Field	Field Name	Begin	Size	Picture	Field Edits
No.	Field Name	Pos.	Size	1 icture	Field Edits
110.		1 05.	1		
1	Record Type	1	2	9(02)	Required. Must be 10.
2	Insurance Provider	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. Must 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 cr reported under the policy. This will equal Reinsurance Year or Reinsurance Year +/ for the applicable crop code.
7	Type 10 Key Reserve	21	55	X(55)	Space Reserved for Additional key data 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-are used to report SBI entities.
9	Branch Office	79	2	X(02)	Required Reinsured organization branch office for Record 001. Record 002 or gre must be 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, 13 or 19 reco will be accepted until a valid EIN number reported.  (See Exhibit 10-1 for valid combinations)
11	Id Number	82	9	9(09)	Required; must be one of the following:  1 Social Security Number  2 EIN Number (Numeric, > zero)  3 All Nines  4 All Zeros  5 A valid Bureau of Indian Affairs No.  (See Exhibit 10-1 for valid combination)

Field No.	Field Name	Begin Pos.	Size	Picture	Field Edits
10	E dia Ta	01	1	V(01)	Decision of the control of the contr
12	Entity Type	91	1	X(01)	Required; Must be one of the following: I = Individual- Only "L" SBI Records C = Corporation E = Religious, Charitable, Educational, Associations, Clubs, or Other Tax- Exempt Organizations – No SBI records allowed G = Public Entities, State or Local Government – No SBI records allowe J = Co-Owner/Joint Operators L = Landlord/Tenant – Only used as SBI M = Tobacco Marketing Card (One Entity a group of people operating under one car Valid for Cat Coverage Only. ** See M-8 Exhibit 32 N=Enterprise P = Partnership S = Spousal Husband/Wife T = Trusts D = Estates O = Other (Non-US Citizens) B = Bureau of Indian Affairs U = Undivided Interests Valid for Cat
13	Producer Last Name	92	20	X(20)	Coverage Only. (See Exhibit 10-1 for valid combinations) Required if field 18 (Bus. Name) is blank.
13	Troducer Last Ivallic	92	20	11(20)	Left Justify. Use for persons names only Any entry requires a minimum of 2 characters. Only one name per field. Alpl with (-), (.), (), ("), ('), (,).
14	Producer First Name	112	10	X(10)	Required if field 13 is not blank. Left Just Use for persons names only. Only one nar per field. For Entity Type of 'J' there can 2 First Names. Alpha with (-), (.), (), ("), (,), (&), (/).
15	Producer Middle Name	122	10	X(10)	Optional; Left Justify if reported. Alpha v (-), (.), ("), ('), (,). Leave blank if not reported.
16	Producer Name Suffix	132	5	X(05)	Optional; Left Justify if reported. The nan suffix of the producer (e.g. SR, JR, II, etc. Alphabetic except for (-), (.), ( ) or ("). Otherwise; spaces.

C = Insurance Provider Employee E = RMA Employee/FCIC R = Relative of Insurance Provider Employee F = RMA Employee/FCIC R = Relative of Insurance Provider Employee A = Agency Owner, Agent or Adjuster N = None of the Above Optional for Records 002-999 or blank.  Zo Ineligible SBI Flag  303 1 X(01)  For SBI records only. Record number must be equal to or greater than 002. Enter Y SBI Entity is ineligible and share has been reduced. Otherwise, blank.  Must be zeros.  304 2 9(02)  Ineligible SBI Share  306 4 9(01)V9(03)  Required: For SBI records only with an Ineligible SBI Flag of Y. Must be > 0% and ≤ 1.000. Record number must be ≥ 0 Must be zeros if not applicable.  308 Filler  310 37 X(37)  Must be Spaces.  310 SSN Validation Flag  347 2 X(02)  Internal Use. Will be populated during Stedit.	T. 1.			G.		
17 Producer Title  18 Business Name  141 35 X(35)  18 Business Name  141 35 X(35)  19 Address Line 1  10 Address Line 2  211 35 X(35)  21 City  246 35 X(35)  22 Address State  231 2 X(02)  24 Address State  24 Zip Extension  25 Phone Number  26 Employee  27 Ineligible SBI Flag  28 M-14 Review Flag  29 Ineligible SBI Share  29 Ineligible SBI Share  20 Address Line  10 176 35 X(35)  20 Address Line 1  21 176 35 X(35)  22 Address Line 2  23 X(02)  24 Address Line 2  25 Line 2  26 Line 3  27 SBI Precords only. Record number mest be ≥ 0 Must be zeros. In ot applicable.  28 M-14 Review Flag  30 Address State  30 Filler  310 37 X(37)  31 SSN Validation Flag  347 2 X(02)  34 Cipt Justify if reported. The fill the producer (e.g. MR, MRS, DR, etc.). Alphabetic except for (.), (.) or (°). Alphabetic except for (.), (.) or (.), (.) or (.). Alphabetic except for (.), (.) or (.), (.), (.) or (.), (.), (.), (.), (.), (.), (.), (.),		Field Name	_	Size	Picture	Field Edits
the producer (e.g. MR, MRS, DR, etc.). Alphabetic except for (), (.), (.) or (°). Otherwise; spaces.  18 Business Name  141 35 X(35)  Required if field 13 is blank. Left Justify Use for all Entity Types except individual persons. May contain: alpha, number, (·) (·), (°), (·), (&), (&), (/). Required. Left Justify.  20 Address Line 1  21 176 35 X(35)  Required. Left Justify. Optional. Left Justify. Optional. Left Justify.  21 City  22 Address State  23 Zip Code  24 Zip Extension  25 Yuse State  26 Zip Extension  27 Phone Number  28 4 9(04)  29 10 9(10)  29 10 9(10)  20 Optional. Otherwise; zero fill. Phone Number  29 10 9(10)  20 Optional. Otherwise; zero fill.  21 X(01)  22 Required. For Record Number 001 must become contained from the provider Employee  26 Employee  27 Ineligible SBI Flag  303 1 X(01)  304 Por SBI records only. Record number must be equal to or greater than 002. Enter Y SBI Entity is ineligible and share has been reduced. Otherwise, blank.  28 M-14 Review Flag  304 2 9(02)  305 Must be zeros.  306 4 9(01)∨9(03)  307 Required: For SBI records only with an Ineligible SBI Flag of Y. Must be > 0% and ≤ 1.000.  308 Filler  310 37 X(37)  317 Must be Spaces.  318 SSN Validation Flag  347 2 X(02)  Internal Use. Will be populated during Stedit.	110.		rus.			
Business Name	17	Producer Title	137	4	X(04)	the producer (e.g. MR, MRS, DR, etc.). Alphabetic except for (-), (.), () or (").
19 Address Line 1 20 Address Line 2 211 35 X(35) 212 City 246 35 X(35) 213 X(35) 214 State code = ZZ enter foreign city and country. Left Justify. Otherwise; space: space city and country. Left Justify.  21 Address State 22 Address State 23 Zip Code 24 Zip Extension 25 Phone Number 26 Employee 27 Ineligible SBI Flag 28 M-14 Review Flag 29 Ineligible SBI Share 20 Address State 30 Filler 310 37 X(37) 31 SSN Validation Flag 310 SSN Validation Flag 311 SSN Validation Flag 312 X(35) 31 Required. Left Justify. Optional. Left Justify. Optional. Cleft Justify. Optionals ountry. Left Justify. 312 X(35) 31 SX(35) 31 X(35) 31 X(37) 32 X(37) 33 X(37) 34 X(37) 34 X(37) 35 X(37) 36 X(37) 37 X(37) 38 X(37) 38 X(37) 38 X(37) 38 X(37) 39 X(37) 39 X(37) 30	18	Business Name	141	35	X(35)	Required if field 13 is blank. Left Justify Use for all Entity Types except individua persons. May contain: alpha, number, (-)
20 Address Line 2 21 City 246 35 X(35) 25 Required; If State code = ZZ enter foreign city and country. Left Justify.  22 Address State 281 2 X(02) 282 Required; Enter Alpha state abbreviation. a foreign country, enter ZZ.  23 Zip Code 24 Zip Extension 25 Phone Number 26 Employee 27 Ineligible SBI Flag 28 Ineligible SBI Flag 29 Ineligible SBI Flag 303 Ineligible SBI Share 304 2 9(02) 305 Filler 310 37 X(37) 31 SSN Validation Flag 310 37 X(37) 31 SSN Validation Flag 311 SSN Validation Flag 312 X(02) 32 X(02) 33 Required; If State code = ZZ enter foreign city and country. Left Justify. 31 S(35) 37 X(35) 38 Required; If State code = ZZ enter foreign city and country. Left Justify. 39 Required; If State code = ZZ enter foreign city and country. Left Justify. 305 X(35) 306 Potional. Left Justify. Otherwise; spaces: 31 SSN Validation Flag 310 SX X(35) 32 Required; If State code = ZZ enter foreign city and country. Left Justify. 31 SSN Validation Flag 310 SX X(37) 34 SX(37) 35 X(37) 36 Potional. Left Justify. Otherwise; spaces: 31 SSN Validation Flag 310 SX X(37) 34 SX(37) 35 X(37) 36 Potional. Left Justify. 36 Required; If State code = ZZ enter foreign city and country. Left Justify. 36 Paquired; If State code = ZZ enter foreign city and country. Left Justify. 36 Required; If State code = ZZ enter foreign city and country. Left Justify. 37 A X(37) 38 Address State 38 Required; If State code = ZZ enter foreign city and country. Left Justify. 38 Required; If State code = ZZ enter foreign city and country. Left Justify. 39 Address State 30 State A 30 (02) 30 Filler 310 SSN Validation Flag 310 SX X(37) 311 SSN Validation Flag 311 SSN Validation Flag 312 SX X(37) 34 SX X(37) 35 A X(37) 36 A ST X(37) 37 A X(37) 38 A ST X(37) 38 A ST X(37) 48 A Sequired; For SBI records only with an Ineligible SBI Flag of Y. Must be ≥ 0 Must be zeros: 310 SSN Validation Flag 311 SSN Validation Flag 312 SX X(37) 313 SSN Validation Flag 314 SX X(37) 315 A X(37) 315 A X(37) 316 A X(37) 317 A X(37) 317 A X(37) 318 A X(37) 319 A X(37) 319 A X(37	19	Address Line 1	176	35	X(35)	
21 City 22 Address State 23 Zip Code 24 Zip Extension 25 Phone Number 26 Employee 27 Ineligible SBI Flag 28 M-14 Review Flag 29 Ineligible SBI Share 29 SSN Validation Flag 30 Filler 310 37 X(37) 310 Sip Code 31 Sip Code 32 Sip Code 32 Sip Code 33 Sip Code 34 Sip Code 35 Sig Code 36 Sig Code 37 Sig Code 38 Sig Code 38 Sig Code 38 Sig Code 39 Sig Code 30 Sig Code 3	20	Address Line 2	211	35		- · · · · · · · · · · · · · · · · · · ·
22 Address State  281 2 X(02) Required; Enter Alpha state abbreviation. a foreign country, enter ZZ.  23 Zip Code  283 5 9(05) Required if State NE ZZ; Must be a valid 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 Employee  302 1 X(01) Required. For Record Number 001 must be a complete E = RMA Employee/FCIC Resultive of Insurance Provider Employee  E = RMA Employee/FCIC Resultive of Insurance Provider Employee		City	246			Required; If State code = ZZ enter foreign
23       Zip Code       283       5       9(05)       Required if State NE ZZ; Must be a valid 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       Employee       302       1       X(01)       Required. For Record Number 001 must 10 cm.         26       Employee       E RMA Employee/FCIC Record Number on 10 must 10 cm.       Required For Record Number 001 must 10 cm.         27       Ineligible SBI Flag       303       1       X(01)       For SBI records only. Record number on 10 must 10 cm.         28       M-14 Review Flag       304       2       9(02)       Must be zeros.         29       Ineligible SBI Share       306       4       9(01)V9(03)       Required: For SBI records only with an 10 legible SBI Flag of Y. Must be > 0% and ≤ 1.000. Record number must be ≥ 0 must be zeros if not applicable.         30       Filler       310       37       X(37)       Must be Spaces.         31       SSN Validation Flag       347       2       X(02)       Internal Use. Will be populated during S edit.	22	Address State	281	2	X(02)	Required; Enter Alpha state abbreviation.
24       Zip Extension       288       4       9(04)       Optional. Otherwise; zero fill.         25       Phone Number       292       10       9(10)       Optional. Otherwise; zero fill.         26       Employee       302       1       X(01)       Required. For Record Number 001 must 1 C = Insurance Provider Employee         E = RMA Employee/FCIC       R = Relative of Insurance Provider Employee       E = RMA Employee/FCIC R = Relative of Insurance Provider Employee         27       Ineligible SBI Flag       303       1       X(01)       For SBI records only. Record number m be equal to or greater than 002. Enter Y SBI Entity is ineligible and share has bee reduced. Otherwise, blank.         28       M-14 Review Flag       304       2       9(02)       Must be zeros.         29       Ineligible SBI Share       306       4       9(01)V9(03)       Required: For SBI records only with an Ineligible SBI Flag of Y. Must be > 0% and ≤ 1.000. Record number must be ≥ 0 Must be zeros if not applicable.         30       Filler       310       37       X(37)       Must be Spaces.         31       SSN Validation Flag       347       2       X(02)       Internal Use. Will be populated during S edit.	23	Zip Code	283	5	9(05)	Required if State NE ZZ; Must be a valid
25 Phone Number 26 Employee 27 In 9(10) 28 Employee 29 10 9(10) 29 In Required. For Record Number 001 must be a continuous of the Above Optional of Records 002-999 or blank.  29 Ineligible SBI Flag 20 Ineligible SBI Share 21 Ineligible SBI Share 22 Ineligible SBI Share 23 Ineligible SBI Share 24 Ineligible SBI Share 25 Ineligible SBI Share 26 Ineligible SBI Share 27 Ineligible SBI Flag 303 Ineligible SBI Share 304 Ineligible SBI Share 306 Ineligible SBI Share 307 Ineligible SBI Share 308 Ineligible SBI Share 309 Ineligible SBI Share 300 Ineligible SBI Share 300 Ineligible SBI Share 300 Ineligible SBI Flag of Y. Must be ≥ 0% and ≤ 1.000. Record number must be ≥ 0 Must be zeros if not applicable. 310 Ineligible SBI Share 310 Ineligible SBI Share 310 Ineligible SBI Share 310 Ineligible SBI Flag of Y. Must be ≥ 0% and ≤ 1.000. Record number must be ≥ 0 Must be zeros if not applicable. 310 Internal Use. Will be populated during Sedit.	24	Zip Extension	288	4	9(04)	
C = Insurance Provider Employee E = RMA Employee/FCIC R = Relative of Insurance Provider Employee E = RMA Employee/FCIC R = Relative of Insurance Provider Employee A = Agency Owner, Agent or Adjuster N = None of the Above Optional for Records 002-999 or blank.  Ineligible SBI Flag 303 1 X(01) For SBI records only. Record number m be equal to or greater than 002. Enter Y SBI Entity is ineligible and share has bee reduced. Otherwise, blank.  M-14 Review Flag 304 2 9(02) Must be zeros.  Ineligible SBI Share 306 4 9(01)V9(03) Required: For SBI records only with an Ineligible SBI Flag of Y. Must be > 0% and ≤ 1.000. Record number must be ≥ 0 Must be zeros if not applicable.  Filler 310 37 X(37) Must be Spaces. Internal Use. Will be populated during S edit.	25	Phone Number	292	10	9(10)	Optional. Otherwise; zero fill.
be equal to or greater than 002. Enter Y SBI Entity is ineligible and share has bee reduced. Otherwise, blank.  28 M-14 Review Flag 304 2 9(02) Must be zeros.  29 Ineligible SBI Share 306 4 9(01)V9(03) Required: For SBI records only with an Ineligible SBI Flag of Y. Must be > 0% and ≤ 1.000. Record number must be ≥ 0 Must be zeros if not applicable.  30 Filler 310 37 X(37) Must be Spaces.  31 SSN Validation Flag 347 2 X(02) Internal Use. Will be populated during S edit.	26	Employee	302	1	X(01)	C = Insurance Provider Employee E = RMA Employee/FCIC R = Relative of Insurance Provider Employee A = Agency Owner, Agent or Adjuster N = None of the Above
Ineligible SBI Share  306 4 9(01)V9(03) Required: For SBI records only with an Ineligible SBI Flag of Y. Must be > 0% and ≤ 1.000. Record number must be ≥ 0 Must be zeros if not applicable.  30 Filler  310 37 X(37) Must be Spaces.  31 SSN Validation Flag  347 2 X(02) Internal Use. Will be populated during Stedit.	27	Ineligible SBI Flag	303	1	X(01)	be equal to or greater than 002. Enter Y SBI Entity is ineligible and share has been
Ineligible SBI Share  306 4 9(01)V9(03) Required: For SBI records only with an Ineligible SBI Flag of Y. Must be > 0% and ≤ 1.000. Record number must be ≥ 0 Must be zeros if not applicable.  30 Filler  310 37 X(37) Must be Spaces.  31 SSN Validation Flag  347 2 X(02) Internal Use. Will be populated during Stedit.	28	M-14 Review Flag	304	2	9(02)	Must be zeros.
31 SSN Validation Flag 347 2 X(02) Internal Use. Will be populated during S edit.	29	<u>-</u>	306	4	` ′	Ineligible SBI Flag of Y. Must be $> 0\%$ and $\le 1.000$ . Record number must be $\ge 0$
31 SSN Validation Flag 347 2 X(02) Internal Use. Will be populated during S edit.	30	Filler	310	37	X(37)	Must be Spaces.
					, ,	Internal Use. Will be populated during S
	32	Filler	349	202	X(202)	Must be Spaces.

February 23, 2004	Exhibit 10	FCIC-M13					
(POLICY RECORD – TYPE 10)							
Format/Edits							

Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos.			
33	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch file was received. (From when transmission started) HHMM Format.
34	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission started) MMDDCCYY Format.
35	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY format.
36	Batch Number	567	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the RO to FCIC/RMA.
37	Transaction Sequence Number	571	8	9(08)	Internal Use. The sequential number assigned to each transaction number processed by DAS <u>after it has been sorted</u> .
38	Transaction Rejected Flag	579	1	X(01)	Internal. Reserved
39	Transaction Source Flag	580	1	X(01)	Internal. Reserved
40	Filler	581	20	X(20)	Internal.

## Notes:

A 10 record always requires a T-14 record.

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

If any type 10 record is rejected, then all records for the contract (except the T-09) will be rejected.