Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 20.
2	Approved Insurance Provider	3	2	X(02)	Required. Edit with ATP/Company table.
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 2008.
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 st Total Reinsurance Year	79	4	9(04)	If 1st Total Loss Code = "R", Must = Recovery Year or subsequent year. Otherwise must = zeros.
13	1st Total Payment/Credit Memo Company	83	3	9(03)	If 1st Total Loss Code<> Spaces, must be a valid company. Otherwise must = zeros.
14	1 st Total Loss Code 1 st 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 >
.3	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 st Total Date Draft Issued	96	8	9(08)	If 1st Total Loss Code = D or Blank, must be zeros. Otherwise, if > 0 must be a valid date. Format is MMDDCCYY.

Field Field Name Begin Size Picture Pos	Field Edits
1.00	
17 1 st Total Amount 104 12 S9(10)V(02)	
	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 116 4 9(04)	If 2 nd Total Loss Code = "R", Must = Recovery Year or subsequent year.
40 20d Tetal De manut/Cradit 420 2 0(02)	Otherwise must = zeros.
19 2 nd Total Payment/Credit 120 3 9(03) Memo Company	If 2 nd Total Loss Code <> Spaces, must be a valid company. Otherwise must = zeros.
20 2 nd Total Loss Code 123 1 X(01)	See 1st Total Loss Code for permitted values.
21 2 nd 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 nd Total Date Draft Issued 133 8 9(08)	If 2 nd Total Loss Code = D or Blank, must be
22 2 Total Bate Brait (2000)	zeros. Otherwise, if > 0 must be a valid date.
	Format is MMDDCCYY.
23 2 nd Total Amount 141 12 S9(10)V(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 153 4 9(04)	If 3 rd Total Loss Code = "R", Must =
	Recovery Year or subsequent year.
	Otherwise must = zeros.
25 3 rd Total Payment/Credit 157 3 9(03)	If 3 rd Total Loss Code <> Spaces, must be a
Memo Company 26 3 rd Total Loss Code 160 1 X(01)	valid company. Otherwise must = zeros. See 1st Total Loss Code for permitted values.
27 3 rd Escrow Check/Draft 161 9 9(09)	If 3rd 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.
P/C Memo Policy	
28 3 rd 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. Format is MMDDCCYY.
29 3 rd Total Amount 178 12 S9(10)V(02)	
20 0 Total / (11) v (02)	Otherwise, must be > 0 or < 0. Sum of all
	Total Amounts must be ≥ zero for each loss
	code by claim number.
30 4 th Total Reinsurance Year 190 4 9(04)	If 4 th Total Loss Code = "R", Must =
	Recovery Year or subsequent year. Otherwise must = zeros.
31 4 th Total Payment/Credit 194 3 9(03)	If 4 th Total Loss Code <> Spaces, must be a
Memo Company	valid company. Otherwise must = zeros.

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Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			
32	4th Total Loss Code	197	1	X(01)	See 1 st Total Loss Code for permitted values.
33	4 th Escrow Check/Draft Number -or- P/C Memo State P/C Memo Policy	198	9	9(09)	If 4 th Total Loss Code = E or V must be > zero. Enter escrow check # or if = 'P' enter credit memo number. Otherwise; zero fill.
34	4 th 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 th Total Amount	215	12	S9(10)V(02)	If 4 th 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.
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 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 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 Number	571	8	9(08)	Internal Use. The sequential number assigned 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.
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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".