

**(RECORD 22 OUTPUT FORMAT for '.acp,.rej,.sus')**

Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Must be 22.
2	Approved Insurance Provider	3	2	X(02)	
3	Location State	5	2	9(02)	
4	Company	7	3	9(03)	
5	Policy Number	10	7	9(07)	
6	Crop Year	17	4	9(04)	
7	Crop Code	21	4	9(04)	
8	Insurance Plan Code	25	2	9(02)	
9	Location County	27	3	9(03)	
10	Unit Number	30	5	9(05)	
11	Type Code	35	3	9(03)	
12	Practice Code	38	3	9(03)	
13	Coverage Flag	41	1	X(01)	
14	Claim Number	42	8	9(08)	
15	Type 22 Key Reserve	50	26	X(26)	
16	Record Number	76	3	9(03)	
17	Type 13 Record Number	79	3	9(03)	
18	Adjuster SSN	82	9	9(09)	
19	Primary Date of Damage	91	8	9(08)	
20	Primary Cause	99	2	9(02)	
21	Primary Percent	101	3	9(01)V9(02)	
22	Secondary Cause	104	2	9(02)	
23	Calculation Status	106	1	X(01)	
24	Inspection Number	107	2	9(02)	
25	Basic Unit Value	109	10	9(10)	
26	Effective XPS Liability/ Effective Amount of Insurance	119	10	9(10)	
27	Effective Crop Year Deductible	129	9	9(09)	
28	Basic Unit Value for Clams	138	9	9(09)	
29	Under Reporting Factor	147	4	9(01)V9(03)	
30	Field Market Value A/ Unit Value Before Loss	151	9	9(09)	
31	Field Market Value B/ Unit Value After Loss	160	9	S9(09)	
32	Adjusted Loss	169	10	9(10)	
33	Occurrence Deductible	179	9	9(09)	
34	Unadjusted Indemnity	188	10	S9(10)	
35	Preliminary Indemnity	198	10	S9(10)	
36	Insured Share	208	4	9(01)V9(03)	
37	Price Election Factor	212	5	9(01)V9(04)	
38	Indemnity	217	10	S9(10)	
39	Filler	227	2	X(02)	

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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
40	Loss Adjuster Signature Date	229	8	9(08)	
41	Notice of Loss Date	237	8	9(08)	
42	Secondary Date of Damage	245	8	9(08)	
43	Insured's Signature Date for the Claim	253	8	9(08)	
44	Large Claim Flag	261	1	X(01)	
45	Coverage Level	262	5	9(01)V9(04)	
46	Settlement Flag	267	1	X(01)	
47	Rehabilitation Plant Value	268	10	9(10)	
48	Option Codes	278	10	X(10)	
49	Multiple Rehab Payments	288	1	X(01)	
50	Actual Rehab Cost	289	10	9(10)	
51	Filler	299	243	X(243)	
52	Valid for Escrow Flag	542	1	X(01)	Internal Use.
53	Ineligible Tracking Validation Flag	543	8	X(08)	Internal Use. Reserved.
54	FCIC Control Time	551	4	9(04)	Internal Use.
55	FCIC Control Date	555	8	9(08)	Internal Use.
56	Reinsurance Year	563	4	9(04)	Internal Use.
57	Batch Number	567	4	9(04)	Internal Use.
58	Transaction Sequence Number	571	8	9(08)	Internal Use.
59	Transaction Rejected Flag	579	1	X(01)	Internal Use. Reserved.
60	Transaction Source Flag	580	1	X(01)	Internal Use. Reserved.
61	Filler	581	20	X(20)	Internal Use.