Insurance Company Financial Responsibility Electronic Reporting Users Guide



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Introduction

Currently, insurance companies are required to submit data ten days after policy cancellation as required by Section 1786(e) (3) of the Vehicle Code. They may also report any newly issued policies. A different transaction record must be reported for each VIN that is either cancelled or newly insured.

All insurance companies will be required to transmit policy information in a standard format to a designated PennDOT server using File Transfer Protocol (FTP). All encrypted files sent to PennDOT have to be in PGP RFC 2440 format and must be able to be decrypted with PGP software. Any certificates that may be required should be in the X509 format and be readable by PGP Software. PennDOT will provide each insurance company with a unique subdirectory that can only be accessed by authorized users of that company. Each insurance company will be responsible for uploading their transmission file to the designated subdirectory on the PennDOT FTP server by the specified time Monday through Friday. The transmission files will <u>not</u> be processed by PennDOT on weekends or holidays. *See Appendix A – Holiday Schedule* for a list of the holidays that PennDOT observes.

Reporting Period

Insurance companies must report to PennDOT within 10 days of the policy cancellation.

Insurance companies should have their file loaded into their subdirectory on the PennDOT FTP server no later than 7:30 AM (EST) Monday through Friday. All files loaded by the cutoff time/day will be processed that day by PennDOT. Updates to the insurance company subdirectories can be made between 8:00 PM and 7:30 AM (EST) Monday through Friday and all day on weekends and holidays. See *Appendix A – Holiday Schedule* to determine which holidays PennDOT observes. Any file loaded after the cutoff time/day will be processed the next PennDOT business day.

Data Criteria

Insurance companies must report to PennDOT within 10 days of the policy cancellation. This requirement shall not apply to a policy which has been in effect for more than 6 months from the date the policy was initially issued.

Transmission File Back Ups

Insurance companies should back-up their transmission file and retain that file for at least 30 days from the date that the file was transmitted.

Getting Started

Follow the steps below to begin reporting financial responsibility records via FTP:

- Step 1. Obtain a subdirectory name, user id, and password on the PennDOT FTP server by completing and returning the access authorization form found in Appendix D Access Authorization Form. Refer to the Obtaining Access to the PennDOT FTP Server section for more information.
- Step 2. If your transmission file will be encrypted, arrange with PennDOT the exchange of the PGP encryption information. Please indicate on the access authorization form if the transmission file will be encrypted.
- Step 3. Verify that your transmission file is using the standard file layout outlined in *Appendix B Standard File Layout*.
- Step 4. Verify that all the required fields are present in the transmission file. See *Appendix B Standard File Layout* for a list of all required fields.
- Step 5. Verify that you are reporting **only** those records that meet the criteria as specified in the *Data Criteria* section.
- Step 6. Check your connectivity to the PennDOT FTP server by attempting to log on to your subdirectory on the PennDOT FTP server with your user id and password. If you have any problems, contact George Keeler at (717) 346-5557.
- Step 7. Determine the method of uploading the transmission file to the PennDOT FTP server.
- Step 8. Perform initial testing by uploading a test transmission file to your assigned subdirectory on the PennDOT FTP server. If you have any problems, contact George Keeler at (717) 346-5557.
- Step 9. Schedule certification testing by contacting your PennDOT Financial Responsibility Unit representative.
- Step 10. Upon successful completion of certification testing, PennDOT will contact you to schedule your production start date.
- Step 11. On your start date, begin transmitting your data files to the designated production directory on the PennDOT FTP server.

Obtaining Access to the PennDOT FTP Server

PennDOT will assign each insurance company a user id and password for the FTP server and provide PennDOT's PGP key (if applicable). If an insurance company has multiple NAIC numbers, it has the option of requesting multiple subdirectories (1 for each NAIC number) or requesting 1 subdirectory using its "parent"

NAIC number. Insurance companies will need to complete an access authorization form for each NAIC number that they would like a subdirectory created for. A copy of the form can be found in Appendix D – *Access Authorization Form*. Once your authorization form has been received and you plan to encrypt your transmission file, you will be contacted by PennDOT. At this time you will make arrangements to exchange the appropriate PGP encryption information. All encrypted files transmitted to PennDOT have to be in PGP RFC 2440 format and must be able to be decrypted with PGP software. Any certificates that may be required should be in the X509 format and be readable by PGP Software.

Email the completed form(s) and a list of your NAIC numbers to: ra-pdfrphonesupport@state.pa.us

Once the request has been approved, the PennDOT Financial Responsibility representative will provide by email the following information to the individual listed as the Point of Contact:

- o Company FTP Subdirectory
- o Company FTP User ID
- o Company FTP Password
- o PennDOT Key for PGP users

FTP Server

The PennDOT FTP server is: <u>FTP.DOT.STATE.PA.US</u>. The directory is: FRINSFTP. PennDOT will set up a subdirectory for your company on the PennDOT FTP server. Each insurance company will have its own subdirectory and access is limited to authorized users only. Once you have received your logon information, you can access the assigned PennDOT subdirectory.

Standard File Layout

PennDOT requires that the data being reported is in a standard format. Data validation rules mandate that all required fields be present and in the proper format. PennDOT reserves the right to reject the entire file if the data does not follow the standards set by PennDOT. The file layout can be found in *Appendix B – Standard File Layout*.

File Naming Standard

If an insurance company has multiple NAIC numbers, it can create 1 file under its "parent" NAIC number which contains the cancellation records for all its underwriting companies.

PennDOT requires that the name of the file being placed on the PennDOT FTP server be in the following format:

SSSSSSS.FR0XXXXX.DYYDDD.PGP where:

SSSSSSS is the subdirectory name assigned by PennDOT.

XXXXX is the insurance company's NAIC number.

YYDDD is the Julian date of the file.

PGP is the file extension (encrypted files only).

Test Certification

Insurance companies must pass certification testing with PennDOT. The objective is to provide a comprehensive testing opportunity for insurance companies and PennDOT. Testing should simulate normal production practices as much as possible. Certification will involve checking connectivity, record transmission, file format, and data validation.

Upon successful completion of certification testing, PennDOT will contact you to schedule your production start date.

PennDOT Help Desk

To report a production problem, contact the PennDOT Help Desk at (717) 783-8330.

The PennDOT Help Desk is staffed:

Monday through Friday from 6:30 AM to 5:00 PM EST Saturday from 7:00 AM to 3:30 PM EST

A member of the Help Desk staff will open a trouble ticket. You will need to provide them with the following information:

- o Your Company Name and NAIC
- o Your Name
- o Your Telephone Number
- o Your Problem

Once your trouble ticket has been entered into the system, it will be routed to the proper department and you will be contacted at the telephone number that you provided.

If all the PennDOT Help Desk technicians are unavailable, you will be forwarded to the automated response menu system. Select option 4 for "General Trouble Shooting Support" and follow the instructions.

PennDOT Process

PennDOT will process the transmission files 7:30 AM to 8:00 PM (EST) Monday through Friday except on PennDOT holidays. Updates to the insurance company subdirectories are prohibited during the PennDOT processing time period. The files will be moved from the subdirectories to a secured drive where it will be decrypted (if necessary) by PennDOT. Once all the insurance files have been moved and decrypted (if necessary), they will be uploaded to the mainframe for processing in the nightly cycle. Any file added during the restricted time period will be processed the next PennDOT business day.

PennDOT Contact Information

Should you need further information, please call 717-787-7795 or 717-705-0750 between 8:00 am and 4:00 pm, Monday through Friday.

You can also email a question to: <u>ra-pdfrphonesupport@state.pa.us</u>

Appendix A: Holiday Schedule

The following is a list of holidays that PennDOT will **not** process FTP transmissions:

- New Year's Day
- Martin Luther King, Jr. Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veteran's Day
- Thanksgiving Day
- Thanksgiving Friday or Black Friday
- Christmas Day

Appendix B: Standard File Layout

| Field Start Position | Field End Position | Field Size | Field Type | Left Justified? | Required | Field Description |
|-------------------------|-----------------------|---------------|--------------|--------------------|----------|---|
| 1 | 5 | 5 | Numeric | | Yes | NAIC# |
| 6 | 6 | 1 | Alpha | | Yes | Transaction Type N = New Policy C = Cancellation B = Book of Business |
| 7 | 7 | 1 | Alpha | | | Submission Type Space = Original R = Resubmission |
| 8 | 8 | 1 | Alpha | | | FILLER |
| 9 | 28 | 20 | Alphanumeric | Yes | Yes | Vehicle Identification Number (VIN) |
| 29 | 33 | 5 | Alpha | | | Vehicle Make |
| 34 | 37 | 4 | Numeric | | | Vehicle Year |
| 38 | 40 | 3 | Alpha | | | FILLER |
| 41 | 42 | 2 | Alpha | | | Owners Check Digits |
| 43 | 46 | 4 | Numeric | | | Insurance Company Code |
| 47 | 52 | 6 | Numeric | | Yes | Insurance Termination Date (format - YYMMDD) |
| 53 | 53 | 1 | Numeric | | Yes | Insurance Termination Reason (Transaction Type = C) 1= Nonpayment 2= Suspension/Revocation 3= Policyholder Request 4= Cancellation (40 P.S. 991.2004) 5= Other 6= Company Termination |
| 54 | 83 | 30 | Alphanumeric | Yes | | Insurance Policy Number |
| 84 | 89 | 6 | Numeric | | | Insurance Effective Date (format - YYMMDD) |
| 90 | 94 | 5 | Alpha | | | FILLER |
| 95 | 95 | 1 | Alpha | | | Source = 'A' |
| 96 | 120 | 25 | Alpha | Yes | | Insured's Name (LAST, FIRST, MI) |
| 121 | 122 | 2 | Alpha | | | Transaction Source = 'IC" |
| 123 | 123 | 1 | Numeric | | | Transaction Code = '2' |
| 124 | 131 | 8 | Numeric | | | Vehicle Title Number |
| 132 | 137 | 6 | Numeric | | | Report Period Date (format - YYMMDD) |

| Field Start Position | Field End Position | Field Size | Field Type | Left Justified? | Required | Field Description |
|-------------------------|-----------------------|---------------|--------------|--------------------|----------|---|
| 138 | 143 | 6 | Numeric | | | Process Date Stamp (format YYMMDD) |
| 144 | 151 | 8 | Numeric | | | Company Cancellation Letter Sent Date (format YYYYMMDD) |
| 152 | 170 | 19 | Alpha | | | FILLER |
| 171 | 178 | 8 | Numeric | | | Registration Renewal Date (format YYYYMMDD) |
| 179 | 201 | 23 | Alphanumeric | Yes | | Insured's Address |
| 202 | 215 | 14 | Alphanumeric | Yes | | City |
| 216 | 220 | 5 | Numeric | | | Zip Code |
| 221 | 222 | 2 | Alpha | | | Insured's Check Digits |
| 223 | 223 | 1 | Alpha | | | Adult Verification Indicator ('Y' or 'No') |
| 224 | 225 | 2 | Alphanumeric | | | Error Code |
| 226 | 245 | 20 | Alphanumeric | | | BMV VIN Correction |
| 246 | 250 | 5 | Alpha | | | FILLER |

Appendix C: Glossary

The following is a list of definitions and acronyms that are used throughout this document. These definitions are intended to clarify the terms used.

City – This is the city associated with the address of the first person listed on the policy. It is a 14 position alphanumeric field.

Financial Responsibility – A motor vehicle liability insurance policy or program of self insurance, complying with the requirements of 75 Pa. C.S. 1787 and approved by PennDOT, covering all motor vehicles registered in a person's name.

Insurance Company – Company licensed to write motor vehicle liability insurance in this Commonwealth, or a company which is not authorized to write motor vehicle liability insurance in Pennsylvania, but which has filed with PennDOT a power of attorney in accordance with 75 Pa. C.S. 1782 (relating to manner of providing proof on financial responsibility).

Insurance Effective Date – This is the date that the insurance coverage took effect. It is a 6 position numeric field. The date is in YYMMDD format.

Insurance Policy Number – This is the insurance policy number. It is a 30 position alphanumeric field.

Insurance Termination Date – This is the date the policy is expected to be cancelled, terminated, or expired by the insurance company. It is a 6 position numeric field and is **required**. The date is in YYMMDD format.

Insurance Termination Reason – This is the reason the policy was cancelled or terminated. It is a 1 position numeric field and is **required if the Transaction Type = C**. The valid values are:

- 1 = Nonpayment
- 2 = Suspension/Revocation
- 3 = Policyholder Requested
- 4 = Cancellation (40 P.S. 1008.6(3))
- 5 = Other
- 6 = Company Termination

Insured's Address – This is the street address or P. O. Box of the first person listed on the policy. It is a 23 position alphanumeric field.

Insured's Check Digit – This is the first 2 characters of the last name individual or first 2 characters of the company that is listed first on the policy for the vehicle. It is a 2 position alphabetic field.

Insured's Name – This is the name of the first person listed on a policy. It is a 25 position alphanumeric field. The format for a personal policy is Last Name, First Name. The format for a commercial policy is the first 25 positions of the company's name.

NAIC – This is the National Association of Insurance Commissioners number that uniquely identifies the reporting insurance company. It is a 5 position alphanumeric field and is **required** for all transaction types.

Owner's Check Digit – This is the first 2 characters of the last name individual or first 2 characters of the company that owns the vehicle.

Report Period Date – This is the date the record is transmitted to the PennDOT FTP server. It is a 6 position numeric field. The date is in YYMMDD format.

Submission Type – It is a 1 position alphabetic field. The valid values are:

Space = Original

R = Resubmission.

Transaction Type – This identifies the type of transaction that is being submitted for processing. It is a 1 position alphabetic field and is **required**. The valid values are:

N = New Policy

C = Cancellation

B = Book of Business

Vehicle Identification Number (VIN) – This is the vehicle identification number assigned to the vehicle by the manufacturer. It is a 20 position alphanumeric field and is **required**.

Vehicle Title Number – This is the title number of the vehicle. It is an 8 position numeric field.

Vehicle Make – This is the manufacturer of the vehicle. It is a 5 position alphabetic field.

Vehicle Year – This is the model year of the vehicle. It is a 4 position numeric field.

Zip Code – This is the zip code associated with the address of the first person listed on the policy. It is a 5 position numeric field.

Appendix D: Access Authorization Form

Complete a copy of the access authorization form that is on the next page in order to request that a subdirectory be created for your insurance company on the PennDOT FTP server. If your insurance company has multiple NAIC numbers, you have the option of requesting multiple subdirectories (1 for each NAIC number) or requesting 1 subdirectory using your "parent" NAIC number. Insurance companies will need to submit multiple copies of the access authorization form if more than one subdirectory needs to be created for reporting or to provide alternate contact information.



Insurance Company Financial Responsibility FTP Subdirectory Application

- 1. This application authorizes PennDOT to establish a Financial Responsibility Subdirectory on the PennDOT FTP server for this insurance company. Insurance company must complete Sections A, B, C and D.
- 2. In Section D, please list the main insurance company which was indicated in Section A. In Section B, list all NAIC numbers and insurance company names that will be reporting under the main/parent company listed in Section A.
- 3. Submit multiple copies of this form if more than one subdirectory needs to be created on the PennDOT FTP server or to provide alternate contact information. E-mail completed form(s) to: ra-pdfrphonesupport@state.pa.us.

| | · | tiion. E-maii compieted form(s) to: ra-pairphon | esupport@state.p | a.us. | | | | |
|---|-------------------------------|---|------------------|---------------------------|--|--|--|--|
| Α | INSURANCE COMPANY INFORMATION | | | | | | | |
| | NAIC Number | | | Is file Encrypted? Yes No | | | | |
| | Insurance Company Name | | | | | | | |
| | Address | | | | | | | |
| | City | | State | Zip Code | | | | |
| В | List all sub-insurance comp | ا panies that report under the compan | v listed in Sec | tion A | | | | |
| | NAIC Number | Insurance Company Name | <u>,</u> | | | | | |
| | | | | | | | | |
| 2 | NAIC Number | Insurance Company Name | | | | | | |
| 3 | NAIC Number | Insurance Company Name | | | | | | |
| 4 | NAIC Number | Insurance Company Name | | | | | | |
| 5 | NAIC Number | Insurance Company Name | | | | | | |
| 6 | NAIC Number | Insurance Company Name | | | | | | |
| 7 | NAIC Number | Insurance Company Name | | | | | | |
| С | IT CONTACT INFORMATION | | | | | | | |
| | Name | | | | | | | |
| | Title | | | | | | | |
| | Email Address | | | | | | | |
| | Telephone Number | | | | | | | |
| | Telephone Number | | | | | | | |
| | Fax Number | | | | | | | |
| | Signature | | Date | | | | | |
| D | BUSINESS CONTACT INFO | RMATION | • | | | | | |
| | Name | | | | | | | |
| | Title | | | | | | | |
| | Email Address | | | | | | | |
| | Telephone Number | | | | | | | |
| | Fax Number | | | | | | | |
| | Signature | | Date | | | | | |

FOR DEPARTMENT USE ONLY

| Name | | |
|----------------------|---------|----------|
| Title | | |
| Authorized Signature | | Date |
| Subdirectory Name | User ID | Password |
| , | | |

Submit multiple copies of this form if more than one subdirectory needs to be created on the PennDOT FTP server or to provide alternate contact information.

Email completed form(s) to: ra-pdfrphonesupport@state.pa.us