

(RECORD 22 OUTPUT FORMAT for '.acp,.rej,.sus')

Format/Edits

| Field No. | Field Name | Begin Pos | Size | Picture | Field Edits |
|-----------|--|-----------|------|-------------|-------------|
| 1 | Record Type | 1 | 2 | 9(02) | Must be 22. |
| 2 | Approved Insurance Provider | 3 | 2 | X(02) | |
| 3 | Location State | 5 | 2 | 9(02) | |
| 4 | Company | 7 | 3 | 9(03) | |
| 5 | Policy Number | 10 | 7 | 9(07) | |
| 6 | Crop Year | 17 | 4 | 9(04) | |
| 7 | Crop Code | 21 | 4 | 9(04) | |
| 8 | Insurance Plan Code | 25 | 2 | 9(02) | |
| 9 | Location County | 27 | 3 | 9(03) | |
| 10 | Unit Number | 30 | 5 | 9(05) | |
| 11 | Type Code | 35 | 3 | 9(03) | |
| 12 | Practice Code | 38 | 3 | 9(03) | |
| 13 | Coverage Flag | 41 | 1 | X(01) | |
| 14 | Claim Number | 42 | 8 | 9(08) | |
| 15 | Type 22 Key Reserve | 50 | 26 | X(26) | |
| 16 | Record Number | 76 | 3 | 9(03) | |
| 17 | Type 13 Record Number | 79 | 3 | 9(03) | |
| 18 | Adjuster SSN | 82 | 9 | 9(09) | |
| 19 | Primary Date of Damage | 91 | 8 | 9(08) | |
| 20 | Primary Cause | 99 | 2 | 9(02) | |
| 21 | Primary Percent | 101 | 3 | 9(01)V9(02) | |
| 22 | Secondary Cause | 104 | 2 | 9(02) | |
| 23 | Calculation Status | 106 | 1 | X(01) | |
| 24 | Inspection Number | 107 | 2 | 9(02) | |
| 25 | Basic Unit Value | 109 | 10 | 9(10) | |
| 26 | Effective XPS Liability/ Effective Amount of Insurance | 119 | 10 | 9(10) | |
| 27 | Effective Crop Year Deductible | 129 | 9 | 9(09) | |
| 28 | Basic Unit Value for Clams | 138 | 9 | 9(09) | |
| 29 | Under Reporting Factor | 147 | 4 | 9(01)V9(03) | |
| 30 | Field Market Value A/ Unit Value Before Loss | 151 | 9 | 9(09) | |
| 31 | Field Market Value B/ Unit Value After Loss | 160 | 9 | S9(09) | |
| 32 | Adjusted Loss | 169 | 10 | 9(10) | |
| 33 | Occurrence Deductible | 179 | 9 | 9(09) | |
| 34 | Unadjusted Indemnity | 188 | 10 | S9(10) | |
| 35 | Preliminary Indemnity | 198 | 10 | S9(10) | |
| 36 | Insured Share | 208 | 4 | 9(01)V9(03) | |
| 37 | Price Election Factor | 212 | 5 | 9(01)V9(04) | |
| 38 | Indemnity | 217 | 10 | S9(10) | |
| 39 | Filler | 227 | 2 | X(02) | |

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|-----------|--|-----------|------|-------------|-------------------------|
| 40 | Loss Adjuster Signature Date | 229 | 8 | 9(08) | |
| 41 | Notice of Loss Date | 237 | 8 | 9(08) | |
| 42 | Secondary Date of Damage | 245 | 8 | 9(08) | |
| 43 | Insured's Signature Date for the Claim | 253 | 8 | 9(08) | |
| 44 | Large Claim Flag | 261 | 1 | X(01) | |
| 45 | Coverage Level | 262 | 5 | 9(01)V9(04) | |
| 46 | Settlement Flag | 267 | 1 | X(01) | |
| 47 | Rehabilitation Plant Value | 268 | 10 | 9(10) | |
| 48 | Option Codes | 278 | 10 | X(10) | |
| 49 | Multiple Rehab Payments | 288 | 1 | X(01) | |
| 50 | Actual Rehab Cost | 289 | 10 | 9(10) | |
| 51 | Filler | 299 | 243 | X(243) | |
| 52 | Valid for Escrow Flag | 542 | 1 | X(01) | Internal Use. |
| 53 | Ineligible Tracking Validation Flag | 543 | 8 | X(08) | Internal Use. Reserved. |
| 54 | FCIC Control Time | 551 | 4 | 9(04) | Internal Use. |
| 55 | FCIC Control Date | 555 | 8 | 9(08) | Internal Use. |
| 56 | Reinsurance Year | 563 | 4 | 9(04) | Internal Use. |
| 57 | Batch Number | 567 | 4 | 9(04) | Internal Use. |
| 58 | Transaction Sequence Number | 571 | 8 | 9(08) | Internal Use. |
| 59 | Transaction Rejected Flag | 579 | 1 | X(01) | Internal Use. Reserved. |
| 60 | Transaction Source Flag | 580 | 1 | X(01) | Internal Use. Reserved. |
| 61 | Filler | 581 | 20 | X(20) | Internal Use. |