WRITTEN AGREEMENT NUMBER	227	8	X(08)	
40	WRITTEN AGREEMENT FLAG	235	2	XX	
~~45~~	~~FILLER-21-2~~	~~253~~	~~1~~	~~X~~	
41	PRICE ELECTION FACTOR	237	5	9(01)V9(04)	
42	M-14 REVIEW FLAG	242	2	XX	
43	CEO COVERAGE LEVEL	244	5	9(01)V9(04)	
44	CEO INDEMNITY FACTOR	249	6	9(01)V(5)	
45	**FILLER-21-1**	**255**	**26**	**X(26)**	
46	**PRIMARY CAUSE**	**281**	**2**	**9(02)**	
47	**PRIMARY PERCENT**	**283**	**3**	**9(01)V9(02)**	
48	**FILLER-21-2**	**286**	**8**	**X(8)**	
49	**SECONDARY CAUSE**	**294**	**2**	**9(02)**	
50	**FILLER-21-3**	**296**	**230**	**X(230)**	
51	REINSURANCE YEAR	526	4	9(04)	
52	POLICYHOLDER DATA TYPE 21	530	2	XX	Must equal 21
53	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

54	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 22 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	CLAIM NUMBER	42	8	9(08)	
~~9~~	~~TYPE 22 KEY RESERVE~~	~~50~~	~~26~~	~~X(26)~~	
9	RECORD NUMBER	50	3	9(03)	
10	TYPE 13 RECORD NUMBER	53	3	9(03)	
11	PRIMARY Date of Damage	56	8	9(08)	
12	PRIMARY CAUSE	64	2	9(02)	
13	PRIMARY PERCENT	66	3	9(01)V9(02)	
14	SECONDARY CAUSE	69	2	9(02)	
15	OPTIONAL UNITS	71	1	X	
16	INSPECTION NUMBER	72	2	9(02)	
17	LIABILITY EXCLUDING PRICE & SHARE (XPS) /BASIC UNIT AMOUNT OF INSURANCE	74	10	9(10)	
18	EFFECTIVE XPS LIABILITY/ EFFECTIVE AMOUNT OF INSURANCE	84	10	9(10)	
19	EFFECTIVE CROP YEAR DEDUCTIBLE	94	9	9(09)	
20	FIELD MARKET VALUE C/ BASIC UNIT VALUE	103	9	9(09)	
21	UNDER REPORTING FACTOR	112	4	9(01)V9(03)	
22	FIELD MARKET VALUE A/ UNIT VALUE BEFORE LOSS	116	9	9(09)	
23	FIELD MARKET VALUE B/ UNIT VALUE AFTER LOSS	125	9	S9(09)	
24	ADJUSTED LOSS	134	10	9(10)	
25	OCCURRENCE DEDUCTIBLE	144	9	9(09)	
26	UNADJUSTED INDEMNITY	153	10	S9(10)	
27	PRELIMINARY INDEMNITY	163	10	S9(10)	
28	INSURED SHARE	173	4	9(01)V9(03)	

TYPE 22 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
29	PRICE ELECTION FACTOR	177	5	9(01)V9(04)	
30	INDEMNITY	182	10	S9(10)	
31	M-14 REVIEW FLAG	192	2	XX	
32	FILLER	194	332	X(332)	
33	REINSURANCE YEAR	526	4	9(04)	
34	POLICYHOLDER DATA TYPE 22	530	2	XX	Must equal 22
35	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry***.

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

36	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 23 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	CLAIM NUMBER	42	8	9(08)	
~~9~~	~~TYPE 23 KEY RESERVE~~	~~50~~	~~26~~	~~X(26)~~	
9	RECORD NUMBER	50	3	9(03)	
10	TYPE 19 RECORD NUMBER	53	3	9(09)	
11	COVERAGE LEVEL	56	5	9(01)V9(04)	
12	PAYMENT RATE	61	5	9(01)V9(04)	
13	EXPENSES FOR INSURANCE YEAR	66	10	9(10)	
14	APPROVED EXPENSES FOR INSURANCE YEAR	76	10	9(10)	
15	EXPENSE PERCENTAGE	86	5	9(01)V9(04)	
16	EXPENSE REDUCTION PERCENTAGE	91	4	V9(04)	
17	APPROVED AGR	95	10	9(10)	
18	EXPENSE REDUCTION DOLLAR AMOUNT	105	10	9(10)	
19	ADJUSTED AGR FOR EXPENSES	115	10	9(10)	
20	ADJUSTED AGR FOR COVERAGE LEVEL	125	10	9(10)	
21	REVENUE TO COUNT, INSURANCE YEAR	135	10	9(10)	
22	INVENTORY	145	10	S9(10)	
23	ACCOUNTS RECEIVABLE	155	10	S9(10)	
24	ADJUSTED REVENUE TO COUNT	165	10	S9(10)	
25	REVENUE DEFICIENCY	175	10	9(10)	
26	INDEMNITY	185	10	S9(10)	
27	VALID FOR ESCROW FLAG	195	1	X	
28	M-14 REVIEW FLAG	196	2	XX	
29	PRIMARY CAUSE	198	2	9(02)	
30	PRIMARY PERCENT	200	3	9(01)V9(02)	
31	PRIMARY MONTH	203	2	9(02)	
32	FILLER-23-1	205	6	X(06)	
33	SECONDARY CAUSE	211	2	9(02)	
34	SECONDARY MONTH	213	2	9(02)	

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TYPE 23 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
35	FILLER-23-2	215	6		
36	FILLER-23-3	221	305	X(06)	
37	REINSURANCE YEAR	526	4	X(279)	
38	POLICYHOLDER DATA TYPE 23	530	2	9(04)	
39	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry***.

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

40	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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POLICY KEY INFORMATION USED FOR ALL RECORD TYPES.

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	RECORD TYPE	1	2	XX	Will be 81
2	APPROVED INSURANCE PROVIDER		3	2	XX **
3	POLICY STATE	5	2	XX	LOCATION STATE for Reinsured/FSA policy, RATE STATE for FCIC policy. **
4	POLICY PREFIX	7	3	XXX	COMPANY/SERVICING COUNTY for Reinsured/FSA policy, RATE COUNTY for FCIC policy. **
5	POLICY NUMBER	10	7	X(07)	**
6	CROP YEAR	17	4	9(04)	**

** From policy which initiated the inquiry when message code is B, N, or S. From retrieved policy data when MESSAGE CODE is D, P, or T.

PHT is designed to be an informational reporting tool for either a 1 year or 5 year inquiry request for an active processing year. When a 1 Year inquiry request is submitted, the requestor will receive **only** the previous year's data information. When a 5 Year request is submitted, the requestor will receive the previous 5 years, providing data is available. The layout of Record 81 with it's respective record types will not always be in the same order/sequence as the records submitted for editing. The procedure is NOT designed to provide a specific year upon request.

Information retrieved from a PHT request – submitted with the type 10/14 record – is based ONLY on the primary insurer's SSN taken from the type 10 record. Limited information is provided on SBI's, affiliated with the primary insurer, not to include crop or cross-reference data.

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TYPE 10 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	RECORD NUMBER	21	3	9(03)	Value for a primary ten record is '001'. Value for a SBI record is '999'.
2	BRANCH OFFICE	24	2	XX	
3	ID TYPE	26	1	X	
4	ID NUMBER	27	9	X(09)	
5	ENTITY TYPE	36	1	X	
6	PRODUCER LAST NAME	37	20	X(20)	
7	PRODUCER FIRST NAME	57	10	X(10)	
8	PRODUCER MIDDLE NAME	67	10	X(10)	
9	PRODUCER NAME SUFFIX	77	5	X(05)	
10	PRODUCER TITLE	82	4	X(04)	
11	BUSINESS NAME	86	35	X(35)	
12	ADDRESS LINE 1	121	35	X(35)	
13	ADDRESS LINE 2	156	35	X(35)	
14	CITY	191	35	X(35)	
15	ADDRESS STATE	226	2	XX	
16	ZIP CODE	228	5	X(05)	
17	ZIP EXTENSION	233	4	X(04)	
18	PHONE NUMBER	237	10	X(10)	
19	CO EMPLOYEE	247	1	X	
20	INELIGIBLE-SBI-FLAG	248	1	X	
21	M14-REVIEW-FLAG	249	2	XX	
22	FILLER-10-1	251	275	X(275)	
23	REINSURANCE YEAR	526	4	9(04)	
24	POLICYHOLDER DATA TYPE 10	530	2	XX	Must equal 10

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TYPE 10 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
25	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

26	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 11 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	9(03)	
9	TYPE 15 RECORD NUMBER	45	3	9(03)	
~~10~~	~~FILLER 11-1~~	~~48~~	~~9~~	~~X(09)~~	
10	RATE CLASS	48	3	XXX	
11	MAP AREA	51	3	XXX	
12	CRUSH DISTRICT	54	2	XX	
13	REFERENCE CROP YEAR	56	4	9(04)	
14	WRITTEN AGREEMENT TYPE	60	2	XX	
15	WRITTEN AGREEMENT NUMBER	62	8	X(08)	
16	WRITTEN AGREEMENT FLAG	70	2	XX	
17	DATE PLANTED	72	8	9(08)	
18	GUARANTEE REDUCTION FLAG	80	1	X	
19	YIELD	81	10	9(08)V9(02)	
20	DOLLAR AMOUNT OF INSURANCE	91	10	9(08)V9(02)	
21	QUOTA	101	10	9(10)	
22	COVERAGE LEVEL	111	5	9(01)V9(04)	
23	GUARANTEE PER ACRE	116	10	9(08)V9(02)	
24	GUAR REDUCTION FACTOR	126	3	V9(03)	
25	REPORTED ACRES	129	8	9(06)V9(02)	
26	TOTAL GUARANTEE	137	10	9(08)V9(02)	
27	PRICE ELECTION	147	8	9(04)V9(04)	
28	CONTRACT PRICE	155	8	9(04)V9(04)	
29	INSURED SHARE	163	4	9V9(03)	
30	LIABILITY	167	10	9(10)	
31	PRICE ELECTION FACTOR	177	5	9(01)V9(04)	
32	YIELD CONVERSION FACTOR	182	4	9(01)V9(03)	
33	BASE PREMIUM RATE	186	8	V9(08)	
34	PRELIMINARY BASERATE	194	8	V9(08)	
35	LOADED PREMIUM PER ACRE	202	8	9(04)V9(04)	
36	UNIT OPTION CODE	210	2	XX	
37	ADDITIONAL OPTION CODE	212	20	X(20)	
38	RATE CLASS OPTION CODE	232	20	X(20)	
39	EXPERIENCE FACTOR	252	4	9(01)V9(03)	

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TYPE 11 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
40	PREMIUM RATE SURCHARGE	256	1	X	
41	UNIT PREM ADJUSTMENT FCTR	257	5	9V9(04)	
42	RA FALL HARVEST PRICE OPTION	262	1	X	
43	IP COUNTY AVERAGE YIELD	263	8	9(07)V9(01)	
44	RA WHOLE FARM DISC FACTOR	271	5	9V9(04)	
45	TOTAL PREMIUM	276	10	9(10)	
46	**SUBSIDY**	**286**	**10**	**9(10)**	
~~47~~	~~FILLER-11-2~~	~~305~~	~~22~~	~~X(22)~~	
47	PRODUCER PREMIUM	296	10	9(10)	
48	PRIVATE POLICY CODE	306	3	XXX	
49	INTENDED ACREAGE FLAG	309	1	X	
50	SEED COMPANY CODE	310	3	9(03)	
51	RATE STATE	313	2	9(02)	
52	RATE COUNTY	315	3	9(03)	
53	FARM SERIAL NUMBER	318	7	X(07)	
54	NUMBER OF SECTIONS	325	2	9(02)	
55	**FILLER-11-1**	**327**	**1**	**X**	
56	M-14 REVIEW FLAG	328	2	XX	
57	CEO COVERAGE LEVEL	330	5	9(01)V9(04)	
58	EFA PREMIUM DISCOUNT AMOUNT	335	10	9(10)	
59	EFA DISCOUNT FLAG	345	1	X	
60	PRORATION FACTOR	346	3	9V9(02)	
61	HISTORICAL PACKOUT FACTOR	349	3	9V9(02)	
62	RATE YIELD	352	10	9(08)V9(02)	
63	FILLER-11-2	362	164	X(164)	
64	REINSURANCE YEAR	526	4	9(04)	
65	POLICYHOLDER DATA TYPE 11	530	2	XX	Must equal 11

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TYPE 11 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
66	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

67	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 13 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	9(03)	
9	WRITTEN AGREEMENT TYPE	45	2	XX	
10	WRITTEN AGREEMENT NUMBER	47	8	X(08)	
11	WRITTEN AGREEMENT PROCESSING FLAG	55	2	XX	
12	REVISED REPORT	57	1	X	
13	VALUE	58	9	9(09)	
14	PREVIOUS YEAR SALES	67	9	9(09)	
15	COVERAGE LEVEL	76	5	9(01)V9(04)	
16	PRICE ELECTION FACTOR	81	5	9(01)V9(04)	
17	INSURED SHARE	86	4	9(01)V9(03)	
18	AMOUNT OF INSURANCE (ACTUAL LIABILITY)	90	10	9(10)	
19	MAP FACTOR	100	4	9(01)V9(03)	
20	UNIT OPTION CODE	104	2	XX	
21	COMMON OPTION CODES	106	20	X(20)	
22	BASE PREMIUM RATE	126	8	V9(08)	
23	PRORATION FACTOR	134	3	9(01)V9(02)	
24	TOTAL PREMIUM	137	10	9(10)	
25	SUBSIDY	147	10	9(10)	
26	PRODUCER PREMIUM	157	10	9(10)	
27	SIGNATURE DATE	167	8	9(08)	
28	PEAK COMMENCEMENT DATE	175	8	9(08)	
29	PEAK TERMINATION DATE	183	8	9(08)	
30	LIABILITY EXCLUDING PRICE & SHARE (XPS)/ BASIC UNIT AMOUNT OF INSURANCE	191	10	9(10)	
31	CROP YEAR DEDUCTIBLE	201	10	9(10)	
32	M-14 REVIEW FLAG	211	2	9(02)	
33	PREVIOUS YEAR SALES FLAG	213	1	X	
34	ACCEPTED DATE	214	8	9(08)	
35	SURVIVAL FACTOR	222	4	9(01)V9(03)	
36	SURVIVAL FACTOR FLAG	226	1	X	
37	NUMBER OF CLAMS	227	8	9(08)	

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TYPE 13 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
38	PRICE ELECTION AMOUNT	235	8	9(04)V9(04)	
39	FILLER-13-1	243	283	X(283)	
40	REINSURANCE YEAR	526	4	9(04)	
41	POLICYHOLDER DATA TYPE 13	530	2	XX	Must equal 13
42	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry.***
43	MESSAGE CODE	550	1	X	

***CONTRACT NUMBER consists of Insurance Provider , Location St, Company Number (FSA Servicing County), Policy Number and Crop Year

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 14 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	TYPE CODE	30	3	9(03)	
5	PRACTICE CODE	33	3	9(03)	
6	COVERAGE FLAG	36	1	X	
7	RECORD NUMBER	37	3	9(03)	
8	LATE PROCESSED FLAG	40	2	9(02)	
9	FUND DESIGNATION FLAG	42	1	X	
10	FEE PREPAYMENT FLAG	43	1	X	
11	ADMIN FEE FLAG	44	1	X	
12	RATE STATE	45	2	9(02)	
13	RATE COUNTY	47	3	9(03)	
14	DUAL COVERAGE FLAG	50	1	X	
15	CROP SIGNATURE DATE	51	8	9(08)	MMDDCCYY
16	CONTRACT FLAG	59	1	X	
17	EXPERIENCE INQUIRY	60	1	X	
18	WRITTEN AGREEMENT FLAG	61	2	XX	
19	WRITTEN AGREEMENT NUMBER	63	8	X(08)	
20	WRITTEN AGREEMENT TYPE	71	2	XX	
21	MULTIPLE COUNTY FLAG	73	1	X	
22	CANCEL/TRANSFER FLAG	74	1	X	
23	COVERAGE LEVEL	75	5	9(01)V9(04)	
24	PRICE ELECTION FACTOR	80	5	9(01)V9(04)	
25	M-14 REVIEW FLAG	85	2	XX	
26	COMMON OPTION CODES	87	20	X(20)	
27	RATE CLASS OPTION CODES	107	20	X(20)	
28	FILLER-14-1	127	399	X(399)	
29	REINSURANCE YEAR	526	4	9(04)	
30	POLICYHOLDER DATA TYPE 14	530	2	XX	must equal 14

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TYPE 14 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
31	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

32	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 15 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	9(03)	
9	T-YIELD MAP AREA	45	3	XXX	
10	WRITTEN AGREEMENT TYPE	48	2	XX	
11	WRITTEN AGREEMENT NUMBER	50	8	X(08)	
12	WRITTEN AGREEMENT FLAG	58	2	XX	
13	M-14 REVIEW FLAG	60	2	XX	
14	YIELD INDICATOR	62	2	XX	
15	TRANSTIONAL YIELD	64	10	9(08)V9(02)	
16	FSA YIELD	74	10	9(08)V9(02)	
17	APPROVED YIELD	84	10	9(08)V9(02)	
18	PREVIOUS APPROVED YIELD	94	10	9(08)V9(02)	
19	YIELD YEAR 1	104	4	9(04)	
20	YIELD TYPE 1	108	2	XX	
21	ANNUAL YIELD 1	110	10	9(08)V9(02)	
22	YIELD ACRE 1	120	8	9(06)V9(02)	
23	REVENUE YIELD 1	128	6	9(06)	
24	YIELD YEAR 2	134	4	9(04)	
25	YIELD TYPE 2	138	2	XX	
26	ANNUAL YIELD 2	140	10	9(08)V9(02)	
27	YIELD ACRE 2	150	8	9(06)V9(02)	
28	REVENUE YIELD 2	158	6	9(06)	
29	YIELD YEAR 3	164	4	9(04)	
30	YIELD TYPE 3	168	2	XX	
31	ANNUAL YIELD 3	170	10	9(08)V9(02)	
32	YIELD ACRE 3	180	8	9(06)V9(02)	
33	REVENUE YIELD 3	188	6	9(06)	
34	YIELD YEAR 4	194	4	9(04)	
35	YIELD TYPE 4	198	2	XX	
36	ANNUAL YIELD 4	200	10	9(08)V9(02)	
37	YIELD ACRE 4	210	8	9(06)V9(02)	
38	REVENUE YIELD 4	218	6	9(06)	
39	YIELD YEAR 5	224	4	9(04)	
40	YIELD TYPE 5	228	2	XX	
41	ANNUAL YIELD 5	230	10	9(08)V9(02)	

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Type 81 - Output Format for Year 2001

TYPE 15 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
42	YIELD ACRE 5	240	8	9(06)V9(02)	
43	REVENUE YIELD 5	248	6	9(06)	
44	YIELD YEAR 6	254	4	9(04)	
45	YIELD TYPE 6	258	2	XX	
46	ANNUAL YIELD 6	260	10	9(08)V9(02)	
47	YIELD ACRE 6	270	8	9(06)V9(02)	
48	REVENUE YIELD 6	278	6	9(06)	
49	YIELD YEAR 7	284	4	9(04)	
50	YIELD TYPE 7	288	2	XX	
51	ANNUAL YIELD 7	290	10	9(08)V9(02)	
52	YIELD ACRE 7	300	8	9(06)V9(02)	
53	REVENUE YIELD 7	308	6	9(06)	
54	YIELD YEAR 8	314	4	9(04)	
55	YIELD TYPE 8	318	2	XX	
56	ANNUAL YIELD 8	320	10	9(08)V9(02)	
57	YIELD ACRE 8	330	8	9(06)V9(02)	
58	REVENUE YIELD 8	338	6	9(06)	
59	YIELD YEAR 9	344	4	9(04)	
60	YIELD TYPE 9	348	2	XX	
61	ANNUAL YIELD 9	350	10	9(08)V9(02)	
62	YIELD ACRE 9	360	8	9(06)V9(02)	
63	REVENUE YIELD 9	368	6	9(06)	
64	YIELD YEAR 10	374	4	9(04)	
65	YIELD TYPE 10	378	2	XX	
66	ANNUAL YIELD 10	380	10	9(08)V9(02)	
67	YIELD ACRE 10	390	8	9(06)V9(02)	
68	REVENUE YIELD 10	398	6	9(06)	
69	RATE STATE	404	2	9(02)	
70	RATE COUNTY	406	3	9(03)	
71	FARM SERIAL NUMBER	409	7	X(07)	
72	YIELD LIMITATION FLAG	416	2	9(02)	
73	EXCESSIVE YIELD BYPASS	418	1	X	
74	NUMBER OF YEARS W/ACTUAL YIELDS ON REFERENCE RECORDS	419	2	9(02)	
75	YIELD INDEX	421	4	9(03)V9(01)	
76	APPLICABLE OPTION CODES	425	16	X(16)	
77	RATE YIELD	441	10	9(08)V9(02)	
78	FILLER-15-1	451	75	X(75)	
79	REINSURANCE YEAR	526	4	9(04)	
80	POLICYHOLDER DATA TYPE 15	530	2	XX	Must equal 15

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TYPE 15 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
81	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

82	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 17 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	9(03)	
~~8~~	~~TYPE 17 KEY RESERVE~~	~~42~~	~~34~~	~~X(34)~~	
9	TYPE 11/15 RECORD NUMBER	45	3	9(03)	
10	LAND IDENTIFIER TYPE 1	48	1	X	
11	LAND IDENTIFIER 1	49	13	X(13)	
12	LAND IDENTIFIER TYPE 2	62	1	X	
13	LAND IDENTIFIER 2	63	13	X(13)	
14	LAND IDENTIFIER TYPE 3	76	1	X	
15	LAND IDENTIFIER 3	77	13	X(13)	
16	LAND IDENTIFIER TYPE 4	90	1	X	
17	LAND IDENTIFIER 4	91	13	X(13)	
18	LAND IDENTIFIER TYPE 5	104	1	X	
19	LAND IDENTIFIER 5	105	13	X(13)	
20	LAND IDENTIFIER TYPE 6	118	1	X	
21	LAND IDENTIFIER 6	119	13	X(13)	
22	LAND IDENTIFIER TYPE 7	132	1	X	
23	LAND IDENTIFIER 7	133	13	X(13)	
24	LAND IDENTIFIER TYPE 8	146	1	X	
25	LAND IDENTIFIER 8	147	13	X(13)	
26	LAND IDENTIFIER TYPE 9	160	1	X	
27	LAND IDENTIFIER 9	161	13	X(13)	
28	LAND IDENTIFIER TYPE 10	174	1	X	
29	LAND IDENTIFIER 10	175	13	X(13)	
30	PERSON SHARING 1	188	35	X(35)	
31	PERSON SHARING 2	223	35	X(35)	
32	PERSON SHARING 3	258	35	X(35)	
33	FILLER-17-1	293	233	X(233)	
34	REINSURANCE YEAR	526	4	9(04)	
35	POLICYHOLDER DATA TYPE 17	530	2	XX	Must equal 17

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TYPE 17 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
36	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

37	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 18 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
~~8~~	~~TYPE 18 KEY RESERVE~~	~~42~~	~~34~~	~~X(34)~~	
8	RECORD NUMBER	42	3	9(03)	
9	TAX YEAR 1	45	4	9(04)	
10	ALLOWABLE INCOME 1	49	10	9(10)	
11	ALLOWABLE EXPENSE 1	59	10	9(10)	
12	TAX YEAR 2	69	4	9(04)	
13	ALLOWABLE INCOME 2	73	10	9(10)	
14	ALLOWABLE EXPENSE 2	83	10	9(10)	
15	TAX YEAR 3	93	4	9(04)	
16	ALLOWABLE INCOME 3	97	10	9(10)	
17	ALLOWABLE EXPENSE 3	107	10	9(10)	
18	TAX YEAR 4	117	4	9(04)	
19	ALLOWABLE INCOME 4	121	10	9(10)	
20	ALLOWABLE EXPENSE 4	131	10	9(10)	
21	TAX YEAR 5	141	4	9(04)	
22	ALLOWABLE INCOME 5	145	10	9(10)	
23	ALLOWABLE EXPENSE 5	155	10	9(10)	
24	TOTAL ALLOWABLE INCOME	165	10	9(10)	
25	TOTAL ALLOWABLE EXPENSE	175	10	9(10)	
26	AVERAGE ALLOWABLE INCOME	185	10	9(10)	
27	AVERAGE ALLOWABLE EXPENSE	195	10	9(10)	
28	INCOME TREND FACTOR	205	4	9(01)V9(03)	
29	M-14 REVIEW FLAG	209	2	9(02)	
30	EXPENSE TREND FACTOR	211	4	9(01)V9(03)	
31	FILLER-18-1	215	311	X(311)	
32	REINSURANCE YEAR	526	4	9(04)	
33	POLICYHOLDER DATA TYPE 18	530	2	XX	Must equal 18

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TYPE 18 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
34	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

35	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 19 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
~~8~~	~~TYPE 19 KEY RESERVE~~	~~42~~	~~34~~	~~X(34)~~	
8	RECORD NUMBER	42	3	9(03)	
9	COVERAGE LEVEL	45	5	9(01)V9(04)	
10	PAYMENT RATE	50	5	9(01)V9(04)	
11	COMMODITY CODE 1	55	4	X(04)	
12	COMMODITY VALUE 1	59	10	9(10)	
13	COMMODITY CODE 2	69	4	X(04)	
14	COMMODITY VALUE 2	73	10	9(10)	
15	COMMODITY CODE 3	83	4	X(04)	
16	COMMODITY VALUE 3	87	10	9(10)	
17	COMMODITY CODE 4	97	4	X(04)	
18	COMMODITY VALUE 4	101	10	9(10)	
19	COMMODITY CODE 5	111	4	X(04)	
20	COMMODITY VALUE 5	115	10	9(10)	
21	COMMODITY CODE 6	125	4	X(04)	
22	COMMODITY VALUE 6	129	10	9(10)	
23	COMMODITY CODE 7	139	4	X(04)	
24	COMMODITY VALUE 7	143	10	9(10)	
25	COMMODITY CODE 8	153	4	X(04)	
26	COMMODITY VALUE 8	157	10	9(10)	
27	COMMODITY CODE 9	167	4	X(04)	
28	COMMODITY VALUE 9	171	10	9(10)	
29	COMMODITY CODE 10	181	4	X(04)	
30	COMMODITY VALUE 10	185	10	9(10)	
31	COMMODITY CODE 11	195	4	X(04)	
32	COMMODITY VALUE 11	199	10	9(10)	
33	COMMODITY CODE 12	209	4	X(04)	
34	COMMODITY VALUE 12	213	10	9(10)	
35	COMMODITY CODE 13	223	4	X(04)	
36	COMMODITY VALUE 13	227	10	9(10)	
37	COMMODITY CODE 14	237	4	X(04)	
38	COMMODITY VALUE 14	241	10	9(10)	
39	NUMBER OF COMMODITIES	251	2	9(02)	

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TYPE 19 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
40	APPROVED AGR	253	10	9(10)	
41	MPCI LIABILITY	263	10	9(10)	
42	AGR LIABILITY	273	10	9(10)	
43	TOTAL WEIGHTED FARM RATE	283	5	9(02)V9(03)	
44	DIVERSITY FACTOR	288	4	9(01)V9(03)	
45	AGR RATE	292	3	V9(03)	
46	TOTAL PREMIUM	295	10	9(10)	
47	PRODUCER PREMIUM	305	10	9(10)	
48	M-14 REVIEW FLAG	315	2	9(02)	
49	SUBSIDY	317	10	9(10)	
50	WRITTEN AGREEMENT TYPE	327	2	X(02)	
51	WRITTEN AGREEMENT NUMBER	329	8	X(08)	
52	WRITTEN AGREEMENT PROCESSING FLAG	337	2	XX	
53	TOTAL EXPECTED INCOME	339	10	9(10)	
54	APPROVED EXPENSES FOR INSURANCE YEAR	349	10	9(10)	
55	FILLER	359	167	X(167)	
56	REINSURANCE YEAR	526	4	9(04)	
57	POLICYHOLDER DATA TYPE 19	530	2	XX	Must equal 19
58	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

59	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 21 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	CLAIM NUMBER	42	8	9(08)	
9	RECORD NUMBER	50	3	9(03)	
10	TYPE 11 RECORD NUMBER	53	3	9(03)	
~~11~~	~~FILLER 21-1~~	~~56~~	~~9~~	~~X(09)~~	
11	RATE CLASS	56	3	XXX	
12	STAGE CODE	59	2	XX	
13	100% REPLANT PAYMENT FLAG	61	1	X	
14	STAGE GUARANTEE PER ACRE	62	10	9(08)V(2)	
15	DETERMINED ACRES	72	8	9(06)V9(02)	
16	LOSS GUARANTEE	80	10	9(08)V9(02)	
17	PRODUCTION TO COUNT	90	10	9(08)V9(02)	
18	FARM UNIT DEFICIENCY	100	10	S9(08)V9(02)	
19	INSURED SHARED	110	4	9(01)V9(03)	
20	GRP PAYMENT CALC FACTOR	114	4	9(01)V9(03)	
21	INDEMNITY	118	10	S9(10)	
22	HARVESTED PRODUCTIO	128	10	9(08)V9(02)	
23	SUGAR FACTOR	138	3	V9(03)	
24	AUDIT CORRECTION	141	1	9	
25	PRIMARY MONTH	142	2	9(02)	
26	SECONDARY MONTH	144	2	9(02)	
~~28~~	~~PRIMARY CAUSE~~	~~155~~	~~2~~	~~9(02)~~	
~~29~~	~~PRIMARY PERCENT~~	~~157~~	~~3~~	~~9(01)V9(02)~~	
~~30~~	~~SECONDARY CAUSE~~	~~160~~	~~2~~	~~9(02)~~	
27	SIMPLIFIED CLAIM FLAG	146	1	X	
28	FARM SERIAL NUMBER	147	7	X(07)	
29	REVENUE PRODUCTION TO COUNT	154	10	9(08)V9(02)	
30	GUAR REDUCTION FACTOR	164	3	V9(03)	
31	DOLLAR AMOUNT INSURANCE	167	10	9(08)V9(02)	
32	LIABILITY ADJUSTMENT FACTOR	177	7	9(01)V9(06)	
33	CONTRACT PRICE	184	8	9(04)V9(04)	
34	YIELD	192	10	9(08)V9(02)	
35	QUOTA /NUMBER OF TREES	202	10	9(08)V9(02)	
36	COVERAGE LEVEL	212	5	9(01)V9(04)	
37	PRICE ELECTION AMOUNT	217	8	9(04)V9(04)	

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TYPE 21 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
38	WRITTEN AGREEMENT TYPE	225	2	XX	
39	WRITTEN AGREEMENT NUMBER	227	8	X(08)	
40	WRITTEN AGREEMENT FLAG	235	2	XX	
~~45~~	~~FILLER-21-2~~	~~253~~	~~1~~	~~X~~	
41	PRICE ELECTION FACTOR	237	5	9(01)V9(04)	
42	M-14 REVIEW FLAG	242	2	XX	
43	CEO COVERAGE LEVEL	244	5	9(01)V9(04)	
44	CEO INDEMNITY FACTOR	249	6	9(01)V(5)	
45	**FILLER-21-1**	**255**	**26**	**X(26)**	
46	**PRIMARY CAUSE**	**281**	**2**	**9(02)**	
47	**PRIMARY PERCENT**	**283**	**3**	**9(01)V9(02)**	
48	**FILLER-21-2**	**286**	**8**	**X(8)**	
49	**SECONDARY CAUSE**	**294**	**2**	**9(02)**	
50	**FILLER-21-3**	**296**	**230**	**X(230)**	
51	REINSURANCE YEAR	526	4	9(04)	
52	POLICYHOLDER DATA TYPE 21	530	2	XX	Must equal 21
53	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

54	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 22 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	CLAIM NUMBER	42	8	9(08)	
~~9~~	~~TYPE 22 KEY RESERVE~~	~~50~~	~~26~~	~~X(26)~~	
9	RECORD NUMBER	50	3	9(03)	
10	TYPE 13 RECORD NUMBER	53	3	9(03)	
11	PRIMARY Date of Damage	56	8	9(08)	
12	PRIMARY CAUSE	64	2	9(02)	
13	PRIMARY PERCENT	66	3	9(01)V9(02)	
14	SECONDARY CAUSE	69	2	9(02)	
15	OPTIONAL UNITS	71	1	X	
16	INSPECTION NUMBER	72	2	9(02)	
17	LIABILITY EXCLUDING PRICE & SHARE (XPS) /BASIC UNIT AMOUNT OF INSURANCE	74	10	9(10)	
18	EFFECTIVE XPS LIABILITY/ EFFECTIVE AMOUNT OF INSURANCE	84	10	9(10)	
19	EFFECTIVE CROP YEAR DEDUCTIBLE	94	9	9(09)	
20	FIELD MARKET VALUE C/ BASIC UNIT VALUE	103	9	9(09)	
21	UNDER REPORTING FACTOR	112	4	9(01)V9(03)	
22	FIELD MARKET VALUE A/ UNIT VALUE BEFORE LOSS	116	9	9(09)	
23	FIELD MARKET VALUE B/ UNIT VALUE AFTER LOSS	125	9	S9(09)	
24	ADJUSTED LOSS	134	10	9(10)	
25	OCCURRENCE DEDUCTIBLE	144	9	9(09)	
26	UNADJUSTED INDEMNITY	153	10	S9(10)	
27	PRELIMINARY INDEMNITY	163	10	S9(10)	
28	INSURED SHARE	173	4	9(01)V9(03)	

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TYPE 22 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
29	PRICE ELECTION FACTOR	177	5	9(01)V9(04)	
30	INDEMNITY	182	10	S9(10)	
31	M-14 REVIEW FLAG	192	2	XX	
32	FILLER	194	332	X(332)	
33	REINSURANCE YEAR	526	4	9(04)	
34	POLICYHOLDER DATA TYPE 22	530	2	XX	Must equal 22
35	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry***.

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

36	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 23 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	CLAIM NUMBER	42	8	9(08)	
~~9~~	~~TYPE 23 KEY RESERVE~~	~~50~~	~~26~~	~~X(26)~~	
9	RECORD NUMBER	50	3	9(03)	
10	TYPE 19 RECORD NUMBER	53	3	9(09)	
11	COVERAGE LEVEL	56	5	9(01)V9(04)	
12	PAYMENT RATE	61	5	9(01)V9(04)	
13	EXPENSES FOR INSURANCE YEAR	66	10	9(10)	
14	APPROVED EXPENSES FOR INSURANCE YEAR	76	10	9(10)	
15	EXPENSE PERCENTAGE	86	5	9(01)V9(04)	
16	EXPENSE REDUCTION PERCENTAGE	91	4	V9(04)	
17	APPROVED AGR	95	10	9(10)	
18	EXPENSE REDUCTION DOLLAR AMOUNT	105	10	9(10)	
19	ADJUSTED AGR FOR EXPENSES	115	10	9(10)	
20	ADJUSTED AGR FOR COVERAGE LEVEL	125	10	9(10)	
21	REVENUE TO COUNT, INSURANCE YEAR	135	10	9(10)	
22	INVENTORY	145	10	S9(10)	
23	ACCOUNTS RECEIVABLE	155	10	S9(10)	
24	ADJUSTED REVENUE TO COUNT	165	10	S9(10)	
25	REVENUE DEFICIENCY	175	10	9(10)	
26	INDEMNITY	185	10	S9(10)	
27	VALID FOR ESCROW FLAG	195	1	X	
28	M-14 REVIEW FLAG	196	2	XX	
29	PRIMARY CAUSE	198	2	9(02)	
30	PRIMARY PERCENT	200	3	9(01)V9(02)	
31	PRIMARY MONTH	203	2	9(02)	
32	FILLER-23-1	205	6	X(06)	
33	SECONDARY CAUSE	211	2	9(02)	
34	SECONDARY MONTH	213	2	9(02)	

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TYPE 23 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
35	FILLER-23-2	215	6	X(06)	
36	FILLER-23-3	221	305	X(279)	
37	REINSURANCE YEAR	526	4	9(04)	
38	POLICYHOLDER DATA TYPE 23	530	2	XX	Must equal 23
39	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry***.

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

40	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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POLICY KEY INFORMATION USED FOR ALL RECORD TYPES.

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	RECORD TYPE	1	2	XX	Will be 81
2	APPROVED INSURANCE PROVIDER	3	2	XX	**
3	POLICY STATE	5	2	XX	LOCATION STATE for Reinsured/FSA policy, RATE STATE for FCIC policy. **
4	POLICY PREFIX	7	3	XXX	COMPANY/SERVICING COUNTY for Reinsured/FSA policy, RATE COUNTY for FCIC policy. **
5	POLICY NUMBER	10	7	X(07)	**
6	CROP YEAR	17	4	9(04)	**

** From policy which initiated the inquiry when message code is B, N, or S. From retrieved policy data when MESSAGE CODE is D, P, or T.

PHT is designed to be an informational reporting tool for either a 1 year or 5 year inquiry request for an active processing year. When a 1 Year inquiry request is submitted, the requestor will receive **only** the previous year's data information. When a 5 Year request is submitted, the requestor will receive the previous 5 years, providing data is available. The layout of Record 81 with it's respective record types will not always be in the same order/sequence as the records submitted for editing. The procedure is NOT designed to provide a specific year upon request.

Information retrieved from a PHT request – submitted with the type 10/14 record – is based ONLY on the primary insurer's SSN taken from the type 10 record. Limited information is provided on SBI's, affiliated with the primary insurer, not to include crop or cross-reference data.

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TYPE 10 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	RECORD NUMBER	21	3	9(03)	Value for a primary ten record is '001'. Value for a SBI record is '999'.
2	BRANCH OFFICE	24	2	XX	
3	ID TYPE	26	1	X	
4	ID NUMBER	27	9	X(09)	
5	ENTITY TYPE	36	1	X	
6	PRODUCER LAST NAME	37	20	X(20)	
7	PRODUCER FIRST NAME	57	10	X(10)	
8	PRODUCER MIDDLE NAME	67	10	X(10)	
9	PRODUCER NAME SUFFIX	77	5	X(05)	
10	PRODUCER TITLE	82	4	X(04)	
11	BUSINESS NAME	86	35	X(35)	
12	ADDRESS LINE 1	121	35	X(35)	
13	ADDRESS LINE 2	156	35	X(35)	
14	CITY	191	35	X(35)	
15	ADDRESS STATE	226	2	XX	
16	ZIP CODE	228	5	X(05)	
17	ZIP EXTENSION	233	4	X(04)	
18	PHONE NUMBER	237	10	X(10)	
19	CO EMPLOYEE	247	1	X	
20	INELIGIBLE-SBI-FLAG	248	1	X	
21	M14-REVIEW-FLAG	249	2	XX	
22	INELIGIBLE SBI SHARE	251	4	9V9(03)	
23	FILLER-10-1	255	271	X(271)	
24	REINSURANCE YEAR	526	4	9(04)	
25	POLICYHOLDER DATA TYPE 10	530	2	XX	Must equal 10

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TYPE 10 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
26	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

27	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 11 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	XXX	
9	TYPE 15 RECORD NUMBER	45	3	XXX	
~~10~~	~~FILLER 11-1~~	~~48~~	~~9~~	~~X(09)~~	
10	RATE CLASS	48	3	XXX	
11	MAP AREA	51	3	XXX	
12	CRUSH DISTRICT	54	2	XX	
13	REFERENCE CROP YEAR	56	4	9(04)	
14	WRITTEN AGREEMENT TYPE	60	2	XX	
15	WRITTEN AGREEMENT NUMBER	62	8	X(08)	
16	WRITTEN AGREEMENT FLAG	70	2	XX	
17	DATE PLANTED	72	8	9(08)	
18	GUARANTEE REDUCTION FLAG	80	1	X	
19	YIELD	81	10	9(08)V9(02)	
20	DOLLAR AMOUNT OF INSURANCE	91	10	9(08)V9(02)	
21	QUOTA	101	10	9(10)	
22	COVERAGE LEVEL	111	5	9(01)V9(04)	
23	GUARANTEE PER ACRE	116	10	9(08)V9(02)	
24	GUAR REDUCTION FACTOR	126	3	V9(03)	
25	REPORTED ACRES	129	8	9(06)V9(02)	
26	TOTAL GUARANTEE	137	10	9(08)V9(02)	
27	PRICE ELECTION	147	8	9(04)V9(04)	
28	CONTRACT PRICE	155	8	9(04)V9(04)	
29	INSURED SHARE	163	4	9V9(03)	
30	LIABILITY	167	10	9(10)	
31	PRICE ELECTION FACTOR	177	5	9(01)V9(04)	
32	YIELD CONVERSION FACTOR	182	4	9(01)V9(03)	
33	BASE PREMIUM RATE	186	8	V9(08)	
34	PRELIMINARY BASERATE	194	8	V9(08)	
35	LOADED PREMIUM PER ACRE	202	8	9(04)V9(04)	
36	UNIT OPTION CODE	210	2	XX	
37	ADDITIONAL OPTION CODE	212	20	X(20)	
38	RATE CLASS OPTION CODE	232	20	X(20)	
39	EXPERIENCE FACTOR	252	4	9(01)V9(03)	

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TYPE 11 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
40	PREMIUM RATE SURCHARGE	256	1	X	
41	UNIT PREM ADJUSTMENT FCTR	257	5	9V9(04)	
42	RA FALL HARVEST PRICE OPTION	262	1	X	
43	IP COUNTY AVERAGE YIELD	263	8	9(07)V9(01)	
44	RA WHOLE FARM DISC FACTOR	271	5	9V9(04)	
45	TOTAL PREMIUM	276	10	9(10)	
46	SUBSIDY	286	10	9(10)	
~~48~~	~~FILLER-11-2~~	~~305~~	~~22~~	~~X(22)~~	
47	PRODUCER PREMIUM	296	10	9(10)	
48	PRIVATE POLICY CODE	306	3	XXX	
49	INTENDED ACREAGE FLAG	309	1	X	
50	SEED COMPANY CODE	310	3	9(03)	
51	RATE STATE	313	2	9(02)	
52	RATE COUNTY	315	3	9(03)	
53	FARM SERIAL NUMBER	318	7	X(07)	
54	NUMBER OF SECTIONS	325	2	9(02)	
55	SEED CYCLE CODE	327	1	X	
56	M-14 REVIEW FLAG	328	2	XX	
57	CEO COVERAGE LEVEL	330	5	9(01)V9(04)	
58	**FILLER-11-1**	**335**	**11**	**X(11)**	
59	PRORATION FACTOR	346	3	9V9(02)	
60	HISTORICAL PACKOUT FACTOR	349	3	9V9(02)	
61	RATE YIELD	352	10	9(08)V9(02)	
62	FILLER-11-2	362	164	X(164)	
63	REINSURANCE YEAR	526	4	9(04)	
64	POLICYHOLDER DATA TYPE 11	530	2	XX	Must equal 11

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TYPE 11 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
65	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

66	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 13 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	9(03)	
9	WRITTEN AGREEMENT TYPE	45	2	XX	
10	WRITTEN AGREEMENT NUMBER	47	8	X(08)	
11	WRITTEN AGREEMENT PROCESSING FLAG	55	2	XX	
12	REVISED REPORT	57	1	X	
13	VALUE	58	9	9(09)	
14	PREVIOUS YEAR SALES	67	9	9(09)	
15	COVERAGE LEVEL	76	5	9(01)V9(04)	
16	PRICE ELECTION FACTOR	81	5	9(01)V9(04)	
17	INSURED SHARE	86	4	9(01)V9(03)	
18	AMOUNT OF INSURANCE (ACTUAL LIABILITY)	90	10	9(10)	
19	MAP FACTOR	100	4	9(01)V9(03)	
20	UNIT OPTION CODE	104	2	XX	
21	COMMON OPTION CODES	106	20	X(20)	
22	BASE PREMIUM RATE	126	8	V9(08)	
23	PRORATION FACTOR	134	3	9(01)V9(02)	
24	TOTAL PREMIUM	137	10	9(10)	
25	SUBSIDY	147	10	9(10)	
26	PRODUCER PREMIUM	157	10	9(10)	
27	SIGNATURE DATE	167	8	9(08)	
28	PEAK COMMENCEMENT DATE	175	8	9(08)	
29	PEAK TERMINATION DATE	183	8	9(08)	
30	LIABILITY EXCLUDING PRICE & SHARE (XPS)/ BASIC UNIT AMOUNT OF INSURANCE	191	10	9(10)	
31	CROP YEAR DEDUCTIBLE	201	10	9(10)	
32	M-14 REVIEW FLAG	211	2	9(02)	
33	PREVIOUS YEAR SALES FLAG	213	1	X	
34	ACCEPTED DATE	214	8	9(08)	
35	SURVIVAL FACTOR	222	4	9(01)V9(03)	
36	SURVIVAL FACTOR FLAG	226	1	X	
37	NUMBER OF CLAMS	227	8	9(08)	

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TYPE 13 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
38	PRICE ELECTION AMOUNT	235	8	9(04)V9(04)	
39	FILLER-13-1	243	283	X(283)	
40	REINSURANCE YEAR	526	4	9(04)	
41	POLICYHOLDER DATA TYPE 13	530	2	XX	Must equal 13
42	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry.***
43	MESSAGE CODE	550	1	X	

***CONTRACT NUMBER consists of Insurance Provider , Location St, Company Number (FSA Servicing County), Policy Number and Crop Year

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 14 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	TYPE CODE	30	3	9(03)	
5	PRACTICE CODE	33	3	9(03)	
6	COVERAGE FLAG	36	1	X	
7	RECORD NUMBER	37	3	9(03)	
8	LATE PROCESSED FLAG	40	2	9(02)	
9	FUND DESIGNATION FLAG	42	1	X	
10	FEE PREPAYMENT FLAG	43	1	X	
11	ADMIN FEE FLAG	44	1	X	
12	RATE STATE	45	2	9(02)	
13	RATE COUNTY	47	3	9(03)	
14	DUAL COVERAGE FLAG	50	1	X	
15	CROP SIGNATURE DATE	51	8	9(08)	MMDDCCYY
16	CONTRACT FLAG	59	1	X	
17	EXPERIENCE INQUIRY	60	1	X	
18	WRITTEN AGREEMENT FLAG	61	2	XX	
19	WRITTEN AGREEMENT NUMBER	63	8	X(08)	
20	WRITTEN AGREEMENT TYPE	71	2	XX	
21	MULTIPLE COUNTY FLAG	73	1	X	
22	CANCEL/TRANSFER FLAG	74	1	X	
23	COVERAGE LEVEL	75	5	9(01)V9(04)	
24	PRICE ELECTION FACTOR	80	5	9(01)V9(04)	
25	M-14 REVIEW FLAG	85	2	XX	
26	COMMON OPTION CODES	87	20	X(20)	
27	RATE CLASS OPTION CODES	107	20	X(20)	
28	WRITTEN AGREEMENT DATE	127	8	9(08)	MMDDCCYY
29	PRODUCER HISTORY FLAG	135	1	X	
30	FILLER-14-1	136	390	X(390)	
31	REINSURANCE YEAR	526	4	9(04)	
32	POLICYHOLDER DATA TYPE 14	530	2	XX	must equal 14

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TYPE 14 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
33	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

34	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 15 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	9(03)	
9	T-YIELD MAP AREA	45	3	XXX	
10	WRITTEN AGREEMENT TYPE	48	2	XX	
11	WRITTEN AGREEMENT NUMBER	50	8	X(08)	
12	WRITTEN AGREEMENT FLAG	58	2	XX	
13	M-14 REVIEW FLAG	60	2	XX	
14	YIELD INDICATOR	62	2	XX	
15	TRANSTIONAL YIELD	64	10	9(08)V9(02)	
16	FSA YIELD	74	10	9(08)V9(02)	
17	APPROVED YIELD	84	10	9(08)V9(02)	
18	PREVIOUS APPROVED YIELD	94	10	9(08)V9(02)	
19	YIELD YEAR 1	104	4	9(04)	
20	YIELD TYPE 1	108	2	XX	
21	ANNUAL YIELD 1	110	10	9(08)V9(02)	
22	YIELD ACRE 1	120	8	9(06)V9(02)	
23	REVENUE YIELD 1	128	6	9(06)	
24	YIELD YEAR 2	134	4	9(04)	
25	YIELD TYPE 2	138	2	XX	
26	ANNUAL YIELD 2	140	10	9(08)V9(02)	
27	YIELD ACRE 2	150	8	9(06)V9(02)	
28	REVENUE YIELD 2	158	6	9(06)	
29	YIELD YEAR 3	164	4	9(04)	
30	YIELD TYPE 3	168	2	XX	
31	ANNUAL YIELD 3	170	10	9(08)V9(02)	
32	YIELD ACRE 3	180	8	9(06)V9(02)	
33	REVENUE YIELD 3	188	6	9(06)	
34	YIELD YEAR 4	194	4	9(04)	
35	YIELD TYPE 4	198	2	XX	
36	ANNUAL YIELD 4	200	10	9(08)V9(02)	
37	YIELD ACRE 4	210	8	9(06)V9(02)	
38	REVENUE YIELD 4	218	6	9(06)	
39	YIELD YEAR 5	224	4	9(04)	
40	YIELD TYPE 5	228	2	XX	
41	ANNUAL YIELD 5	230	10	9(08)V9(02)	

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TYPE 15 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
42	YIELD ACRE 5	240	8	9(06)V9(02)	
43	REVENUE YIELD 5	248	6	9(06)	
44	YIELD YEAR 6	254	4	9(04)	
45	YIELD TYPE 6	258	2	XX	
46	ANNUAL YIELD 6	260	10	9(08)V9(02)	
47	YIELD ACRE 6	270	8	9(06)V9(02)	
48	REVENUE YIELD 6	278	6	9(06)	
49	YIELD YEAR 7	284	4	9(04)	
50	YIELD TYPE 7	288	2	XX	
51	ANNUAL YIELD 7	290	10	9(08)V9(02)	
52	YIELD ACRE 7	300	8	9(06)V9(02)	
53	REVENUE YIELD 7	308	6	9(06)	
54	YIELD YEAR 8	314	4	9(04)	
55	YIELD TYPE 8	318	2	XX	
56	ANNUAL YIELD 8	320	10	9(08)V9(02)	
57	YIELD ACRE 8	330	8	9(06)V9(02)	
58	REVENUE YIELD 8	338	6	9(06)	
59	YIELD YEAR 9	344	4	9(04)	
60	YIELD TYPE 9	348	2	XX	
61	ANNUAL YIELD 9	350	10	9(08)V9(02)	
62	YIELD ACRE 9	360	8	9(06)V9(02)	
63	REVENUE YIELD 9	368	6	9(06)	
64	YIELD YEAR 10	374	4	9(04)	
65	YIELD TYPE 10	378	2	XX	
66	ANNUAL YIELD 10	380	10	9(08)V9(02)	
67	YIELD ACRE 10	390	8	9(06)V9(02)	
68	REVENUE YIELD 10	398	6	9(06)	
69	RATE STATE	404	2	9(02)	
70	RATE COUNTY	406	3	9(03)	
71	FARM SERIAL NUMBER	409	7	X(07)	
72	YIELD LIMITATION FLAG	416	2	9(02)	
73	EXCESSIVE YIELD BYPASS	418	1	X	
74	NUMBER OF YEARS W/ACTUAL YIELDS ON REFERENCE RECORDS	419	2	9(02)	
75	YIELD INDEX	421	4	9(03)V9(01)	
76	APPLICABLE OPTION CODES	425	16	X(16)	
77	RATE YIELD	441	10	9(08)V9(02)	
78	FILLER-15-1	451	3	9(03)	
79	AVERAGE YIELD	454	10	9(08)V9(02)	
80	FILLER-15-2	464	62	X(62)	
81	REINSURANCE YEAR	526	4	9(04)	
82	POLICYHOLDER DATA TYPE 15	530	2	XX	Must equal 15

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TYPE 15 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
83	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

84	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 17 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	9(03)	
~~8~~	~~TYPE 17 KEY RESERVE~~	~~42~~	~~34~~	~~X(34)~~	
9	TYPE 11/15 RECORD NUMBER	45	3	9(03)	
10	LAND IDENTIFIER TYPE 1	48	1	X	
11	LAND IDENTIFIER 1	49	13	X(13)	
12	LAND IDENTIFIER TYPE 2	62	1	X	
13	LAND IDENTIFIER 2	63	13	X(13)	
14	LAND IDENTIFIER TYPE 3	76	1	X	
15	LAND IDENTIFIER 3	77	13	X(13)	
16	LAND IDENTIFIER TYPE 4	90	1	X	
17	LAND IDENTIFIER 4	91	13	X(13)	
18	LAND IDENTIFIER TYPE 5	104	1	X	
19	LAND IDENTIFIER 5	105	13	X(13)	
20	LAND IDENTIFIER TYPE 6	118	1	X	
21	LAND IDENTIFIER 6	119	13	X(13)	
22	LAND IDENTIFIER TYPE 7	132	1	X	
23	LAND IDENTIFIER 7	133	13	X(13)	
24	LAND IDENTIFIER TYPE 8	146	1	X	
25	LAND IDENTIFIER 8	147	13	X(13)	
26	LAND IDENTIFIER TYPE 9	160	1	X	
27	LAND IDENTIFIER 9	161	13	X(13)	
28	LAND IDENTIFIER TYPE 10	174	1	X	
29	LAND IDENTIFIER 10	175	13	X(13)	
30	PERSON SHARING 1	188	35	X(35)	
31	PERSON SHARING 2	223	35	X(35)	
32	PERSON SHARING 3	258	35	X(35)	
33	FILLER-17-1	293	233	X(233)	
34	REINSURANCE YEAR	526	4	9(04)	
35	POLICYHOLDER DAT TYPE 17	530	2	XX	Must equal 17

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TYPE 17 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
36	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

37	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 18 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
~~8~~	~~TYPE 18 KEY RESERVE~~	~~42~~	~~34~~	~~X(34)~~	
8	RECORD NUMBER	42	3	9(03)	
9	TAX YEAR 1	45	4	9(04)	
10	ALLOWABLE INCOME 1	49	10	9(10)	
11	ALLOWABLE EXPENSE 1	59	10	9(10)	
12	TAX YEAR 2	69	4	9(04)	
13	ALLOWABLE INCOME 2	73	10	9(10)	
14	ALLOWABLE EXPENSE 2	83	10	9(10)	
15	TAX YEAR 3	93	4	9(04)	
16	ALLOWABLE INCOME 3	97	10	9(10)	
17	ALLOWABLE EXPENSE 3	107	10	9(10)	
18	TAX YEAR 4	117	4	9(04)	
19	ALLOWABLE INCOME 4	121	10	9(10)	
20	ALLOWABLE EXPENSE 4	131	10	9(10)	
21	TAX YEAR 5	141	4	9(04)	
22	ALLOWABLE INCOME 5	145	10	9(10)	
23	ALLOWABLE EXPENSE 5	155	10	9(10)	
24	TOTAL ALLOWABLE INCOME	165	10	9(10)	
25	TOTAL ALLOWABLE EXPENSE	175	10	9(10)	
26	AVERAGE ALLOWABLE INCOME	185	10	9(10)	
27	AVERAGE ALLOWABLE EXPENSE	195	10	9(10)	
28	INCOME TREND FACTOR	205	4	9(01)V9(03)	
29	M-14 REVIEW FLAG	209	2	9(02)	
30	EXPENSE TREND FACTOR	211	4	9(01)V9(03)	
31	FILLER-18-1	215	311	X(311)	
32	REINSURANCE YEAR	526	4	9(04)	
33	POLICYHOLDER DATA TYPE 18	530	2	XX	Must equal 18

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TYPE 18 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
34	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

35	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 19 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
~~8~~	~~TYPE 19 KEY RESERVE~~	~~42~~	~~34~~	~~X(34)~~	
8	RECORD NUMBER	42	3	9(03)	
9	COVERAGE LEVEL	45	5	9(01)V9(04)	
10	PAYMENT RATE	50	5	9(01)V9(04)	
11	COMMODITY CODE 1	55	4	X(04)	
12	COMMODITY VALUE 1	59	10	9(10)	
13	COMMODITY CODE 2	69	4	X(04)	
14	COMMODITY VALUE 2	73	10	9(10)	
15	COMMODITY CODE 3	83	4	X(04)	
16	COMMODITY VALUE 3	87	10	9(10)	
17	COMMODITY CODE 4	97	4	X(04)	
18	COMMODITY VALUE 4	101	10	9(10)	
19	COMMODITY CODE 5	111	4	X(04)	
20	COMMODITY VALUE 5	115	10	9(10)	
21	COMMODITY CODE 6	125	4	X(04)	
22	COMMODITY VALUE 6	129	10	9(10)	
23	COMMODITY CODE 7	139	4	X(04)	
24	COMMODITY VALUE 7	143	10	9(10)	
25	COMMODITY CODE 8	153	4	X(04)	
26	COMMODITY VALUE 8	157	10	9(10)	
27	COMMODITY CODE 9	167	4	X(04)	
28	COMMODITY VALUE 9	171	10	9(10)	
29	COMMODITY CODE 10	181	4	X(04)	
30	COMMODITY VALUE 10	185	10	9(10)	
31	COMMODITY CODE 11	195	4	X(04)	
32	COMMODITY VALUE 11	199	10	9(10)	
33	COMMODITY CODE 12	209	4	X(04)	
34	COMMODITY VALUE 12	213	10	9(10)	
35	COMMODITY CODE 13	223	4	X(04)	
36	COMMODITY VALUE 13	227	10	9(10)	
37	COMMODITY CODE 14	237	4	X(04)	
38	COMMODITY VALUE 14	241	10	9(10)	
39	NUMBER OF COMMODITIES	251	2	9(02)	

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TYPE 19 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
40	APPROVED AGR	253	10	9(10)	
41	MPCI LIABILITY	263	10	9(10)	
42	AGR LIABILITY	273	10	9(10)	
43	TOTAL WEIGHTED FARM RATE	283	5	9(02)V9(03)	
44	DIVERSITY FACTOR	288	4	9(01)V9(03)	
45	AGR RATE	292	3	V9(03)	
46	TOTAL PREMIUM	295	10	9(10)	
47	PRODUCER PREMIUM	305	10	9(10)	
48	M-14 REVIEW FLAG	315	2	9(02)	
49	SUBSIDY	317	10	9(10)	
50	WRITTEN AGREEMENT TYPE	327	2	X(02)	
51	WRITTEN AGREEMENT NUMBER	329	8	X(08)	
52	WRITTEN AGREEMENT PROCESSING FLAG	337	2	XX	
53	TOTAL EXPECTED INCOME	339	10	9(10)	
54	APPROVED EXPENSES FOR INSURANCE YEAR	349	10	9(10)	
55	FILLER	359	167	X(167)	
56	REINSURANCE YEAR	526	4	9(04)	
57	POLICYHOLDER DATA TYPE 19	530	2	XX	Must equal 19
58	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

59	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 21 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	CLAIM NUMBER	42	8	9(08)	
9	RECORD NUMBER	50	3	9(03)	
10	TYPE 11 RECORD NUMBER	53	3	9(03)	
~~11~~	~~FILLER 21-1~~	~~56~~	~~9~~	~~X(09)~~	
11	RATE CLASS	56	3	XXX	
12	STAGE CODE	59	2	XX	
13	100% REPLANT PAYMENT FLAG	61	1	X	
14	STAGE GUARANTEE PER ACRE	62	10	9(08)V(2)	
15	DETERMINED ACRES	72	8	9(06)V9(02)	
16	LOSS GUARANTEE	80	10	9(08)V9(02)	
17	PRODUCTION TO COUNT	90	10	9(08)V9(02)	
18	FARM UNIT DEFICIENCY	100	10	S9(08)V9(02)	
19	INSURED SHARED	110	4	9(01)V9(03)	
20	GRP PAYMENT CALC FACTOR	114	4	9(01)V9(03)	
21	INDEMNITY	118	10	S9(10)	
22	HARVESTED PRODUCTIO	128	10	9(08)V9(02)	
23	SUGAR FACTOR	138	3	V9(03)	
24	AUDIT CORRECTION	141	1	9	
25	PRIMARY MONTH	142	2	9(02)	
26	SECONDARY MONTH	144	2	9(02)	
~~28~~	~~PRIMARY CAUSE~~	~~155~~	~~2~~	~~9(02)~~	
~~29~~	~~PRIMARY PERCENT~~	~~157~~	~~3~~	~~9(01)V9(02)~~	
~~30~~	~~SECONDARY CAUSE~~	~~160~~	~~2~~	~~9(02)~~	
27	SIMPLIFIED CLAIM FLAG	146	1	X	
28	FARM SERIAL NUMBER	147	7	X(07)	
29	REVENUE PRODUCTION TO COUNT	154	10	9(08)V9(02)	
30	GUAR REDUCTION FACTOR	164	3	V9(03)	
31	DOLLAR AMOUNT INSURANCE	167	10	9(08)V9(02)	
32	LIABILITY ADJUSTMENT FACTOR	177	7	9(01)V9(06)	
33	CONTRACT PRICE	184	8	9(04)V9(04)	
34	YIELD	192	10	9(08)V9(02)	
35	QUOTA /NUMBER OF TREES	202	10	9(08)V9(02)	
36	COVERAGE LEVEL	212	5	9(01)V9(04)	
37	PRICE ELECTION AMOUNT	217	8	9(04)V9(04)	

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TYPE 21 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
38	WRITTEN AGREEMENT TYPE	225	2	XX	
39	WRITTEN AGREEMENT NUMBER	227	8	X(08)	
40	WRITTEN AGREEMENT FLAG	235	2	XX	
~~45~~	~~**FILLER-21-2**~~	~~**253**~~	~~**1**~~	~~**X**~~	
41	PRICE ELECTION FACTOR	237	5	9(01)V9(04)	
42	M-14 REVIEW FLAG	242	2	XX	
43	CEO COVERAGE LEVEL	244	5	9(01)V9(04)	
44	CEO INDEMNITY FACTOR	249	6	9(01)V(5)	
45	GUARANTEE REDUCTION FLAG	255	1	X	
46	**FILLER-21-1**	**256**	**25**	**X(25)**	
47	**PRIMARY CAUSE**	**281**	**2**	**9(02)**	
48	**PRIMARY PERCENT**	**283**	**3**	**9(01)V9(02)**	
49	FILLER-21-2	286	8	X(8)	
50	**SECONDARY CAUSE**	**294**	**2**	**9(02)**	
51	FILLER-21-3	296	230	X(230)	
52	REINSURANCE YEAR	526	4	9(04)	
53	POLICYHOLDER DATA TYPE 21	530	2	XX	Must equal 21
54	CONTRACT NUMBER	532	18	X(18) From policy which initiated the inquiry. ***	

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

55	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 22 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	CLAIM NUMBER	42	8	9(08)	
~~9~~	~~TYPE 22 KEY RESERVE~~	~~50~~	~~26~~	~~X(26)~~	
9	RECORD NUMBER	50	3	9(03)	
10	TYPE 13 RECORD NUMBER	53	3	9(03)	
11	PRIMARY Date of Damage	56	8	9(08)	
12	PRIMARY CAUSE	64	2	9(02)	
13	PRIMARY PERCENT	66	3	9(01)V9(02)	
14	SECONDARY CAUSE	69	2	9(02)	
15	OPTIONAL UNITS	71	1	X	
16	INSPECTION NUMBER	72	2	9(02)	
17	LIABILITY EXCLUDING PRICE & SHARE (XPS) /BASIC UNIT AMOUNT OF INSURANCE	74	10	9(10)	
18	EFFECTIVE XPS LIABILITY/ EFFECTIVE AMOUNT OF INSURANCE	84	10	9(10)	
19	EFFECTIVE CROP YEAR DEDUCTIBLE	94	9	9(09)	
20	FIELD MARKET VALUE C/ BASIC UNIT VALUE	103	9	9(09)	
21	UNDER REPORTING FACTOR	112	4	9(01)V9(03)	
22	FIELD MARKET VALUE A/ UNIT VALUE BEFORE LOSS	116	9	9(09)	
23	FIELD MARKET VALUE B/ UNIT VALUE AFTER LOSS	125	9	S9(09)	
24	ADJUSTED LOSS	134	10	9(10)	
25	OCCURRENCE DEDUCTIBLE	144	9	9(09)	
26	UNADJUSTED INDEMNITY	153	10	S9(10)	
27	PRELIMINARY INDEMNITY	163	10	S9(10)	
28	INSURED SHARE	173	4	9(01)V9(03)	

TYPE 22 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
29	PRICE ELECTION FACTOR	177	5	9(01)V9(04)	
30	INDEMNITY	182	10	S9(10)	
31	M-14 REVIEW FLAG	192	2	XX	
32	FILLER	194	332	X(332)	
33	REINSURANCE YEAR	526	4	9(04)	
34	POLICYHOLDER DATA TYPE 22	530	2	XX	Must equal 22
35	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry***.

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

36	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 23 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	CLAIM NUMBER	42	8	9(08)	
~~9~~	~~TYPE 23 KEY RESERVE~~	~~50~~	~~26~~	~~X(26)~~	
9	RECORD NUMBER	50	3	9(03)	
10	TYPE 19 RECORD NUMBER	53	3	9(09)	
11	COVERAGE LEVEL	56	5	9(01)V9(04)	
12	PAYMENT RATE	61	5	9(01)V9(04)	
13	EXPENSES FOR INSURANCE YEAR	66	10	9(10)	
14	APPROVED EXPENSES FOR INSURANCE YEAR	76	10	9(10)	
15	EXPENSE PERCENTAGE	86	5	9(01)V9(04)	
16	EXPENSE REDUCTION PERCENTAGE	91	4	V9(04)	
17	APPROVED AGR	95	10	9(10)	
18	EXPENSE REDUCTION DOLLAR AMOUNT	105	10	9(10)	
19	ADJUSTED AGR FOR EXPENSES	115	10	9(10)	
20	ADJUSTED AGR FOR COVERAGE LEVEL	125	10	9(10)	
21	REVENUE TO COUNT, INSURANCE YEAR	135	10	9(10)	
22	INVENTORY	145	10	S9(10)	
23	ACCOUNTS RECEIVABLE	155	10	S9(10)	
24	ADJUSTED REVENUE TO COUNT	165	10	S9(10)	
25	REVENUE DEFICIENCY	175	10	9(10)	
26	INDEMNITY	185	10	S9(10)	
27	VALID FOR ESCROW FLAG	195	1	X	
28	M-14 REVIEW FLAG	196	2	XX	
29	PRIMARY CAUSE	198	2	9(02)	
30	PRIMARY PERCENT	200	3	9(01)V9(02)	
31	PRIMARY MONTH	203	2	9(02)	
32	FILLER-23-1	205	6	X(06)	
33	SECONDARY CAUSE	211	2	9(02)	
34	SECONDARY MONTH	213	2	9(02)	

draft

TYPE 23 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
35	FILLER-23-2	215	6	X(06)	
36	FILLER-23-3	221	305	X(305)	
37	REINSURANCE YEAR	526	4	9(04)	
38	POLICYHOLDER DATA TYPE 23	530	2	XX	Must equal 23
39	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry***.

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

40	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

draft

2005 PolicyHolder Tracking Experience Inquiry
Type 81 - Output Format for Year 2003

POLICY KEY INFORMATION USED FOR ALL RECORD TYPES.

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	RECORD TYPE	1	2	XX	Will be 81
2	APPROVED INSURANCE PROVIDER	3	2	XX	**
3	POLICY STATE	5	2	XX	LOCATION STATE for Reinsured/FSA policy, RATE STATE for FCIC policy. **
4	POLICY PREFIX	7	3	XXX	COMPANY/SERVICING COUNTY for Reinsured/FSA policy, RATE COUNTY for FCIC policy. **
5	POLICY NUMBER	10	7	X(07)	**
6	CROP YEAR	17	4	9(04)	**

** From policy which initiated the inquiry when message code is B, N, or S. From retrieved policy data when MESSAGE CODE is D, P, or T.

PHT is designed to be an informational reporting tool for either a 1 year or 5 year inquiry request for an active processing year. When a 1 Year inquiry request is submitted, the requestor will receive **only** the previous year's data information. When a 5 Year request is submitted, the requestor will receive the previous 5 years, providing data is available. The layout of Record 81 with it's respective record types will not always be in the same order/sequence as the records submitted for editing. The procedure is NOT designed to provide a specific year upon request.

Information retrieved from a PHT request – submitted with the type 10/14 record – is based ONLY on the primary insurer's SSN taken from the type 10 record. Limited information is provided on SBI's, affiliated with the primary insurer, not to include crop or cross-reference data.

draft

2005 PolicyHolder Tracking Experience Inquiry
Type 81 - Output Format for Year 2003

TYPE 10 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	RECORD NUMBER	21	3	9(03)	Value for a primary ten record is '001'. Value for a SBI record is '999'.
2	BRANCH OFFICE	24	2	XX	
3	ID TYPE	26	1	X	
4	ID NUMBER	27	9	X(09)	
5	ENTITY TYPE	36	1	X	
6	PRODUCER LAST NAME	37	20	X(20)	
7	PRODUCER FIRST NAME	57	10	X(10)	
8	PRODUCER MIDDLE NAME	67	10	X(10)	
9	PRODUCER NAME SUFFIX	77	5	X(05)	
10	PRODUCER TITLE	82	4	X(04)	
11	BUSINESS NAME	86	35	X(35)	
12	ADDRESS LINE 1	121	35	X(35)	
13	ADDRESS LINE 2	156	35	X(35)	
14	CITY	191	35	X(35)	
15	ADDRESS STATE	226	2	XX	
16	ZIP CODE	228	5	X(05)	
17	ZIP EXTENSION	233	4	X(04)	
18	PHONE NUMBER	237	10	X(10)	
19	CO EMPLOYEE	247	1	X	
20	INELIGIBLE-SBI-FLAG	248	1	X	
21	M14-REVIEW-FLAG	249	2	XX	
22	INELIGIBLE SBI SHARE	251	4	9V9(03)	
23	FILLER-10-1	255	271	X(271)	
24	REINSURANCE YEAR	526	4	9(04)	
25	POLICYHOLDER DATA TYPE 10	530	2	XX	Must equal 10

draft

TYPE 10 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
26	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

27	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

draft

TYPE 11 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	XXX	
9	TYPE 15 RECORD NUMBER	45	3	XXX	
10	RATE CLASS	48	3	XXX	
11	MAP AREA	51	3	XXX	
12	CRUSH DISTRICT	54	2	XX	
13	REFERENCE CROP YEAR	56	4	9(04)	
14	WRITTEN AGREEMENT TYPE	60	2	XX	
15	WRITTEN AGREEMENT NUMBER	62	8	X(08)	
16	WRITTEN AGREEMENT FLAG	70	2	XX	
17	DATE PLANTED	72	8	9(08)	
18	GUARANTEE REDUCTION FLAG	80	1	X	
19	YIELD	81	10	9(08)V9(02)	
20	DOLLAR AMOUNT OF INSURANCE	91	10	9(08)V9(02)	
21	QUOTA	101	10	9(10)	
22	COVERAGE LEVEL	111	5	9(01)V9(04)	
23	GUARANTEE PER ACRE	116	10	9(08)V9(02)	
24	GUAR REDUCTION FACTOR	126	3	V9(03)	
25	REPORTED ACRES	129	8	9(06)V9(02)	
26	TOTAL GUARANTEE	137	10	9(08)V9(02)	
27	PRICE ELECTION	147	8	9(04)V9(04)	
28	CONTRACT PRICE	155	8	9(04)V9(04)	
29	INSURED SHARE	163	4	9V9(03)	
30	LIABILITY	167	10	9(10)	
31	PRICE ELECTION FACTOR	177	5	9(01)V9(04)	
32	YIELD CONVERSION FACTOR	182	4	9(01)V9(03)	
33	BASE PREMIUM RATE	186	8	V9(08)	
34	PRELIMINARY BASERATE	194	8	V9(08)	
35	LOADED PREMIUM PER ACRE	202	8	9(04)V9(04)	
36	UNIT OPTION CODE	210	2	XX	
37	COMMON OPTION CODE	212	20	X(20)	
38	RATE CLASS OPTION CODE	232	20	X(20)	
39	EXPERIENCE FACTOR	252	4	9(01)V9(03)	

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TYPE 11 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
40	PREMIUM RATE SURCHARGE	256	1	X	
41	UNIT PREM ADJUSTMENT FCTR	257	5	9V9(04)	
42	RA FALL HARVEST PRICE OPTION	262	1	X	
43	IP COUNTY AVERAGE YIELD	263	8	9(07)V9(01)	
44	RA WHOLE FARM DISC FACTOR	271	5	9V9(04)	
45	TOTAL PREMIUM	276	10	9(10)	
46	SUBSIDY	286	10	9(10)	
47	PRODUCER PREMIUM	296	10	9(10)	
48	PRIVATE POLICY CODE	306	3	XXX	
49	INTENDED ACREAGE FLAG	309	1	X	
50	SEED COMPANY CODE	310	3	9(03)	
51	RATE STATE	313	2	9(02)	
52	RATE COUNTY	315	3	9(03)	
53	FARM SERIAL NUMBER	318	7	X(07)	
54	NUMBER OF SECTIONS	325	2	9(02)	
55	SEED CYCLE CODE	327	1	X	
56	M-14 REVIEW FLAG	328	2	XX	
57	CEO COVERAGE LEVEL	330	5	9(01)V9(04)	
58	**FILLER-11-1**	**335**	**11**	**X(11)**	
58	PRORATION FACTOR	346	3	9V9(02)	
59	HISTORICAL PACKOUT FACTOR	349	3	9V9(02)	
60	RATE YIELD	352	10	9(08)V9(02)	
61	PRICE INDICATOR	362	1	X	
62	FILLER-11-2	363	163	X(163)	
63	REINSURANCE YEAR	526	4	9(04)	
64	POLICYHOLDER DATA TYPE 11	530	2	XX	Must equal 11

draft

TYPE 11 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
65	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

66	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

draft

TYPE 13 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	9(03)	
9	WRITTEN AGREEMENT TYPE	45	2	XX	
10	WRITTEN AGREEMENT NUMBER	47	8	X(08)	
11	WRITTEN AGREEMENT PROCESSING FLAG	55	2	XX	
12	REVISED REPORT	57	1	X	
13	VALUE	58	9	9(09)	
14	PREVIOUS YEAR SALES	67	9	9(09)	
15	COVERAGE LEVEL	76	5	9(01)V9(04)	
16	PRICE ELECTION FACTOR	81	5	9(01)V9(04)	
17	INSURED SHARE	86	4	9(01)V9(03)	
18	AMOUNT OF INSURANCE (ACTUAL LIABILITY)	90	10	9(10)	
19	MAP FACTOR	100	4	9(01)V9(03)	
20	UNIT OPTION CODE	104	2	XX	
21	COMMON OPTION CODES	106	20	X(20)	
22	BASE PREMIUM RATE	126	8	V9(08)	
23	PRORATION FACTOR	134	3	9(01)V9(02)	
24	TOTAL PREMIUM	137	10	9(10)	
25	SUBSIDY	147	10	9(10)	
26	PRODUCER PREMIUM	157	10	9(10)	
27	SIGNATURE DATE	167	8	9(08)	
28	PEAK COMMENCEMENT DATE	175	8	9(08)	
29	PEAK TERMINATION DATE	183	8	9(08)	
30	LIABILITY EXCLUDING PRICE & SHARE (XPS)/ BASIC UNIT AMOUNT OF INSURANCE	191	10	9(10)	
31	CROP YEAR DEDUCTIBLE	201	10	9(10)	
32	M-14 REVIEW FLAG	211	2	9(02)	
33	PREVIOUS YEAR SALES FLAG	213	1	X	
34	ACCEPTED DATE	214	8	9(08)	
35	SURVIVAL FACTOR	222	4	9(01)V9(03)	
36	SURVIVAL FACTOR FLAG	226	1	X	
37	NUMBER OF CLAMS	227	8	9(08)	

TYPE 13 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
38	PRICE ELECTION AMOUNT	235	8	9(04)V9(04)	
39	FILLER-13-1	243	283	X(283)	
40	REINSURANCE YEAR	526	4	9(04)	
41	POLICYHOLDER DATA TYPE 13	530	2	XX	Must equal 13
42	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry.***
43	MESSAGE CODE	550	1	X	

***CONTRACT NUMBER consists of Insurance Provider , Location St, Company Number (FSA Servicing County), Policy Number and Crop Year

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 14 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	TYPE CODE	30	3	9(03)	
5	PRACTICE CODE	33	3	9(03)	
6	COVERAGE FLAG	36	1	X	
7	RECORD NUMBER	37	3	9(03)	
8	LATE PROCESSED FLAG	40	2	9(02)	
9	FUND DESIGNATION FLAG	42	1	X	
10	FEE PREPAYMENT FLAG	43	1	X	
11	ADMIN FEE FLAG	44	1	X	
12	RATE STATE	45	2	9(02)	
13	RATE COUNTY	47	3	9(03)	
14	DUAL COVERAGE FLAG	50	1	X	
15	CROP SIGNATURE DATE	51	8	9(08)	MMDDCCYY
16	CONTRACT FLAG	59	1	X	
17	EXPERIENCE INQUIRY	60	1	X	
18	WRITTEN AGREEMENT FLAG	61	2	XX	
19	WRITTEN AGREEMENT NUMBER	63	8	X(08)	
20	WRITTEN AGREEMENT TYPE	71	2	XX	
21	MULTIPLE COUNTY FLAG	73	1	X	
22	CANCEL/TRANSFER FLAG	74	1	X	
23	COVERAGE LEVEL	75	5	9(01)V9(04)	
24	PRICE ELECTION FACTOR	80	5	9(01)V9(04)	
25	M-14 REVIEW FLAG	85	2	XX	
26	COMMON OPTION CODES	87	20	X(20)	
27	RATE CLASS OPTION CODES	107	20	X(20)	
28	WRITTEN AGREEMENT DATE	127	8	9(08)	MMDDCCYY
29	PRODUCER HISTORY FLAG	135	1	X	
30	MARKETING ACTIVITY TYPE	136	7	X	
31	PRICE INDICATOR	143	1	X	
32	MULTI-COUNTY REFERENCE STATE	144	2	99	
33	MULTI-COUNTY REFERENCE COMPANY NUMBER	146 `	3	9(03)	
34	MULTI-COUNTY REFERENCE POLICY NUMBER	149	7	9(07)	
35	MULTI-COUNTY REFERENCE CROP YEAR	156	4	9(04)	
36	MULTI-COUNTY REFERENCE CROP CODE	160	4	9(04)	
37	MULTI-COUNTY REFERENCE LOCATION COUNTY	164	3	9(03)	
38	MULTI-COUNTY REFERENCE TYPE CODE	167	3	9(03)	
39	FILLER-14-1	170	356	X(356)	
40	REINSURANCE YEAR	526	4	9(04)	
41	POLICYHOLDER DATA TYPE 14	530	2	XX	must equal 14

draft

TYPE 14 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
42	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

43	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 15 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	9(03)	
9	T-YIELD MAP AREA	45	3	XXX	
10	WRITTEN AGREEMENT TYPE	48	2	XX	
11	WRITTEN AGREEMENT NUMBER	50	8	X(08)	
12	WRITTEN AGREEMENT FLAG	58	2	XX	
13	M-14 REVIEW FLAG	60	2	XX	
14	YIELD INDICATOR	62	2	XX	
15	TRANSTIONAL YIELD	64	10	9(08)V9(02)	
16	FSA YIELD	74	10	9(08)V9(02)	
17	APPROVED YIELD	84	10	9(08)V9(02)	
18	PREVIOUS APPROVED YIELD	94	10	9(08)V9(02)	
19	YIELD YEAR 1	104	4	9(04)	
20	YIELD TYPE 1	108	2	XX	
21	ANNUAL YIELD 1	110	10	9(08)V9(02)	
22	YIELD ACRE 1	120	8	9(06)V9(02)	
23	REVENUE YIELD 1	128	6	9(06)	
24	YIELD YEAR 2	134	4	9(04)	
25	YIELD TYPE 2	138	2	XX	
26	ANNUAL YIELD 2	140	10	9(08)V9(02)	
27	YIELD ACRE 2	150	8	9(06)V9(02)	
28	REVENUE YIELD 2	158	6	9(06)	
29	YIELD YEAR 3	164	4	9(04)	
30	YIELD TYPE 3	168	2	XX	
31	ANNUAL YIELD 3	170	10	9(08)V9(02)	
32	YIELD ACRE 3	180	8	9(06)V9(02)	
33	REVENUE YIELD 3	188	6	9(06)	
34	YIELD YEAR 4	194	4	9(04)	
35	YIELD TYPE 4	198	2	XX	
36	ANNUAL YIELD 4	200	10	9(08)V9(02)	
37	YIELD ACRE 4	210	8	9(06)V9(02)	
38	REVENUE YIELD 4	218	6	9(06)	
39	YIELD YEAR 5	224	4	9(04)	
40	YIELD TYPE 5	228	2	XX	
41	ANNUAL YIELD 5	230	10	9(08)V9(02)	

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TYPE 15 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
42	YIELD ACRE 5	240	8	9(06)V9(02)	
43	REVENUE YIELD 5	248	6	9(06)	
44	YIELD YEAR 6	254	4	9(04)	
45	YIELD TYPE 6	258	2	XX	
46	ANNUAL YIELD 6	260	10	9(08)V9(02)	
47	YIELD ACRE 6	270	8	9(06)V9(02)	
48	REVENUE YIELD 6	278	6	9(06)	
49	YIELD YEAR 7	284	4	9(04)	
50	YIELD TYPE 7	288	2	XX	
51	ANNUAL YIELD 7	290	10	9(08)V9(02)	
52	YIELD ACRE 7	300	8	9(06)V9(02)	
53	REVENUE YIELD 7	308	6	9(06)	
54	YIELD YEAR 8	314	4	9(04)	
55	YIELD TYPE 8	318	2	XX	
56	ANNUAL YIELD 8	320	10	9(08)V9(02)	
57	YIELD ACRE 8	330	8	9(06)V9(02)	
58	REVENUE YIELD 8	338	6	9(06)	
59	YIELD YEAR 9	344	4	9(04)	
60	YIELD TYPE 9	348	2	XX	
61	ANNUAL YIELD 9	350	10	9(08)V9(02)	
62	YIELD ACRE 9	360	8	9(06)V9(02)	
63	REVENUE YIELD 9	368	6	9(06)	
64	YIELD YEAR 10	374	4	9(04)	
65	YIELD TYPE 10	378	2	XX	
66	ANNUAL YIELD 10	380	10	9(08)V9(02)	
67	YIELD ACRE 10	390	8	9(06)V9(02)	
68	REVENUE YIELD 10	398	6	9(06)	
69	RATE STATE	404	2	9(02)	
70	RATE COUNTY	406	3	9(03)	
71	FARM SERIAL NUMBER	409	7	X(07)	
72	YIELD LIMITATION FLAG	416	2	9(02)	
73	EXCESSIVE YIELD BYPASS	418	1	X	
74	NUMBER OF YEARS W/ACTUAL YIELDS ON REFERENCE RECORDS	419	2	9(02)	
75	YIELD INDEX	421	4	9(03)V9(01)	
76	APPLICABLE OPTION CODES	425	16	X(16)	
77	RATE YIELD	441	10	9(08)V9(02)	
78	FILLER-15-1	451	3	9(03)	
79	AVERAGE YIELD	454	10	9(08)V9(02)	
80	PREVIOUS YLD LIMITATION FLG	464	2	9(02)	
81	FILLER-15-2	466	60	X(60)	
82	REINSURANCE YEAR	526	4	9(04)	
83	POLICYHOLDER DATA TYPE 15	530	2	XX	Must equal 15

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TYPE 15 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
84	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

85	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 17 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	9(03)	
9	TYPE 11/15 RECORD NUMBER	45	3	9(03)	
10	LAND IDENTIFIER TYPE 1	48	1	X	
11	LAND IDENTIFIER 1	49	13	X(13)	
12	LAND IDENTIFIER TYPE 2	62	1	X	
13	LAND IDENTIFIER 2	63	13	X(13)	
14	LAND IDENTIFIER TYPE 3	76	1	X	
15	LAND IDENTIFIER 3	77	13	X(13)	
16	LAND IDENTIFIER TYPE 4	90	1	X	
17	LAND IDENTIFIER 4	91	13	X(13)	
18	LAND IDENTIFIER TYPE 5	104	1	X	
19	LAND IDENTIFIER 5	105	13	X(13)	
20	LAND IDENTIFIER TYPE 6	118	1	X	
21	LAND IDENTIFIER 6	119	13	X(13)	
22	LAND IDENTIFIER TYPE 7	132	1	X	
23	LAND IDENTIFIER 7	133	13	X(13)	
24	LAND IDENTIFIER TYPE 8	146	1	X	
25	LAND IDENTIFIER 8	147	13	X(13)	
26	LAND IDENTIFIER TYPE 9	160	1	X	
27	LAND IDENTIFIER 9	161	13	X(13)	
28	LAND IDENTIFIER TYPE 10	174	1	X	
29	LAND IDENTIFIER 10	175	13	X(13)	
30	PERSON SHARING 1	188	35	X(35)	
31	PERSON SHARING 2	223	35	X(35)	
32	PERSON SHARING 3	258	35	X(35)	
33	LATITUDE 1	293	8	X(08)	
34	LONGITUDE 1	301	8	X(08)	
35	LATITUDE 2	309	8	X(08)	
36	LONGITUDE 2	317	8	X(08)	
37	LATITUDE 3	325	8	X(08)	
38	LONGITUDE 3	333	8	X(08)	
39	LATITUDE 4	341	8	X(08)	
40	LONGITUDE 4	349	8	X(08)	
41	LATITUDE 5	357	8	X(08)	
42	LONGITUDE 5	365	8	X(08)	
43	LATITUDE 6	373	8	X(08)	

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TYPE 17 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
44	LONGITUDE 6	381	8	X(08)	
45	LATITUDE 7	389	8	X(08)	
46	LONGITUDE 7	397	8	X(08)	
47	LATITUDE 8	405	8	X(08)	
48	LONGITUDE 8	413	8	X(08)	
49	LATITUDE 9	421	8	X(08)	
50	LONGITUDE 9	429	8	X(08)	
51	LATITUDE 10	437	8	X(08)	
52	LONGITUDE 10	445	8	X(08)	
53	FILLER-17-1	453	**73**	**X(73)**	
54	REINSURANCE YEAR	526	4	9(04)	
55	POLICYHOLDER DAT TYPE 17	530	2	XX	Must equal 17
56	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

57	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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2005 PolicyHolder Tracking Experience Inquiry
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TYPE 18 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	9(03)	
9	TAX YEAR 1	45	4	9(04)	
10	ALLOWABLE INCOME 1	49	10	9(10)	
11	ALLOWABLE EXPENSE 1	59	10	9(10)	
12	TAX YEAR 2	69	4	9(04)	
13	ALLOWABLE INCOME 2	73	10	9(10)	
14	ALLOWABLE EXPENSE 2	83	10	9(10)	
15	TAX YEAR 3	93	4	9(04)	
16	ALLOWABLE INCOME 3	97	10	9(10)	
17	ALLOWABLE EXPENSE 3	107	10	9(10)	
18	TAX YEAR 4	117	4	9(04)	
19	ALLOWABLE INCOME 4	121	10	9(10)	
20	ALLOWABLE EXPENSE 4	131	10	9(10)	
21	TAX YEAR 5	141	4	9(04)	
22	ALLOWABLE INCOME 5	145	10	9(10)	
23	ALLOWABLE EXPENSE 5	155	10	9(10)	
24	TOTAL ALLOWABLE INCOME	165	10	9(10)	
25	TOTAL ALLOWABLE EXPENSE	175	10	9(10)	
26	AVERAGE ALLOWABLE INCOME	185	10	9(10)	
27	AVERAGE ALLOWABLE EXPENSE	195	10	9(10)	
28	INCOME TREND FACTOR	205	4	9(01)V9(03)	
29	M-14 REVIEW FLAG	209	2	9(02)	
30	EXPENSE TREND FACTOR	211	4	9(01)V9(03)	
31	FILLER-18-1	215	311	X(311)	
32	REINSURANCE YEAR	526	4	9(04)	
33	POLICYHOLDER DATA TYPE 18	530	2	XX	Must equal 18

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TYPE 18 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
34	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

35	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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2005 PolicyHolder Tracking Experience Inquiry
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TYPE 19 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	9(03)	
9	COVERAGE LEVEL	45	5	9(01)V9(04)	
10	PAYMENT RATE	50	5	9(01)V9(04)	
11	COMMODITY CODE 1	55	4	X(04)	
12	COMMODITY VALUE 1	59	10	9(10)	
13	COMMODITY CODE 2	69	4	X(04)	
14	COMMODITY VALUE 2	73	10	9(10)	
15	COMMODITY CODE 3	83	4	X(04)	
16	COMMODITY VALUE 3	87	10	9(10)	
17	COMMODITY CODE 4	97	4	X(04)	
18	COMMODITY VALUE 4	101	10	9(10)	
19	COMMODITY CODE 5	111	4	X(04)	
20	COMMODITY VALUE 5	115	10	9(10)	
21	COMMODITY CODE 6	125	4	X(04)	
22	COMMODITY VALUE 6	129	10	9(10)	
23	COMMODITY CODE 7	139	4	X(04)	
24	COMMODITY VALUE 7	143	10	9(10)	
25	COMMODITY CODE 8	153	4	X(04)	
26	COMMODITY VALUE 8	157	10	9(10)	
27	COMMODITY CODE 9	167	4	X(04)	
28	COMMODITY VALUE 9	171	10	9(10)	
29	COMMODITY CODE 10	181	4	X(04)	
30	COMMODITY VALUE 10	185	10	9(10)	
31	COMMODITY CODE 11	195	4	X(04)	
32	COMMODITY VALUE 11	199	10	9(10)	
33	COMMODITY CODE 12	209	4	X(04)	
34	COMMODITY VALUE 12	213	10	9(10)	
35	COMMODITY CODE 13	223	4	X(04)	
36	COMMODITY VALUE 13	227	10	9(10)	
37	COMMODITY CODE 14	237	4	X(04)	
38	COMMODITY VALUE 14	241	10	9(10)	
39	NUMBER OF COMMODITIES	251	2	9(02)	

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TYPE 19 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
40	APPROVED AGR	253	10	9(10)	
41	MPCI LIABILITY	263	10	9(10)	
42	AGR LIABILITY	273	10	9(10)	
43	TOTAL WEIGHTED FARM RATE	283	5	9(02)V9(03)	
44	DIVERSITY FACTOR	288	4	9(01)V9(03)	
45	AGR RATE	292	3	V9(03)	
46	TOTAL PREMIUM	295	10	9(10)	
47	PRODUCER PREMIUM	305	10	9(10)	
48	M-14 REVIEW FLAG	315	2	9(02)	
49	SUBSIDY	317	10	9(10)	
50	WRITTEN AGREEMENT TYPE	327	2	X(02)	
51	WRITTEN AGREEMENT NUMBER	329	8	X(08)	
52	WRITTEN AGREEMENT PROCESSING FLAG	337	2	XX	
53	TOTAL EXPECTED INCOME	339	10	9(10)	
54	APPROVED EXPENSES FOR INSURANCE YEAR	349	10	9(10)	
55	EXPECTED VALUE 1	359	7	9(04)v(03)	
56	EXPECTED VALUE UNIT OF MEASURE CODE 1	366	2	X(02)	
57	EXPECTED VALUE 2	368	7	9(04)v(03)	
58	EXPECTED VALUE OF MEASURE CODE 2	375	2	X(02)	
59	EXPECTED VALUE 3	377	7	9(04)v(03)	
60	EXPECTED VALUE OF MEASURE CODE 3	384	2	X(02)	
61	EXPECTED VALUE 4	386	7	9(04)v(03)	
62	EXPECTED VALUE OF MEASURE CODE 4	393	2	X(02)	
63	EXPECTED VALUE 5	395	7	9(04)v(03)	
64	EXPECTED VALUE OF MEASURE CODE 5	402	2	X(02)	
65	EXPECTED VALUE 6	404	7	9(04)v(03)	
66	EXPECTED VALUE OF MEASURE CODE 6	411	2	X(02)	
67	EXPECTED VALUE 7	413	7	9(04)v(03)	
68	EXPECTED VALUE OF MEASURE CODE 7	420	2	X(02)	
69	EXPECTED VALUE 8	422	7	9(04)v(03)	
70	EXPECTED VALUE OF MEASURE CODE 8	429	2	X(02)	

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71	EXPECTED VALUE 9	431	7	9(04)v(03)	
72	EXPECTED VALUE OF MEASURE CODE 9	438	2	X(02)	
73	EXPECTED VALUE 10	440	7	9(04)v(03)	
74	EXPECTED VALUE OF MEASURE CODE 10	447	2	X(02)	
75	EXPECTED VALUE 11	449	7	9(04)v(03)	
76	EXPECTED VALUE OF MEASURE CODE 11	456	2	X(02)	
77	EXPECTED VALUE 12	458	7	9(04)v(03)	
78	EXPECTED VALUE OF MEASURE CODE 12	465	2	X(02)	
79	EXPECTED VALUE 13	467	7	9(04)v(03)	
80	EXPECTED VALUE OF MEASURE CODE 13	474	2	X(02)	
81	EXPECTED VALUE 14	476	7	9(04)v(03)	
82	EXPECTED VALUE OF MEASURE CODE 14	483	2	X(02)	
83	FILLER	485	41	X(41)	
84	REINSURANCE YEAR	526	4	9(04)	
85	POLICYHOLDER DATA TYPE 19	530	2	XX	Must equal 19
86	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

87	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 21 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	CLAIM NUMBER	42	8	9(08)	
9	RECORD NUMBER	50	3	9(03)	
10	TYPE 11 RECORD NUMBER	53	3	9(03)	
11	RATE CLASS	56	3	XXX	
12	STAGE CODE	59	2	XX	
13	100% REPLANT PAYMENT FLAG	61	1	X	
14	STAGE GUARANTEE PER ACRE	62	10	9(08)V(2)	
15	DETERMINED ACRES	72	8	9(06)V9(02)	
16	LOSS GUARANTEE	80	10	9(08)V9(02)	
17	PRODUCTION TO COUNT	90	10	9(08)V9(02)	
18	FARM UNIT DEFICIENCY	100	10	S9(08)V9(02)	
19	INSURED SHARED	110	4	9(01)V9(03)	
20	GRP PAYMENT CALC FACTOR	114	4	9(01)V9(03)	
21	INDEMNITY	118	10	S9(10)	
22	HARVESTED PRODUCTIO	128	10	9(08)V9(02)	
23	SUGAR FACTOR	138	3	V9(03)	
24	AUDIT CORRECTION	141	1	9	
~~25~~	~~PRIMARY MONTH~~	~~142~~	~~2~~	~~9(02)~~	
~~26~~	~~SECONDARY MONTH~~	~~144~~	~~2~~	~~9(02)~~	
25	FILLER-21-1	142	4	9(02)	
26	SIMPLIFIED CLAIM FLAG	146	1	X	
27	FARM SERIAL NUMBER	147	7	X(07)	
28	REVENUE PRODUCTION TO COUNT	154	10	9(08)V9(02)	
29	GUAR REDUCTION FACTOR	164	3	V9(03)	
30	DOLLAR AMOUNT INSURANCE	167	10	9(08)V9(02)	
31	LIABILITY ADJUSTMENT FACTOR	177	7	9(01)V9(06)	
32	CONTRACT PRICE	184	8	9(04)V9(04)	
33	YIELD	192	10	9(08)V9(02)	
34	QUOTA /NUMBER OF TREES	202	10	9(08)V9(02)	
35	COVERAGE LEVEL	212	5	9(01)V9(04)	
36	PRICE ELECTION AMOUNT	217	8	9(04)V9(04)	

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TYPE 21 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
37	WRITTEN AGREEMENT TYPE	225	2	XX	
38	WRITTEN AGREEMENT NUMBER	227	8	X(08)	
39	WRITTEN AGREEMENT FLAG	235	2	XX	
40	PRICE ELECTION FACTOR	237	5	9(01)V9(04)	
41	M-14 REVIEW FLAG	242	2	XX	
42	CEO COVERAGE LEVEL	244	5	9(01)V9(04)	
43	CEO INDEMNITY FACTOR	249	6	9(01)V(5)	
44	GUARANTEE REDUCTION FLAG	255	1	X	
45	PRICE INDICATOR	256	1	X	
46	LOSS ADJUSTER SIGNATURE DATE	257	8	9(08)	
47	NOTICE OF LOSS DATE	265	8	9(08)	
48	PRIMARY DATE OF DAMAGE	273	8	9(08)	
49	PRIMARY CAUSE	281	2	9(02)	
50	PRIMARY PERCENT	283	3	9(01)V9(02)	
51	SECONDARY DATE OF DAMAGE	286	8	9(08)	
52	SECONDARY CAUSE	294	2	9(02)	
53	FILLER-21-2	296	230	X(230)	
54	REINSURANCE YEAR	526	4	9(04)	
55	POLICYHOLDER DATA TYPE 21	530	2	XX	Must equal 21
56	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

57	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 22 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	CLAIM NUMBER	42	8	9(08)	
9	RECORD NUMBER	50	3	9(03)	
10	TYPE 13 RECORD NUMBER	53	3	9(03)	
11	PRIMARY Date of Damage	56	8	9(08)	
12	PRIMARY CAUSE	64	2	9(02)	
13	PRIMARY PERCENT	66	3	9(01)V9(02)	
14	SECONDARY CAUSE	69	2	9(02)	
15	OPTIONAL UNITS	71	1	X	
16	INSPECTION NUMBER	72	2	9(02)	
17	LIABILITY EXCLUDING PRICE & SHARE (XPS) /BASIC UNIT AMOUNT OF INSURANCE	74	10	9(10)	
18	EFFECTIVE XPS LIABILITY/ EFFECTIVE AMOUNT OF INSURANCE	84	10	9(10)	
19	EFFECTIVE CROP YEAR DEDUCTIBLE	94	9	9(09)	
20	FIELD MARKET VALUE C/ BASIC UNIT VALUE	103	9	9(09)	
21	UNDER REPORTING FACTOR	112	4	9(01)V9(03)	
22	FIELD MARKET VALUE A/ UNIT VALUE BEFORE LOSS	116	9	9(09)	
23	FIELD MARKET VALUE B/ UNIT VALUE AFTER LOSS	125	9	S9(09)	
24	ADJUSTED LOSS	134	10	9(10)	
25	OCCURRENCE DEDUCTIBLE	144	9	9(09)	
26	UNADJUSTED INDEMNITY	153	10	S9(10)	
27	PRELIMINARY INDEMNITY	163	10	S9(10)	
28	INSURED SHARE	173	4	9(01)V9(03)	

TYPE 22 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
29	PRICE ELECTION FACTOR	177	5	9(01)V9(04)	
30	INDEMNITY	182	10	S9(10)	
31	M-14 REVIEW FLAG	192	2	XX	
32	LOSS ADJUSTER SIGNATURE DATE	194	8	9(08)	
33	NOTICE OF LOSS DATE	202	8	9(08)	
34	SECONDARY DATE OF DAMAGE	210	8	9(08)	
35	FILLER-22-1	218	308	X(308)	
36	REINSURANCE YEAR	526	4	9(04)	
37	POLICYHOLDER DATA TYPE 22	530	2	XX	Must equal 22
38	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry***.
	*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.				
39	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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TYPE 23 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	CLAIM NUMBER	42	8	9(08)	
9	RECORD NUMBER	50	3	9(03)	
10	TYPE 19 RECORD NUMBER	53	3	9(03)	
11	COVERAGE LEVEL	56	5	9(01)V9(04)	
12	PAYMENT RATE	61	5	9(01)V9(04)	
13	EXPENSES FOR INSURANCE YEAR	66	10	9(10)	
14	APPROVED EXPENSES FOR INSURANCE YEAR	76	10	9(10)	
15	EXPENSE PERCENTAGE	86	5	9(01)V9(04)	
16	EXPENSE REDUCTION PERCENTAGE	91	4	V9(04)	
17	APPROVED AGR	95	10	9(10)	
18	EXPENSE REDUCTION DOLLAR AMOUNT	105	10	9(10)	
19	ADJUSTED AGR FOR EXPENSES	115	10	9(10)	
20	ADJUSTED AGR FOR COVERAGE LEVEL	125	10	9(10)	
21	REVENUE TO COUNT, INSURANCE YEAR	135	10	9(10)	
22	INVENTORY	145	10	S9(10)	
23	ACCOUNTS RECEIVABLE	155	10	S9(10)	
24	ADJUSTED REVENUE TO COUNT	165	10	S9(10)	
25	REVENUE DEFICIENCY	175	10	9(10)	
26	INDEMNITY	185	10	S9(10)	
27	VALID FOR ESCROW FLAG	195	1	X	
28	M-14 REVIEW FLAG	196	2	XX	
29	PRIMARY CAUSE	198	2	9(02)	
30	PRIMARY PERCENT	200	3	9(01)V9(02)	
31	PRIMARY DATE OF DAMAGE	203	8	9(08)	
32	SECONDARY CAUSE	211	2	9(02)	
33	SECONDARY DATE OF DAMAGE	213	8	9(08)	

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TYPE 23 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
34	FILLER-23-1	221	305	X(305)	
35	REINSURANCE YEAR	526	4	9(04)	
36	POLICYHOLDER DATA TYPE 23	530	2	XX	Must equal 23
37	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry***.

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

38	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 18, 19, 21, 22, 23
S	Prior year insurance with same company	Originating 10, 14

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POLICY KEY INFORMATION USED FOR ALL RECORD TYPES.

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	RECORD TYPE	1	2	XX	Will be 81
2	APPROVED INSURANCE PROVIDER	3	2	XX	**
3	POLICY STATE	5	2	XX	LOCATION STATE for Reinsured/FSA policy, RATE STATE for FCIC policy. **
4	POLICY PREFIX	7	3	XXX	COMPANY/SERVICING COUNTY for Reinsured/FSA policy, RATE COUNTY for FCIC policy. **
5	POLICY NUMBER	10	7	X(07)	**
6	CROP YEAR	17	4	9(04)	**

** From policy which initiated the inquiry when message code is B, N, or S. From retrieved policy data when MESSAGE CODE is D, P, or T.

PHT is designed to be an informational reporting tool for either a 1 year or 5 year inquiry request for an active processing year. When a 1 Year inquiry request is submitted, the requestor will receive **only** the previous year's data information. When a 5 Year request is submitted, the requestor will receive the previous 5 years, providing data is available. The layout of Record 81 with it's respective record types will not always be in the same order/sequence as the records submitted for editing. The procedure is NOT designed to provide a specific year upon request.

Information retrieved from a PHT request – submitted with the type 10/14 record – is based ONLY on the primary insurer's SSN taken from the type 10 record. Limited information is provided on SBI's, affiliated with the primary insurer, not to include crop or cross-reference data.

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TYPE 10 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	RECORD NUMBER	21	3	9(03)	Value for a primary ten record is '001'. Value for a SBI record is '999'.
2	BRANCH OFFICE	24	2	XX	
3	ID TYPE	26	1	X	
4	ID NUMBER	27	9	X(09)	
5	ENTITY TYPE	36	1	X	
6	PRODUCER LAST NAME	37	20	X(20)	
7	PRODUCER FIRST NAME	57	10	X(10)	
8	PRODUCER MIDDLE NAME	67	10	X(10)	
9	PRODUCER NAME SUFFIX	77	5	X(05)	
10	PRODUCER TITLE	82	4	X(04)	
11	BUSINESS NAME	86	35	X(35)	
12	ADDRESS LINE 1	121	35	X(35)	
13	ADDRESS LINE 2	156	35	X(35)	
14	CITY	191	35	X(35)	
15	ADDRESS STATE	226	2	XX	
16	ZIP CODE	228	5	X(05)	
17	ZIP EXTENSION	233	4	X(04)	
18	PHONE NUMBER	237	10	X(10)	
19	CO EMPLOYEE	247	1	X	
20	INELIGIBLE-SBI-FLAG	248	1	X	
21	M14-REVIEW-FLAG	249	2	XX	
22	INELIGIBLE SBI SHARE	251	4	9V9(03)	
23	FILLER-10-1	255	271	X(271)	
24	REINSURANCE YEAR	526	4	9(04)	
25	POLICYHOLDER DATA TYPE 10	530	2	XX	Must equal 10

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TYPE 10 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
26	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

27	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 21, 22
S	Prior year insurance with same company	Originating 10, 14

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TYPE 11 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	XXX	
9	TYPE 15 RECORD NUMBER	45	3	XXX	
10	RATE CLASS	48	3	XXX	
11	MAP AREA	51	3	XXX	
12	CRUSH DISTRICT	54	2	XX	
13	REFERENCE CROP YEAR	56	4	9(04)	
14	WRITTEN AGREEMENT TYPE	60	2	XX	
15	WRITTEN AGREEMENT NUMBER	62	8	X(08)	
16	WRITTEN AGREEMENT FLAG	70	2	XX	
17	DATE PLANTED	72	8	9(08)	
18	GUARANTEE REDUCTION FLAG	80	1	X	
19	YIELD	81	10	9(08)V9(02)	
20	DOLLAR AMOUNT OF INSURANCE	91	10	9(08)V9(02)	
21	QUOTA/NUMBER OF TREES	101	10	9(10)	
22	COVERAGE LEVEL	111	5	9(01)V9(04)	
23	GUARANTEE PER ACRE	116	10	9(08)V9(02)	
24	GUAR REDUCTION FACTOR	126	3	V9(03)	
25	REPORTED ACRES/**TONS**	129	8	9(06)V9(02)	
26	TOTAL GUARANTEE	137	10	9(08)V9(02)	
27	PRICE ELECTION	147	8	9(04)V9(04)	
28	CONTRACT PRICE	155	8	9(04)V9(04)	
29	INSURED SHARE	163	4	9V9(03)	
30	LIABILITY	167	10	9(10)	
31	PRICE ELECTION FACTOR	177	5	9(01)V9(04)	
32	YIELD CONVERSION FACTOR	182	4	9(01)V9(03)	
33	BASE PREMIUM RATE	186	8	V9(08)	
34	PRELIMINARY BASERATE	194	8	V9(08)	
35	LOADED PREMIUM PER ACRE	202	8	9(04)V9(04)	
36	UNIT OPTION CODE	210	2	XX	
37	COMMON OPTION CODE	212	20	X(20)	
38	RATE CLASS OPTION CODE	232	20	X(20)	
39	EXPERIENCE FACTOR	252	4	9(01)V9(03)	

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TYPE 11 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
40	PREMIUM RATE SURCHARGE	256	1	X	
41	UNIT PREM ADJUSTMENT FCTR	257	5	9V9(04)	
42	RA FALL HARVEST PRICE OPTION	262	1	X	
43	IP/IIP COUNTY AVERAGE YIELD	263	8	9(07)V9(01)	
44	RA WHOLE FARM DISC FACTOR	271	5	9V9(04)	
45	TOTAL PREMIUM	276	10	9(10)	
46	SUBSIDY	286	10	9(10)	
47	PRODUCER PREMIUM	296	10	9(10)	
48	PRIVATE POLICY CODE	306	3	XXX	
49	INTENDED/ZERO ACREAGE FLAG	309	1	X	
50	SEED COMPANY CODE	310	3	9(03)	
51	RATE STATE	313	2	9(02)	
52	RATE COUNTY	315	3	9(03)	
53	FARM SERIAL NUMBER	318	7	X(07)	
54	NUMBER OF SECTIONS	325	2	9(02)	
55	SEED CYCLE CODE	327	1	X	
56	M-14 REVIEW FLAG	328	2	XX	
57	CEO COVERAGE LEVEL	330	5	9(01)V9(04)	
58	**FILLER-11-1**	**335**	**11**	**X(011)**	
59	PRORATION FACTOR	346	3	9V9(02)	
60	HISTORICAL PACKOUT FACTOR	349	3	9V9(02)	
61	RATE YIELD	352	10	9(08)V9(02)	
62	PRICE INDICATOR	362	1	X	
63	**INSURED ACREAGE REPORT SIGNATURE DATE**	**363**	**8**	**9(08)**	
64	**BMP LOSS FLAG**	**371**	**1**	**X**	
65	**RESIDUAL FACTOR**	**372**	**4**	**9(01)V9(03)**	
66	**Land Location ID Type**	**376**	**1**	**X**	
67	**Land Location**	**377**	**18**	**X(18)**	
68	**Multiple Cropping Flag**	**395**	**2**	**X(02)**	
69	**Crop Status**	**397**	**3**	**X(03)**	
70	**Intended Use**	**400**	**2**	**X(02)**	
71	**Variety/Type**	**402**	**3**	**X(03)**	
72	**Land Use**	**405**	**1**	**X(01)**	
73	**Official Measured**	**406**	**1**	**X(01)**	
74	**Field ID**	**407**	**2**	**X(02)**	
75	**FILLER-11-2**	**409**	**117**	**X(117)**	
76	REINSURANCE YEAR	526	4	9(04)	
77	POLICYHOLDER DATA TYPE 11	530	2	XX	Must equal 11

draft

TYPE 11 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
78	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

79	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 21, 22
S	Prior year insurance with same company	Originating 10, 14

draft

TYPE 13 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	9(03)	
9	WRITTEN AGREEMENT TYPE	45	2	XX	
10	WRITTEN AGREEMENT NUMBER	47	8	X(08)	
11	WRITTEN AGREEMENT PROCESSING FLAG	55	2	XX	
12	REVISED REPORT	57	1	X	
13	VALUE	58	9	9(09)	
14	PREVIOUS YEAR SALES	67	9	9(09)	
15	COVERAGE LEVEL	76	5	9(01)V9(04)	
16	PRICE ELECTION FACTOR	81	5	9(01)V9(04)	
17	INSURED SHARE	86	4	9(01)V9(03)	
18	AMOUNT OF INSURANCE (ACTUAL LIABILITY)	90	10	9(10)	
19	MAP FACTOR	100	4	9(01)V9(03)	
20	UNIT OPTION CODE	104	2	XX	
21	COMMON OPTION CODES	106	20	X(20)	
22	BASE PREMIUM RATE	126	8	V9(08)	
23	PRORATION FACTOR	134	3	9(01)V9(02)	
24	TOTAL PREMIUM	137	10	9(10)	
25	SUBSIDY	147	10	9(10)	
26	PRODUCER PREMIUM	157	10	9(10)	
27	SIGNATURE DATE	167	8	9(08)	
28	PEAK COMMENCEMENT DATE	175	8	9(08)	
29	PEAK TERMINATION DATE	183	8	9(08)	
30	LIABILITY EXCLUDING PRICE & SHARE (XPS)/ BASIC UNIT AMOUNT OF INSURANCE	191	10	9(10)	
31	CROP YEAR DEDUCTIBLE	201	10	9(10)	
32	M-14 REVIEW FLAG	211	2	9(02)	
33	PREVIOUS YEAR SALES FLAG	213	1	X	
34	ACCEPTED DATE	214	8	9(08)	
35	SURVIVAL FACTOR	222	4	9(01)V9(03)	
36	SURVIVAL FACTOR FLAG	226	1	X	
37	NUMBER OF CLAMS	227	8	9(08)	

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TYPE 13 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
38	PRICE ELECTION AMOUNT	235	8	9(04)V9(04)	
39	**SEED CYCLE**	**243**	**1**	**X(01)**	
40	FILLER-13-1	244	282	X(282)	
41	REINSURANCE YEAR	526	4	9(04)	
42	POLICYHOLDER DATA TYPE 13	530	2	XX	Must equal 13
43	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry.***

***CONTRACT NUMBER consists of Insurance Provider , Location St, Company Number (FSA Servicing County), Policy Number and Crop Year

44	MESSAGE CODE	550	1	X	

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 21, 22
S	Prior year insurance with same company	Originating 10, 14

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TYPE 14 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	TYPE CODE	30	3	9(03)	
5	PRACTICE CODE	33	3	9(03)	
6	COVERAGE FLAG	36	1	X	
7	RECORD NUMBER	37	3	9(03)	
8	LATE PROCESSED FLAG	40	2	9(02)	
9	FUND DESIGNATION FLAG	42	1	X	
10	FEE PREPAYMENT FLAG	43	1	X	
11	ADMIN FEE FLAG	44	1	X	
12	RATE STATE	45	2	9(02)	
13	RATE COUNTY	47	3	9(03)	
14	DUAL COVERAGE FLAG	50	1	X	
15	CROP SIGNATURE DATE	51	8	9(08)	MMDDCCYY
16	CONTRACT FLAG	59	1	X	
17	EXPERIENCE INQUIRY	60	1	X	
18	WRITTEN AGREEMENT FLAG	61	2	XX	
19	WRITTEN AGREEMENT NUMBER	63	8	X(08)	
20	WRITTEN AGREEMENT TYPE	71	2	XX	
21	MULTIPLE COUNTY FLAG	73	1	X	
22	CANCEL/TRANSFER FLAG	74	1	X	
23	COVERAGE LEVEL	75	5	9(01)V9(04)	
24	PRICE ELECTION FACTOR	80	5	9(01)V9(04)	
25	M-14 REVIEW FLAG	85	2	XX	
26	COMMON OPTION CODES	87	20	X(20)	
27	RATE CLASS OPTION CODES	107	20	X(20)	
28	WRITTEN AGREEMENT DATE	127	8	9(08)	MMDDCCYY
29	PRODUCER HISTORY FLAG	135	1	X	
30	MARKETING ACTIVITY TYPE	136	7	X	
31	PRICE INDICATOR	143	1	X	
32	MULTI-COUNTY REFERENCE STATE	144	2	99	
33	MULTI-COUNTY REFERENCE COMPANY NUMBER	146 `	3	9(03)	
34	MULTI-COUNTY REFERENCE POLICY NUMBER	149	7	9(07)	
35	MULTI-COUNTY REFERENCE CROP YEAR	156	4	9(04)	
36	MULTI-COUNTY REFERENCE CROP CODE	160	4	9(04)	
37	MULTI-COUNTY REFERENCE LOCATION COUNTY	164	3	9(03)	
38	MULTI-COUNTY REFERENCE TYPE CODE	167	3	9(03)	
39	**SEED CYCLE**	**170**	**1**	**X(01)**	
40	FILLER-14-1	**171**	**355**	**X(355)**	
41	REINSURANCE YEAR	526	4	9(04)	
42	POLICYHOLDER DATA TYPE 14	530	2	XX	must equal 14

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TYPE 14 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
43	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

44	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 21, 22
S	Prior year insurance with same company	Originating 10, 14

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TYPE 15 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	9(03)	
9	T-YIELD MAP AREA	45	3	XXX	
10	WRITTEN AGREEMENT TYPE	48	2	XX	
11	WRITTEN AGREEMENT NUMBER	50	8	X(08)	
12	WRITTEN AGREEMENT FLAG	58	2	XX	
13	M-14 REVIEW FLAG	60	2	XX	
14	YIELD INDICATOR	62	2	XX	
15	TRANSTIONAL YIELD	64	10	9(08)V9(02)	
16	FSA YIELD	74	10	9(08)V9(02)	
17	APPROVED YIELD	84	10	9(08)V9(02)	
18	PREVIOUS APPROVED YIELD	94	10	9(08)V9(02)	
19	YIELD YEAR 1	104	4	9(04)	
20	YIELD TYPE 1	108	2	XX	
21	ANNUAL YIELD 1	110	10	9(08)V9(02)	
22	YIELD ACRE 1	120	8	9(06)V9(02)	
23	REVENUE YIELD 1	128	6	9(06)	
24	YIELD YEAR 2	134	4	9(04)	
25	YIELD TYPE 2	138	2	XX	
26	ANNUAL YIELD 2	140	10	9(08)V9(02)	
27	YIELD ACRE 2	150	8	9(06)V9(02)	
28	REVENUE YIELD 2	158	6	9(06)	
29	YIELD YEAR 3	164	4	9(04)	
30	YIELD TYPE 3	168	2	XX	
31	ANNUAL YIELD 3	170	10	9(08)V9(02)	
32	YIELD ACRE 3	180	8	9(06)V9(02)	
33	REVENUE YIELD 3	188	6	9(06)	
34	YIELD YEAR 4	194	4	9(04)	
35	YIELD TYPE 4	198	2	XX	
36	ANNUAL YIELD 4	200	10	9(08)V9(02)	
37	YIELD ACRE 4	210	8	9(06)V9(02)	
38	REVENUE YIELD 4	218	6	9(06)	
39	YIELD YEAR 5	224	4	9(04)	
40	YIELD TYPE 5	228	2	XX	
41	ANNUAL YIELD 5	230	10	9(08)V9(02)	

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TYPE 15 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits	
42	YIELD ACRE 5	240	8	9(06)V9(02)		
43	REVENUE YIELD 5	248	6	9(06)		
44	YIELD YEAR 6	254	4	9(04)		
45	YIELD TYPE 6	258	2	XX		
46	ANNUAL YIELD 6	260	10	9(08)V9(02)		
47	YIELD ACRE 6	270	8	9(06)V9(02)		
48	REVENUE YIELD 6	278	6	9(06)		
49	YIELD YEAR 7	284	4	9(04)		
50	YIELD TYPE 7	288	2	XX		
51	ANNUAL YIELD 7	290	10	9(08)V9(02)		
52	YIELD ACRE 7	300	8	9(06)V9(02)		
53	REVENUE YIELD 7	308	6	9(06)		
54	YIELD YEAR 8	314	4	9(04)		
55	YIELD TYPE 8	318	2	XX		
56	ANNUAL YIELD 8	320	10	9(08)V9(02)		
57	YIELD ACRE 8	330	8	9(06)V9(02)		
58	REVENUE YIELD 8	338	6	9(06)		
59	YIELD YEAR 9	344	4	9(04)		
60	YIELD TYPE 9	348	2	XX		
61	ANNUAL YIELD 9	350	10	9(08)V9(02)		
62	YIELD ACRE 9	360	8	9(06)V9(02)		
63	REVENUE YIELD 9	368	6	9(06)		
64	YIELD YEAR 10	374	4	9(04)		
65	YIELD TYPE 10	378	2	XX		
66	ANNUAL YIELD 10	380	10	9(08)V9(02)		
67	YIELD ACRE 10	390	8	9(06)V9(02)		
68	REVENUE YIELD 10	398	6	9(06)		
69	RATE STATE	404	2	9(02)		
70	RATE COUNTY	406	3	9(03)		
71	FARM SERIAL NUMBER	409	7	X(07)		
72	YIELD LIMITATION FLAG	416	2	9(02)		
73	EXCESSIVE YIELD BYPASS	418	1	X		
74	NUMBER OF YEARS W/ACTUAL YIELDS ON REFERENCE RECORDS	419	2	9(02)		
75	YIELD INDEX	421	4	9(03)V9(01)		
76	APPLICABLE OPTION CODES	425	16	X(16)		
77	RATE YIELD	441	10	9(08)V9(02)		
78	FILLER-15-1	451	3	9(03)		
79	AVERAGE YIELD	454	10	9(08)V9(02)		
80	PREVIOUS YLD LIMITATION FLG	464	2	9(02)		
81	FILLER-15-2	**466**	**60**	**X(60)**		
82	REINSURANCE YEAR	526	4	9(04)		
83	POLICYHOLDER DATA TYPE 15	530	2	XX	Must equal 15	

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TYPE 15 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
84	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

85	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 21, 22
S	Prior year insurance with same company	Originating 10, 14

draft

TYPE 17 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	9(03)	
9	TYPE 11/15 RECORD NUMBER	45	3	9(03)	
10	LAND IDENTIFIER TYPE 1	48	1	X	
11	LAND IDENTIFIER 1	49	13	X(13)	
12	LAND IDENTIFIER TYPE 2	62	1	X	
13	LAND IDENTIFIER 2	63	13	X(13)	
14	LAND IDENTIFIER TYPE 3	76	1	X	
15	LAND IDENTIFIER 3	77	13	X(13)	
16	LAND IDENTIFIER TYPE 4	90	1	X	
17	LAND IDENTIFIER 4	91	13	X(13)	
18	LAND IDENTIFIER TYPE 5	104	1	X	
19	LAND IDENTIFIER 5	105	13	X(13)	
20	LAND IDENTIFIER TYPE 6	118	1	X	
21	LAND IDENTIFIER 6	119	13	X(13)	
22	LAND IDENTIFIER TYPE 7	132	1	X	
23	LAND IDENTIFIER 7	133	13	X(13)	
24	LAND IDENTIFIER TYPE 8	146	1	X	
25	LAND IDENTIFIER 8	147	13	X(13)	
26	LAND IDENTIFIER TYPE 9	160	1	X	
27	LAND IDENTIFIER 9	161	13	X(13)	
28	LAND IDENTIFIER TYPE 10	174	1	X	
29	LAND IDENTIFIER 10	175	13	X(13)	
30	PERSON SHARING 1	188	35	X(35)	
31	PERSON SHARING 2	223	35	X(35)	
32	PERSON SHARING 3	258	35	X(35)	
33	LATITUDE 1	293	8	X(08)	
34	LONGITUDE 1	301	8	X(08)	
35	LATITUDE 2	309	8	X(08)	
36	LONGITUDE 2	317	8	X(08)	
37	LATITUDE 3	325	8	X(08)	
38	LONGITUDE 3	333	8	X(08)	
39	LATITUDE 4	341	8	X(08)	
40	LONGITUDE 4	349	8	X(08)	
41	LATITUDE 5	357	8	X(08)	
42	LONGITUDE 5	365	8	X(08)	
43	LATITUDE 6	373	8	X(08)	

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TYPE 17 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
44	LONGITUDE 6	381	8	X(08)	
45	LATITUDE 7	389	8	X(08)	
46	LONGITUDE 7	397	8	X(08)	
47	LATITUDE 8	405	8	X(08)	
48	LONGITUDE 8	413	8	X(08)	
49	LATITUDE 9	421	8	X(08)	
50	LONGITUDE 9	429	8	X(08)	
51	LATITUDE 10	437	8	X(08)	
52	LONGITUDE 10	445	8	X(08)	
53	FILLER-17-1	453	**73**	**X(73)**	
54	REINSURANCE YEAR	526	4	9(04)	
55	POLICYHOLDER DAT TYPE 17	530	2	XX	Must equal 17
56	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

57	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 21, 22
S	Prior year insurance with same company	Originating 10, 14

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TYPE 21 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	CLAIM NUMBER	42	8	9(08)	
9	RECORD NUMBER	50	3	9(03)	
10	TYPE 11 RECORD NUMBER	53	3	9(03)	
11	RATE CLASS	56	3	XXX	
12	STAGE CODE	59	2	XX	
13	100% REPLANT PAYMENT FLAG	61	1	X	
14	STAGE GUARANTEE PER ACRE	62	10	9(08)V(2)	
15	DETERMINED ACRES	72	8	9(06)V9(02)	
16	LOSS GUARANTEE	80	10	9(08)V9(02)	
17	PRODUCTION TO COUNT	90	10	9(08)V9(02)	
18	FARM UNIT DEFICIENCY	100	10	S9(08)V9(02)	
19	INSURED SHARED	110	4	9(01)V9(03)	
20	GRP PAYMENT CALC FACTOR	114	4	9(01)V9(03)	
21	INDEMNITY	118	10	S9(10)	
22	HARVESTED PRODUCTIO	128	10	9(08)V9(02)	
23	SUGAR FACTOR	138	3	V9(03)	
24	AUDIT CORRECTION	141	1	9	
~~25~~	~~PRIMARY MONTH~~	~~142~~	~~2~~	~~9(02)~~	
~~26~~	~~SECONDARY MONTH~~	~~144~~	~~2~~	~~9(02)~~	
25	**FILLER-21-1**	**142**	**4**	**X(04)**	
26	SIMPLIFIED CLAIM FLAG	146	1	X	
27	FARM SERIAL NUMBER	147	7	X(07)	
28	REVENUE PRODUCTION TO COUNT	154	10	9(08)V9(02)	
29	GUAR REDUCTION FACTOR	164	3	V9(03)	
30	DOLLAR AMOUNT INSURANCE	167	10	9(08)V9(02)	
31	LIABILITY ADJUSTMENT FACTOR	177	7	9(01)V9(06)	
32	CONTRACT PRICE	184	8	9(04)V9(04)	
33	YIELD	192	10	9(08)V9(02)	
34	QUOTA /NUMBER OF TREES	202	10	9(08)V9(02)	
35	COVERAGE LEVEL	212	5	9(01)V9(04)	
36	PRICE ELECTION AMOUNT	217	8	9(04)V9(04)	

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TYPE 21 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
37	WRITTEN AGREEMENT TYPE	225	2	XX	
38	WRITTEN AGREEMENT NUMBER	227	8	X(08)	
39	WRITTEN AGREEMENT FLAG	235	2	XX	
40	PRICE ELECTION FACTOR	237	5	9(01)V9(04)	
41	M-14 REVIEW FLAG	242	2	XX	
42	CEO COVERAGE LEVEL	244	5	9(01)V9(04)	
43	CEO INDEMNITY FACTOR	249	6	9(01)V(5)	
44	GUARANTEE REDUCTION FLAG	255	1	X	
45	PRICE INDICATOR	256	1	X	
46	LOSS ADJUSTER SIGNATURE DATE	257	8	9(08)	
47	NOTICE OF LOSS DATE	265	8	9(08)	
48	PRIMARY DATE OF DAMAGE	273	8	9(08)	
49	PRIMARY CAUSE	281	2	9(02)	
50	PRIMARY PERCENT	283	3	9(01)V9(02)	
51	SECONDARY DATE OF DAMAGE	286	8	9(08)	
52	SECONDARY CAUSE	294	2	9(02)	
53	***MULTIPLE CROPPING FLAG***	***296***	***2***	***X(2)***	
54	***INSURED'S SIGNATURE DATE***	***298***	***8***	***9(08)***	
55	FILLER-21-2	306	**220**	**X(220)**	
56	REINSURANCE YEAR	526	4	9(04)	
57	POLICYHOLDER DATA TYPE 21	530	2	XX	Must equal 21
58	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry. ***

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

59	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 21, 22
S	Prior year insurance with same company	Originating 10, 14

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TYPE 22 RECORD DATA

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	CROP CODE	21	4	9(04)	
2	INSURANCE PLAN CODE	25	2	9(02)	
3	LOCATION COUNTY	27	3	9(03)	
4	UNIT NUMBER	30	5	9(05)	
5	TYPE CODE	35	3	9(03)	
6	PRACTICE CODE	38	3	9(03)	
7	COVERAGE FLAG	41	1	X	
8	CLAIM NUMBER	42	8	9(08)	
9	RECORD NUMBER	50	3	9(03)	
10	TYPE 13 RECORD NUMBER	53	3	9(03)	
11	PRIMARY Date of Damage	56	8	9(08)	
12	PRIMARY CAUSE	64	2	9(02)	
13	PRIMARY PERCENT	66	3	9(01)V9(02)	
14	SECONDARY CAUSE	69	2	9(02)	
15	OPTIONAL UNITS	71	1	X	
16	INSPECTION NUMBER	72	2	9(02)	
17	LIABILITY EXCLUDING PRICE & SHARE (XPS) /BASIC UNIT AMOUNT OF INSURANCE	74	10	9(10)	
18	EFFECTIVE XPS LIABILITY/ EFFECTIVE AMOUNT OF INSURANCE	84	10	9(10)	
19	EFFECTIVE CROP YEAR DEDUCTIBLE	94	9	9(09)	
20	FIELD MARKET VALUE C/ BASIC UNIT VALUE	103	9	9(09)	
21	UNDER REPORTING FACTOR	112	4	9(01)V9(03)	
22	FIELD MARKET VALUE A/ UNIT VALUE BEFORE LOSS	116	9	9(09)	
23	FIELD MARKET VALUE B/ UNIT VALUE AFTER LOSS	125	9	S9(09)	
24	ADJUSTED LOSS	134	10	9(10)	
25	OCCURRENCE DEDUCTIBLE	144	9	9(09)	
26	UNADJUSTED INDEMNITY	153	10	S9(10)	
27	PRELIMINARY INDEMNITY	163	10	S9(10)	
28	INSURED SHARE	173	4	9(01)V9(03)	

TYPE 22 RECORD DATA con't

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
29	PRICE ELECTION FACTOR	177	5	9(01)V9(04)	
30	INDEMNITY	182	10	S9(10)	
31	M-14 REVIEW FLAG	192	2	XX	
32	**Loss Adjuster Signature Date**	**194**	**8**	**9(08)**	
33	**Notice of Loss Date**	**202**	**8**	**9(08)**	
34	**Secondary Date of Damage**	**210**	**8**	**9(08)**	
35	**Insured's Signature Date**	**218**	**8**	**9(08)**	
36	FILLER	226	300	X(300)	
37	REINSURANCE YEAR	526	4	9(04)	
38	POLICYHOLDER DATA TYPE 22	530	2	XX	Must equal 22
39	CONTRACT NUMBER	532	18	X(18)	From policy which initiated the inquiry***.

*** CONTRACT NUMBER consists of Insurance Provider , Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.

40	MESSAGE CODE	550	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	DESCRIPTION	RETURNED RECORD TYPE(s)
N	No prior year records for ID NUMBER	Originating 10, 14
P	Prior year policy found	10, 11, 13, 14, 15, 17, 21, 22
S	Prior year insurance with same company	Originating 10, 14

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