

**(Quality Control Reporting Record – Type 57)**

Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 57
2	Approved Insurance Provider	3	2	X(02)	Required. Edit with AIP/Company table.
3	Location State	5	2	9(02)	Required. Edit with FIPS State table.
4	Policy Issuing Company	7	3	9(03)	Required. Edit with Company table. Must be valid PIC code for reinsurance year.
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 applicable crop code.
7	Crop Code	21	4	9(04)	Required; Edit with ADM2. See Exhibit 99-a.
8	Insurance Plan Code	25	2	9(02)	Required; Edit with ADM2. See Exhibit 99-a.
9	Location County	27	3	9(03)	Required; Edit with FIPS County Table.
10	Type 57 Key Reserve	30	45	X(45)	Space Reserved for Additional key data required in the future or for other record types. Must be spaces or blanks.
11	Written Agreement	75	1	X(01)	Enter "W" if policy reviewed has Written Agreement; else space.
12	Record Number	76	3	9(03)	Must be > 0 and unique within a Crop Policy.
13	Reviewer's Name	79	40	X(40)	Required. If multiple reviewers, reported name of latest reviewer.
14	Reviewer's Title	119	20	X(20)	Required.
15	Date Review Completed	139	8	9(08)	Date in MMDDCCYY format. If multiple reviews, report date of latest review. For pending reviews, enter current date.
16	Crop Policy In Error	147	1	X(01)	Valid values are: "Y" – Crop Policy contained errors "N" – Crop Policy did not contain any errors "P" – Crop Policy review is pending as of April 30 of the RY If any fields numbered 27-30 contain a "C" or a "T", then must be a "Y".
17	Program Review	148	1	X(01)	Valid values are: "Y" – Yes, a Program Review was conducted on this Crop Policy "N" – Crop Policy was not selected for a Program Review
18	APH Tolerance Review	149	1	X(01)	Valid values are: "Y" – Yes, an APH Tolerance Review was conducted on this Crop Policy "N" – Crop Policy was not selected for an APH Tolerance Review
19	Conflict of Interest Review	150	1	X(01)	Valid values are: "Y" – Yes, a Conflict of Interest Review was conducted on this Crop Policy "N" – Crop Policy was not selected for a Conflict of Interest Review

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20	Simplified Claim Review	151	1	X(01)	Valid values are: “Y” – Yes, a Simplified Claim Review was conducted on this Crop Policy “N” – Crop Policy was not selected for a Simplified Claim Review
21	Consecutive Loss Adjuster Review	152	1	X(01)	Valid values are: “Y” – Yes, a Consecutive Loss Adjuster Review was conducted on this Crop Policy “N” – Crop Policy was not selected for a Consecutive Loss Adjuster Review
22	\$100,000 Claim Review	153	1	X(01)	Valid values are: “Y” – Yes, a \$100,000 Claim Review was conducted on this Crop Policy “N” – Crop Policy was not selected for a \$100,000 Claim Review
23	\$500,000 Claim Review	154	1	X(01)	Valid values are: “Y” – Yes, a \$500,000 Claim Review was conducted on this Crop Policy “N” – Crop Policy was not selected for a \$500,000 Claim Review
24	Reported Suspicion of Misrepresentation, Fraud, Waste or Abuse Review	155	1	X(01)	Valid values are: “Y” – Yes, a Reported Suspicion of Misrepresentation, Fraud, Waste or Abuse Review was conducted on this Crop Policy “N” – Crop Policy was not selected for a Reported Suspicion of Misrepresentation, Fraud, Waste or Abuse Review
25	Other Required Review	156	1	X(01)	For any review conducted per RMA. Valid values are: “Y” – Yes, an Other Required Review was conducted on this Crop Policy “N” – Crop Policy was not selected for an Other Required Review
26	AIP Quality Control Review	157	1	X(01)	Reporting these types of reviews is optional. Valid values are: “Y” – Yes, an AIP Quality Control Review was conducted on this Crop Policy “N” – “Not Applicable” or the Crop Policy was not selected for an AIP Quality Control Review

**Note: When Field 16 contains an “N”, fields 27-30 may contain an “N” or “R”, when field 16 contains a “P”, fields 27 - 30 will contain an “N”. For “N” or “P” in field 16, fields 31-36 will contain zeros, and field 37 must be spaces.**

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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
27	Application Reviewed	158	1	X(01)	Valid values are: “R” – Reviewed, no errors found “C” – Reviewed, Application was corrected “T” – Reviewed, no correction made as any errors were within tolerance “N” – Not Applicable
28	APH Reviewed	159	1	X(01)	Valid values are: “R” – Reviewed, no errors found “C” – Reviewed, APH was corrected “T” – Reviewed, no correction made as any errors were within tolerance “N” – Not Applicable
29	Acreage Report Reviewed	160	1	X(01)	Valid values are: “R” – Reviewed, no errors found “C” – Reviewed, Acreage Report was corrected “T” – Reviewed, no correction made as any errors were within tolerance “N” – Not Applicable
30	Claim Reviewed	161	1	X(01)	Valid values are: “R” – Reviewed, no errors found “C” – Reviewed, Claim was corrected “T” – Reviewed, no correction made as any errors were within tolerance “N” – Not Applicable
31	Original Liability	162	10	9(10)	The Liability reported to RMA by the Insurance Provider prior to the Crop Policy review. If multiple reviews, should be the Liability prior to the earliest review.
32	Original Total Premium	172	10	9(10)	The Total Premium reported to RMA by the Insurance Provider prior to the Crop Policy review. If multiple reviews, should be the Total Premium prior to the earliest review.
33	Original Indemnity	182	10	9(10)	The Indemnity reported to RMA by the Insurance Provider prior to the Crop Policy review. If multiple reviews, should be the Indemnity prior to the earliest review.
34	Final Liability	192	10	9(10)	The Liability reported to RMA by the Insurance Provider after the Crop Policy review. If multiple reviews, should be the Liability after the latest review.
35	Final Total Premium	202	10	9(10)	The Total Premium reported to RMA by the Insurance Provider after the Crop Policy review. If multiple reviews, should be the Total Premium after the latest review.
36	Final Indemnity	212	10	9(10)	The Indemnity reported to RMA by the Insurance Provider after the Crop Policy review. If multiple reviews, should be the Indemnity after the latest review.

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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
37	Comment	222	200	X(200)	Optional. If not spaces, must begin in position 222 and must contain only Alpha characters or a (-), (.), ( ), ('), (,).
38	Reserved	422	129	X(129)	Reserved.
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) MMDDCCYY 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 AIP 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	First Submission Flag	581	1	X(01)	Internal.
47	Filler	582	3	X(03)	Internal Use. Must be spaces.
48	FCIC Initially Accepted Date	585	8	9(08)	Internal Use. The date this record was initially accepted by DAS. MMDDCCYY format. Zero fill.
49	LSR Reduction Flag	593	2	9(02)	Internal Use. Record Type 14, Reduction Flag (field 62).
50	FCIC Initially Accepted Batch	595	4	9(04)	RMA Internal Use. The sequential number identifying the file that was initially submitted by the AIP to FCIC/RMA and accepted by DAS.
51	Filler	599	1	X(01)	Internal Use.

**Additional Notes:**

At least one field numbered 17-26 must contain a "Y".

Acceptance of the Type 57 record is not dependant upon acceptance of any other policy record.

All Type 57 records reported in a batch will replace all previously reported Type 57 records. The Type 49 delete record has no impact on this Type 57 record.

Type 57 records are to be reported no later than April 30 following annual settlement. Identified reviews that are pending should also be reported by April 30. Reviews completed after the April 30 date should be reported in the month following completion of the review.