

(CIMS Request Record – TYPE 05)

Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 05.
2	Reinsurance Year	3	4	9(04)	Required. The Reinsurance Year. CCYY format.
3	Approved Insurance Provider	7	2	X(02)	Required. Edit with AIP/Company table.
4	Policy Location State	9	2	9(02)	Required. Edit with FIPS State table.
5	Policy Issuing Company	11	3	9(03)	Required. Edit with company table. Must be valid Pic code for reinsurance year.
6	Policy Number	14	7	9(07)	Required. Must be > zeros.
7	Crop Year	21	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.
8	Crop Code	25	4	9(04)	Required; Edit with ADM2. See Exhibit 99-a.
9	Insurance Plan Code	29	2	9(02)	Required; Edit with ADM2. See Exhibit 99-a.
10	Policy Location County	31	3	9(03)	Required; Edit with FIPS County Table.
11	FSA Admin State	34	2	9(02)	FIPS code for FSA Administrative State if different from Location State when reporting Common Land Unit in Land Location. Optional. If no FSA Admin State, Zero Fill.
12	FSA Admin County	36	3	9(03)	FIPS code for FSA Administrative County if different from Location County when reporting Common Land Unit in Land Location. Optional. If no FSA Admin County, Zero Fill.
13	CIMS Request Flag	39	1	X(01)	Required. Must be: P = Primary Insured Producer Information S = Primary Insured and Reported SBI Producer Information B = Producer and Acreage for Primary Insured Producer
14	Statewide Application Indicator	40	1	X(01)	Required. Must be: Y = Policy was accepted by RMA as state application. N = Policy was not accepted by RMA as state application. A separate request will be required for each state under a state wide application.
15	Filler	41	559	X(559)	Must be spaces.

The inside file name for the request should be in the following format:

XXYRYYYYMMDDHHMMSS.REQ

XX= AIP Code

YR= Reinsurance Year of the data requested

YYYY= Request Date Year

MM = Request Date Month

DD = Request Date Day

HH = Request Time Hour

MM = Request Time Minutes

SS = Request Time Seconds

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
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Notes:

The file must be zipped and the zip name must be XXYRCIMS. ZIP

XX= AIP Code

YR= Reinsurance Year of the data requested