| Field | Field Name | Begin | Size | Picture | Field Edits |
|-------|------------------------------------|-------|------|---------|---|
| No. | | Pos | | | |
| 1 | D 1.77 | | 2 | 0(02) | D 1 1 M 1 05 |
| 1 | Record Type | 1 | 2 | 9(02) | Required. Must be 05. |
| 2 | Reinsurance Year | 3 | 4 | 9(04) | Required. The Reinsurance Year. CCYY format. |
| 3 | Approved Insurance Provider | 7 | 2 | X(02) | Required. Edit with AIP/Company table. |
| 4 | Location State | 9 | 2 | 9(02) | Required. Edit with FIPS State table. |
| 5 | Policy Issuing Company | 11 | 3 | 9(03) | Required. Edit with company table. Must be valid Pic code for reinsurance year. |
| 6 | Policy Number | 14 | 7 | 9(07) | Required. Must be > zeros. |
| 7 | Crop Year | 21 | 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. |
| 8 | Crop Code | 25 | 4 | 9(04) | Required; Edit with ADM2. See Exhibit 99-a. |
| 9 | Insurance Plan Code | 29 | 2 | 9(02) | Required; Edit with ADM2. See Exhibit 99-a. |
| 10 | Location County | 31 | 3 | 9(03) | Required; Edit with FIPS County Table. |
| 11 | FSA Admin State | 34 | 2 | 9(02) | FIPS code for FSA Administrative State if different from Location State when reporting Common Land Unit in Land Location. Optional. |
| 12 | FSA Admin County | 36 | 3 | 9(03) | FIPS code for FSA Administrative County if different from Location County when reporting Common Land Unit in Land Location. Optional. |
| 13 | CIMS Request Flag | 39 | 1 | X(01) | Required. Must be: P = Primary Insured Producer Information S = Primary Insured and Reported SBI Producer |
| | | | | | Information B = Producer and Acreage for Primary Insured Producer |
| 14 | Statewide Application Indicator | 40 | 1 | X(01) | Required. Must be: Y = Policy was accepted by RMA as state application. N = Policy was not accepted by RMA as state application. A separate request will be required for each state under a state wide application. |
| 15 | Filler | 41 | 559 | X(559) | Must be spaces. |

The inside file name for the request should be in the following format: XXYRYYYMMDDHHMMSS.REQ

XX= AIP Code

YR= Reinsurance Year of the data requested

YYYY= Request Date Year

MM = Request Date Month

DD = Request Date Day

HH = Request Time Hour

MM = Request Time Minutes

SS = **Request Time Seconds**

The file must be zipped and the zip name must be XXYRCIMS. ZIP $\,$

XX= AIP Code

YR= Reinsurance Year of the data requested