(POLICY RECORD - TYPE 10) Format/Edits

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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
110.		1 03	1	<u> </u>	<u>'</u>
1	Record Type	1	2	9(02)	Required. Must be 10.
2	Reporting Organization	3	2	X(02)	Required. Edit with RO/Company table.
3	Location State	5	2	9(02)	Required. Edit with FIPS State table.
4	Company	7	3	9(03)	Required. Edit with Company table.
5	Policy Number	10	7	9(07)	Required. Must be > zeros.
6	Crop Year	17	4	9(04)	Required. Must be 2 zeros. Required. Must be the crop year of the crops
U	Crop rear	1 /	4	9(04)	reported under the policy. This will equal the
					Reinsurance Year +/- 1.
7	Type 10 Key Reserve	21	55	X(55)	Space Reserved for Additional key data
	J 1 J			` /	required in the future or for other record types.
8	Record Number	76	3	9(03)	Must be > zero. Only one record number
				,	'001' is permitted. Record numbers 002-999
					are used to report SBI entities.
9	Branch Office	79	2	X(02)	Required Reinsured organization branch office
				` /	for Record 001. Record 002 or greater must
					be zeros or spaces.
10	Id Type	81	1	9(01)	Required; must be one of the following:
	• •				1 = SSN,
					2 = EIN,
					3 = Other,
					4 = EIN Applied For,
					5 = BIA Number.
					If Id Type = 4, no Type 11 records will be
					accepted until a valid EIN number is reported.
					(See Exhibit 10-1 for valid combinations)
11	Id Number	82	9	9(09)	Required; must be one of the following:
					Id Type Id Number
					1 Social Security Number
					2 EIN Number (Numeric, > zero)
					3 All Nines
					4 Zero
					5 A valid Bureau of Indian Affairs No.
					(See Exhibit 10-1 for valid combinations)

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
		-			
12	Entity Type	91	1	X(01)	Required; Must be one of the following: I = Individual C = Corporation E = Religious, Charitable, Educational, Associations, Clubs, or Other Tax-Exempt Organizations G = Public Entities, State or Local Government J = Co-Owner/Joint Operators M = Tobacco Marketing Card (One Entity for a group of people operating under one card) Valid for Cat Coverage Only. ** See M-8 Exhibit 32 N=Enterprise P = Partnership T = Trusts D = Estates O = Other (Non-US Citizens) P = Pursey of Indian Affairs
					B = Bureau of Indian Affairs U = Undivided Interests <i>Valid for Cat Coverage Only.</i>
13	Producer Last Name	92	20	X(20)	(See Exhibit 10-1 for valid combinations) Left Justify. (See Exhibit 10-1 for Reporting Requirements). If Name Required column is 'F/L' Producer Last Name is required, if 'FLB' Producer Last Name is required if Business name is blank and if 'BUS' leave Producer
14	Producer First Name	112	10	X(10)	Last Name blank. Any entry requires a minimum of 2 characters. Alphabetic except for (-), (.), (), (") or will allow numerics if Entity type is a "T" with an ID type of "1". Left Justify. (See Exhibit 10-1 for Reporting Requirements) If Name Required column is 'F/L' Producer First Name is required, if 'FLB' Producer First Name is required if Business name is blank and if 'BUS' leave
15	Producer Middle Name	122	10	X(10)	Producer First Name blank. Optional; Left Justify if reported. Otherwise;
16	Producer Name Suffix	132	5	X(05)	spaces or blanks. Optional; Left Justify if reported. The name
17	Producer Title	137	4	X(04)	suffix of the producer (e.g. SR, JR, II, etc.). Alphabetic except for (-), (.), () or ("). Otherwise; spaces or blanks. Optional; Left Justify if reported. The title of the producer (e.g. MR, MRS, DR, etc.). Alphabetic except for (-), (.), () or (").
18	Business Name	141	35	X(35)	Otherwise; spaces or blanks. Left Justify. (See Exhibit 10-1 for Reporting Requirements) Otherwise; spaces or blanks.

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Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			
19	Address Line 1	176	35	X(35)	Required. Left Justify.
20	Address Line 2	211	35	X(35)	Optional. Left Justify. Otherwise; spaces or
				, ,	blanks.
21	City	246	35	X(35)	Required; If State code = 'ZZ' enter foreign
					city and country.
22	Address State	281	2	X(02)	Required; Enter Alpha state abbreviation. If a
					foreign country, enter 'ZZ'.
23	Zip Code	283	5	9(05)	Required if State NE 'ZZ'; Must be a valid US
					zip code.
24	Zip Extension	288	4	9(04)	Optional. Otherwise; zero fill.
25	Phone Number	292	10	9(10)	Optional. Otherwise; zero fill.
26	Company Employee	302	1	X(01)	For Record Number '001' must be:
					C = Company Employee
					R = Relative of Company Employee
					A = Agent or Adjuster
					N = None of the Above
					Optional for Records '002'-'999' or blank.
27	Ineligible SBI	303	1	X(01)	For SBI records only. Record number must
					be equal to or greater than '002'. Enter "Y" if
					SBI Entity is ineligible and share has been
					reduced. Otherwise, blank.
28	Filler	304	30	X(30)	Must be Spaces.
29	Loss Indicator	334	1	X(01)	Internal Use. Will be:
					'Y' if the policy is reporting a loss.
					'N' if the policy is not reporting a loss.
30	Filler	335	14	X(14)	Must be Spaces.
31	SSN Chk Flg	349	2	X(02)	Internal Use.

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Field	Field Name	Begin	Size	Picture	Field Edits
No.	11010 1 (11110	Pos		1100010	
32	FCIC Control Time	351	8	9(08)	Internal Use. The time the transaction batch file was received. (From when transmission started) HHMMSSMM Format.
33	FCIC Control Date	359	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission started) CCYYMMDD Format.
34	Reinsurance Year	367	4	9(04)	Internal Use. The Reinsurance Year. CCYY format.
35	Batch Number	371	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the RO to FCIC/RMA.
36	Transaction Sequence Number	375	8	9(08)	Internal Use. The sequential number assigned to each transaction number processed by DAS after it has been sorted.
37	Transaction Rejected Flag	383	1	X(01)	Internal. Will be: 'Y' if the transaction was rejected. 'N' if the transaction was not rejected.
38	Transaction Source Flag	384	1	X(01)	Internal Use. Will be: 'I' if the transaction is from the input file. 'G' if the transaction was generated by DAS. 'D' if the transaction came from a transaction database.
39	Filler	385	16	X(16)	Internal Use.

Notes:

Notice:

One type 14 record is required to be submitted with a type 10 record.

Contract number/Policy consists of RO, Location State, Company, Policy number and Crop year.

The Fund Designation will be established on the first submission of the type 10 and type 14 records if both records pass the "Policy Key Edits". This means fields 1-6 for the type 10 record and fields 1-13 for the type 14 record. The Fund Designation can be changed at any time prior to the Fund Designation lock down date by submitting new records which pass the "Policy Key Edits".