

RO XX

CAT CONSERVATION COMPLIANCE REPORT

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CCC001

REINSURANCE YEAR - YYYY

AIP Name
C/O

CURRENT DATE : MM/DD/YYYY HH.MM.SS CUTOFF DATE : MM/DD/YYYY

ST	CO	Policy Number	Crop Year	LOC CNTY	CROP CODE	BILLING DATE	FUND FLAG	ADMIN CODE	TOTAL PREMIUM	PRODUCER PREMIUM	SUBSIDY	INDEMNITY
XX	999	1234567	9999	999	9999	MM/DD/YYYY	X		999,999,999	999,999,999	0	999,999,999