

Application Source:

File Group:

Record Name: LRP Premium History

Record Code: H17

File Type: Delimited

Reinsurance Year: 2027

Version: Draft

Release Date: 7/23/2026

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 "H17"
*	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 20		Alternate Key beginning in 2011
*	14	AIP LRP Premium Key	Character	15		Alternate Key beginning in 2011
*	15	PIC Code	Character	3		Business Key
*	16	Policy Number	Character	7		Business Key
*	17	Location State Code	Character	2		Business Key
*	18	Location County Code	Character	3		Business Key
*	19	Commodity Code	Character	4		Business Key
*	20	Commodity Year	Numeric	4	CCYY	Business Key
*	21	Insurance Plan Code	Character	2		Business Key
*	22	Type Code	Character	3		Business Key
*	23	Practice Code	Character	3		Business Key
*	24	Coverage Type Code	Character	1		Business Key
*	25	Agent Signature Date	Date	8	CCYYMMDD	

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	Field Number	Field Name	Data Type	Max Length	Format	Notes
*	26	Additional Subsidy Amount	Numeric	10	9999999999	
*	27	Additional Subsidy Flag	Character	1		
*	28	A&O Expense Subsidy Amount	Numeric	15	9999999999.99	
*	29	Coverage Price	Numeric	8	9999.999	
*	30	Sales Effective Date	Date	8	CCYYMMDD	
*	31	Endorsement Length	Numeric	3	999	
*	32	Insured Share Percent	Numeric	6	9.9999	
*	33	Insured Premium Signature Date	Date	8	CCYYMMDD	
*	34	Liability Amount	Numeric	10	9999999999	
*	35	Producer Premium Amount	Numeric	10	9999999999	
*	36	State Private Subsidy Amount	Numeric	10	9999999999	
*	37	State Private Subsidy Flag	Character	1		
*	38	Subsidy Amount	Numeric	10	9999999999	
*	39	Target Weight Quantity	Numeric	7	9999.99	
*	40	Total Premium Amount	Numeric	10	9999999999	
*	41	Total Weight	Numeric	11	99999999.99	
*	42	CC Subsidy Reduction Percent	Numeric	6	9.9999	
*	43	CC Subsidy Reduction Amount	Numeric	10	9999999999	
*	44	Head Count	Numeric	8	99999999	
*	45	BFR/VFR Subsidy Amount	Numeric	10	9999999999	