

Application Source:
File Group:
Record Name: Inventory Loss Detail History
Record Code: H22

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 "H22"
*	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	AIP Insurance In Force Key	Character	15		Alternate Key beginning in 2011
*	14	AIP Inventory Value Key	Character	15		Alternate Key beginning in 2011
*	15	AIP Inventory Loss Detail Key	Character	15		Alternate Key beginning in 2011
*	16	PIC Code	Character	3		Business Key
*	17	Location State Code	Character	2		Business Key
*	18	Policy Number	Character	7		Business Key
*	19	Location County Code	Character	3		Business Key
*	20	Commodity Year	Numeric	4	CCYY	Business Key
*	21	Commodity Code	Character	4		Business Key
*	22	Insurance Plan Code	Character	2		Business Key
*	23	Coverage Type Code	Character	1		Business Key
*	24	Type Code	Character	3		Business Key
*	25	Practice Code	Character	3		Business Key

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Output	Field Number	Field Name	Data Type	Max Length	Format	Notes
*	26	Claim Number	Numeric	8	99999999	Business Key
*	27	First Damage Cause Code	Character	2		
*	28	First Damage Date	Date	8	CCYYMMDD	
*	29	First Damage Percent	Numeric	4	9.99	
*	30	Second Damage Cause Code	Character	2		
*	31	Second Damage Date	Date	8	CCYYMMDD	
*	32	Second Damage Percent	Numeric	4	9.99	
*	33	Third Damage Cause Code	Character	2		
*	34	Third Damage Date	Date	8	CCYYMMDD	
*	35	Third Damage Percent	Numeric	4	9.99	
*	36	Inventory Inspection Number	Numeric	2	99	
*	37	Basic Unit Value	Numeric	10	9999999999	
*	38	Effective Insurance Amount	Numeric	10	9999999999	
*	39	XPS Effective Insurance Amount	Numeric	10	9999999999	
*	40	Over Under Reporting Factor	Numeric	5	9.999	
*	41	Field Market Value A	Numeric	9	999999999	
*	42	Field Market Value B	Numeric	9	999999999	
*	43	Unit Value Before Loss	Numeric	9	999999999	
*	44	Unit Value After Loss	Numeric	9	999999999	
*	45	Occurrence Deductible Amount	Numeric	9	999999999	
*	46	Insured Share Percent	Numeric	6	9.9999	
*	47	Adjuster Signature Date	Date	8	CCYYMMDD	
*	48	Notice of Loss Date	Date	8	CCYYMMDD	
*	49	Insured Claim Signature Date	Date	8	CCYYMMDD	
*	50	Large Claim Code	Character	1		
*	51	Rehabilitation Plant Amount	Numeric	10	9999999999	

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*	52	Insurance Option Code List	Character	50		
*	53	Multiple Rehabilitation Payment Flag	Character	1		
*	54	Actual Rehabilitation Amount	Numeric	10	9999999999	
*	55	Indemnity Amount	Numeric	10	S9999999999	
*	56	Adjusted Loss Amount	Numeric	10	9999999999	
*	57	Unadjusted Indemnity Amount	Numeric	10	9999999999	
*	58	Preliminary Indemnity Amount	Numeric	10	S9999999999	
*	59	Over Under Reporting Factor Code	Character	1		
*	60	Pre-Loss Actual Unit Value	Numeric	9	999999999	
*	61	Post-Loss Damage Value	Numeric	9	999999999	
*	62	Previous Loss Occurrence Amount	Numeric	11	S9999999999	
*	63	Previous Indemnity Amount	Numeric	11	S9999999999	
*	64	Unadjusted Loss Amount	Numeric	11	S9999999999	
*	65	Claim Process Code	Character	1		
*	66	Stage Code	Character	2		
*	67	Triggering Event ID	Numeric	4		