

## Appendix

[Print "A" Record - Short](#)

### "A" Record Short - Receiver to Fund - Open Loss Claims

No.	Field Name	Req	Type	Size	Pos	Short Description
1	RECORD TYPE	R	A	1	1	The value of this field must be "A"
2	INSOLVENT COMPANY NAIC NUMBER	R	A	5	2-6	The unique number assigned by the NAIC to the insolvent company for data tracking purposes. For self-insured entities, this number could also be the Self-Insured Fund Code. Shorter values are right justified and padded with zeroes.
3	FILE LOCATION STATE	R	A	2	7-8	State to which the physical file/electronic record is being sent. <a href="#">See State Codes table, p.16-2</a>
4	FILE LOCATION CODE	R	N	2	9-10	Location code of the entity to which the physical file/electronic record is being sent. <a href="#">See File Location table, p.16-1</a>
5	COVERAGE CODE	R	N	6	11-16	Defines the category of coverage that provided protection for the loss. <a href="#">See Coverage Code table, p.15-2</a>
6	POLICY NUMBER	R	A	20	17-36	Policy Number
7	INSOLVENT COMPANY CLAIM NUMBER	R	A	20	37-56	Unique number assigned by the insolvent company to the claim.
8	RECEIVER CLAIM NUMBER	C	A	20	57-76	Unique number assigned by Receiver to the claim.
9	INSURED NAME #1	R	A	30	77-106	Named Insured's last name or business name.
10	INSURED NAME #2	C	A	30	107-136	Named Insured's first name.
11	INSURED ADDRESS #1	R	A	30	137-166	Address of the Named Insured.
12	INSURED ADDRESS #2	C	A	30	167-196	Continuation of address of the Named Insured, if needed.
13	INSURED CITY	R	A	25	197-221	City of Named Insured or C/O.
14	INSURED STATE	R	A	2	222-223	The two-digit code used by the U.S. Post Office to identify each state. <a href="#">See State Codes table, p.16-2</a>
15	INSURED ZIP CODE	C	A	9	224-232	Named Insured's zip code.
16	DATE OF LOSS	R	N	8	233-240	Date of loss (Accident Date)
17	POLICY EFFECTIVE DATE	R	N	8	241-248	The effective date of the policy covering the referenced claim.
18	POLICY EXPIRATION DATE	R	N	8	249-256	The expiration date of the policy covering the referenced claim.

No.	Field Name	Req	Type	Size	Pos	Short Description
19	CLAIMANT NUMBER	R	N	5	257-261	Number assigned by Receiver to this claimant.
20	CLAIMANT NAME #1	R	A	30	262-291	Claimant's last name or business name.
21	CLAIMANT NAME #2	C	A	30	292-321	Claimant's first name.
22	CLAIMANT ADDRESS #1	R	A	30	322-351	Claimant's address.
23	CLAIMANT ADDRESS #2	C	A	30	352-381	Continuation of claimant's address if needed.
24	CLAIMANT CITY	R	A	25	382-406	Claimant's city.
25	CLAIMANT STATE	R	A	2	407-408	Claimant's state <a href="#">See State Codes table, p.16-2</a>
26	CLAIMANT ZIP CODE	C	A	9	409-417	Claimant's zip code.
27	CLAIMANT ID INDICATOR	C	A	1	418	F = Federal ID number S = Social Security Number
28	CLAIMANT ID NUMBER	C	N	9	419-427	Claimant's Federal ID number or Social Security Number
29	TRANSACTION CODE	R	N	3	428-430	A three-digit code that identifies the type of transaction for this record. Acceptable Transaction Code is "100." <a href="#">See Transaction Codes table, p.14-1</a>
30	TRANSACTION AMOUNT	R	N	12 [(9).xx- ]	431-442	Outstanding reserve for claimant/coverage
31	CATASTROPHIC LOSS CODE	C	N	2	443-444	Code assigned to a catastrophic event.
32	RECOVERY INDICATOR CODE	R	A	1	445	Potential recovery type. <a href="#">See Recovery Codes table, p. 16-3</a>
33	SUIT INDICATOR	R	A	1	446	Is claim in litigation? <u>Y</u> indicates a suit exists and is active. <u>N</u> indicates no suit on this claim. <u>U</u> indicates Unknown.
34	2ND INJURY FUND INDICATOR	R	A	1	447	Potential 2nd Injury Fund involvement Y / N / U
35	TPA CLAIM NUMBER	C	A	30	448-477	Unique Number assigned by insolvent company's TPA to the claim
36	LONG CLAIM NUMBER	C	A	30	478-507	Insolvent Company Claim Number, if longer than 20 characters
37	ISSUING COMPANY CODE	C	A	5	508-512	NAIC number of the insolvent company that issued the policy
38	SERVICING OFFICE CODE	C	A	6	513-518	Code for TPA/branch office
39	CLAIM REPORT DATE	C	N	8	519-526	Date the claim was reported to the company.

No.	Field Name	Req	Type	Size	Pos	Short Description
40	CLAIMANT BIRTH DATE	C	N	8	527-534	Claimant birth date. YYYYMMDD
41	REPETITIVE PAYMENT INDICATOR	R	A	1	535	Repetitive payment indicator
42	WCIO INJURY CODE	C	A	3	536-538	<a href="#">See WCIO Injury Code Table, p.16-6</a>
43	WCIO PART OF BODY	C	A	3	539-541	<a href="#">See WCIO Part of Body table, p.16-6</a>
44	WCIO NATURE OF INJURY	C	A	3	542-544	<a href="#">See WCIO Nature of Injury table, p.16-9</a>
45	WCIO CAUSE	C	A	3	545-547	<a href="#">See WCIO Cause of Injury table, p.16-11</a>
46	WCIO ACT	C	A	3	548-550	<a href="#">See WCIO Act table, p.16-14</a>
47	WCIO TYPE OF LOSS	C	A	3	551-553	<a href="#">See WCIO Type of Loss table, p.16-14</a>
48	WCIO TYPE OF RECOVERY	C	A	3	554-556	<a href="#">See WCIO Type of Recovery table, p.16-14</a>
49	WCIO TYPE OF COVERAGE	C	A	3	557-559	<a href="#">See WCIO Type of Coverage table, p.16-14</a>
50	WCIO TYPE OF SETTLEMENT	C	A	3	560-562	<a href="#">See WCIO Type of Settlement table, p.16-15</a>
51	WCIO VOCATIONAL REHAB INDICATOR	C	A	1	563	WCIO Vocational Rehab Indicator.
52	DESCRIPTION OF INJURY	C	A	64	564-627	Short description of accident/incident
53	WCAB NUMBER	C	A	12	628-639	Number assigned by the Workers' Compensation Board.
54	EMPLOYER WORK PHONE NUMBER	C	N	10	640-649	Employer telephone number
55	AGGREGATE POLICY INDICATOR	R	A	1	650	Aggregate Policy Indicator Y / N / U
56	DEDUCTIBLE POLICY INDICATOR	R	A	1	651	Deductible Policy Indicator Y / N / U