

(INVENTORY 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	Approved Insurance Provider	3	2	X(02)	Required. Edit with AIP/Company table.
3	Location State	5	2	9(02)	Required. Edit with FIPS State table.
4	Policy Issuing Company	7	3	9(03)	Required. Edit with company 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 for Aquaculture (0116) or Reinsurance Year + 1 for Nursery (0073).
7	Crop Code	21	4	9(04)	Required; must be '0073' for Nursery and '0116' for Aquaculture
8	Insurance Plan Code	25	2	9(02)	Required; must be '50' for Nursery and '43' for Aquaculture.
9	Location County	27	3	9(03)	Required; Edit with FIPS County Table.
10	Unit Number	30	5	9(05)	Required; Must be > zeros. For crop 0073, optional units are not allowed.
11	Type Code	35	3	9(03)	Required; Edit with ADM2.
12	Practice Code	38	3	9(03)	Required; For Nursery must be 007 or 008. For Aquaculture edit with ADM.
13	Coverage Flag	41	1	X(01)	Required; Must be: C = Catastrophic "Cat" Coverage A = Additional Coverage
14	Claim Number	42	8	9(08)	Must match Loss Total Claim Number on the Type 20 record. Must be unique by Inspection Number.
15	Type 22 Key Reserve	50	26	X(26)	Space Reserved for Additional key data required in the future or for other record types. Must be spaces.
16	Record Number	76	3	9(03)	Must be > zero and unique within a Crop Policy (Crop Year/Location State/Location County/Crop.)
17	Type 13 Record Number	79	3	9(03)	Required. The record number of the Type 13 record that established the liability and premium for this Type 22 record.
18	Adjuster SSN	82	9	9(09)	Required; must match a certified loss adjuster SSN (established by an accepted Type 56 record).
19	Primary Date of Damage	91	8	9(08)	Required field. Date of damage format = (MMDDCCYY) Month, Day, Year is required for all Cause of Loss codes. This Date cannot be later than Notice of Loss Date (field 41).
20	Primary Cause	99	2	9(02)	Must be valid cause of loss. (See Exhibit 22-3)
21	Primary Percent	101	3	9(01)V9(02)	Must be zero if the Primary Cause = zero. Otherwise, must be 0.50 – 1.00.

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22	Secondary Cause	104	2	9(02)	Must be valid cause of loss. (See Exhibit 22-3)
23	Filler	106	1	X(01)	Must be spaces.
24	Inspection Number	107	2	9(02)	Inspection number from item 19 of claim. Must be the same within a claim number.
25	Basic Unit Value	109	10	9(10)	For Crop 0073, Value for the basic unit without price percent, coverage level, or share. ` For CAT or Buy up by Share this field will have the same value on all records for the Unit within the same crop year/practice/claim/inspection number. If field 48 = 'RH', value from item 6 of Rehab worksheet. For Crop 0116, Zero fill.
26	Effective XPS Liability/ Effective Amount of Insurance	119	10	9(10)	For Crop 0073 the Basic Unit Value (including coverage level) minus any previous Basic Unit Indemnities. For CAT or Buy up by Share this field will have the same value on all records for the Unit within the same crop year/practice/claim/inspection number. Not applicable to Rehab. For Crop 0116, this field = the remaining Amount Of Insurance after previous losses for the basic unit.
27	Effective Crop Year Deductible	129	9	9(09)	Crop 0073; Basic Unit Value * (1 – coverage level). Must match to field 44 on the corresponding T-13. For CAT or Buy up by Share this field will have the same value on all records for the Unit within the same crop year/practice/claim/inspection number. Not applicable to Rehab. For Crop 0116, this field must match field 44 on the corresponding (T13) Inventory Record. Total crop year deductible for basic unit. Item 18C from claim.
28	Basic Unit Value for Clams	138	9	9(09)	For Crop 0073; Zero Fill. For Crop 0116, Basic Unit Value. Item 22 from claim.

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29	Under/Over Reporting Factor	147	4	9(01)V9(03)	<p>Crop 0073: For Under Reporting Factor the lesser of 1.000 OR the Basic Unit Value minus any previous losses, as adjusted by any previous under/over reporting factor, divided by Field Market A. Field 51 must equal 'U'. For Over Reporting Factor the result of Basic Unit Value minus any previous losses, as adjusted by any previous under/over reporting factor, divided by Field Market A minus 1.100. Must be greater than 0.000. Field 51 must equal 'O'. If factor not applicable default to 1.000 and space for field 51. For CAT or Buy up by Share this field will have the same value on all records for the Unit within the same crop year/practice/claim/inspection number. If field 48 = 'RH', value from item 11 of Rehab worksheet. Crop 0116, the lesser of: 1.000 OR the sum of all stage values minus all previous losses divided by the basic unit value before loss.</p>
30	Field Market Value A/ Unit Value Before Loss	151	9	9(09)	<p>For Crop 0073, by record, enter the value of all insurable plants based on plant price schedule (or the prices in your catalog/price list) before any loss occurrence. For CAT & Buy up by Share for Crop 0073, value of this field will be for each individual record. If field 48 = 'RH', value from item 7 of Rehab worksheet. For Crop 0116, enter unit value before loss in whole dollars for record. Item 25 from claim. For Crop 0116, For CAT, all records must be the same within the same claim/inspection number.</p>
31	Field Market Value B/ Unit Value After Loss	160	9	S9(09)	<p>For Crop 0073, by record, enter the value of all insurable plants based on the plant price schedule (or the prices in your catalog/price list) after any loss occurrence. For CAT & Buy up by Share: For Crop 0073 the value of this field will be for each individual record. Not applicable to Rehab. For Crop 0116, enter Unit Value After Loss in whole dollars for the record. Item 26C from claim. For Crop 0116, For CAT, all records must be the same within the same claim/inspection number.</p>

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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
32	Adjusted Loss	169	10	9(10)	<p>For Crop 0073 :</p> <p>Loss adjusted for under reporting (field 51 equal 'U' or 'space') and prior to deductibles: (field 30 - field 31) * field 29; (item 25 - item 26) * item 23a from claim.</p> <p>Loss adjusted for over reporting (field 51 equal 'O') and prior to deductibles: (field 30 - field 31) * (1 - field 29); (item 25 - item 26) * (1 - item 23b) from claim.</p> <p>For CAT or Buy up by Share this field will have the same value on all records for the Unit within the same crop year/practice/claim/inspection number. Item 28G from claim.</p> <p>Not applicable to Rehab.</p> <p>For Crop 0116:</p> <p>Loss adjusted for under reporting and prior to deductibles. (field 30 - field 31) * field 29; (item 25 - item 26) * item 23 from claim.</p> <p>For CAT, all records must be the same within the same claim/inspection number.</p>
33	Occurrence Deductible	179	9	9(09)	<p>For Crop 0073:</p> <p>For loss adjusted for under reporting (field 51 equal 'U' or 'space') this field must equal the lesser of: Market Value A (Field 30 * (1.0000 - coverage level %) * Under Reporting Factor (field 29 and field 51 equal 'U' or spaces) OR Crop Year Deductible (field 27).</p> <p>For loss adjusted for over reporting (field 51 equal 'O') this field must equal the lesser of: Market Value A (Field 30 * (1.0000 - coverage level %) * Over Reporting Factor (1 + field 29 and field 51 equal 'O') OR Crop Year Deductible (field 27).</p> <p>For CAT or Buy up by Share this field will have the same value on all records for the Unit within the same crop year/practice/claim/inspection number. Item 29G from claim.</p> <p>Not applicable to Rehab.</p> <p>For Crop 0116:</p> <p>This field must equal the lesser of: Market Value A (Field 30 * (1.0000 - coverage level %) * Under Report Factor (field 29) OR Crop Year Deductible (field 27).</p> <p>For CAT, all records must be the same within the same claim/inspection number.</p>

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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
34	Unadjusted Indemnity	188	10	S9(10)	Required for 0073 & 0116. This field must equal the: Adjusted Loss (field 32) - Occurrence Deductible (field 33). For Crop 0073: For CAT or Buy up by Share this field will have the same value on all records for the Unit within the same crop year/practice/claim/inspection number. Item 30G from claim. Not applicable to Rehab. For Crop 0116 for CAT, all records must be the same within the same claim/inspection number.
35	Preliminary Indemnity	198	10	S9(10)	Required for 0073 & 0116. The lesser of Unadjusted Indemnity (field 34) or Effective XPS Liability (field 26). For Crop 0073: For CAT or Buy up by Share this field will have the same value on all records for the Unit within the same crop year/practice/claim/inspection number. Item 32G from claim. Not applicable to Rehab. For Crop 0116 for CAT, all records must be the same within the same claim/inspection number.
36	Insured Share	208	4	9(01)V9(03)	Required; must be > zero and ≤ 1.000.
37	Price Election Factor	212	5	9(01)V9(04)	For Crop 0073: If Coverage Flag = 'A' this field must = 1.0000; If coverage flag (field 13) equals "C", this field must = 0.5500. If crop = 0116 and Coverage Flag = 'A' or 'C' this field must = the ADM-1-8 by Stage/Type. This field must match (field 24) on the T-13.
38	Indemnity	217	10	S9(10)	For Crop 0073: Preliminary Indemnity * Insured Share * Price Election Percent For Crop 0073: For CAT or Buy up by Share this field will have the same value on all records for the Unit within the same crop year/practice/claim/inspection number. Item 35G from claim. If field 48 = 'RH', value from item 19 of Rehab worksheet. For Crop 0116: Preliminary Indemnity * Insured Share For Crop 0116 for CAT, all records must be the same within the basic unit and the same claim/inspection number.
39	Filler	227	2	X(02)	Must be spaces.

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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
40	Loss Adjuster Signature Date	229	8	9(08)	Required: Date that Loss Adjuster settled claim. MMDDCCYY format. Cannot exceed submission date. Must exceed LSR change date and Record Type 14 FCIC Accepted Date.
41	Notice of Loss Date	237	8	9(08)	Required. Date that insured provided notice of loss. MMDDCCYY format. Cannot exceed submission date.
42	Secondary Date of Damage	245	8	9(08)	Required if secondary cause > "0". Format = (MMDDCCYY) Month, Day, Year is required for all Cause of Loss codes. This Date cannot be later than Notice of Loss Date (field 41).
43	Insured's Signature Date for the Claim	253	8	9(08)	Required: Format is MMDDCCYY Cannot exceed submission Date. Cannot be less than Notice of Loss Date (field 41).
44	Large Claim Flag	261	1	X(01)	If indemnity exceeds \$500,000 this field must contain one of the following values: N = AIP notified RMA of excessive indemnity R = RMA reviewed the excessive indemnity Spaces = Not applicable
45	Coverage Level	262	5	9(01)V9(04)	Must match Coverage Level Percent (field 37) on the 14 record. Valid coverage levels for Crop 0073 and Crop 0116 are {0.5000, 05500, 0.6000, 0.6500, 0.7000, 0.7500}.
46	Settlement Flag	267	1	X(01)	Values are: A = Settlement by arbitration M = Settlement by mediation O = Other settlement process Spaces = Not applicable
47	Rehabilitation Plant Value	268	10	9(10)	If field 48 = 'RH', dollar value of plants to be rehabilitated. Item 8 of Rehab worksheet. Zero fill if not applicable.
48	Option Codes	278	10	X(10)	Must be left justified. Valid Values are: PE = Peak Endorsement PO = Price Endorsement RH = Rehab Endorsement; only use with Practice 007 OC = Organic Certified OT = Organic Transitional Spaces if not applicable.
49	Multiple Rehab Payments	288	1	X(01)	Valid Values are Y = Multiple Rehab Payments Spaces = Not applicable.
50	Actual Rehab Cost	289	10	9(10)	If field 48 = 'RH', actual dollar amount to Rehabilitate plants. Item 9 of Rehab worksheet. Zero fill if not applicable.

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51	Reporting Factor Flag	299	1	X(01)	For Crop 0073 only. Identify the type of factor reported in field 29. Valid Values are: U = Under Reporting Factor; O = Over Reporting Factor; Space = not applicable.
52	Filler	300	242	X(242)	Must be spaces
53	Valid for Escrow Flag	542	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.
54	Ineligible Tracking Validation Flag	543	8	X(08)	Internal Use. Reserved.
55	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch file was received. (From when transmission started) HHMM Format.
56	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission started) MMDDCCYY Format.
57	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY format.
58	Batch Number	567	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the AIP to FCIC/RMA.
59	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> .
60	Transaction Rejected Flag	579	1	X(01)	Internal Use. Reserved.
61	Transaction Source Flag	580	1	X(01)	Internal Use. Reserved.
62	Filler	581	20	X(20)	Internal Use.

Notes:

Applicable for Nursery (0073) and Clams (0116) only.

Requires an accepted Type 13 record.