Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 10.
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)	Required. 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 crop year of the crops reported under the policy. This will equal the Reinsurance Year +/- 1.
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)	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)	Optional; Reinsured organization branch office.
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 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: Id Type Id Number 1 Social Security Number 2 EIN Number (Numeric, > zero) 3 All Nines 4 Zero 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 C = Corporation E = Religious, Charitable, Educational, Associations, Clubs, or Other Tax-Exempt Organizations G = Public Entities, State or Local Government J = Co-Owner/Joint Operators 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 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)	Left Justify. (See Exhibit 10-1 for Reporting Requirements). A minimum of 2 characters required. Alphabetic except for (-), (.), ( ), (") or will allow numerics if Entity type is a "T" with an ID type of "1".
14	Producer First Name	112	10	X(10)	Left Justify. (See Exhibit 10-1 for Reporting Requirements)
15	Producer Middle Name	122	10	X(10)	Optional; Left Justify if 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 (").
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 (").
18	Business Name	141	35	X(35)	Left Justify. (See Exhibit 10-1 for Reporting Requirements)
19	Address Line 1	176	35	X(35)	Required. Left Justify.
20	Address Line 2	211	35	X(35)	Optional. Left Justify.
21	City	246	35	X(35)	Required; If State code = 'ZZ' enter foreign city and country.
22	Address State	281	2	X(02)	Required; Enter Alpha state abbreviation. If a foreign country, enter 'ZZ'.

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
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.
25	Phone Number	292	10	9(10)	Optional.
26	Company Employee	302	1	X(01)	For Record Number '001' must be: C = Company Employee R = Relative of Company Employee A = Agent or Adjuster N = None of the Above Optional for Records '002'-'999'.
27	Filler	303	31	X(31)	Must be Spaces.
28	Loss Indicator	334	1	X(01)	Internal Use. Will be: 'Y' if the policy is reporting a loss. 'N' if the policy is not reporting a loss.
29	Filler	335	16	X(16)	Must be Spaces.

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
30	FCIC Control Time	351	8	9(08)	Internal Use. The time the transaction batch file was received. (From when transmission started) HHMMSSMM Format.
31	FCIC Control Date	359	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission started) CCYYMMDD Format.
32	Reinsurance Year	367	4	9(04)	Internal Use. The Reinsurance Year. CCYY format.
33	Batch Number	371	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the RO to FCIC/RMA.
34	Transaction Sequence Number	375	8	9(08)	Internal Use. The sequential number assigned to each transaction number processed by DAS after it has been sorted.
35	Transaction Rejected Flag	383	1	X(01)	Internal. Will be: 'Y' if the transaction was rejected. 'N' if the transaction was not rejected.
36	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.
37	Filler	385	16	X(16)	Internal Use.

Notes:

Notice:
One type 14 record is required to be submitted with a type 10 record.

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

The Fund Designation will be established on the first submission of the type 10 and type 14 records if both records pass the "Policy Key Edits". This means fields 1-6 for the type 10 record and fields 1-13 for the type 14 record. The Fund Designation can be changed at any time prior to the Fund Designation lock down date by submitting new records which pass the "Policy Key Edits".