

| Section/Attribute | Description/Edit |
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AGENT

“AGENT” is the title of this section. It identifies the opening and closing of the xml transaction for an agent. This document provides additional reporting requirements of data under this section.

Agent precedes Crop Policy and Conflict of Interest.

CHANGE_FLAG (ATTRIBUTE)

If Process Flag = 2 or 5 certain data will be allowed to change after initial acceptance. Tags have been identified by flags below. Flag of ‘1’ will only be allowed to change data identified by ‘1’. Flag of ‘2’ will be allowed to change data identified by ‘1 or 2’. Flag of ‘3’ will be allowed to change any data.

Valid flags:

- 1 = general
- 2 = company approval
- 3 = RMA approval

Change flag will default to 2 unless otherwise indicated.

PROCESS_FLAG (ATTRIBUTE)

Valid flags:

- 1 = original
- 2 = modify
- 3 = delete
- 4 = validate (original)
- 5 = validate (modify)
- 6 = quote (only applicable for premium)
- 7 = retrieve
- 8 = cancel (only applicable for Livestock crop policy)
- 9 = re-instate (only applicable for Livestock crop policy)

Process flag will default to 1 unless otherwise indicated.

AGENT REQUIREMENTS FOR eDAS
Format/Edits

| No. | Tag | Key | Level of Change | IN/OUT | REQ/OPT/CON | Max Size | Picture | Description/Edit |
|-----|----------------------|-----|-----------------|--------|-------------|----------|---------|---|
| 1 | <INSURANCE_PROVIDER> | Y | 3 | Y/Y | REQ | 2 | X(02) | Edit with Approved Insurance Provider/Company table. |
| 2 | <REINSURANCE_YEAR> | Y | NA | Y/Y | REQ | 4 | 9(04) | Must = Reinsurance Year. |
| 3 | <AGENT_SSN> | Y | 2 | Y/Y | REQ | 9 | X(09) | A valid SSN for the certified agent. Validate to SSA file and ITS file. Must be 9 digits. |
| 4 | <AGENT_USER_ID> | | 1 | Y/Y | CON | 10 | X(10) | Need only if using RMA WEB applications. Must be unique for each SSN within an approved insurance provider. Minimum of 3 characters. |
| 5 | <AGENT_PASSWORD> | | 1 | Y/Y | CON | 32 | X(32) | Need only if using RMA WEB applications. Must be unique for each SSN within an approved insurance provider. Format: MD5 Hash, 0 – 9, A – F. |
| 6 | <LAST_NAME> | | 1 | Y/Y | REQ | 20 | X(20) | Last name of agent. Requires a minimum of 2 characters, Alpha including (-), (.), (), ('), (). |
| 7 | <FIRST_NAME> | | 1 | Y/Y | REQ | 12 | X(12) | First name of agent. Must not be blank, Alpha including (-), (.), (), ('), (). |
| 8 | <MIDDLE_NAME> | | 1 | Y/Y | OPT | 10 | X(10) | Middle name of agent. Alpha including (-), (.), (), ('), (). |
| 9 | <SUFFIX> | | 1 | Y/Y | OPT | 5 | X(05) | Suffix (e.g. SR, JR, II, etc.) of agent. Alpha including (-), (.), (), ('), (). |
| 10 | <TITLE> | | 1 | Y/Y | OPT | 4 | X(04) | Title (e.g. DR, etc.) of agent. Alpha including (-), (.), (), ('), (). |
| 11 | <NON_DISCLOSURE_DT> | | 1 | Y/Y | REQ | 10 | X(10) | Non-Disclosure Statement Signature Date. Cannot be greater than submission date. Format MM/DD/YYYY. |
| 12 | <COI_COMP_DT> | | 1 | Y/Y | OPT | 10 | X(10) | Conflict of Interest Questionnaire Completion Date. Cannot be greater than submission date. Format MM/DD/YYYY. |
| 13 | <COI_AMENDED_DT> | | 1 | Y/Y | CON | 10 | X(10) | Conflict of Interest Amended Date. Latest date COI was amended. Cannot be greater than submission date. Format MM/DD/YYYY. |

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|-----|----------------------|-----|-----------------|--------|-------------|----------|---------|---|
| 14 | <COI_CARRY_OVER> | | 1 | Y/Y | OPT | 1 | X(01) | Conflict of Interest responses carried over from previous year. Must be 'Y or N'. |
| 15 | <COI_Q1_RESPONSE> | | 1 | Y/Y | OPT | 1 | X(01) | Response to Conflict of Interest Question 1. Must be 'Y or N'. |
| 16 | <COI_Q2_RESPONSE> | | 1 | Y/Y | OPT | 1 | X(01) | Response to Conflict of Interest Question 2. Must be 'Y or N'. |
| 17 | <COI_Q3_RESPONSE> | | 1 | Y/Y | OPT | 1 | X(01) | Response to Conflict of Interest Question 3. Must be 'Y or N'. |
| 18 | <COI_Q4_RESPONSE> | | 1 | Y/Y | OPT | 1 | X(01) | Response to Conflict of Interest Question 4. Must be 'Y or N'. |
| 19 | <COI_Q5_RESPONSE> | | 1 | Y/Y | OPT | 1 | X(01) | Response to Conflict of Interest Question 5. Must be 'Y or N'. |
| 20 | <COI_Q6_RESPONSE> | | 1 | Y/Y | OPT | 1 | X(01) | Response to Conflict of Interest Question 6. Must be 'Y or N'. |
| 21 | <COI_Q7_RESPONSE> | | 1 | Y/Y | OPT | 1 | X(01) | Response to Conflict of Interest Question 7. Must be 'Y or N'. |
| 22 | <COI_Q8_RESPONSE> | | 1 | Y/Y | OPT | 1 | X(01) | Response to Conflict of Interest Question 8. Must be 'Y or N'. |
| 23 | <COI_Q9_RESPONSE> | | 1 | Y/Y | OPT | 1 | X(01) | Response to Conflict of Interest Question 9. Must be 'Y or N'. |
| 24 | <COI_Q10_RESPONSE> | | 1 | Y/Y | OPT | 1 | X(01) | Response to Conflict of Interest Question 10. Must be 'Y or N'. |
| 25 | <COI_Q11_RESPONSE> | | 1 | Y/Y | OPT | 1 | X(01) | Response to Conflict of Interest Question 11. Must be 'Y or N'. |
| 26 | <AUTHORIZATION_NUM> | | 2 | Y/Y | CON | 5 | 9(05) | Authorization Number provided by Reinsurance Services Division (RSD) approving the original, change or deletion. Change Flag must = 3 and Process Flag must = 1, 2, 3, 4 or 5. If changing a "Key" field with Level of Change = 2, Authorization Number assigned by administrative screen and Change Flag must = 2. |
| 27 | <FCIC_DT_TM> | | NA | N/Y | REQ | 19 | X(19) | FCIC Control Date and Time of process, format MM/DD/YYYY HH:MM:SS. There is a space between the YY and HH. |
| 28 | <TRANS_SEQUENCE_NUM> | | NA | N/Y | REQ | 8 | 9(08) | Transaction Sequential Number assigned to each transaction number processed by eDAS. |
| 29 | <TRANS_RECORD_NUM> | | NA | N/Y | REQ | 6 | 9(06) | Transaction Record Number |
| 30 | <TRANSACTION_FLAG> | | NA | N/Y | REQ | 1 | X(01) | If transaction accepted, flag = Y. If rejected, flag = N. If deleted, flag = D. If cancel, flag = C. |

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| ** | <AGENT_DETAIL> | ** | | | | | | The beginning of agent information at a detail level. |
| 31 | <DETAIL_NUM> | Y | NA | Y/Y | REQ | 3 | 9(03) | Agent Detail Number. Multiple sets may be reported with a unique number. Must be ≥ 1 or ≤ 999 . Detail number represents a separate agency (ie Agent ID code). |
| 32 | <DIRECTORY_STATE> | | 1 | Y/Y | REQ | 2 | 9(02) | Agent Directory State. Edit with FIPS State table. Must submit one record for each state serviced. |
| 33 | <DIRECTORY_COUNTY> | | 1 | Y/Y | REQ | 1000 | X(1000) | Agent Directory County. Must be a valid FIPS county code and used to facilitate Agent Directory. Multiple counties may be submitted for an agent with "comma delimited", leading zeros not necessary. Submit one record per state with 998 when an agent is to be listed for all counties in a state. Example: <DIRECTORY_COUNTY> 1,2,215</DIRECTORY_COUNTY> |
| 34 | <ACTIVE_FLAG> | | 1 | Y/Y | REQ | 1 | X(01) | Must be: Y = Yes, active N = No, inactive |
| 35 | <INACTIVE_DT> | | 1 | Y/Y | CON | 10 | X(10) | Inactive Date required if field 34 (Active Flag) = N. Format MM/DD/YYYY. Numeric with slashes. Must be between (and including) 7/1 and 6/30 for the reinsurance year submitted. |
| 36 | <INS_PLAN_LIST> | | 1 | Y/Y | REQ | 50 | X(50) | Insurance Plan Code List. Multiple insurance plans may be submitted for an agent with "comma delimited". Example: <INS_PLAN_LIST> 61,63,81,82</INS_PLAN_LIST> |

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| 37 | <INS_PLAN_LIST_WEB> | | 2 | Y/Y | OPT | 50 | X(50) | Insurance Plan List Web. To provide companies the ability to limit access to the RMA web application for an agent. If limiting, submit only the insurance plan(s) for which agent should have access. An agent will still have access if this tag IS NOT submitted. Multiple insurance plans may be submitted for an agent with "comma delimited". Example: <INS_PLAN_LIST_WEB>61,63,81,82</INS_PLAN_LIST_WEB> |
| 38 | <TYPE_ID_CODE> | | 1 | Y/Y | REQ | 1 | X(01) | Type of ID Code. Must be: A = Agent U= Unlisted Agent (not listed on RMA web site) |
| 39 | <AGENT_ID_CODE> | | 1 | Y/Y | REQ | 9 | X(09) | An Agent Identification Code can only reference one SSN for an approved insurance provider. Alpha/numeric. Agent ID Code cannot equal Agent SSN. |
| 40 | <AGENCY_NAME> | | 1 | Y/Y | REQ | 35 | X(35) | Business name of agent's location. Alphanumeric including (-), (.), (.), (), ('), (&), (%), (*), (+), (#). |
| 41 | <AGENT_ADDRESS> | | 1 | Y/Y | REQ | 35 | X(35) | Enter location or street address of agent office. Do not enter post office box. Alphanumeric including (-), (.), (.), (), (&), (%), (#), (/). |
| 42 | <CITY> | | 1 | Y/Y | REQ | 35 | X(35) | If State code = 'ZZ' enter foreign city and country. |
| 43 | <ADDRESS_COUNTY> | | 1 | Y/Y | REQ | 3 | 9(03) | Edit with county table unless State code = 'ZZ'. Must be valid for zip code submitted. |
| 44 | <ADDRESS_STATE> | | 1 | Y/Y | REQ | 2 | X(02) | Enter alpha state abbreviation for zip code submitted. If a foreign country, enter 'ZZ'. |
| 45 | <ZIP_CODE> | | 1 | Y/Y | REQ | 5 | X(05) | If State NE 'ZZ' must be a valid US zip code. |
| 46 | <ZIP_EXTENSION> | | 1 | Y/Y | OPT | 4 | X(04) | Must be numeric. |
| 47 | <PHONE_NUMBER> | | 1 | Y/Y | REQ | 10 | X(10) | Must be numeric. |
| 48 | <PHONE_EXTENSION> | | 1 | Y/Y | OPT | 6 | X(06) | Must be numeric. |

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| 49 | <FILE_RETENTION_FLG> | | 1 | Y/Y | REQ | 1 | X(01) | File Retention Flag. Enter 'Y' if agent retains the official file folder for the policy services, enter 'N' if not. |
| 50 | <ALTERNATIVE_LANG> | | 1 | Y/Y | OPT | 43 | X(43) | Agent volunteers language skills. Three position alpha code from FCIC approved language list. Multiple languages may be submitted for an agent with "comma delimited". |
| 51 | <AUTHORIZATION_NUM> | | 2 | Y/Y | CON | 5 | 9(05) | Authorization Number provided by Reinsurance Services Division (RSD) approving the original, change or deletion. Change Flag must = 3 and Process Flag must = 1, 2, 3, 4 or 5. If changing a "Key" field with Level of Change = 2, Authorization Number assigned by administrative screen and Change Flag must = 2. |
| 52 | <TRANSACTION_FLAG> | | NA | N/Y | REQ | 1 | X(01) | If transaction accepted, flag = Y. If rejected, flag = N. If deleted, flag = D. If cancel, flag = C. |
| ** | </AGENT_DETAIL> | ** | | | | | | End of agent information at detail level. |

Notes: Key fields are: Approved Insurance Provider (field 1), Reinsurance Year (field 2), and Agent SSN (field 3)

Key fields with Level of Change = 3 will be allowed with RMA approval. When a company submits this information, eDAS will change all other associated data to the new information.

Key fields with Level of Change = 2 requiring a change to that field, company will use an administrative screen to identify this change. eDAS will use this information to verify the data when submitted.

Conflict of Interest information (fields 12 – 25) is optional until reporting of premium. Conflict of Interest information must be completed for the agent before premium will be accepted. When field 14 (COI Carry Over) is 'Y' then fields 15 - 25 must match last year's response for this agent.

Information regarding column headers:

- 1) 'Tag' identifies the naming convention used in creation of XML.
- 2) 'Key' identifies the tags that are key to the validation/storage of data.
- 3) 'Level of Change' identifies the data that is allowed to change and at what level according to Change Flag.
- 4) 'IN/OUT' identifies the direction of data, IN for input and OUT for output with flags 'N' (NO) and 'Y' (YES).
- 5) 'REQ/OPT/CON' identifies if the data is required (REQ), optional (OPT), or conditional (CON). If optional or conditional and there is no data to report the tag is not used.
- 6) 'Max Size' is the maximum size of data allowed for that tag.
- 7) 'Picture' identifies the type of data expected.

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8) 'Description/Edit' gives additional information.

On an update, only the key fields that define the sections are required plus any changed fields or new section(s).