

**2001 POLICYHOLDER TRACKING EXPERIENCE INQUIRY
TYPE 81 - OUTPUT FORMAT**

FIELD					
NO.	NAME	POS	SIZE	PICTURE	EDITS
1	RECORD TYPE	1	2	99	Will be 81
2	REPORTING ORGANIZATION	3	2	XX	**
3	POLICY STATE	5	2	99	LOCATION STATE for Reinsured/FSA policy, RATE STATE for FCIC policy. **
4	POLICY PREFIX	7	3	999	COMPANY/SERVICING COUNTY for Reinsured/FSA policy, RATE COUNTY for FCIC policy. **
5	POLICY NUMBER	10	7	9(7)	**
6	CROP YEAR	17	4	9(4)	**

** From policy which initiated the inquiry when message code is B, N, or S. From retrieved policy data when MESSAGE CODE is D, P, or T.

NOTE:

The layout and format of the records attached are based on the 1997 M-13.

**2001 POLICYHOLDER TRACKING EXPERIENCE INQUIRY
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FIELD					
NO.	NAME	POS	SIZE	PICTURE	EDITS
<hr/>					
TYPE 10 RECORD DATA					
<hr/>					
1	BRANCH OFFICE	21	2	XX	
2	ID TYPE	23	1	9	
3	ID NUMBER	24	9	9(9)	
4	ENTITY TYPE	33	1	X	
5	PRODUCER LAST NAME	34	20	X(20)	
6	PRODUCER FIRST NAME	54	10	X(10)	
7	PRODUCER MIDDLE NAME	64	10	X(10)	
8	PRODUCER NAME SUFFIX	74	5	X(5)	
9	PRODUCER TITLE	79	4	X(4)	
10	BUSINESS NAME	83	35	X(35)	
11	ADDRESS LINE 1	118	35	X(35)	
12	ADDRESS LINE 2	153	35	X(35)	
13	CITY	188	35	X(35)	
14	ADDRESS STATE	223	2	X(2)	
15	ZIP CODE	225	5	9(5)	
16	ZIP EXTENSION	230	4	9(4)	
17	PHONE NUMBER	234	10	X(10)	
18	FSA/CO EMPLOYEE	244	1	X	
19	TYPE 10 FILLER	245	85	X(85)	
20	POLICYHOLDER DATA TYPE 10	330	2	99	Will be '10'

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FIELD					
NO.	NAME	POS	SIZE	PICTURE	EDITS
TYPE 11 RECORD DATA					
1	CROP CODE	21	4	9(4)	
2	INSURANCE PLAN CODE	25	2	99	
3	LOCATION COUNTY	27	3	999	
4	UNIT NUMBER	30	5	9(5)	
5	TYPE CODE	35	3	999	
6	PRACTICE CODE	38	3	999	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	999	
9	TYPE 15 RECORD NUMBER	45	3	999	
10	AGENT ID NUMBER	48	9	X(9)	
11	RATE CLASS	57	3	XXX	
12	MAP AREA	60	3	XXX	
13	CRUSH DISTRICT	63	2	XX	
14	REFERENCE CROP YEAR	65	4	9(4)	
15	NCS EXCEPTION/FCIC-2 FLAG	69	1	X	
16	DATE PLANTED	70	8	9(8)	
17	GUARANTEE REDUCTION FLAG	78	1	X	
18	YIELD	79	8	9(7)V9(1)	
19	DOLLAR AMT OF INSURANCE	87	8	9(6)V9(2)	
20	QUOTA FOR PNUTS, TOBACCO, OR NUMBER OF FL. FRUIT TREES	95	10	9(10)	
21	COVERAGE LEVEL	105	2	99	
22	GUARANTEE PER ACRE	107	8	9(6)V9(2)	
23	GUAR REDUCTIO FACTOR	115	3	V999	
24	REPORTED ACRES	118	8	9(6)V9(2)	
25	TOTAL GUARANTEE	126	10	9(8)V9(2)	
26	PRICE ELECTION	136	8	9(4)V9(4)	
27	INSURED SHARE	144	4	9V9(3)	
28	LIABILITY	148	9	9(9)	
29	YIELD CONVERSION FACTOR OR PERCENT ELECTION	157	3	9V9(2)	
30	BASE PREMIUM RATE	160	8	9(4)V9(4)	
31	UNIT OPTION CODE	168	2	XX	
32	ADDITION OPTION CODES	170	6	X(6)	
33	TYPE/PRACTICE OPTION CODE	176	8	X(8)	
34	EXPERIENCE FACTOR	184	3	9V9(2)	
35	PREMIUM RATE SURCHARGE	187	1	X	
36	TOTAL PREMIUM	188	8	9(8)	
37	PRODUCER PREMIUM	196	8	9(8)	
38	PRIVATE POLICY CODE	204	3	XXX	
39	INTENDED ACREAGE FLAG	207	1	X	

**2001 POLICYHOLDER TRACKING EXPERIENCE INQUIRY
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FIELD					
NO.	NAME	POS	SIZE	PICTURE	EDITS
<hr/> TYPE 11 RECORD DATA (Continued) <hr/>					
40	SEED COMPANY CODE	208	3	999	
41	RATE STATE	211	2	99	
42	RATE COUNTY	213	3	999	
43	FARM SERIAL NUMBER	216	7	X(7)	
44	REVENUE COVERAGE LEVEL %	223	5	9(1)V9(4)	
45	NUMBER OF SECTIONS	228	2	99	
46	RA UNIT PREM ADJ FACTOR	230	4	9(1)V9(3)	
47	RA PARTIAL PREV PLANT FLAG	234	1	X	
48	IP COUNTY AVG YIELD	235	8	9(7)V9	
49	RA WHOLE FARM DISC FACTOR	243	4	9V9(3)	
50	TYPE 11 FILLER	247	83	X(83)	
50	POLICYHOLDER DATA TYPE 11	330	2	99	Will be '11'

**2001 POLICYHOLDER TRACKING EXPERIENCE INQUIRY
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FIELD					
NO.	NAME	POS	SIZE	PICTURE	EDITS
<hr/>					
TYPE 14 RECORD DATA					
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1	CROP CODE	21	4	9(4)	
2	INSURANCE PLAN CODE	25	2	99	
3	LOCATION COUNTY	27	3	999	
4	TYPE 14 CODE	30	3	999	
5	COVERAGE FLAG	33	1	X	
6	RECORD NUMBER	34	3	999	
7	ASSIGNED RISK FLAG	37	1	9	
8	LATE PROCESSED FLAG	38	1	9	
9	FEE PREPAYMENT FLAG	39	1	X	
10	MAXIMUM FEE CAUSE	40	1	X	
11	ADMINISTRATIVE FEE FLAG	41	1	X	
12	REFUND/CANCEL FLAG	42	1	X	
13	RATE STATE	43	2	99	
14	RATE COUNTY	45	3	999	
15	DUAL COVERAGE FLAG	48	1	9	
16	TYPE 14 FILLER	49	277	X(277)	
17	SEARCH YEAR	326	4	9(4)	
18	POLICYHOLDER DATA TYPE 14	330	2	99	Will be '14'

**2001 POLICYHOLDER TRACKING EXPERIENCE INQUIRY
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FIELD					
NO.	NAME	POS	SIZE	PICTURE	EDITS
<hr/> TYPE 15 RECORD DATA <hr/>					
1	CROP CODE	21	4	9(4)	
2	INSURANCE PLAN CODE	25	2	99	
3	LOCATION COUNTY	27	3	999	
4	UNIT NUMBER	30	5	9(5)	
5	TYPE CODE	35	3	999	
6	PRACTICE CODE	38	3	999	
7	COVERAGE FLAG	41	1	X	
8	RECORD NUMBER	42	3	999	
9	T-YIELD MAP AREA	45	3	XXX	
10	NCS EXCEPTION FLAG	48	1	X	
11	NCS YIELD FACTOR	49	3	9V9(2)	
12	REVIEW FLAG	52	2	99	
13	YIELD INDICATOR	54	1	X	
14	TRANSITIONAL T-YIELD	55	6	9(5)V9	
15	FSA YIELD	61	6	9(5)V9	
16	APPROVED YIELD	67	6	9(5)V9	
17	PREVIOUS APPROVED YIELD	73	6	9(5)V9	
18	YIELD YEAR 1	79	2	99	
19	YIELD TYPE 1	81	1	X	
20	ANNUAL YIELD 1	82	6	9(5)V9	
21	YIELD ACRE 1	88	7	9(5)V9(2)	
22	YIELD YEAR 2	95	2	99	
23	YIELD TYPE 2	97	1	X	
24	ANNUAL YIELD 2	98	6	9(5)V9	
25	YIELD ACRE 2	104	7	9(5)V9(2)	
26	YIELD YEAR 3	111	2	99	
27	YIELD TYPE 3	113	1	X	
28	ANNUAL YIELD 3	114	6	9(5)V9	
29	YIELD ACRE 3	120	7	9(5)V9(2)	
30	YIELD YEAR 4	127	2	99	
31	YIELD TYPE 4	129	1	X	
32	ANNUAL YIELD 4	130	6	9(5)V9	
33	YIELD ACRE 4	136	7	9(5)V9(2)	
34	YIELD YEAR 5	143	2	99	
35	YIELD TYPE 5	145	1	X	
36	ANNUAL YIELD 5	146	6	9(5)V9	
37	YIELD ACRE 5	152	7	9(5)V9(2)	
38	YIELD YEAR 6	159	2	99	
39	YIELD TYPE 6	161	1	X	
40	ANNUAL YIELD 6	162	6	9(5)V9	
41	YIELD ACRE 6	168	7	9(5)V9(2)	

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FIELD					
NO.	NAME	POS	SIZE	PICTURE	EDITS
<hr/> TYPE 15 RECORD DATA (Continued) <hr/>					
41	YIELD YEAR 7	175	2	99	
42	YIELD TYPE 7	177	1	X	
43	ANNUAL YIELD 7	178	6	9(5)V9	
44	YIELD ACRE 7	184	7	9(5)V9(2)	
45	YIELD YEAR 8	191	2	99	
46	YIELD TYPE 8	193	1	X	
47	ANNUAL YIELD 8	194	6	9(5)V9	
48	YIELD ACRE 8	200	7	9(5)V9(2)	
49	YIELD YEAR 9	207	2	99	
50	YIELD TYPE 9	209	1	X	
51	ANNUAL YIELD 9	210	6	9(5)V9	
52	YIELD ACRE 9	216	7	9(5)V9(2)	
53	YIELD YEAR 10	223	2	99	
54	YIELD TYPE 10	225	1	X	
55	ANNUAL YIELD 10	226	6	9(5)V9	
56	YIELD ACRE 10	232	7	9(5)V9(2)	
57	RATE STATE	239	2	99	
58	RATE COUNTY	241	3	999	
59	FARM SERIAL NUMBER	244	7	X(7)	
60	YIELD LIMITATION FLAG	251	1	9	
61	DAY LIMITATION FLAG	252	1	X	
62	TYPE 15 FILLER	253	77	X(77)	
63	POLICYHOLDER DATA TYPE 15	330	2	99	Will be '15'

**2001 POLICYHOLDER TRACKING EXPERIENCE INQUIRY
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FIELD					
NO.	NAME	POS	SIZE	PICTURE	EDITS
TYPE 17 RECORD DATA					
1	CROP CODE	21	4	9(4)	
2	INSURANCE PLAN CODE	25	2	99	
3	LOCATION COUNTY	27	3	999	
4	UNIT NUMBER	30	5	9(5)	
5	TYPE CODE	35	3	999	
6	PRACTICE CODE	38	3	999	
7	COVERAGE FLAG	41	1	X	
8	TYPE 17 KEY RESERVE	42	34	X(34)	
9	RECORD NUMBER	76	3	999	
10	TYPE 11/15 RECORD NUMBER	79	3	999	
11	LAND IDENTIFIER TYPE 1	82	1	X	
12	LAND IDENTIFIER 1	83	13	X(13)	
13	LAND IDENTIFIER TYPE 2	96	1	X	
14	LAND IDENTIFIER 2	97	13	X(13)	
15	LAND IDENTIFIER TYPE 3	110	1	X	
16	LAND IDENTIFIER 3	111	13	X(13)	
17	LAND IDENTIFIER TYPE 4	124	1	X	
18	LAND IDENTIFIER 4	125	13	X(13)	
19	LAND IDENTIFIER TYPE 5	138	1	X	
20	LAND IDENTIFIER 5	139	13	X(13)	
21	LAND IDENTIFIER TYPE 6	152	1	X	
22	LAND IDENTIFIER 6	153	13	X(13)	
23	LAND IDENTIFIER TYPE 7	166	1	X	
24	LAND IDENTIFIER 7	167	13	X(13)	
25	LAND IDENTIFIER TYPE 8	180	1	X	
26	LAND IDENTIFIER 8	181	13	X(13)	
27	LAND IDENTIFIER TYPE 9	194	1	X	
28	LAND IDENTIFIER 9	195	13	X(13)	
29	LAND IDENTIFIER TYPE 10	208	1	X	
30	LAND IDENTIFIER 10	209	13	X(13)	
31	PERSON SHARING 1	222	35	X(35)	
32	PERSON SHARING 2	257	35	X(35)	
33	PERSON SHARING 3	292	35	X(35)	
34	FILLER	327	3	X(03)	
35	POLICYHOLDER DATA TYPE 17	330	2	99	WILL BE 17

**2001 POLICYHOLDER TRACKING EXPERIENCE INQUIRY
TYPE 81 - OUTPUT FORMAT**

FIELD					
NO.	NAME	POS	SIZE	PICTURE	EDITS
TYPE 21 RECORD DATA					
1	CROP CODE	21	4	9(4)	
2	INSURANCE PLAN CODE	25	2	99	
3	LOCATION COUNTY	27	3	999	
4	UNIT NUMBER	30	5	9(5)	
5	TYPE CODE	35	3	999	
6	PRACTICE CODE	38	3	999	
7	COVERAGE FLAG	41	1	X	
8	CLAIM NUMBER	42	8	9(8)	
9	RECORD NUMBER	50	3	999	
10	TYPE 11 RECORD NUMBER	53	3	999	
11	ADJUSTER ID CODE	56	9	X(9)	
12	RATE CLASS	65	3	XXX	
13	STAGE CODE	68	2	XX	
14	100% REPLANT PAYMENT FLAG	70	1	X	
15	STAGE GUARANTEE PER ACRE	71	8	9(6)V9(2)	
16	DETERMINED ACRES	79	8	9(6)V9(2)	
17	LOSS GUARANTEE	87	10	9(8)V9(2)	
18	PRODUCTION TO COUNT	97	10	9(8)V9(2)	
19	FARM UNIT DEFICIENCY	107	10	9(8)V9(2)	
20	INSURED SHARE	117	4	9V9(3)	
21	GRP PAYMENT CALC FACTOR	121	4	9V9(3)	
22	INDEMNITY	125	8	S9(8)	
23	HARVESTED PRODUCTION	133	10	9(8)V9(2)	
24	SUGAR FACTOR	143	3	V9(3)	
25	AUDIT CORRECTION	146	1	9	
26	PRIMARY MONTH	147	2	99	
27	SECONDARY MONTH	149	2	99	
28	PRIMARY CAUSE	151	2	99	
29	PRIMARY PERCENT	153	3	9V9(2)	
30	SECONDARY CAUSE	156	2	99	
31	SIMPLIFIED CLAIM FLAG	158	1	X	
32	FARM SERIAL NUMBER	159	7	X(7)	
33	REVENUE COVERAGE-LEVEL %	166	5	9V9(4)	
34	GUAR REDUCTION FACTOR	171	3	V9(3)	
35	DOLLAR AMT INSURANCE	174	8	9(6)V9(2)	
36	EXPENDED LIABILITY FACTOR	182	7	9V9(6)	
37	TYPE 21 FILLER	189	141	X(141)	
38	POLICYHOLDER DATA TYPE 21	330	2	99	Will be '21'

*This record was updated 4/26/01

**2001 POLICYHOLDER TRACKING EXPERIENCE INQUIRY
TYPE 81 - OUTPUT FORMAT**

FIELD					
NO.	NAME	POS	SIZE	PICTURE	EDITS
70	CONTRACT NUMBER	332	18	9(18)	From policy which initiated the inquiry. ***
*** CONTRACT NUMBER consists of Reporting Organization, Location State, Company Number (FSA Servicing County), Policy Number and Crop Year.					
71	MESSAGE CODE	350	1	X	Reason the record is being retrieved for the crop in the location county of the originating Type 14 record. (See below)

MESSAGE CODE	Description	Returned Record Type(s)
B	Bad inquiry flag(s) setting	Originating 14
D	Potential duplicate policy	10,14
N	No prior year records for ID NUMBER	Originating 14
P	Prior year policy found	10,11,14, 15, 21
S	Prior year insurance with same company	Originating 14
T	"Transferred" previous policy data	10,11,14,15,21