

Application Source:

File Type:

File Group:
Record Name: CIMS Request
Record Code: C5

Reinsurance Year: 2016
Version: Approved
Release Date: 7/1/2015

| <u>Record Number</u> | <u>Output</u> | <u>Field Number</u> | <u>Field Name</u> | <u>Data Type</u> | <u>Max Length</u> | <u>Format</u> | <u>BUS Key</u> | <u>Req?</u> | <u>Rules</u> |
|----------------------|---------------|---------------------|-----------------------------|------------------|-------------------|---------------|----------------|-------------|--|
| C5 | | 1 | Record Type Code | Numeric | 2 | | | | Required. Must be 05. |
| C5 | | 2 | Reinsurance Year | Numeric | 4 | CCYY | | | Required. The Reinsurance Year. CCYY format. |
| C5 | | 3 | Approved Insurance Provider | Character | 2 | | | | Required. Edit with AIP/Company table. |
| C5 | | 4 | Policy Location State | Numeric | 2 | 9(2) | | | Required. Edit with FIPS State table. |
| C5 | | 5 | Policy Issuing Company | Numeric | 3 | 9(3) | | | Required. Edit with company table. Must be valid Pic code for reinsurance year. |
| C5 | | 6 | Policy Number | Numeric | 7 | 9(7) | | | Required. Must be > zeros. |
| C5 | | 7 | Crop Year | Numeric | 4 | 9(4) | | | 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. |
| C5 | | 8 | Crop Code | Numeric | 4 | 9(4) | | | Required; Edit with ADM2. See Exhibit 99-a. |
| C5 | | 9 | Insurance Plan Code | Numeric | 2 | 9(2) | | | Required; Edit with ADM2. See Exhibit 99-a. |
| C5 | | 10 | Policy Location County | Numeric | 3 | 9(3) | | | Required; Edit with FIPS County Table. |
| C5 | | 11 | FSA Admin State | Numeric | 2 | 9(2) | | | FIPS code for FSA Administrative State if different from Location State when reporting Common Land Unit in Land Location. Optional. If no FSA Admin State, Zero Fill. |
| C5 | | 12 | FSA Admin County | Numeric | 3 | 9(3) | | | FIPS code for FSA Administrative County if different from Location County when reporting Common Land Unit in Land Location. Optional. If no FSA Admin County, Zero Fill. |

"" = Output Only

6/22/2015

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|----------------------|---------------|---------------------|-------------------|------------------|-------------------|---------------|----------------|-------------|---|
| C5 | | 13 | CIMS Request Flag | Character | 1 | | | | Required. Must be: P = Primary Insured Producer Information S = Primary Insured and Reported SBI Producer Information B = Producer and Acreage for Primary Insured Producer A = Acreage only for Primary Insured Producer C = Current Year Acreage only for Primary Insured Producer H= 5 years historical Acreage only for Primary Insured Producer E = Producer and Acreage (request year and all prior years) for Primary Insured Producer T = Producer and Acreage (request year and all prior years) for Primary Insured Producer and Reported SBIs. |

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|----------------------|---------------|---------------------|---------------------------------|------------------|-------------------|---------------|----------------|-------------|---|
| C5 | | 14 | Statewide Application Indicator | Character | 1 | | | | 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 | Zip Code ByPass Flag | Character | 1 | | | | Required. Enter an "N" unless a previous request received an 012 Status code due to the policy zip code not matching the SCIMS zip code. After the AIP has verified that the zip code submitted on the P10 record is correct, a "Y" may be submitted and the zip code filter will be bypassed. |
| | | 16 | Entity Code ByPass Flag | Character | 1 | | | | Required. Enter an "N" unless a previous request received an 009 Status code due to the policy entity type is not in the same category as the SCIMS producers business type. After the AIP has verified that the Policy entity type submitted on the P10 record is correct, a "Y" may be submitted and the entity difference filter will be bypassed. |
| C5 | | 17 | Filler | Character | 559 | | | | Must be spaces. |

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|----------------------|---------------|---------------------|-------------------|------------------|-------------------|---------------|----------------|-------------|--------------|
|----------------------|---------------|---------------------|-------------------|------------------|-------------------|---------------|----------------|-------------|--------------|

Record Level Rules

The inside file name for the request should be in the following format:
 XXRYYYYMMDDHHMMSS.REQ
 XX= AIP Code
 XX= AIP Code
 YR= Reinsurance Year of the data requested
 YYYY= Request Date Year
 MM = Request Date Month
 DD = Request Date Day
 HH = Request Time Hour
 MM = Request Time Minutes
 SS = Request Time Seconds

The file must be zipped and the zip name must be
 XXYRCIMS. ZIP
 XX= AIP Code
 YR= Reinsurance Year of the data requested