

(LOSS TOTAL RECORD – TYPE 20)

Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 20.
2	Insurance Provider	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; 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 2003.
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 1 st Total Loss Code = "R", Must = Recovery Year (prior or subsequent year). Otherwise must = zeros.
13	1 st Total Payment/Credit Memo Company	83	3	9(03)	If 1 st Total Loss Code <> Spaces, must be a valid company. Otherwise must = zeros.
14	1 st Total Loss Code	86	1	X(01)	Must be: D = Draft Issued E = Escrow Funded F = Administrative Fees M = Credit Memo this Policy O = Other (e.g. Hail, Interest, etc.) P = Credit Memo - Loss Applied to another Policy R = Recovery of Premium or Subsequent Year Premium or Overpaid Indemnity V = Void Check Blank = No Total
15	1 st Escrow Check/Draft Number -or- P/C Memo State P/C Memo Policy	87	9	9(09)	If 1 st Total Loss Code = D or E, must be > zero. Enter escrow check/draft # or if = 'P' enter credit memo number. Otherwise; zero fill.
16	1 st Total Date Draft Issued	96	8	9(08)	If 1 st Total Loss Code = Blank, must be zeros. Otherwise, if > 0 must be a valid date. Format is MMDDCCYY.
17	1 st Total Amount	104	12	S9(10)V(02)	If 1 st 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.

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18	2 nd Total Reinsurance Year	116	4	9(04)	If 2 nd Total Loss Code = "R", Must = Recovery Year (prior or subsequent year) Otherwise must = zeros.
19	2 nd Total Payment/Credit Memo Company	120	3	9(03)	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 1 st Total Loss Code for permitted values.
21	2 nd Escrow Check/Draft Number -or- P/C Memo State P/C Memo Policy	124	9	9(09)	If 2 nd Total Loss Code = D or E, must be > zero. Enter escrow check/draft # if = 'P' enter credit memo number. Otherwise; zero fill.
22	2 nd Total Date Draft Issued	133	8	9(08)	If 2 nd Total Loss Code = Blank, must be zeros. Otherwise, if > 0 must be a valid date. Format is MMDDCCYY.
23	2 nd Total Amount	141	12	S9(10)V(02)	If 2 nd Total Loss Code = Blank, must be zero. 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 (prior or subsequent year). Otherwise must = zeros.
25	3 rd Total Payment/Credit Memo Company	157	3	9(03)	If 3 rd Total Loss Code <> Spaces, must be a valid company. Otherwise must = zeros.
26	3 rd Total Loss Code	160	1	X(01)	See 1 st Total Loss Code for permitted values.
27	3 rd Escrow Check/Draft Number -or- P/C Memo State P/C Memo Policy	161	9	9(09)	If 3 rd Total Loss Code = D or E, must be > zero. Enter escrow check/draft # or if = 'P' enter credit memo number. Otherwise, zero fill.
28	3 rd Total Date Draft Issued	170	8	9(08)	If 3 rd Total Loss Code = 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)	If 3 rd 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.
30	4 th Total Reinsurance Year	190	4	9(04)	If 4 th Total Loss Code = "R", Must = Recovery Year (prior or subsequent year). Otherwise must = zeros.
31	4 th Total Payment/Credit Memo Company -or- P/C Memo State P/C Memo Policy	194	3	9(03)	If 4 th Total Loss Code <> Spaces, must be a valid company. Otherwise must = zeros.
32	4 th Total Loss Code	197	1	X(01)	See 1 st Total Loss Code for permitted values.

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33	4 th Escrow Check/Draft Number	198	9	9(09)	If 4 th Total Loss Code = D or E, must be > zero. Enter escrow check/draft # 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 = 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.

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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 <u>after it has been sorted.</u>
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.