

Application Source:
File Group:
Record Name: Policy Producer History
Record Code: H10

File Type: Delimited
Reinsurance Year: 2027
Version: Draft
Release Date: 4/23/2026

Output	Field Number	Field Name	Data Type	Max Length	Format	Notes
*	1	Request Insurance Provider	Character	2		Requesting AIP code from PASS
*	2	Request Reinsurance Year	Numeric	4	CCYY	Requesting reinsurance year from PASS
*	3	Record Type Code	Character	6		Always "H10"
*	4	AIP History Request Key	Character	15		Match to the "H01" record
*	5	Request Policy Issuing Company Code	Character	3		Requesting PIC code from PASS
*	6	Request Location State Code	Character	2		Requesting state code from PASS
*	7	Request Policy Number	Character	7		Requesting policy number from PASS
*	8	Request Location County Code	Character	3		Requesting county code from PASS
*	9	Request Commodity Code	Character	4		Requesting commodity code from PASS
*	10	Reinsurance Year	Numeric	4	CCYY	Business Key
*	11	AIP Code	Character	2		Business Key
*	12	AIP Policy Producer Key	Character	15		Alternate Key beginning in 2011
*	13	PIC Code	Character	3		Business Key
*	14	Location State Code	Character	2		Business Key
*	15	Policy Number	Character	7		Business Key
*	16	Tax ID	Character	9		Business Key
*	17	Tax ID Type Code	Character	1		Business Key
*	18	Entity Type Code	Character	1		Business Key
*	19	Last Name	Character	25		
*	20	First Name	Character	20		
*	21	Middle Name	Character	20		
*	22	Suffix	Character	10		
*	23	Title	Character	15		
*	24	Business Name	Character	50		

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Output	Field Number	Field Name	Data Type	Max Length	Format	Notes
*	25	Relationship Type Code	Character	1		
*	26	Uninsurable SBI Flag	Character	1		
*	27	USDA Common Customer ID	Character	6		Reserved
*	28	SII Application Date	Date	8	CCYYMMDD	
*	29	SII Previous Policy Number	Character	7		
*	30	Acreage Measurement Provided Code	Character	1		
*	31	FSA RMA Entity Difference Code	Character	2		
*	32	Program Indicator Code List	Character	20		
*	33	Compliance Certification Code	Character	1		
*	34	Applied Program Indicator Code List	Character	20		
*	35	Conservation Compliance Certification Signature Date	Date	8	CCYYMMDD	eDAS Only
*	36	Insured Subrogation Flag	Character	1		