(POLICY RECORD – TYPE 10)
Format/Edits

Field No.	Field Name	Begin Pos.	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 10.
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)	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 or Reinsurance Year +/- 1 for the applicable crop code.
7	Type 10 Key Reserve	21	55	X(55)	Space Reserved for Additional key data required in the future or for other record types.
8	Record Number	76	3	9(03)	Required. Must be > zero. Only one record number "001" is permitted. Record numbers 002-999 are used to report SBI entities.
9	Branch Office	79	2	X(02)	Required Reinsured organization branch office for Record 001. Record 002 or greater must be spaces.
10	Id Type	81	1	9(01)	Required; must be one of the following: 1 = SSN, 2 = EIN, 3 = Other, 4 = EIN Applied For, 5 = BIA Number. If Id Type = 4, no Type 11, 13 or 19 records will be accepted until a valid EIN number is reported. (See Exhibit 10-1 for valid combinations)
11	Id Number	82	9	9(09)	Required; must be one of the following: 1 Social Security Number 2 EIN Number (Numeric, > zero) 3 All Nines 4 All Zeros 5 A valid Bureau of Indian Affairs No. (See Exhibit 10-1 for valid combinations)

Field No.	Field Name	Begin Pos.	Size	Picture	Field Edits
12	Entity Type	91	1	X(01)	Required; Must be one of the following: I = Individual- Only "L" SBI Records C = Corporation E = Religious, Charitable, Educational, Associations, Clubs, or Other Tax-Exempt Organizations – No SBI records allowed G = Public Entities, State or Local Government – No SBI records allowed J = Co-Owner/Joint Operators L = Landlord/Tenant – Only used as SBI M = Tobacco Marketing Card (One Entity for a group of people operating under one card) *Valid for Cat Coverage Only.* ** See M-8 Exhibit 32 N=Enterprise P = Partnership S = Spousal Husband/Wife T = Trusts D = Estates O = Other (Non-US Citizens) B = Bureau of Indian Affairs U = Undivided Interests *Valid for Cat Coverage Only.* (See Exhibit 10-1 for valid combinations)
13	Producer Last Name	92	20	X(20)	Required if field 18 (Bus. Name) is blank. Left Justify. Use for persons names only Any entry requires a minimum of 2 characters. Only one name per field. Alpha with (-), (.), ( ), ('), (,).
14	Producer First Name	112	10	X(10)	Required if field 13 is not blank. Left Justify. Use for persons names only. Only one name per field. For Entity Type of 'J' there can be 2 First Names. Alpha with (-), (.), ( ), ('), (,).
15	Producer Middle Name	122	10	X(10)	Optional; Left Justify if reported. Alpha with (-), (.), ('), (,). Leave blank if not reported.
16	Producer Name Suffix	132	5	X(05)	Optional; Left Justify if reported. The name suffix of the producer (e.g. SR, JR, II, etc.). Alphabetic except for (-), (.), ( ) (') or (,). Otherwise; spaces.

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Field No.	Field Name	Begin Pos.	Size	Picture	Field Edits
17	Producer Title	137	4	X(04)	Optional; Left Justify if reported. The title of the producer (e.g. MR, MRS, DR, etc.). Alphabetic except for (-), (.), ( ) or ("). Otherwise; spaces.
18	Business Name	141	35	X(35)	Required if field 13 is blank. Left Justify. Use for all Entity Types except individual persons. May contain: alpha, number, (-), (,), ( ), ('), (&), (.), (%), (*) or (#).
19	Address Line 1	176	35	X(35)	Required. Left Justify.
20	Address Line 2	211	35	X(35)	Optional. Left Justify. Otherwise; spaces.
21	City	246	35	X(35)	Required; If State code = ZZ enter foreign city and country. Left Justify.
22	Address State	281	2	X(02)	Required; Enter Alpha state abbreviation. If a foreign country, enter ZZ.
23	Zip Code	283	5	9(05)	Required if State NE ZZ; Must be a valid US zip code.
24	Zip Extension	288	4	9(04)	Optional. Otherwise; zero fill.
25	Phone Number	292	10	9(10)	Required. If no phone number enter all fives.
26	Employee	302	1	X(01)	Required. For Record Number 001 must be: C = Insurance Provider Employee E = RMA Employee/FCIC R = Relative of Insurance Provider Employee A = Agency Owner, Agent or Adjuster N = None of the Above Optional for Records 002-999 or blank.
27	Ineligible SBI Flag	303	1	X(01)	*For SBI records only.* Record number must be equal to or greater than 002. Enter Y if SBI Entity is ineligible and share has been reduced. Otherwise, blank.
28	M-14 Review Flag	304	2	9(02)	Must be zeros.
29	Ineligible SBI Share	306	4	9(01)V9(03)	*Required: For SBI records only with an Ineligible SBI Flag of Y.* Must be > 0% and $\leq$ 1.000. Record number must be $\geq$ 002. Must be zeros if not applicable.
30	Filler	310	37	X(37)	Must be Spaces.
31	SSN Validation Flag	347	2	X(02)	Internal Use. Will be populated during SSN edit.
32	Filler	349	202	X(202)	Must be Spaces.

Field No.	Field Name	Begin Pos.	Size	Picture	Field Edits
33	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch file was received. (From when transmission started) HHMM Format.
34	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission started) MMDDCCYY Format.
35	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY format.
36	Batch Number	567	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the RO to FCIC/RMA.
37	Transaction Sequence Number	571	8	9(08)	Internal Use. The sequential number assigned to each transaction number processed by DAS after it has been sorted.
38	Transaction Rejected Flag	579	1	X(01)	Internal. Reserved
39	Transaction Source Flag	580	1	X(01)	Internal. Reserved
40	Filler	581	20	X(20)	Internal.

Notes:

A 10 record always requires a T-14 record.

Contract number/Policy consists of RO, Location State, Company, Policy number and Crop year.

If any type 10 record is rejected, then all records for the contract (except the T-09) will be rejected.