

POLICY IN FORCE STANDARDIZED DATA REQUEST
Property & Casualty Line of Business
Farmowners

Contents: This file should be downloaded from company system(s) and contain one record for each property insured under a Farmowners policy issued in [applicable state] which was in force at any time during the examination period.

For multiple dwellings, non-dwelling structures, and scheduled farm property, please repeat records as necessary.

Uses: Data will be used to determine if the company follows appropriate procedures with respect to the issuance and/or termination of Farmowners policies in [applicable state] within the scope of the examination.

- Cross-reference with the claims data file to validate the completeness of the in force file; and
- Cross-reference to state (s) licensing information to ensure proper producer licensure.

Field Name	Start	Length	Type	Decimals	Description
CoCode	1	5	A		NAIC company code
PolPre	6	3	A		Policy prefix (Blank if NONE)
PolNo	9	20	A		Policy number
PolSuf	29	3	A		Policy suffix (Blank if NONE)
PolStTyp	32	3	A		Policy status type for the record (i.e., new or renewal) Please provide a list to explain any codes used
PolTyp	35	5	A		Type of policy (i.e., FO-1, FO-2, etc.) Please provide a list to explain any codes used
PolForm	40	10	A		Policy form number as filed with the insurance department
FormTyp	50	10	A		Basic, Broad, Specified
PrCode	60	6	A		Company internal producer, CSR, or business entity producer identification code Please provide a list to explain any codes used
NPN	66	6	A		National producer number
InsFirst	72	15	A		First name of the first named insured
InsMid	87	15	A		Middle name of the first named insured
InsLast	102	20	A		Last name of the first named insured
CovLmtA	122	11	N	0	Coverage A limit (Dwelling)
CovPremA	133	11	N	2	Coverage A premium amount (Dwelling)
CovLmtB	144	11	N	0	Coverage B limit (Personal property, if coverage allocated by Dwelling)
CovPremB	155	11	N	2	Coverage B premium amount (Personal property)
InsAddr	166	25	A		Dwelling street address (location)
InsCity	191	20	A		Dwelling city (location)
InsSt	211	2	A		Dwelling state (location)
InsZip	213	5	A		Dwelling ZIP code (location)

Field Name	Start	Length	Type	Decimals	Description
StrYr	218	4	A		Year the structure was built
StrTyp	222	15	A		Type of structure (i.e. frame, masonry, etc.) Please provide a list to explain any codes used.
StrSqFt	237	4	A		Structure square footage
ProtCl	241	3	A		Protection class (if protection class is utilized)
CovLmtC	244	11	N	0	Coverage C limit (Loss of use)
CovPremC	255	11	N	2	Coverage C premium amount (Loss of use)
CovLmtD	266	11	N	0	Coverage D limit (Other Farm Structures) (Barns, Farm Buildings, Silos)
CovPremD	277	11	N	2	Coverage D premium amount (Other Farm Structures) (Barns, Farm Buildings, Silos)
SchStr	288	64	A		List all scheduled structures not Dwellings (on separate line)
CovLmtE	352	11	N	0	Coverage E limit (Blanket Farm Personal Property)
CovPremE	363	11	N	2	Coverage E premium amount Blanket Farm Personal Property)
CovLmtF	374	11	N	0	Coverage F limit (Scheduled Farm Personal Property)
CovPremF	385	11	N	2	Coverage F premium amount (Scheduled Farm Personal Property)
SchProp	396	64	A		List all scheduled property not Dwellings or Structures (on separate line)
CovLmtG	460	11	N	0	Coverage G limit (Farm Personal Liability)
CovPremG	471	11	N	2	Coverage G premium amount (Farm Personal Liability)
RemLoc	482	64	A		List all secondary locations with no structures (on separate line)
CovLmtH	546	11	N	0	Coverage H limit (Medical payments)
CovPremH	557	11	N	2	Coverage H premium amount (Medical payments)
PolDisc	568	20	A		Policy discounts (i.e. alarm, multi policy) If codes are used, provide a list of codes along with their meanings
SurTyp	588	15	A		Surcharge type, if applicable Please provide a list to explain any codes used
SurAmt	603	11	N	2	Surcharge amount (Do not use commas or dollar signs)
PolPrem	614	11	N	2	Total policy premium amount (sum of all premium for the policy, involving all premium, fees, etc.)
EndorLst	625	20	A		List endorsements attached to the policy Please provide a list to explain any codes used
RateTerr	645	5	A		Code specifying rating territory (please provide list of codes)
DedTyp	650	10	A		Deductible type If codes are used, provide a list of codes along with their meanings
DedAmt	660	11	N	0	Deductible amount or percentage, if any
UWTier	671	25	A		Underwriting tier, if tier rating is utilized Please provide a list to explain any codes used
InsVal	696	11	N	2	Insurance to value amount
InsValDt	707	10	D		Date of last insurance to value completed [MM/DD/YYYY]
FeeTyp	717	20	A		Type of fees applied, if applicable Please provide a list to explain any codes used
FeeAmt	737	11	N	2	Amount of fee applied Repeat field for each fee applied
AppRecDt	748	10	D		Date application received [MM/DD/YYYY]
AppProDt	758	10	D		Date application processed [MM/DD/YYYY]

Field Name	Start	Length	Type	Decimals	Description
InceptDt	768	10	D		Inception date of the policy [MM/DD/YYYY]
EffDt	778	10	D		Policy effective date [MM/DD/YYYY]
ExpDt	788	10	D		Policy expiration date [MM/DD/YYYY]
PdDt	798	10	D		Date policy was paid to before cancellation [MM/DD/YYYY]
CanTerDt	808	10	D		Date policy cancelled/terminated [MM/DD/YYYY]
CanReqDt	818	10	D		Date cancellation requested, if applicable [MM/DD/YYYY]
CanTer	828	1	A		Who cancelled the coverage C=Consumer or I=Insurer
CanTerRs	828 29	64	A		Reason for cancellation/termination of coverage (i.e., lapse, insured request, company cancellation lapse, underwriting reasons, change of risk, non-payment) If codes are used, provide a list of codes along with their meanings
CanTer	892	1	A		Who cancelled the coverage C=Consumer or I=Insurer
CanTerNt	893	10	D		Date the cancellation/termination notice was mailed [MM/DD/YYYY]
PremRef	903	11	N	2	Amount of premium refunded to the insured
RfndDt	914	10	D		Date premium refund mailed [MM/DD/YYYY]
RefMthd	924	25	A		Refund method (i.e., 90%, pro rata, etc.) If codes are used, provide a list of codes along with their meanings
EndRec	949	1	A		End of record marker. Please place an asterisk in this field to indicate the end of the record. This must be in the same character position for every record in this table.

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