Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 20.
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)	For Reinsured edit with company table; for FSA edit with the county 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 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 2002.
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	1st Total Reinsurance Year	79	4	9(04)	If 1st Total Loss Code = 'R', Must = Recovery Year Otherwise must = zeros.
13	1st Total Payment/Credit Memo Company	83	3	9(03)	If 1st Total Loss Code <> Spaces, must be a valid company. Otherwise must = zeros.
14	1st 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 Overpaid Indemnity Blank = No Total
15	1st Escrow Check/Draft Number -or- P/C Memo State P/C Memo Policy	87	9	9(09)	If 1st Total Loss Code = D or E, must be > zero. Enter escrow check/draft # or if = "P" enter credit memo number. Otherwise; zero fill.
16	1st Total Date Draft Issued	96	8	9(08)	If 1st Total Loss Code = Blank, must be zeros. Otherwise, if > 0 must be a valid date. Format is MMDDCCYY.
17	1st Total Amount	104	12	S9(10)V(02)	If 1st 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.
18	2nd Total Reinsurance Year	116	4	9(04)	If 2nd Total Loss Code = 'R', Must = Recovery Year. Otherwise must = zeros.
19	2nd Total Payment/Credit Memo Company	120	3	9(03)	If 2nd Total Loss Code <> Spaces, must be a valid company. Otherwise must = zeros.
20	2nd Total Loss Code	123	1	X(01)	See 1st Total Loss Code for permitted values.
21	2nd Escrow Check/Draft	124	9	9(09)	If 2nd Total Loss Code = D or E, must be >

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
	Number -or- P/C Memo State P/C Memo Policy				zero. Enter escrow check/draft # if = "P" enter credit memo number. Otherwise; zero fill.
22	2nd Total Date Draft Issued	133	8	9(08)	If 2nd Total Loss Code = Blank, must be zeros. Otherwise, if > 0 must be a valid date. Format is MMDDCCYY.
23	2nd Total Amount	141	12	S9(10)V(02)	If 2nd 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	3rd Total Reinsurance Year	153	4	9(04)	If 3rd Total Loss Code = 'R', Must = Recovery Year Otherwise must = zeros.
25	3rd Total Payment/Credit Memo Company	157	3	9(03)	If 3rd Total Loss Code <> Spaces, must be a valid company. Otherwise must = zeros.
26	3rd Total Loss Code	160	1	X(01)	See 1st Total Loss Code for permitted values.
27	3rd Escrow Check/Draft Number -or- P/C Memo State P/C Memo Policy	161	9	9(09)	If 3rd Total Loss Code = D or E, must be > zero. Enter escrow check/draft # or if = "P" enter credit memo number. Otherwise, zero fill.
28	3rd Total Date Draft Issued	170	8	9(08)	If 3rd Total Loss Code = Blank, must be zeros. Otherwise, if > 0 must be a valid date. Format is MMDDCCYY.
29	3rd Total Amount	178	12	S9(10)V(02)	If 3rd 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	4th Total Reinsurance Year	190	4	9(04)	If 4th Total Loss Code = 'R', Must = Recovery Year Otherwise must = zeros.
31	4th Total Payment/Credit Memo Company	194	3	9(03)	If 4th Total Loss Code <> Spaces, must be a valid company. Otherwise must = zeros.
32	4th Total Loss Code	197	1	X(01)	See 1st Total Loss Code for permitted values.
33	4th Escrow Check/Draft Number -or- P/C Memo State P/C Memo Policy	198	9	9(09)	If 4th Total Loss Code = D or E, must be > zero. Enter escrow check/draft # or if = "P" enter credit memo number. Otherwise, zero fill.
34	4th Total Date Draft Issued	207	8	9(08)	If 4th Total Loss Code = Blank, must be zeros. Otherwise, if > 0 must be a valid date. Format is MMDDCCYY.
35	4th Total Amount	215	12	S9(10)V(02)	If 4th 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

(LOSS TOTAL RECORD – TYPE 20)
Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
					not acceptable for escrow.
38	Filler	343	208	X(208)	Must be spaces.
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.