

(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.
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)	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 zeros or 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 Zero 5 A valid Bureau of Indian Affairs No. (See Exhibit 10-1 for valid combinations)

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12	Entity Type	91	1	X(01)	<p>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 L = Landlord/Tenant M = Tobacco Marketing Card (One Entity for a group of people operating under one card) <i>Valid for Cat Coverage Only.</i> ** 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 <i>Valid for Cat Coverage Only.</i> (See Exhibit 10-1 for valid combinations)</p>
13	Producer Last Name	92	20	X(20)	<p>Left Justify. (See Exhibit 10-1 for Reporting Requirements). If Name Required column is 'F/L', Producer Last Name is required. If 'FLB', Producer Last Name is required if Business name is blank. If 'BUS' leave Producer Last Name blank. Any entry requires a minimum of 2 characters. Alphabetic except for (-), (.), (), (") or will allow numerics if Entity type is a 'T' with an ID type of 1.</p>
14	Producer First Name	112	10	X(10)	<p>Left Justify. (See Exhibit 10-1 for Reporting Requirements) If Name Required column is 'F/L', Producer First Name is required. If 'FLB', Producer First Name is required if Business name is blank. If 'BUS' leave Producer First Name blank.</p>
15	Producer Middle Name	122	10	X(10)	<p>Optional; Left Justify if reported. Otherwise; spaces.</p>
16	Producer Name Suffix	132	5	X(05)	<p>Optional; Left Justify if reported. The name suffix of the producer (e.g. SR, JR, II, etc.). Alphabetic except for (-), (.), () or ("). Otherwise; spaces.</p>

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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)	Left Justify. (See Exhibit 10-1 for Reporting Requirements) Otherwise; spaces.
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)	Optional. Otherwise; zero fill.
26	Employee	302	1	X(01)	Required. For Record Number 001 must be: C = Company Employee E = RMA Employee R = Relative of Company Employee A = Agent or Adjuster N = None of the Above Optional for Records 002-999 or blank.
27	Ineligible SBI Flag	303	1	X(01)	<i>For SBI records only.</i> 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)	<i>Required: For SBI records only with an Ineligible SBI Flag of Y.</i> Must be > 0% and ≤ 1.000. Record number must be ≥ 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.

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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 <u>after it has been sorted.</u>
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 requires a 9 or 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 will be rejected.