## (SUPPLEMENTAL PRIVATE POLICY - TYPE 50) Format/Edits

Field	Field Name	Begin	Siz	Picture	Field Edits
No.	Tiera rame	Pos	e	Tieture	Tion Build
	D 1.00		2	0.(02)	P. 1 1 M 1 50
1	Record Type	1	2	9(02)	Required. Must be 50.
2	Reporting Organization	3	2	X(02)	Required. Edit with RO/Company table.
3	Location State	5 7	2 3	9(02)	Required. Edit with FIPS State table.
4 5	Company MPCI Policy Number	10	3 7	9(03)	Required. Edit with company table.
3	MFCI Folicy Nulliber	10	/	9(07)	Required. If MPCI companion policy, enter the MPCI policy number. If stand alone
					policy, enter the last 7 digits of the
					supplemental private policy number.
6	Crop Year	17	4	9(04)	Required. Must be the crop year of the crops
O	crop rear	17	7	)(U <del>1</del> )	reported under the policy. This will equal the
					Reinsurance Year +/- 1.
7	Crop Code	21	4	9(04)	Required; Edit with ADM2. See Exhibit 11-2.
8	Delete Flag	25	1	9(01)	Must be:
O	Belete I lug	25	•	)(01)	0 = Do not delete, or
					1 = Delete record.
9	Reinsured Flag	26	1	9(01)	Must be:
				- (- )	0 = Not reinsured, or
					1 = Reinsured.
10	Location County	27	3	9(03)	Must be a valid FIPS county code.
11	Private Policy Code	30	3	X(03)	Enter three-character private policy code
	•				assigned by RMA.
12	MPCI Flag	33	1	X(01)	Enter "Y" if MPCI Companion Policy.
					Enter "N" if No MPCI Companion Policy.
13	Filler	34	42	X(42)	Must be spaces.
14	Record Number	76	3	9(03)	Must be greater than zero and unique for each
					record within a crop policy.
15	Supplemental Coverage	79	5	9(01)V9(04)	Enter coverage level for the supplemental
	Level			, , , , ,	policy.
16	Net Reported Acres	84	8	9(06)V9(02)	Must be greater than zero. Insured acres times
	_				share.
17	Supplemental Liability	92	10	9(10)	Must be greater than zero. Enter Private
					Policy's total liability.
18	Supplemental Total Premium	102	10	9(10)	Must be greater than zero. Enter Private
					Policy's total premium.
19	Supplemental Total	112	10	9(10)	Must be greater than or equal to zero. Enter
1)	Indemnity	112	10	)(10)	Private Policy's total indemnity.
20	Filler	122	420	V(420)	
20		122	429	X(429)	Must be spaces.
21	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch
					file was received. (From when transmission
22	Ford G 1 D .		0	0(00)	started) HHMM Format.
22	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch
					file was received. (From when transmission
22	D ' 57	5.00	4	0/04)	started) MMDDCCYY Format.
23	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY
					format.

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## (SUPPLEMENTAL PRIVATE POLICY - TYPE 50) Format/Edits

Field No.	Field Name	Begin Pos	Siz e	Picture	Field Edits
24	Batch Number	567	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the RO to FCIC/RMA.
25	Transaction Sequence Number	571	8	9(08)	Internal Use. The sequential number assigned to each transaction number processed by DAS after it has been sorted.
26 27 28	Transaction Rejected Flag Transaction Source Flag Filler	579 580 581	1 1 20	X(01) X(01) X(20)	Internal Use. Reserved. Internal Use. Reserved. Internal Use.

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