File: CMASIN (P) - Customer Insurance Agency Mast Format: CMASINR - Customer Insurance Agency Mast DDSR705

Field Description	Name	Alias	Note	A/N	B/P	Start	End	Len	Dec	Key	A/D
Agency Number	CYAGC	CY_AGC		A		1	4	4		K01	A
Agency Name	CYNME	CY_NME		A		5	29	25			
Contact Name	CYCNT	CY_CNT		A		30	54	25			
Address 1:	CYAD1	CY_AD1		A		55	79	25			
Address 2:	CYAD2	CY_AD2		A		80	104	25			
Address 3:	CYAD3	CY_AD3		A		105	129	25			
Postal/Zip Code	CYPCD	CY_PCD		A		130	138	9			
Phone Number	CYPHN	CY_PHN		N	P	139	144	10	0		
Fax Number	CYFAX	CY_FAX		N	P	145	150	10	0		
Expiry Date	CYEXP	CY_EXP		N		151	158	8	0		
Web Address	CYWAD	CY_WAD		A		159	218	60			
Email Address	CYEML	CY_EML		A		219	248	30			
Policy Number	CYPOL	CY_POL		A		249	278	30			
Liability Amount	CYLIAB	CY_LIAB		N	P	279	284	11	2		
Date Added	CYDTA	CY_DTA		N		285	292	8	0		
Date Modified	CYDTM	CY_DTM		N		293	300	8	0		
Field update / access identifier	@@UPID	UPDATE_IDENT		N	P	301	304	7	0		