(LOSS TOTAL RECORD - TYPE 20) Format/Edits

Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos	l		
1	Pagard Tuna	1	2	9(02)	Paguirad Must be 20
1 2	Record Type Reporting Organization	3	2 2	Y(02)	Required. Must be 20. Required. Edit with RO/Company table.
	Location State				
3		5 7	2 3	9(02)	Required. Edit with FIPS State table.
4	Company	/	3	9(03)	For Reinsured edit with company table; for FSA edit with the county 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
	1			,	reported under the policy. This will equal the
7	T 20 K D	21	21	V/(01)	Reinsurance Year +/- 1.
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 2000.
10	Type 20 Key Reserve	54	22	X(22)	Space Reserved for Additional key data
1.1	D 1N 1	7.0	2	0(02)	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
10	1st T-4-1 D -: V	70	4	0(04)	(Location State/Location County/Crop).
12	1 st Total Reinsurance Year	79	4	9(04)	If 1 st Total Loss Code = 'R', Must = Recovery Year
12	1st Total Daymant/Cradit	92	2	0(02)	Otherwise must = zeros.
13	1st Total Payment/Credit	83	3	9(03)	If 1st Total Loss Code Spaces, must be a valid
14	Memo Company 1st Total Loss Code	86	1	X(01)	company. Otherwise must = zeros. Must be:
14	1 Total Loss Code	80	1	$\Lambda(01)$	D = Draft Issued
					E = Escrow Funded
					F = Administrative Fees
					M = Credit Memo this Policy
					O = Other (e.g. Hail, Interest, etc.)
					P = Credit Memo - Loss Applied to another
					Policy
					R = Recovery of Premium or Overpaid
					Indemnity
					Blank = No Total
15	1st Escrow Check/Draft	87	9	9(09)	If 1^{st} Total Loss Code = D or E, must be > zero.
	Number -or-			,	Enter escrow check/draft # or if = "P" enter
	P/C Memo State				credit memo number. Otherwise; zero fill.
	P/C Memo Policy				,
16	1st Total Date Draft Issued	96	8	9(08)	If 1 st Total Loss Code = Blank, must be zeros.
					Otherwise, if > 0 must be a valid date. Format
					is MMDDCCYY.
17	1st Total Amount	104	10	S9(08)V(02)	If 1st Total Loss Code = Blank, must be zero.
					Otherwise, must be > 0 or < 0 . Sum of all Total
					Amounts must be > zero for each loss code by
					claim number.
18	2 nd Total Reinsurance Year	114	4	9(04)	If 2^{nd} Total Loss Code = 'R', Must = Recovery
					Year. Otherwise must = zeros.
19	2 nd Total Payment/Credit	118	3	9(03)	If 2 nd Total Loss Code <> Spaces, must be a
•	Memo Company	40.		***(0.4)	valid company. Otherwise must = zeros.
20	2 nd Total Loss Code	121	1	X(01)	See 1 st Total Loss Code for permitted values.

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(LOSS TOTAL RECORD - TYPE 20) Format/Edits

		Begin Pos	Size	Picture	Field Edits
	2 nd Escrow Check/Draft	122	9	9(09)	If 2 nd Total Loss Code = D or E, must be >
	Number -or- P/C Memo State				zero. Enter escrow check/draft # if = "P"enter credit memo number. Otherwise; zero fill.
	P/C Memo Policy				credit memo number. Otherwise, zero mi.
	2 nd Total Date Draft Issued	131	8	9(08)	If 2^{nd} Total Loss Code = Blank, must be zeros.
					Otherwise, if > 0 must be a valid date. Format is MMDDCCYY.
23	2 nd Total Amount	139	10	S9(08)V(02)	If 2 nd Total Loss Code = Blank, must be zero.
				23 (00) (02)	Otherwise, must be > 0 or < 0 for each loss
					code by claim number. Sum of all Total
					Amounts must be > zero for each loss code by claim number.
24	3 rd Total Reinsurance Year	149	4	9(04)	If 3 rd Total Loss Code = 'R', Must = Recovery
					Year
25	3 rd Total Payment/Credit	153	3	9(03)	Otherwise must = zeros. If 3 rd Total Loss Code <> Spaces, must be a
	Memo Company -or-	133	3	9(03)	valid company. Enter escrow check/draft # or if
	P/C Memo State				= "P" enter credit memo number. Otherwise;
	P/C Memo Policy	150	1	W(01)	zero fill.
	3 rd Total Loss Code 3 rd Escrow Check/Draft	156 157	1 9	X(01) 9(09)	See 1 st Total Loss Code for permitted values. If 3 rd Total Loss Code = D or E, must be > zero.
	Number	137)(0))	Otherwise, must be zero.
28	3 rd Total Date Draft Issued	Loss	8	9(08)	If 3 rd Total Loss Code = Blank, must be zeros.
					Otherwise, if > 0 must be a valid date. Format is MMDDCCYY.
29	3 rd Total Amount	174	10	S9(08)V(02)	If 3 rd 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 > zero for each loss code by
					claim number.
30	4 th Total Reinsurance Year	184	4	9(04)	If 4 th Total Loss Code = 'R', Must = Recovery
					Year
31	4 th Total Payment/Credit	188	3	9(03)	Otherwise must = zeros. If 4 th Total Loss Code <> Spaces, must be a
	Memo Company -or-	100	C)(00)	valid company. Enter escrow check/draft # or if
	P/C Memo State				= "P" enter credit memo number. Otherwise;
	P/C Memo Policy 4 th Total Loss Code	191	1	X(01)	zero fill. See 1 st Total Loss Code for permitted values.
	4 th Escrow Check/Draft	192	9	9(09)	If 4 th Total Loss Code = D or E, must be > zero.
	Number				Otherwise, must be zero.
34	4 th Total Date Draft Issued	201	8	9(08)	If 4 th Total Loss Code = Blank, must be zeros.
					Otherwise, if > 0 must be a valid date. Format is MMDDCCYY.
35	4 th Total Amount	209	10	S9(08)V(02)	If 4th 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 > zero for each loss code by
					claim number.

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
36	Filler	219	115	X(115)	Must be Blanks.
37	Valid for Escrow Flag	334	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	335	16	9(16))	Internal Use.

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(LOSS TOTAL RECORD - TYPE 20) Format/Edits

Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			
39	FCIC Control Time	351	8	9(08)	Internal Use. The time the transaction batch file
					was received. (From when transmission started)
					HHMMSSMM Format.
40	FCIC Control Date	359	8	9(08)	Internal Use. The date the transaction batch file
					was received. (From when transmission started)
4.1	D : 17	2.57		0(0.4)	MMDD CCYY Format.
41	Reinsurance Year	367	4	9(04)	Internal Use. The Reinsurance Year. CCYY
42	Batch Number	371	4	9(04)	format. Internal Use. The sequential number identifying
42	Batch Number	3/1	4	9(U 4)	the file that was submitted by the RO to
					FCIC/RMA.
43	Transaction Sequence	375	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	383	1	X(01)	Internal. Will be:
					'Y' if the transaction was rejected.
					'N' if the transaction was not rejected.
45	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.
46	Filler	385	16	X(16)	Internal Use.
70	1 11101	303	10	11(10)	internal Coc.

Notes:

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