## (LOSS TOTAL RECORD – TYPE 20) Format/Edits

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Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			
1	Record Type	1	2	9(02)	Required. Must be 20.
2	Approved Insurance	3	2	X(02)	Required. Edit with AIP/Company table.
	Provider				
3	Location State	5	2	9(02)	Required. Edit with FIPS State table.
4	Policy Issuing Company	7	3	9(03)	For Reinsured edit with company table; for FSA edit with the county table. Must be valid Pic code for reinsurance year.
5	Policy Number	10	7	9(07)	Required. Must be > zeros.
6	Crop Year	17	4	9(04)	Required. Must be the crop year of the crops reported under the policy. This will equal the Reinsurance Year or Reinsurance Year +/- 1 for applicable crop code.
7	Type 20 Key Reserve	21	21	X(21)	Space Reserved for other record types.
8	Claim Number	42	8	9(08)	Required. Must be > zeros.
9	Reinsurance Year	50	4	9(04)	Required. Must be 2009.
10	Type 20 Key Reserve	54	22	X(22)	Space Reserved for Additional key data required in the future or for other record types.
11	Record Number	76	3	9(03)	Must be > zero and unique within a Crop Policy (Location State/Location County/Crop).
12	1 <sup>st</sup> Total Reinsurance Year	79	4	9(04)	If 1 <sup>st</sup> Total Loss Code = "R", Must = Recovery Year or subsequent year. Otherwise must = zeros.
13	1 <sup>st</sup> Total Payment/Credit Memo Company	83	3	9(03)	If 1 <sup>st</sup> Total Loss Code<> Spaces, must be a valid company. Otherwise must = zeros.
14	1 <sup>st</sup> Total Loss Code  1 <sup>st</sup> Escrow Check/Draft	86	9	X(01) 9(09)	Must be:  D = Unfunded Escrow (See Note)  E = Escrow Funded  F = Administrative Fees  M = Credit Memo this Policy for current reinsurance year  O = Other (e.g. Interest, etc.)  P = Credit Memo - Loss Applied to another Policy for current reinsurance year  R = Recovery of Premium or Overpaid Indemnity for prior or subsequent reinsurance year Premium  Blank = No Total  If 1st Total Loss Code = E or V must be >
	Number -or- P/C Memo State P/C Memo Policy			` '	zero. Enter escrow check # or if = 'P' enter credit memo number. Otherwise; zero fill.
16	1 <sup>st</sup> Total Date Draft Issued	96	8	9(08)	If $1^{st}$ Total Loss Code = D or Blank, must be zeros. Otherwise, if > 0 must be a valid date. Format is MMDDCCYY.

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Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			
17	1 <sup>st</sup> Total Amount	104	12	S9(10)V(02)	If 1 <sup>st</sup> Total Loss Code = Blank, must be zero.
17	1 Total Milount	104	12	D)(10) (02)	Otherwise, must be > 0 or < 0. Sum of all
					Total Amounts must be $\geq$ zero for each loss
					code by claim number.
18	2 <sup>nd</sup> Total Reinsurance Year	116	4	9(04)	If 2 <sup>nd</sup> Total Loss Code = "R", Must =
					Recovery Year or subsequent year.
					Otherwise $must = zeros$ .
19	2 <sup>nd</sup> Total Payment/Credit	120	3	9(03)	If 2 <sup>nd</sup> Total Loss Code <> Spaces, must be a
	Memo Company				valid company. Otherwise must = zeros.
20	2 <sup>nd</sup> Total Loss Code	123	1	X(01)	See 1 <sup>st</sup> Total Loss Code for permitted values.
21	2 <sup>nd</sup> Escrow Check/Draft	124	9	9(09)	If $2^{nd}$ Total Loss Code = E or V must be >
	Number -or-				zero. Enter escrow check # or if = 'P' enter
	P/C Memo State P/C Memo Policy				credit memo number. Otherwise; zero fill.
22	2 <sup>nd</sup> Total Date Draft Issued	133	8	9(08)	If 2 <sup>nd</sup> Total Loss Code = D or Blank, must be
22	2 Total Date Diant Issued	133	o	9(08)	zeros. Otherwise, if > 0 must be a valid date.
					Format is MMDDCCYY.
23	2 <sup>nd</sup> Total Amount	141	12	S9(10)V(02)	If 2 <sup>nd</sup> Total Loss Code = Blank, must be zero.
				` , ` ,	Otherwise, must be $> 0$ or $< 0$ for each loss
					code by claim number. Sum of all Total
					Amounts must be $\geq$ zero for each loss code by
					claim number.
24	3 <sup>rd</sup> Total Reinsurance Year	153	4	9(04)	If 3 <sup>rd</sup> Total Loss Code = "R", Must =
					Recovery Year or subsequent year.
25	ard Tatal Danmant/Condit	157	2	0(02)	Otherwise must = zeros.
25	3 <sup>rd</sup> Total Payment/Credit Memo Company	157	3	9(03)	If 3 <sup>rd</sup> Total Loss Code <> Spaces, must be a valid company. Otherwise must = zeros.
26	3 <sup>rd</sup> Total Loss Code	160	1	X(01)	See 1 <sup>st</sup> Total Loss Code for permitted values.
27	3 <sup>rd</sup> Escrow Check/Draft	161	9	9(09)	If 3 <sup>rd</sup> Total Loss Code = E or V must be >
2,	Number -or-	101		)(0))	zero. Enter escrow check # or if = 'P' enter
	P/C Memo State				credit memo number. Otherwise; zero fill.
	P/C Memo Policy				,
28	3 <sup>rd</sup> Total Date Draft Issued	170	8	9(08)	If $3^{rd}$ Total Loss Code = D or Blank, must be
					zeros. Otherwise, if $> 0$ must be a valid date.
	1				Format is MMDDCCYY.
29	3 <sup>rd</sup> Total Amount	178	12	S9(10)V(02)	If 3 <sup>rd</sup> Total Loss Code = Blank, must be zero.
					Otherwise, must be $> 0$ or $< 0$ . Sum of all
					Total Amounts must be $\geq$ zero for each loss code by claim number.
30	4 <sup>th</sup> Total Reinsurance Year	190	4	9(04)	If 4 <sup>th</sup> Total Loss Code = "R", Must =
30	4 Total Remisurance Tear	170	-	)(U <del>1</del> )	Recovery Year or subsequent year.
					Otherwise must = zeros.
31	4 <sup>th</sup> Total Payment/Credit	194	3	9(03)	If 4 <sup>th</sup> Total Loss Code <> Spaces, must be a
= '	Memo Company		-	ζ/	valid company. Otherwise must = zeros.
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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
NO.		108			<u> </u>
32	4 <sup>th</sup> Total Loss Code	197	1	X(01)	See 1 <sup>st</sup> Total Loss Code for permitted values.
33	4 <sup>th</sup> Escrow Check/Draft	198	9	9(09)	If 4 <sup>th</sup> Total Loss Code = E or V must be >
	Number -or-				zero. Enter escrow check # or if = 'P' enter
	P/C Memo State				credit memo number. Otherwise; zero fill.
2.4	P/C Memo Policy	207	0	0/00)	ICA <sup>th</sup> T . II. C. I. D. DI I I
34	4 <sup>th</sup> Total Date Draft Issued	207	8	9(08)	If $4^{th}$ Total Loss Code = D or Blank, must be zeros. Otherwise, if $> 0$ must be a valid date.
					Format is MMDDCCYY.
35	4 <sup>th</sup> Total Amount	215	12	S9(10)V(02)	If 4 <sup>th</sup> Total Loss Code = Blank, must be zero.
	1 30002 1 2223 0 0220	-10		27(10) ( (02)	Otherwise, must be $> 0$ or $< 0$ . Sum of all
					Total Amounts must be $\geq$ zero for each loss
					code by claim number.
36	Filler	227	115	X(115)	Must be Blanks.
37	Valid for Escrow Flag	342	1	X(01)	Internal Use. Will be "Y" if the record passes
					edits necessary for escrow processing (numeric checks). Will be "N" if the record is
					not acceptable for escrow.
38	Filler	343	208	X(208)	Must be spaces.
39	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch
			-	2 (0.1)	file was received. (From when transmission
					started) HHMM Format.
40	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch
					file was received. (From when transmission
					started) MMDD CCYY Format.
41	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY
42	Batch Number	5.67	4	0(04)	format.
42	Batch Number	567	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the
					RO to FCIC/RMA.
43	Transaction Sequence	571	8	9(08)	Internal Use. The sequential number assigned
	Number	-		` /	to each transaction number processed by DAS
					after it has been sorted.
44	Transaction Rejected Flag	579	1	X(01)	Internal. Reserved.
45	Transaction Source Flag	580	1	X(01)	Internal. Reserved.
46	Filler	581	20	X(20)	Internal.

## Note:

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