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)	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 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)

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). 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".
14	Producer First Name	112	10	X(10)	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.
15	Producer Middle Name	122	10	X(10)	Optional; Left Justify if reported. Otherwise; spaces or blanks.
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 ("). Otherwise; spaces or blanks.

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
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 or blanks.
18	Business Name	141	35	X(35)	Left Justify. (See Exhibit 10-1 for Reporting Requirements) Otherwise; spaces or blanks.
19	Address Line 1	176	35	X(35)	Required. Left Justify.
20	Address Line 2	211	35	X(35)	Optional. Left Justify. Otherwise; spaces or blanks.
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'.
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)	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)	*For SBI records only*. 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	Filler	306	41	X(41)	Must be Spaces.
30	SSN Validation Flag	347	2	X(02)	Internal Use. Will be populated during SSN edit.
31	Filler	349	202	X(202)	Must be Spaces.

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
32	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch file was received. (From when transmission started) HHMM Format.
33	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission started) MMDDCCYY Format.
34	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY format.
35	Batch Number	567	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the RO to FCIC/RMA.
36	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>.
37	Transaction Rejected Flag	579	1	X(01)	Internal. Reserved
38	Transaction Source Flag	580	1	X(01)	Internal. Reserved
39	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.