## **RAC** Organization

RAC Organization Number: NUMBER(7)

Organization Type: VARCHAR(20) (AK1.1) Organization Name: VARCHAR(30) (AK1.2)

Active Date: DATE (AK1.3)

Inactive date: DATE Last Update: DATE

## Risk Management Filing

Start Date: DATE

Key Claim Number: VARCHAR(25)

File Number: VARCHAR(20)

RAC Organization Number: NUMBER(7) (FK)

Date Loss Reported: DATE Claim Type: CHAR(2) Date of Loss: DATE

Claimant Name: VARCHAR(75)

Incremental Filing Payment: NUMBER(10,2)
Cumulative Filing Payment: NUMBER(10,2)
System Source: VARCHAR(2)

Remaining Filing Balance: NUMBER(10,2)