

(LOSS ADJUSTER DATA – TYPE 56)**Format/Edits**

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 56.
2	Insurance Provider	3	2	X(02)	Required. Edit with IP/Company table.
3	Active Flag	5	1	X(01)	Required for all records. Must be: Y = Yes, Active N = No, Inactive. Nothing else acceptable.
4	Inactive Date	6	8	9(08)	If field #3 = Y, Zero fill. If 'N' Must be: MMDDCCYY format. Not greater than current date.
5	Filler	14	2	X(02)	Must be Spaces.
6	Reinsurance Year	16	4	9(04)	Must be 2004 for the 2004 Reinsurance Year.
7	Filler	20	1	X(01)	Must be Spaces.
8	Adjuster ID	21	9	X(09)	Required for all records. Must be left justified. Cannot be spaces.
9	Adjuster Last Name	30	20	X(20)	Required for all records. Last name of the adjuster. Must be left justified beginning in the first position.
10	Adjuster First Name	50	10	X(10)	Required. First name of the adjuster. Must not be blank. Must be left justified beginning in first position.
11	Adjuster Middle Name	60	10	X(10)	Middle name of the loss adjuster. Must be left justified beginning in first position.
12	Adjuster Suffix	70	5	X(05)	Name suffix of the loss adjuster (i.e. Sr, Jr, etc.) Must be left justified beginning in first position.
13	Adjuster Title	75	4	X(04)	Name title of the loss adjuster (i.e. Dr, Mr, etc.) Must be left justified beginning in first position.
14	Adjuster Address	79	35	X(35)	Required for all records. Must be left justified beginning in the first position. Enter location or street address. Do not enter post office box.
15	City	114	35	X(35)	Required for all records. Must be left justified. If state code eq "ZZ", enter foreign city and country.
16	Address County	149	3	9(03)	Required for all records. Edit with county table. Must be valid for zip code.
17	Address State	152	2	X(02)	Required for all records. Must be valid alpha state abbreviation for zip code. If foreign country enter "ZZ".
18	Zip Code	154	5	9(05)	Required for all records. Must be valid zip code. Must be zeros if state eq "ZZ".
19	Zip Extension	159	4	9(04)	Optional; if reported must be valid for zip code, state, county and city.
20	Phone Number	163	10	9(10)	Required for all records. Must be left justified with no hyphens, parentheses, or special characters.

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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
21	Filler	173	64	X(64)	Must be Spaces.
22	Adjuster SSN	237	9	9(09)	Required. Valid SSN for the Loss Adjuster. Edited in ITS (preDAS edit).
23	M-14 Review Flag	246	2	9(02)	Must be zeros.
24	Filler	248	87	X(87)	Must be Spaces.
25	SSN Validation Flag	335	2	X(02)	Internal Use. Positions 335 – 336 will contain the SSN validation flag.
26	Ineligible Tracking Validation Flag	337	8	X(08)	Internal Use. Reserved.
27	Annual Review Date	345	8	9(08)	Reserved. Zero fill.
28	Filler	353	198	X(198)	Must be spaces.
29	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch file was received. (From when transmission started) HHMM Format.
30	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission started) MMDD CCYY Format.
31	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY format.
32	Batch Number	567	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the RO to FCIC/RMA.
33	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> .
34	Transaction Rejected Flag	579	1	X(01)	Internal Use. Reserved.
35	Transaction Source Flag	580	1	X(01)	Internal Use. Reserved.
36	FCIC Initially Accepted Date	581	8	9(08)	Internal Use. The date this record was initially accepted by DAS. MMDDCCYY format.
37	Filler	589	12	X(12)	Internal Use.

Note:

A 56 record must be accepted for the IP and Loss Adjuster SSN before a 21, 22 or 23 record will be accepted.

Names (fields 9, 10, 11) cannot contain numeric values or special characters such as & or *, however “ – and ‘ ” would be acceptable.