Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 56.
2	Approved Insurance Provider	3	2	X(02)	Required. Edit with AIP/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 2010 for the 2010 Reinsurance Year.
7	Filler	20	1	X(01)	Must be Spaces.
8	Adjuster ID	21	9	X(09)	Required for all records. AIP issued identification number for loss adjuster. A loss adjuster ID can only reference one SSN. Must be left justified. Cannot be spaces. Adjuster ID Code can not equal Adjuster SSN.
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. Alpha including (-), (.), ( ), ('), (,).
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. Alpha including (-), (.), ( ), ('), (,).
11	Adjuster Middle Name	60	10	X(10)	Middle name of the loss adjuster. Must be left justified beginning in first position. Alpha including (-), (.), ( ), ('), (,).
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. Alpha including (-), (.), ( ), ('), (,).
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. Alpha including (-), (.), ( ), ('), (,).
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. Alphanumeric including (-), (,), (.), ( ), (&), (%), (#), (/).
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.

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
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.
21	Non-Disclosure Statement Signature Date	173	8	9(08)	Required: Must be format of MMDDCCYY and not greater than the submission date. (MGR-09-001 Non-Disclosure Statement)
22	Filler	181	56	X(56)	Must be Spaces.
23	Adjuster SSN	237	9	9(09)	Required. Valid SSN for the Loss Adjuster. Edited in ITS (pre DAS edit).
24	COI Questionnaire Completion Date	246	8	9(08)	If active flag (field 3) = Y; Must be MMDDCCYY format. (MGR-09-001 Non-Disclosure Statement) Required. Must be greater than or equal to 07012009. Can't be greater than current date. If active flag = N; the COI signature date can be zeros.
25	Amended Date COI Questionnaire	254	8	9(08)	Must be MMDDCCYY format. Latest date Conflict of Interest questionnaire was amended. (Optional)
26	COI Responses Carried Forward From Previous Year	262	1	X(01)	Must be "Y" or "N"
27	COI Question 1 Response	263	1	X(01)	Must be "Y" or "N".
28	COI Question 2 Response	264	1	X(01)	Must be "Y" or "N".
29	COI Question 3 Response	265	1	X(01)	Must be "Y" or "N".
30	COI Question 4 Response	266	1	X(01)	Must be "Y" or "N".
31	COI Question 5 Response	267	1	X(01)	Must be "Y" or "N".
32	COI Question 6 Response	268	1	X(01)	Must be "Y" or "N".
33	COI Question 7 Response	269	1	X(01)	Must be "Y" or "N".
34	COI Question 8 Response	270	1	X(01)	Must be "Y" or "N".
35	COI Question 9 Response	271	1	X(01)	Must be "Y" or "N".
36	COI Question 10 Response	272	1	X(01)	Must be "Y" or "N".
37	COI Question 11 Response	273	1	X(01)	Must be "Y" or "N".
38	Filler	274	61	X(61)	Must be Spaces.
39	SSN Validation Flag	335	2	X(02)	Internal Use. Positions 335 – 336 will contain the SSN validation flag.
40	Ineligible Tracking Validation Flag	337	8	X(08)	Internal Use. Reserved.
41	Annual Review Date	345	8	9(08)	Reserved. Zero fill.
42	Filler	353	198	X(198)	Must be spaces.

(LOSS ADJUSTER DATA – TYPE 56)
Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
43	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch file was received. (From when transmission started) HHMM Format.
44	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission started) MMDDCCYY Format.
45	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY format.
46	Batch Number	567	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the AIP to FCIC/RMA.
47	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>.
48	Transaction Rejected Flag	579	1	X(01)	Internal Use. Reserved.
49	Transaction Source Flag	580	1	X(01)	Internal Use. Reserved.
50	FCIC Initially Accepted Date	581	8	9(08)	Internal Use. The date this record was initially accepted by DAS. MMDDCCYY format.
51	Filler	589	11	X(11)	Internal Use.

Notes:

A 56 record must be accepted for the AIP and Adjuster SSN before a 21 or 22 record will be accepted. Names (fields 9, 10, 11) cannot contain numeric values or special characters such as & or *, however " – and ' " would be acceptable.

Fields 24-37 must be identical for all 56 records reported for this AIP and Adjuster ID. When Field 26 is "Y", then fields 27-37 must match last year's responses for this Adjuster. A 56 record must be accepted for the AIP and Adjuster ID before a 51 record will be accepted.