(Conflict of Interest Policy Reporting Record – Type 51)
Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 51
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~~ Reinsurance 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 applicable crop code.~~ Required. Must be 2010 for the Reinsurance Year.
7	Type 51 Key Reserve	21	54	X(54)	Space Reserved for Additional key data required in the future or for other record types. Must be spaces.
8	COI Respondent Record Type	75	2	9(02)	Must be "54" for a Company Employee or "55" for an Agent or "56" for a Loss Adjuster who completed the COI Questionnaire.
9	COI Respondent Tax ID	77	9	9(09)	Company Employee, Agent or Adjuster Tax ID from the corresponding 54, 55 or 56 record.
10	1st COI Question	86	2	9(02)	Must be "01" when the above respondent indicated they have a potential conflict with this policy for their "Y" response to COI Question #1. Else must be "00".
11	2nd COI Question	88	2	9(02)	Must be "02" when the above respondent indicated they have a potential conflict with this policy for their "Y" response to COI Question #2. Else must be "00".
12	3rd COI Question	90	2	9(02)	Must be "03" when the above respondent indicated they have a potential conflict with this policy for their "Y" response to COI Question #3. Else must be "00".
13	4th COI Question	92	2	9(02)	Must be "04" when the above respondent indicated they have a potential conflict with this policy for their "Y" response to COI Question #4. Else must be "00".
14	5th COI Question	94	2	9(02)	Must be "05" when the above respondent indicated they have a potential conflict with this policy for their "Y" response to COI Question #5. Else must be "00".
15	6th COI Question	96	2	9(02)	Must be "06" when the above respondent indicated they have a potential conflict with this policy for their "Y" response to COI Question #6. Else must be "00".
16	7th COI Question	98	2	9(02)	Must be "07" when the above respondent indicated they have a potential conflict with this policy for their "Y" response to COI Question #7. Else must be "00".
17	8th COI Question	100	2	9(02)	Must be "08" when the above respondent indicated they have a potential conflict with this policy for their "Y" response to COI Question #8. Else must be "00".

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
18	9th COI Question	102	2	9(02)	Must be "09" when the above respondent indicated they have a potential conflict with this policy for their "Y" response to COI Question #9. Else must be "00".
19	10th COI Question	104	2	9(02)	Must be "10" when the above respondent indicated they have a potential conflict with this policy for their "Y" response to COI Question #10. Else must be "00".
20	11th COI Question	106	2	9(02)	Must be "11" when the above respondent indicated they have a potential conflict with this policy for their "Y" response to COI Question #11. Else must be "00".
21	Filler	108	443	X(443)	Reserved. Must be spaces.
22	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch file was received. (From when transmission started) HHMM Format.
23	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission started) MMDDCCYY Format.
24	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY format.
25	Batch Number	567	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the AIP to FCIC/RMA.
26	Transaction Sequence Number	571	8	9(08)	Internal Use. The sequential number assigned to each transaction number processed by DAS after it has been sorted.
27	Transaction Rejected Flag	579	1	X(01)	Internal use.
28	Transaction Source Flag	580	1	X(01)	Internal use.
29	First Submission Flag	581	1	X(01)	Internal use.
30	Filler	582	3	X(03)	Internal Use. Must be spaces.
31	FCIC Initially Accepted Date	585	8	9(08)	Internal Use. The date this record was initially accepted by DAS. MMDDCCYY format. Zero fill.
32	Filler	593	2	9(02)	Internal Use. Must be spaces.
33	FCIC Initially Accepted Batch	595	4	9(04)	RMA Internal Use. The sequential number identifying the file that was initially submitted by the AIP to FCIC/RMA and accepted by DAS.
34	Filler	599	1	X(01)	Internal Use. Must be spaces.

Notes:
At least one field numbered 10-20 must contain a number "01" through "11", and all non-zero entries for fields 10-20 must be unique.

Acceptance of the Type 51 record is dependent upon acceptance of 54 or 55 or 56 records.

All Type 51 records reported in a batch will replace all previously reported Type 51 records. The Type 49 delete record has no impact on this Type 51 record.