

**(Reverse 70 Detail Record - Type 70)**  
Format/Edit

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	RECORD TYPE	1	2	XX	MUST BE `70`
2	REPORTING ORGANIZATION	3	2	XX	
3	LOCATION STATE	5	2	99	
4	COMPANY	7	3	999	
5	POLICY-NUMBER	10	7	9(7)	
6	CROP-YEAR	17	4	9(4)	
7	PAID-AMOUNT	21	10	s9(8)V99	
8	CROP-CODE1	31	4	9(4)	<b>C R O P #1</b>
9	REV70-PLAN-CODE1	35	2	9(2)	MUST BE <b>12 or 73</b> (GRP/GRIP), <b>25</b> (RA), <b>42 or 45</b> (IP), <b>44</b> (CRC), <b>99</b> (OTHER)
10	REV70-COVERAGE-FLAG1	37	1	X(1)	MUST BE <b>C(CAT) or N</b> (NonCAT)
11	TOTAL-PREMIUM1	38	7	9(7)	
12	CROP-CODE2	45	4	9(4)	<b>C R O P #2</b>
13	REV70-PLAN-CODE2	49	2	9(2)	MUST BE <b>12 or 73</b> (GRP/GRIP), <b>25</b> (RA), <b>42 or 45</b> (IP), <b>44</b> (CRC), <b>99</b> (OTHER)
14	REV70-COVERAGE-FLAG2	51	1	X(1)	MUST BE <b>C(CAT) or N</b> (NonCAT)
15	TOTAL-PREMIUM2	52	7	9(7)	
16	CROP-CODE3	59	4	9(4)	<b>C R O P #3</b>
17	REV70-PLAN-CODE3	63	2	9(2)	MUST BE <b>12 or 73</b> (GRP/GRIP), <b>25</b> (RA), <b>42 or 45</b> (IP), <b>44</b> (CRC), <b>99</b> (OTHER)
18	REV70-COVERAGE-FLAG3	65	1	X(1)	MUST BE <b>C(CAT) or N</b> (NonCAT)
19	TOTAL-PREMIUM3	66	7	9(7)	

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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
20	CROP-CODE4	73	4	9(4)	<b>C R O P #4</b>
21	REV70-PLAN-CODE4	77	2	9(2)	MUST BE <b>12 or 73</b> (GRP/GRIP), <b>25</b> (RA), <b>42 or 45</b> (IP), <b>44</b> (CRC), <b>99</b> (OTHER)
22	REV70-COVERAGE-FLAG4	79	1	X(1)	MUST BE <b>C(CAT) or N</b> (NonCAT)
23	TOTAL-PREMIUM4	80	7	9(7)	
24	CROP-CODE5	87	4	9(4)	<b>C R O P #5</b>
25	REV70-PLAN-CODE5	91	2	9(2)	MUST BE <b>12 or 73</b> (GRP/GRIP), <b>25</b> (RA), <b>42 or 45</b> (IP), <b>44</b> (CRC), <b>99</b> (OTHER)
26	REV70-COVERAGE-FLAG5	93	1	X(1)	MUST BE <b>C(CAT) or N</b> (NonCAT)
27	TOTAL-PREMIUM5	94	7	9(7)	
28	CROP-CODE6	101	4	9(4)	<b>C R O P #6</b>
29	REV70-PLAN-CODE6	105	2	9(2)	MUST BE <b>12 or 73</b> (GRP/GRIP), <b>25</b> (RA), <b>42 or 45</b> (IP), <b>44</b> (CRC), <b>99</b> (OTHER)
30	REV70-COVERAGE-FLAG6	107	1	X(1)	MUST BE <b>C(CAT) or N</b> (NonCAT)
31	TOTAL-PREMIUM6	108	7	9(7)	
32	CROP-CODE7	115	4	9(4)	<b>C R O P #7</b>
33	REV70-PLAN-CODE7	119	2	9(2)	MUST BE <b>12 or 73</b> (GRP/GRIP), <b>25</b> (RA), <b>42 or 45</b> (IP), <b>44</b> (CRC), <b>99</b> (OTHER)
34	REV70-COVERAGE-FLAG7	121	1	X(1)	MUST BE <b>C(CAT) or N</b> (NonCAT)
35	TOTAL-PREMIUM7	122	7	9(7)	
36	CROP-CODE8	129	4	9(4)	<b>C R O P #8</b>
37	REV70-PLAN-CODE8	133	2	9(2)	MUST BE <b>12 or 73</b> (GRP/GRIP), <b>25</b> (RA), <b>42 or 45</b> (IP), <b>44</b> (CRC), <b>99</b> (OTHER)

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38	REV70-COVERAGE-FLAG8	135	1	X(1)	MUST BE <b>C(CAT)</b> or <b>N</b> (NonCAT)
39	TOTAL-PREMIUM8	136	7	9(7)	
40	CROP-CODE9	143	4	9(4)	<b>C R O P #9</b>
41	REV70-PLAN-CODE9	147	2	9(2)	MUST BE <b>12</b> or <b>73</b> (GRP/GRIP), <b>25</b> (RA), <b>42</b> or <b>45</b> (IP), <b>44</b> (CRC), <b>99</b> (OTHER)
42	REV70-COVERAGE-FLAG9	149	1	X(1)	MUST BE <b>C(CAT)</b> or <b>N</b> (NonCAT)
43	TOTAL-PREMIUM9	150	7	9(7)	
44	CROP-CODE10	157	4	9(4)	<b>C R O P #10</b>
45	REV70-PLAN-CODE10	161	2	9(2)	MUST BE <b>12</b> or <b>73</b> (GRP/GRIP), <b>25</b> (RA), <b>42</b> or <b>45</b> (IP), <b>44</b> (CRC), <b>99</b> (OTHER)
46	REV70-COVERAGE-FLAG10	163	1	X(1)	MUST BE <b>C(CAT)</b> or <b>N</b> (NonCAT)
47	TOTAL-PREMIUM10	164	7	9(7)	
48	CLAIM-NUMBER1	171	8	9(8)	<b>C l a i m #1</b>
49	LOSS-CREDIT-TOTAL-AMOUNT1	179	8	s9(8)	
50	TOTAL-INDEMNITY1	187	8	s9(8)	
51	CLAIM-NUMBER2	195	8	9(8)	<b>C l a i m #2</b>
52	LOSS-CREDIT-TOTAL-AMOUNT2	203	8	s9(8)	
53	TOTAL-INDEMNITY2	211	8	s9(8)	
54	CLAIM-NUMBER3	219	8	9(8)	<b>C l a i m #3</b>
55	LOSS-CREDIT-TOTAL-AMOUNT3	227	8	s9(8)	
56	TOTAL-INDEMNITY3	235	8	s9(8)	
57	CLAIM-NUMBER4	243	8	9(8)	<b>C l a i m #4</b>

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58	LOSS-CREDIT-TOTAL-AMOUNT4	251	8	s9(8)	
59	TOTAL-INDEMNITY4	259	8	s9(8)	
60	CLAIM-NUMBER5	267	8	9(8)	<b>C l a i m #5</b>
61	LOSS-CREDIT-TOTAL-AMOUNT5	275	8	s9(8)	
62	TOTAL-INDEMNITY5	283	8	s9(8)	
63	CLAIM-NUMBER6	291	8	9(8)	<b>C l a i m #6</b>
64	LOSS-CREDIT-TOTAL-AMOUNT6	299	8	s9(8)	
65	TOTAL-INDEMNITY6	307	8	s9(8)	
66	CLAIM-NUMBER7	315	8	9(8)	<b>C l a i m #7</b>
67	LOSS-CREDIT-TOTAL-AMOUNT7	323	8	s9(8)	
68	TOTAL-INDEMNITY7	331	8	s9(8)	
69	FILLER	339	4	X(4)	
70	FCIC-CONTROL-DATE	343	8	X(8)	MMDDCCYY