

(CIMS Request Record – TYPE 05)**Format/Edits**

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 05.
2	Reinsurance Year	3	4	9(04)	Required. The Reinsurance Year. CCYY format.
3	Approved Insurance Provider	7	2	X(02)	Required. Edit with AIP/Company table.
4	Location State	9	2	9(02)	Required. Edit with FIPS State table.
5	Policy Issuing Company	11	3	9(03)	Required. Edit with company table. Must be valid Pic code for reinsurance year.
6	Policy Number	14	7	9(07)	Required. Must be > zeros.
7	Crop Year	21	4	9(04)	Required. Must be the crop year of the crops reported under the policy. This will equal the Reinsurance Year or Reinsurance Year +/- 1 for applicable crop code.
8	Crop Code	25	4	9(04)	Required; Edit with ADM2. See Exhibit 99-a.
9	Insurance Plan Code	29	2	9(02)	Required; Edit with ADM2. See Exhibit 99-a.
10	Location County	31	3	9(03)	Required; Edit with FIPS County Table.
11	FSA Admin State	34	2	9(02)	FIPS code for FSA Administrative State if different from Location State when reporting Common Land Unit in Land Location. Optional.
12	FSA Admin County	36	3	9(03)	FIPS code for FSA Administrative County if different from Location County when reporting Common Land Unit in Land Location. Optional.
13	CIMS Request Flag	39	1	X(01)	Required. Must be: P = Primary Insured Producer Information S = Primary Insured and Reported SBI Producer Information B = Producer and Acreage for Primary Insured Producer
14	Statewide Application Indicator	40	1	X(01)	Required. Must be: Y = Policy was accepted by RMA as state application. N = Policy was not accepted by RMA as state application. A separate request will be required for each state under a state wide application.
15	Filler	41	559	X(559)	Must be spaces.