

Application Source:
File Group:
Record Name: WFRP Indemnity History
Record Code: H23

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 "H23"
*	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 WFRP Farm Reports Key	Character	15		Alternate Key beginning in 2011
*	15	AIP WFRP Indemnity 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	Commodity Year	Numeric	4	CCYY	Business Key
*	20	Commodity Code	Character	4		Business Key
*	21	Location County Code	Character	3		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	Insured Loss Signature Date	Date	8	CCYYMMDD	
*	27	Adjuster Signature Date	Date	8	CCYYMMDD	
*	28	Claim Number	Numeric	8	99999999	
*	29	AIP Indemnity Amount	Numeric	11	S9999999999	
*	30	Large Claim Code	Character	1		
*	31	Claim Process Code	Character	1		
*	32	Allowable Expenses Insurance Year Amount	Numeric	10	9999999999	
*	33	Allowable Revenue Insurance Year Amount	Numeric	11	99999999.99	
*	34	Inventory Adjustment Amount	Numeric	11	S9999999999	
*	35	Accounts Receivable Adjustment Amount	Numeric	11	S9999999999	
*	36	Market Animal and Nursery Adjustment Amount	Numeric	11	S9999999999	
*	37	All Other Adjustment Amount	Numeric	11	S9999999999	
*	38	Stage Code	Character	2		
*	39	First Damage Cause Code	Character	2		
*	40	First Damage Date	Date	8	CCYYMMDD	
*	41	First Damage Percent	Numeric	4	9.99	
*	42	Second Damage Cause Code	Character	2		
*	43	Second Damage Date	Date	8	CCYYMMDD	
*	44	Second Damage Percent	Numeric	4	9.99	
*	45	Third Damage Cause Code	Character	2		
*	46	Third Damage Date	Date	8	CCYYMMDD	
*	47	Third Damage Percent	Numeric	4	9.99	

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Output	Field Number	Field Name	Data Type	Max Length	Format	Notes
*	48	First Notice of Loss Date	Date	8	CCYYMMDD	
*	49	Last Notice of Loss Date	Date	8	CCYYMMDD	
*	50	Loss Guarantee Amount	Numeric	11	99999999.99	
*	51	Preliminary Indemnity Amount	Numeric	11	S9999999999	
*	52	Indemnity Amount	Numeric	11	S9999999999	
*	53	Expense Percentage	Numeric	5	9.999	
*	54	Expense Reduction Amount	Numeric	10	9999999999	
*	55	Adjusted Revenue Amount	Numeric	10	9999999999	
*	56	Revenue to Count Amount	Numeric	11	S9999999999	