

**(NURSERY LOSS RECORD - TYPE 22)**

Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 22.
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)	For Reinsured 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 the crop year of the crops reported under the policy. This will equal the Reinsurance Year +/- 1.
7	Crop Code	21	4	9(04)	Required; must be '0073'.
8	Insurance Plan Code	25	2	9(02)	Required; must be '50'.
9	Location County	27	3	9(03)	Required; Edit with FIPS County Table.
10	Unit Number	30	5	9(05)	Required; Must be > zeros.
11	Type Code	35	3	9(03)	Required; if field 23 = 'Y' edit with numeric type codes (see Exhibit 22-2); else if field 23 = blank enter 997.
12	Practice Code	38	3	9(03)	Required; must be 007 or 008.
13	Coverage Flag	41	1	X(01)	Required; Must be: C = Catastrophic "Cat" Coverage L = Limited Coverage A = Additional Coverage
14	Claim Number	42	8	9(08)	Must match Loss Total Claim Number on the Type 20 record.
15	Type 22 Key Reserve	50	26	X(26)	Space Reserved for Additional key data required in the future or for other record types.
16	Record Number	76	3	9(03)	Must be > zero and unique within a Crop Policy (Location State/Location County/Crop).
17	Type 13 Record Number	79	3	9(03)	The record number of the Type 13 record that established the guarantee, liability and premium for this Type 22 record.
18	Adjuster Id Code	82	9	X(09)	Required; must be left justified.
19	Date of Damage	91	8	9(08)	Date of damage from item 4 of claim. (MMDDYYYY)
20	Cause of Damage	99	2	9(02)	Must be valid cause of loss.
21	Primary Cause %	101	3	9(01)V9(02)	Must be zero if the Primary Cause = zero. Otherwise, must be 0.50 - 1.00.
22	Secondary Cause of Damage	104	2	9(02)	Must be valid cause of loss.
23	Optional Units	106	1	X(01)	Enter "Y" for optional units or leave blank.
24	Inspection Number	107	2	9(02)	Inspection number from item 19 of claim.
25	XPS Liability	109	9	9(09)	Liability for the basic unit without price and share. Item 17A from claim.
26	EffectiveXPS Liability	118	9	9(09)	Remaining XPS Liability after previous losses for the basic unit. Item 17C from claim.
27	Effective Crop Year Deductible	127	9	9(09)	Total crop year deductible for basic unit. Item 18C from claim.
28	Field Market Value C	136	9	9(09)	Field market value C for the basic unit. Item 22 from claim.

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29	Under Reporting Factor	145	4	9(01)V9(03)	Enter 1.000 or value from item 23 from claim for the basic unit.
30	Field Market Value A	149	9	9(09)	Enter field market value A in whole dollars for the record. Item 25 from claim.
31	Field Market Value B	158	9	S9(09)	Enter field market value B in whole dollars for the record. Item 26C from claim.
32	Adjusted Loss	167	9	9(09)	Loss adjusted for underreporting and prior to deductibles. (field 30 - field 31) * field 29 (item 25 - item 26) * item 23 from claim
33	Occurrence Deductible	176	9	9(09)	The lessor of: (Field 30 * (1.00 - coverage level %) * field 29) or field 27 or field 32 (Item 25 * (1.00 - coverage level %) * item 23) or Item 18C or item 28 For CAT, all records must be the same.
34	Unadjusted Indemnity	185	9	9(09)	Field 32 - field 33 Item 28 - item 29 from claim For CAT, all records must be the same.
35	Preliminary Indemnity	194	9	9(09)	The lesser of field 34 or field 26. For CAT, all records must be the same.
36	Insured Share	203	4	9(01)V9(03)	Required; must be > zero & ≤ 1.000.
37	Price Election Percent	207	3	9(01)V9(02)	All records must be the same.
38	Indemnity	210	9	S9(09)	For CAT, all records must be the same.
39	Filler	219	132	X(132)	Must be spaces.

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40	FCIC Control Time	351	8	9(08)	Internal Use. The time the transaction batch file was received. (From when transmission started) HHMMSSMM Format.
41	FCIC Control Date	359	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission started) CCYYMMDD Format.
42	Reinsurance Year	367	4	9(04)	Internal Use. The Reinsurance Year. CCYY format.
43	Batch Number	371	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the RO to FCIC/RMA.
44	Transaction Sequence Number	375	8	9(08)	Internal Use. The sequential number assigned to each transaction number processed by DAS <u>after it has been sorted.</u>
45	Transaction Rejected Flag	383	1	X(01)	Internal. Will be: 'Y' if the transaction was rejected. 'N' if the transaction was not rejected.
46	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.
47	Filler	385	16	X(16)	Internal Use.

**Notes:**