

(AGR LOSS RECORD - TYPE23)

Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 23.
2	Reporting Organization	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)	For Reinsured edit with company table.
5	Policy Number	10	7	9(07)	Required. Must be > zeros.
6	Crop Year	17	4	9(04)	Required. Must be the insurance year of the policy. This will equal the Reinsurance Year.
7	Crop Code	21	4	9(04)	Required; must be '0063'.
8	Insurance Plan Code	25	2	9(02)	Required; plan code 63.
9	Location County	27	3	9(03)	Required; Edit with FIPS County Table.
10	Unit Number	30	5	9(05)	Required; Must be > zeros.
11	Type Code	35	3	9(03)	Required; must be 997.
12	Practice Code	38	3	9(03)	Required; must be 997.
13	Coverage Flag	41	1	X(01)	Required; Must be: L = Limited Coverage
14	Claim Number	42	8	9(08)	Must match Loss Total Claim Number on the Type 20 record.
15	Type 21 Key Reserve	50	26	X(26)	Space Reserved for Additional key data required in the future or for other record types. Must be spaces or blanks.
16	Record Number	76	3	9(03)	Must be > zero and unique within a Crop Policy (Location State/Location County/Crop).
17	Type 19 Record Number	79	3	9(03)	Required; the record number of the Type 19 record that established the Approved AGR, AGR Liability and AGR Premium for this Type 23 record.
18	Adjuster Id Code	82	9	X(09)	Required; must be left justified.
19	Primary Cause of Damage	91	2	9(02)	Must be a valid loss cause for the Ins plan, Crop, Type, and practices reported on the type 19 (Annual Farm Report). See Exhibit 21-2.
20	Primary Percent	93	3	9(01)V9(02)	Must be zero if the Primary Cause = zero. Otherwise, must be 0.50 - 1.00.
21	Primary Month	96	2	9(02)	If Indemnity > zero, entry must be 01 - 12, otherwise must = zero.
22	Secondary Cause of Damage	98	2	9(02)	Must be a valid loss cause for the Ins plan, Crop, Type, and practices reported on the Type 19 (Annual Farm Report). See Exhibit 21-2.
23	Secondary Month	100	2	9(02)	If Primary Percent is < 1.00, entry must be 01 - 12. Otherwise, zero fill.
24	Coverage Level	102	2	9(02)	Must be either 65, 75 or 80.
25	Payment Rate	104	2	9(02)	Must be 75.
26	Expenses for Insurance Year	106	9	9(09)	Enter Expenses reported for the insurance year.
27	Approved Expenses for Insurance Year	115	9	9(09)	Enter Approved Expenses reported for the insurance year.
28	Expense Percentage	124	5	9(01)V9(04)	Calculated Expense Percentage. Enter percentage rounded to three decimals with 4th place zero.

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29	Expense Reduction Percentage	129	4	V9(04)	Calculated Expense Reduction Percentage. If less than zero or greater than .699, zero fill; otherwise, enter percentage rounded to three decimals with 4th place zero.
30	Approved AGR	133	9	9(09)	Enter the Approved AGR. Must match Type 19 record.
31	Expense Reduction Dollar Amount	142	9	9(09)	Expense reduction in dollars from indemnity worksheet.
32	Adjusted AGR for Expenses	151	9	9(09)	Adjusted AGR for Expenses in dollars from indemnity worksheet.
33	Adjusted AGR for Coverage Level	160	9	9(09)	Adjusted AGR in dollars from indemnity worksheet.
34	Revenue to Count, Insurance Year	169	9	9(09)	Revenue to Count for the Insurance Year reported in dollars from indemnity worksheet.
35	Inventory	178	9	S9(09)	Inventory, plus or minus, reported in dollars from indemnity worksheet. <i>This is a signed field.</i>
36	Accounts Receivable	187	9	S9(09)	Accounts Receivable, plus or minus, reported in dollars from indemnity worksheet. <i>This is a signed field.</i>
37	Adjusted Revenue to Count	196	9	S9(09)	Calculated Adjusted Revenue to Count in dollars from indemnity worksheet. <i>This is a signed field.</i>
38	Revenue Deficiency	205	9	9(09)	Calculated Revenue Deficiency in dollars from indemnity worksheet.
39	Indemnity	214	9	9(09)	Net indemnity payable to insured in dollars from indemnity worksheet. Cannot be greater than Adjusted AGR for coverage level times payment rate.
40	Filler	223	100	X(100)	Must be spaces.
41	Valid for Escrow Flag	323	1	X(01)	Internal Use. Will be: "Y" if the record passes edits necessary for escrow processing (numeric checks) "N" if the record is not acceptable for escrow
42	Filler	324	27	X(27)	Must be spaces.

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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
43	FCIC Control Time	351	8	9(08)	Internal Use. The time the transaction batch file was received. (From when transmission started) HHMMSSMM Format.
44	FCIC Control Date	359	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission started) CCYYMMDD Format.
45	Reinsurance Year	367	4	9(04)	Internal Use. The Reinsurance Year. CCYY format.
46	Batch Number	371	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the RO to FCIC/RMA.
47	Transaction Sequence Number	375	8	9(08)	Internal Use. The sequential number assigned to each transaction number processed by DAS <u>after it has been sorted.</u>
48	Transaction Rejected Flag	383	1	X(01)	Internal. Will be: 'Y' if the transaction was rejected. 'N' if the transaction was not rejected.
49	Transaction Source Flag	384	1	X(01)	Internal Use. Will be: 'I' if the transaction is from the input file. 'G' if the transaction was generated by DAS. 'D' if the transaction came from a transaction database.
50	Filler	385	16	X(16)	Internal Use.

Notes:

The Type 23 record must contain the record number of the corresponding Type 19 record. The Type 23 record must match the Type 19 on:

Fields 2 thru 13 and field 30.