| Application Source: ROE File Group: Record Name: Exception Requ Record Code: R10 | | | | | - | insurance Ve | Delimited 2022 Approved 7/1/2021 | |
|---|--|------------------------------------|------------------|----------------------|---------------|-------------------|---|--|
| <u>Record</u> <u>Number</u> | Tield <u>Field</u> <u>Number</u> | Field Name | <u>Data Type</u> | <u>Max</u> Length | <u>Format</u> | <u>BUS</u> Key | <u>Req</u> | Rules Summary |
| R10 | 1 | AIP Code | Character | 2 | | Y | Y | AIP Code must be valid; edit with the AIP ICE, "D00100". |
| R10 | 2 | Reinsurance Year | Numeric | 4 | CCYY | Y | Y | Reinsurance Year must be "2022". |
| R10 | 3 | Record Type Code | Character | 6 | | | Y | Record Type Code must equal "R10". |
| R10 | 4 | AIP Exception Request Producer Key | Character | 15 | | Y | Y | AIP Exception Request Producer Key must be unique within the Reinsurance Year. |
| R10 | 5 | Policy Number | Character | 7 | | | | May be left blank if not established at time of request submission. |
| | | | | | | | | When provided, Policy Number must be greater than zero and must be a total of 7 digits with leading zeros. |
| | | | | | | | | Policy Number must contain only numeric characters. |
| | | | | | | | | Policy Number must not equal "0000000". |
| R10 | 6 | PIC Code | Character | 3 | | | Y | Must be a valid PIC Code, edit against ICE 'D00101' |
| R10 | 7 | Location State Code | Character | 2 | | | Y | Must be a valid state code edit against ICE State 'D00106' |
| | | | | | | | | Location State Code must be valid for the AIP/PIC Code; edit with the AIP State table. |
| R10 | 8 | Tax ID | Character | 9 | | | Y | Tax ID must be a valid SSN when Tax ID Type Code equals SSN "1", edit with SSN Table. |

| | | Арр | lication Source: ROE File Group: Record Name: Exception Re Record Code: R10 | | nsurance Ve | Year | Delimited 2022 Approved 7/1/2021 | |
|--------------------------------|-----------------|------------------|--|----------------------|----------------|-------------------|---|--|
| <u>Record</u> <u>Number</u> | Field Number | Field Name | <u>e</u> <u>Data Type</u> | <u>Max</u> Length | <u>Format</u> | <u>BUS</u> Key | <u>Req</u> | <u>Rules Summary</u> |
| | | | | | | | | Tax ID must be a valid Bureau of Indian Affairs number when Tax ID Type Code equals BIA, "5", edit the first five positions with the County ICE "D00107". Positions 1-2 must be a valid Location State Code, positions 3-5 must be a valid Location County Code and positions 6-9 cannot contain any spaces. |
| | | | | | | | | Tax ID must contain only numeric characters. |
| | | | | | | | | Tax ID number must not equal "000000000". |
| R10 | 9 | Tax ID Type Code | Character | 1 | | | Y | Tax ID Type Code must be valid; edit with the Tax ID Type ICE, "D00005". |
| R10 | 10 | Entity Type Code | Character | 1 | | | Y | Entity Type Code must be valid; edit with the Entity Type ICE, "D00012". |
| R10 | 11 | Business Name | Character | 50 | | | | Business Name is required when Last Name is empty. |
| | | | | | | | | Business Name must be empty when Last Name exists. |
| | | | | | | | | Business Name must be empty when not allowed for the Entity Type Code; edit with ID Type Entity Type Primary Producer ICE, "D00019". |
| | | | | | | | | Business Name must contain only alpha-numeric characters and can include the following special characters: (), (-), (,), (.), ('), (&), (%), (*), (+), (#), (/). |

| | | | Application Source: File Group: Record Name: Record Code: | Exception Re | quests - I | | insurance Ve | Year: | Delimited 2022 Approved 7/1/2021 |
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| <u>Record</u> Number | <u>Field</u> Number | | Field Name | <u>Data Type</u> | <u>Max</u> Length | <u>Format</u> | <u>BUS</u> Key | <u>Req</u> | Rules Summary |
| R10 | 12 | Last Name | | Character | 25 | | | | Last Name is required when Business Name is empty. |
| | | | | | | | | | Last Name must be empty when Business Name exists. |
| | | | | | | | | | Last Name when required must include at least two characters. |
| | | | | | | | | | Last Name must contain only alpha characters and can include the following special characters: (-), (.), (), ('), (,). |
| | | | | | | | | | Last Name must be empty when not allowed for the Entity Type Code; edit with the ID Type Entity |
| | | | | | | | | | Type Primary Producer ICE, "D00019". |
| R10 | 13 | First Name | | Character | 20 | | | | First Name is required when Business Name is empty. |
| | | | | | | | | | First Name must be empty when Business Name exists. |
| | | | | | | | | | First Name must include only alpha characters and can include the following special characters: (-), (.), (), ('), (,). |
| R10 | 14 | Middle Name | | Character | 20 | | | | Middle Name must contain only alpha characters and can include the following special characters: (-), (.), (), ('), (,). |
| | | | | | | | | | Middle Name must be empty if Last Name is empty. |
| R10 | 15 | Suffix | | Character | 10 | | | | Suffix must contain only alpha characters and can include the following special characters: (-), (.), (), ('), (,). |

| | Application Source: ROE File Group: Record Name: Exception Re Record Code: R10 | | | | | - Producer | nsurance Ve | Delimited 022 Approved /1/2021 | |
|--------------------------------|---|------------------------|------------------------------|------------------|----------------------|---------------|--------------------------|---|---|
| <u>Record</u> <u>Number</u> | Output | <u>Field</u> Number | Field Name | <u>Data Type</u> | <u>Max</u> Length | <u>Format</u> | <u>BUS</u> <u>Key</u> | <u>Req</u> | <u>Rules Summary</u> |
| R10 | | 16 | Title | Character | 15 | | | T ir (' | uffix must be empty if Last Name is empty. Title must contain only alpha characters and can Include the following special characters: (-), (.), (), (), (,). |
| R10 | | 17 | USDA Common Customer ID | Character | 6 | | | | itle must be empty if Last Name is empty. Reserved. |
| R10 | * | 18 | Initial Accepted Batch Numbe | | 4 | 9999 | | lı S | nitial Accepted Batch Number is the original equence number assigned when this record was irst received at RMA. |
| R10 | * | 19 | Initial Accepted Date | Date/Time | 21 | YYMMDD hh:mm | n:ss.fff | | nitial Accepted Date is the original date assigned when this record was first received at RMA. |
| R10 | * | 20 | Batch Received Date | Date/Time | 21 | YYMMDD hh:mm | n:ss.fff | | atch Received Date is the date that the AIP file is eceived by RMA. |
| R10 | * | 21 | Batch Number | Numeric | 4 | 9999 | | | atch Number is a sequential number assigned when an AIP file is received. |
| R10 | * | 22 | Batch Record ID | Numeric | 15 | | | te p | Batch Record ID is a sequential number assigned o each record in the AIP file by RMA during processing. Batch Record ID is unique within the ecord type for the batch. |
| R10 | * | 23 | Process Result Code | Character | 1 | | | а | rocess Result Code equals the final result code s determined by PASS processing, refer to the rocess Result ICE, "D00002". |

| | Application Source: ROE File Group: Record Name: Exception Requests - Record Code: R10 | | | _ | nsurance Ve | Year: rsion: | Delimited 2022 Approved 7/1/2021 |
|-------------------------------|---|------------------|----------------------|---------------|--------------------------|-----------------|--|
| Record Field Number Number | <u>Field Name</u> | <u>Data Type</u> | <u>Max</u> Length | <u>Format</u> | <u>BUS</u> <u>Key</u> | <u>Req</u> | <u>Rules Summary</u> |
| Record Level Rules | | | | | | | |
| 1 | | | | | | | For the Exception Request-Producer, "R10" record to be accepted, its associated Exception Request Producer Address, "R10A" records must be accepted in the same batch. |
| 2 | | | | | | | An RMA issued Tax ID will use the same PASS edits/requirements as an SSN. |
| 3 | | | | | | | All Insured must have a valid Tax ID Type Code otherwise, the AIP must obtain a valid RMA assigned number for any Insurable entity without a valid EIN or SSN. See MGR-05-008. |
| 4 | | | | | | | The AIP must notify all of its Employees and Affiliates in writing of the duty to disclose to the Company and in turn FCIC, any Business, Financial, Legal, or Familial relationship with a Policy Holder or a person with interest in the policy, in accordance with Appendix IV, of the SRA. See SRA, section IV, F, 4, H. |
| 5 | | | | | | | Record must be submitted between 2020-07-01 and 2026-02-01. |