Field No.	Field Name	Begin Pos.	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 10.
2*	Approved Insurance Provider	3	2	X(02)	Required. Edit with AIP/Company table.
3*	Location State	5	2	9(02)	Required. Edit with FIPS State table.
4	Policy Issuing Company	7	3	9(03)	Required. Edit with company table. Must be valid Pic code for reinsurance year.
5*	Policy Number	10	7	9(07)	Required. Must be > zeros.
6*	Crop Year	17	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 the applicable crop code.
7	Type 10 Key Reserve	21	55	X(55)	Space Reserved for Additional key data required in the future or for other record types.
8	Record Number	76	3	9(03)	Required. Must be > zero. Only one record number "001" is permitted. Record numbers 002-999 are used to report SBI entities.
9	Branch Office	79	2	X(02)	Required Reinsured organization branch office for Record 001. Record 002 or greater must be spaces.
10*	Id Type	81	1	9(01)	Required; must be one of the following: 1 = SSN, 2 = EIN, 3 = RMA Assigned, 5 = BIA Number. (See Exhibit 10-1 for valid combinations)
11*	Id Number	82	9	X(09)	Required; must be one of the following: 1 Social Security Number (numeric) 2 EIN Number (Numeric, > zero) 3 RMA Assigned ID number (MGR-05-008) 5 A valid Bureau of Indian Affairs No. (may be alpha-numeric) (See Exhibit 10-1 for valid combinations) See Note at end regarding Non-Citizen SSN Reporting.

Field No.	Field Name	Begin Pos.	Size	Picture	Field Edits
12	Entity Type	91	1	X(01)	Required. Must be one of the following: A = Public Schools B = Bureau of Indian Affairs C = Corporation D = Estates E = Associations, Clubs, Private Schools, and/or Tax Exempt Organizations (religious) F = Transfer of Right to Indemnity (SBI only) G = Receiver or Liquidator H = Public Agency – State I = Individual J= Joint Operators/Co-Owners/Joint Venture L = Landlord/Tenant (SBI only) P = Partnership R = Revocable Trusts S = Spousal – Married T = Irrevocable Trusts U = Undivided Interests Valid for Cat Coverage Only V = Public Agency – County W = Public Agency X = Individual Operating as a Company Y = Limited Liability Company (LLC) (See Exhibit 10-1 for valid combinations)
13	Producer Last Name	92	20	X(20)	Required if field 18 (Bus. Name) is blank. Left Justify. Use for persons names only Any entry requires a minimum of 2 characters. Only one name per field. Alpha including (-), (.), ( ), ('), (,).
14	Producer First Name	112	10	X(10)	Required if field 13 is not blank. Left Justify. Use for persons names only. Only one name per field. For Entity Type of 'J' there can be 2 First Names. Alpha including (-), (.), ( ), ('), (,).
15	Producer Middle Name	122	10	X(10)	Optional; Left Justify if reported. Alpha including (-), (.), ( ), ('), (,). Leave blank if not reported.
16	Producer Name Suffix	132	5	X(05)	Optional; Left Justify if reported. The name suffix of the producer (e.g. SR, JR, II, etc.). Alpha including (-), (.), ( ), ('), (,). Otherwise; spaces.

Field No.	Field Name	Begin Pos.	Size	Picture	Field Edits
17	Producer Title	137	4	X(04)	Optional; Left Justify if reported. The title of the producer (e.g. MR, MRS, DR, etc.). Alpha including (-), (.), ( ), ('), (,). Otherwise; spaces.
18	Business Name	141	35	X(35)	Required if field 13 is blank. Left Justify. Use for all Entity Types except individual persons. Alphanumeric including (-), (,), (.), ( ), ('), (&), (%), (*), (+), (#).
19	Address Line 1	176	35	X(35)	Required. Left Justify. Alphanumeric including (-), (,), (.), ( ), (&), (%), (#), (/).
20	Address Line 2	211	35	X(35)	Optional. Left Justify. Alphanumeric including (-), (,), (.), ( ), (&), (%), (#), (/). Otherwise; spaces.
21	City	246	35	X(35)	Required; If State code = ZZ enter foreign city and country. Left Justify.
22	Address State	281	2	X(02)	Required; Enter Alpha state abbreviation. If a foreign country, enter ZZ.
23	Zip Code	283	5	9(05)	Required if State NE ZZ; Must be a valid US zip code.
24	Zip Extension	288	4	9(04)	Optional. Otherwise; zero fill.
25	Phone Number	292	10	9(10)	Required. If no phone number enter all fives.
26	Employee	302	1	X(01)	Required. For Record Number 001 must be: B = Business, Financial, Legal or Familial relationship or a person with a substantial interest in the policyholder. See Note at end of record. C = Insurance Provider Employee D = Relative of Agent or Adjuster E = RMA Employee/FCIC R = Relative of Insurance Provider Employee A = Agency Owner, Agent or Adjuster N = None of the Above Optional for Records 002-999 or blank.
27	Ineligible SBI Flag	303	1	X(01)	*For SBI records only.* Record number must be equal to or greater than 002. Enter Y if SBI Entity is ineligible and share has been reduced. Otherwise, blank.
28	Filler	304	2	X(02)	Must be spaces.

Field No.	Field Name	Begin Pos.	Size	Picture	Field Edits
29	Ineligible SBI Share	306	4	9(01)V9(03)	*Required: For SBI records only with an Ineligible SBI Flag of Y.* Must be > 0% and ≤ 1.000. Record number must be ≥ 002. Must be zeros if not applicable.
30	USDA Common Customer ID	310	6	X(06)	Reserved.
31	Uninsurable SBI Flag	316	1	X(01)	Enter 'Y' on Primary Entity Record, record 001, if an SBI Entity does not have, or does not provide, a valid ID Number and share has been reduced. Otherwise, spaces.
32	Filler	317	1	X(01)	Must be a space.
33	Successor-In-Interest (SII) Application Date	318	8	9(08)	Application date of successor-in-interest MMDDCCYY format, else zeros. For current year <u>only</u>.
34	SII Previous Policy Number	326	7	9(07)	Previous policy number (unchanged or new) before Successor-in-Interest. Must be > zero if applicable, else zeros.
35	Filler	333	14	X(14)	Must be Spaces.
36	SSN Validation Flag	347	2	X(02)	Internal Use. Will be populated during SSN edit.
37	Measurement Service Flag	349	1	X(01)	N=Acreage measurement not provided, Else space.
38	Filler	350	201	X(201)	Must be Spaces.

Field No.	Field Name	Begin Pos.	Size	Picture	Field Edits
39	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch file was received. (From when transmission started) HHMM Format.
40	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission started) MMDDCCYY Format.
41	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY format.
42	Batch Number	567	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the AIP to FCIC/RMA.
43	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>.
44	Transaction Rejected Flag	579	1	X(01)	Internal. Reserved
45	Transaction Source Flag	580	1	X(01)	Internal. Reserved
46	Filler	581	20	X(20)	Internal.

* Data elements that must be accepted to meet timely reporting of an eligible crop insurance contract.

<u>**Notes**</u>**:**

A 10 record always requires a T-14 record.

Contract number/Policy consists of AIP, Location State, Policy number and Crop year.

If any type 10 record is rejected, then all records for the contract (except the T-09) will be rejected.

<u>Non-Citizen SSN Reporting:</u>

See Bulletin No: MGR-05-008

Employee (field 26) Refer to SRA Section IV, F, 4, h