

(AGR LOSS RECORD - TYPE23)

Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 23.
2	Reporting Organization	3	2	X(02)	Required. Edit with RO/Company table.
3	Location State	5	2	9(02)	Required. Edit with FIPS State table.
4	Company	7	3	9(03)	For Reinsured edit with company table.
5	Policy Number	10	7	9(07)	Required. Must be > zeros.
6	Crop Year	17	4	9(04)	Required. Must be the insurance year of the policy. This will equal the Reinsurance Year.
7	Crop Code	21	4	9(04)	Required; must be '0063'.
8	Insurance Plan Code	25	2	9(02)	Required; plan code 63.
9	Location County	27	3	9(03)	Required; Edit with FIPS County Table.
10	Unit Number	30	5	9(05)	Required; Must be > zeros.
11	Type Code	35	3	9(03)	Required; must be 997.
12	Practice Code	38	3	9(03)	Required; must be 997.
13	Coverage Flag	41	1	X(01)	Required; Must be: A= Additional Coverage
14	Claim Number	42	8	9(08)	Must match Loss Total Claim Number on the Type 20 record.
15	Type 23 Key Reserve	50	26	X(26)	Space Reserved for Additional key data required in the future or for other record types. Must be spaces or blanks.
16	Record Number	76	3	9(03)	Must be > zero and unique within a Crop Policy (Location State/Location County/Crop).
17	Type 19 Record Number	79	3	9(03)	Required; the record number of the Type 19 record that established the Approved AGR, AGR Liability and AGR Premium for this Type 23 record.
18	Adjuster SSN	82	9	9(09)	Required; must match a certified loss adjuster ssn (established by an accepted Type 56 record).
19	Primary Cause	91	2	9(02)	Must be a valid loss cause for the Ins plan, Crop, Type, and practices reported on the type 19 (Annual Farm Report). See Exhibit 21-2.
20	Primary Percent	93	3	9(01)V9(02)	Must be zero if the Primary Cause = zero. Otherwise, must be 0.50 - 1.00.
21	Primary Month	96	2	9(02)	If Indemnity > zero, entry must be 01 - 12, otherwise must = zero.
22	Secondary Cause	98	2	9(02)	Must be a valid loss cause for the Ins plan, Crop, Type, and practices reported on the Type 19 (Annual Farm Report). See Exhibit 21-2.
23	Secondary Month	100	2	9(02)	If Primary Percent is < 1.00, entry must be 01 - 12. Otherwise, zero fill.
24	Coverage Level Percent	102	5	9(01)V9(04)	Must be either 0.6500, 0.7500 or 0.8000.
25	Payment Rate	107	5	9(01)V9(04)	Must be 0.7500 or 0.9000.
26	Expenses for Insurance Year	112	10	9(10)	Enter Expenses reported for the insurance year.
27	Approved Expenses for Insurance Year	122	10	9(10)	Enter Approved Expenses reported for the insurance year.
28	Expense Percentage	132	5	9(01)V9(04)	Calculated Expense Percentage. Enter percentage rounded to three decimals with 4th place zero.

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29	Expense Reduction Percentage	137	4	V9(04)	Calculated Expense Reduction Percentage. If less than zero or greater than .699, zero fill; otherwise, enter percentage rounded to three decimals with 4th place zero.
30	Approved AGR	141	10	9(10)	Enter the Approved AGR. Must match Type 19 record.
31	Expense Reduction Dollar Amount	151	10	9(10)	Expense reduction in dollars from indemnity worksheet.
32	Adjusted AGR for Expenses	161	10	9(10)	Adjusted AGR for Expenses in dollars from indemnity worksheet.
33	Adjusted AGR for Coverage Level	171	10	9(10)	Adjusted AGR in dollars from indemnity worksheet.
34	Revenue to Count, Insurance Year	181	10	9(10)	Revenue to Count for the Insurance Year reported in dollars from indemnity worksheet.
35	Inventory	191	10	S9(10)	Inventory, plus or minus, reported in dollars from indemnity worksheet. <i>This is a signed field.</i>
36	Accounts Receivable	201	10	S9(10)	Accounts Receivable, plus or minus, reported in dollars from indemnity worksheet. <i>This is a signed field.</i>
37	Adjusted Revenue to Count	211	10	S9(10)	Calculated Adjusted Revenue to Count in dollars from indemnity worksheet. <i>This is a signed field.</i>
38	Revenue Deficiency	221	10	9(10)	Calculated Revenue Deficiency in dollars from indemnity worksheet.
39	Indemnity	231	10	S9(10)	Net indemnity payable to insured in dollars from indemnity worksheet. Cannot be negative for AGR. Cannot be greater than Adjusted AGR for coverage level times payment rate.
40	Filler	241	97	X(97)	Must be spaces.
41	Valid for Escrow Flag	338	1	X(01)	Internal Use. Will be: "Y" if the record passes edits necessary for escrow processing (numeric checks) "N" if the record is not acceptable for escrow
42	M-14 Review Flag	339	2	9(02)	Must be zeros.
43	Filler	341	210	X(210)	Must be spaces.

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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
44	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch file was received. (From when transmission started) HHMM Format.
45	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission started) MMDDCCYY Format.
46	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY format.
47	Batch Number	567	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the RO to FCIC/RMA.
48	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>
49	Transaction Rejected Flag	579	1	X(01)	Internal Use. Reserved.
50	Transaction Source Flag	580	1	X(01)	Internal Use. Reserved.
51	Filler	581	20	X(20)	Internal Use.

Notes:

The Type 23 record must contain the record number of the corresponding Type 19 record. The Type 23 record must match the Type 19 on:

Fields 2 thru 13 and field 30.