

# Appendix D Secured File Transfer Protocol Format Group A (Web Services)

Nevada Department of Motor Vehicles requires insurance companies to submit data one time for all of their ACTIVE liability insurance records via secured FTP (File Transfer Protocol) when moving to Group A.

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### 1. Types of Records Reported

Only Nevada motor vehicle insurance is to be reported. Only policies issued by insurance companies licensed to write policies in Nevada are acceptable for motor vehicles registered in Nevada.

All registered motor vehicles under 26,000 pounds are included: automobiles, commercial vehicles, motor homes, rental cars, motorcycles, and golf carts. The only exclusions are trailers and off road vehicles as defined by statute (NRS 485.313).

If the vehicle information is known, submit the record according to the instructions for vehicle specific insurance. If a fleet or an operator policy is issued with no vehicle information, submit the record according to the instructions for non-vehicle specific insurance; the Department will assume all vehicles registered to the named insured are covered.

All New Issues (A) transaction effective dates must be equal to or less than the date the file was created. The effective date cannot be greater than the current date. The termination date cannot be greater than two years from effective date. An Effective date and Termination date are required.

### 2. Record Information

Information is reported according to whether or not the policy contains vehicle specific information. The record format does not change, but the content of the record does. The requirements for both vehicle specific and non-vehicle specific records are outlined below. See the Insurance Record layout for the complete details.

*Vehicle Specific Insurance Record*; one record per vehicle is submitted.

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*Non-Vehicle Specific Insurance Record*; if the records are for blanket fleet, blanket operator, or self-insured insurance coverage when the vehicle information is not available; the DMV will assume all vehicles registered under the named insured's Nevada Drivers License or company Federal Employer ID Number (FEIN) are covered under the policy. One record per policy is submitted.

- A. Insurance Company Information
  - NAIC code.
  - If you do not have a NAIC code, use the number assigned by the Nevada Division of Insurance at the time of licensing.
- B. Transaction Type.
  - A = New Issue – Active Insurance
- C. Transaction Date is the Date the transaction is recorded in the insurance company system.
- D. Record Type.
  - V (space) = Vehicle specific
  - VS = Vehicle specific
  - NF = Non-Vehicle specific – Fleet
  - NO = Non-Vehicle specific – Operator
  - NS = Non-Vehicle specific – Self-Insured
- E. Policy Number.
- F. Insurance Effective Date. The policy inception date or the date the vehicle was added to the policy. The effective date cannot be greater than the current date.
- G. Insurance Termination Date. The date liability insurance is expires, terminated, canceled, or considered 'out of force.' The termination date cannot be greater than two years from effective date.
- H. Complete Vehicle identification Number (VIN)
  - The VIN is the primary key used for matching insurance records to the registration records.
  - **VIN accuracy is critical.** VIN's for 1981 or newer vehicles are 17 digits long, with the exception of homemade vehicles.
- I. Vehicle Model Year.
- J. Person or Company insured information. To ensure proper reporting and matching, the insurance company must submit the name of the registered owner as it will appear on the vehicle registration.
  - (1) Company Indicator. Use a "Y" indicator to indicate a business policy when the insurance is for a company or family trust whose name is or will be listed as the

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registered owner. A record using the “Y” indication must contain the name of a business or family trust.

**Example:** ABC Landscaping has four vehicles. Three vehicles are registered to ABC Landscaping and one is registered to the owner, Joe Smith. The three vehicles registered to ABC Landscaping should contain the “Y” indicator and the vehicle registered to Joe Smith should not.

### (2) Name of Insured

- a. Individual – the Registered Owner(s) name must be reported as it does or will appear on the vehicle registration. Other insured persons, up to four names, can be submitted for one vehicle. The name must be separated into last name and first name. DO NOT use a “Y” indicator if the registered owner is an individual.
- b. Company and Family Trusts complete name is used in the last name field; a “Y” is put in the company indicator field.

### (3) It is also acceptable to report the insured using both the name of the Family Trust and an individual.

## K. Identification number of the registered owner.

- (1) For an individual, the Nevada Driver’s License Number is required. If the individual does not have a Nevada Driver’s License, enter “NO\_NEVADA\_DRIVERS\_LICENSE”.
- (2) For a company, the Federal Employer Identification Number (FEIN) must be used.
- (3) Other insured, up to four numbers can be submitted. Identification Numbers are required for each.

## L. Mailing Address.

- (1) The street address or PO BOX, city, state, and zip code of the registered owner is optional.
- (2) The address will only be used to help match records and resolve discrepancies between insurance and registration records.

## 3. Header Record

- A. All fields for a header record are required.
- B. Each transaction (policy) or group of transactions associated to an NAIC number must be listed under that specific header record for that NAIC number.

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- C. If a policy record does not correspond to the header record it follows, the record will be rejected.

**Important Notice:** A separate NAIC Header Record must be created for each set of records submitted.

#	FIELD NAME AND DESCRIPTION	TYPE	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	FIELD POSITION (FROM – TO)
1	<b>INSURANCE COMPANY NUMBER</b> Unique number used to identify the insurance company. If the company has an NAIC code it is used. If not, the number assigned by the Nevada Division of Insurance at time of licensing is used.  The number is numeric, right justified and zero filled.	N	5	Required	1 - 5
2	<b>TRANSACTION TYPE</b> Transaction type is always “H” for the header record.	H	1	Required	6 - 6
3	<b>CREATION DATE</b> The date the FTP file was created. Format: CCYYMMDD	N	8	Required	7 - 14
4	<b>REPORTING PERIOD BEGIN DATE</b> The first day of the reporting period. Format: CCYYMMDD	N	8	Required	15 - 22
5	<b>REPORTING PERIOD END DATE</b> The last day of the reporting period. Format: CCYYMMDD	N	8	Required	23 - 30
6	<b>FILLER</b> Set to spaces.	A	520	Required	31 - 550

**4. Insurance Record**

When submitting an insurance record with multiple insured’s, the Optional fields become Required.

**Important Notice:** A separate NAIC Header Record must be created for each set of records submitted.

#	FIELD NAME AND DESCRIPTION	TYPE	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	FIELD POSITION (FROM – TO)
1	<b>Insurance Business Number (NAIC)</b>	N	5	Required	1 – 5

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#	FIELD NAME AND DESCRIPTION	TYPE	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	FIELD POSITION (FROM – TO)
	<p>Unique number used to identify the insurance company. If the company has an NAIC code it is used. If not, the number assigned by the Nevada Division of Insurance at time of licensing is used.</p> <p>The number is numeric, right justified and zero filled.</p>				
2	<p><b>TRANSACTION TYPE</b>  <b>A = New Issue – Active Insurance</b>                      used when:</p> <ul style="list-style-type: none"> <li>• A new liability policy issued;</li> <li>• A policy is renewed;</li> <li>• A vehicle is added to an existing policy;</li> <li>• Insurance is reinstated after a lapse in overage;</li> </ul> <p>An active record is submitted during the initial reporting process.</p>	A	1	Required	6 – 6
3	<p><b>TRANSACTION DATE</b>                      The date the transaction was recorded on the insurance company system.                      Format: CCYYMMDD</p>	N	8	Required	7 – 14
4	<p><b>RECORD TYPE</b>                      V = Vehicle Specific                      VS = Vehicle Specific                      NF = Non-Vehicle Specific – Fleet                      NO = Non-Vehicle Specific – Operator                      NS = Non-Vehicle Specific – Self-Insured</p>	A	2	Required	15 – 16
5	<p><b>POLICY NUMBER</b>                      Liability insurance policy number.</p>	A	25	Required	17 – 41
6	<p><b>INSURANCE EFFECTIVE DATE</b>                      The date liability insurance is in effect, active, or ‘in force.’                      Format: CCYYMMDD</p>	N	8	Required	42 – 49
7	<p><b>INSURANCE TERMINATION DATE</b>                      The date liability insurance expires, is terminated, canceled, or considered ‘out of force.’                      Format: CCYYMMDD</p>	N	8	Required	50 – 57
8	<p><b>VIN</b></p>	A	30	Conditional	58 – 87

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#	FIELD NAME AND DESCRIPTION	TYPE	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	FIELD POSITION (FROM – TO)
	The full Vehicle Identification Number. This field is the primary key used for matching insurance records to registration records. <b>VIN accuracy is critical and is required for all vehicle specific records.</b>				
9	<b>VEHICLE YEAR</b> The vehicle model year. <b>Required for all vehicle specific records.</b> Format: CCYY	N		Conditional	88 – 91
10	<b>VEHICLE MAKE</b> NCIC vehicle make code. <b>Required for all vehicle specific records.</b>	A	4	Conditional	92 – 95
11	<b>BUSINESS INDICATOR</b> Y = name supplied is a company or family trust name. Space = name supplied is not a company name. <b>Required if name supplied is a company name.</b>	A	1	Required	96 – 96
12	<b>LAST NAME – 1</b> The last name of the registered owner is required. The complete company or family trust if the insured is a company or family trust.	A	40	Required	97 – 136
13	<b>FIRST NAME – 1</b> First name of registered owner. <b>First name is required if registered owner or named insured is not a company or family trust.</b>	A	15	Conditional	137 – 151
14	<b>ID TYPE – 1</b> Identifies the type of ID for the first insured. D = DLN F = FEIN	A	1	Required	152 – 152
15	<b>ID NUMBER – 1</b> Unique number identifying the first insured. For an individual, the Nevada Driver's License Number is requested. For a company, the FEIN is required. (If it's a fleet policy (non-vehicle specific) and does not have a valid identifying number (FEIN) then it will get an edit error. If it has a number that is not > 999, or equal to zeros or 111111111, then we attempt to match it. If it is not in our system, or the vehicle is registered to another entity with the same	A	25	Required	153 – 177

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#	FIELD NAME AND DESCRIPTION	TYPE	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	FIELD POSITION (FROM – TO)
	name but not the DLN or FEIN, then we get a no match.)				
16	<b>LAST NAME – 2</b> Last name of additional registered owner(s) or named insured.	A	40	Optional	178 – 217
17	<b>FIRST NAME – 2</b> First name of additional registered owner(s) or named insured.	A	15	Optional	218 – 232
18	<b>ID TYPE – 2</b> Identifies the type of ID for the second insured. D = DLN F = FEIN	A	1	Optional	233 – 233
19	<b>ID NUMBER – 2</b> ID of additional registered owner(s) or named insured.	A	25	Optional	234 – 258
20	<b>LAST NAME – 3</b> Last name of additional registered owner(s) or named insured.	A	40	Optional	259 – 298
21	<b>FIRST NAME – 3</b> First name of additional registered owner(s) or named insured.	A	15	Optional	299 – 313
22	<b>ID TYPE – 3</b> Identifies the type of ID for the third insured. D = DLN F = FEIN	A	1	Optional	314 – 314
23	<b>ID NUMBER – 3</b> ID of additional registered owner(s) or named insured.	A	25	Optional	315 – 339
24	<b>LAST NAME – 4</b> Last name of additional registered owner(s) or named insured.	A	40	Optional	340 – 379
25	<b>FIRST NAME – 4</b> First name of additional registered owner(s) or named insured.	A	15	Optional	380 – 394
26	<b>ID TYPE – 4</b> Identifies the type of ID for the forth insured. D = DLN F = FEIN	A	1	Optional	395 – 395
27	<b>ID NUMBER – 4</b> ID of additional registered owner(s) or named insured.	A	25	Optional	396 – 420
28	<b>MAILING ADDRESS/PO BOX</b> Street address or PO Box portion of	A	30	Optional	421 – 450

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#	FIELD NAME AND DESCRIPTION	TYPE	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	FIELD POSITION (FROM – TO)
	mailing address of registered owner(s) or named insured.				
29	<b>MAILING CITY</b> City portion of mailing address of registered owner(s) or named insured.	A	20	Optional	451 – 470
30	<b>MAILING STATE</b> State abbreviation portion of mailing address of registered owner(s) or named insured.	A	2	Optional	471 – 472
31	<b>MAILING ZIP CODE</b> Zip Code portion of mailing address of registered owner(s) or named insured.	A	10	Optional	473 – 482
32	<b>ERROR REASON</b> Error reason code (for returned records only) EE - Editing error IG = Ignored record due to Bad Header, NAIC not tested, invalid transaction. IV = Invalid VIN submitted (per the R.L. Polk VINA software.) NM = No matching record. NN = No matching name. RA = Record already exists (duplicate)	A	2	Return Only	483 – 484
33	<b>VINA ERROR STRING</b> Error string as received from the R.L. Polk VINA software.	A	30	Return Only	485 – 514
34	<b>INSURANCE BUSINESS NUMBER ERROR FLAG</b> Flag indicating an editing error in the submitted insurance business number ('Y' or 'N')	A	1	Return Only	515 – 515
35	<b>TRANSACTION TYPE ERROR FLAG</b> Flag indicating an editing error in the submitted transaction type ('Y' or 'N')	A	1	Return Only	516-516
36	<b>TRANSACTION DATE ERROR FLAG</b> Flag indicating an editing error in the submitted transaction date ('Y' or 'N')	A	1	Return Only	517 – 517
37	<b>RECORD TYPE ERROR FLAG</b> Flag indicating an editing error in the	A	1	Return Only	518 – 518

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#	FIELD NAME AND DESCRIPTION	TYPE	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	FIELD POSITION (FROM – TO)
	submitted record type ('Y' or 'N')				
38	<b>POLICY NUMBER ERROR FLAG</b> Flag indicating an editing error in the submitted policy number ('Y' or 'N')	A	1	Return Only	519 – 519
39	<b>INSURANCE EFFECTIVE DATE ERROR FLAG</b> Flag indicating an editing error in the submitted transaction type ('Y' or 'N')	A	1	Return Only	520 – 520
40	<b>INSURANCE TERMINATION DATE ERROR FLAG</b> Flag indicating an editing error in the submitted termination date ('Y' or 'N')	A	1	Return Only	521 – 521
41	<b>VIN ERROR FLAG</b> Flag indicating an editing error in the submitted VIN ('Y' or 'N')	A	1	Return Only	522 – 522
42	<b>VEHICLE YEAR ERROR FLAG</b> Flag indicating an editing error in the submitted vehicle year ('Y' or 'N')	A	1	Return Only	523 – 523
43	<b>VEHICLE MAKE ERROR FLAG</b> Flag indicating an editing error in the submitted vehicle make ('Y' or 'N')	A	1	Return Only	524 – 524
44	<b>BUSINESS INDICATOR ERROR FLAG</b> Flag indicating an editing error in the submitted business indicator ('Y' or 'N')	A	1	Return Only	525 – 525
45	<b>LAST NAME – 1 ERROR FLAG</b> Flag indicating an editing error in the submitted last name ('Y' or 'N')	A	1	Return Only	526 – 526
46	<b>FIRST NAME – 1 ERROR FLAG</b> Flag indicating an editing error in the submitted first name ('Y' or 'N')	A	1	Return Only	527 – 527
47	<b>ID TYPE – 1 ERROR FLAG</b> Flag indicating an editing error in the submitted ID type - 1 ('Y' or 'N')	A	1	Return Only	528 – 528
48	<b>ID NUMBER – ERROR FLAG</b> Flag indicating an editing error in the submitted ID number – 1 ('Y' or 'N')	A	1	Return Only	529 – 529
49	<b>MAILING ADDRESS/PO BOX ERROR FLAG</b> Flag indicating an editing error in the submitted mailing address ('Y' or 'N')	A	1	Return Only	530 – 530
50	<b>MAILING CITY ERROR FLAG</b> Flag indicating an editing error in the submitted mailing city ('Y' or 'N')	A	1	Return Only	531 – 531

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#	FIELD NAME AND DESCRIPTION	TYPE	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	FIELD POSITION (FROM – TO)
51	<b>MAILING STATE ERROR FLAG</b> Flag indicating an editing error in the submitted mailing state ('Y' or 'N')	A	1	Return Only	532 – 532
52	<b>MAILING ZIP CODE ERROR FLAG</b> Flag indicating an editing error in the submitted mailing zip code ('Y' or 'N')	A	1	Return Only	533 – 533
53	<b>SUBMITTED BUSINESS COMMENT FIELD</b> Record comment area returned as received.	A	17	Optional	534 – 550

5. **Trailer Record**

- A. All fields for a trailer record are required.
- B. If a trailer record is not included, the entire file will be rejected.

#	FIELD NAME	TYPE	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	FIELD POSITION (FROM – TO)
1	<b>NAIC</b> (INSURANCE COMPANY NUMBER)	N	5	Required	1-5
2	<b>TYPE</b> "Z" = trailer record.	A	1	Required	6 - 6
3	<b>RECORD COUNT</b> Record count not including the trailer record, header record is counted. Must be right justified and zero filled.	N	12	Required	7 – 18
4	<b>FILLER</b>	A	2	Required	19 – 20
5	<b>PROCESS DATE</b> The date the FTP file was created. Format: CCYYMMDD	N	8	Required	21 – 28
6	<b>FILLER</b> Set to spaces.	A	522	Required	29 - 550

6. **Files with multiple NAICS**

For companies that choose to submit multiple NAICs in one file, there should still be only 1 trailer record. The file should be formatted as follows:

- NIAC1 Header Record
- NIAC1 Detail Record-1
- NIAC1 Detail Record-2
- NIAC1 Detail Record-3

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NAIC1 Detail Record-4  
 NAIC1 Detail Record-5  
 NAIC1 Detail Record-6  
 NIAC2 Header Record  
 NAIC2 Detail Record-1  
 NAIC2 Detail Record-2  
 NAIC2 Detail Record-3  
 NIAC3 Header Record  
 NAIC3 Detail Record-1  
 NAIC3 Detail Record-2  
 NAIC3 Detail Record-3  
 NAIC3 Detail Record-4  
 NAIC3 Detail Record-5  
 TRAILER RECORD with COUNT (all the records excluding trailer = 17)

**7. Error Return Codes Detailed Description**

**NV LIVE NM ERROR MESSAGES**

<b>Error Class</b>	<b>Error Message</b>	<b>Description</b>
VIN	NM - VIN NOT MATCHED	VIN not found in DMV database.
VIN	NM - PARTIAL VIN/OWNER-NM	Partial VIN matched but owner not matched. Looser matching criteria not used with only partial VIN match.
Registration	NM - NO REG OR OWNER FND	No matching registration or owners found in DMV database.
Registration	NM - NO VEH FOR DLN	For non-vehicle specific policies only. No matching registrations for the individual with the submitted driver's license or no matching driver's license found in DMV database.
Registration	NM - NO VEH FOR FEIN	For non-vehicle specific policies only. No matching registrations for the business with the submitted FEIN or no matching FEIN found in DMV's database.
Registration	NM - NO REG FOR REG-ID	DMV cannot find a current registration record on our database. This could indicate a problem in DMV's database. Please contact DMV.
Registration	NM - MULT REG FOR REG-ID	DMV has multiple active registrations for the vehicle. This could indicate a problem in DMV's database. Please contact DMV.
Owner	NM - OWNER NOT MATCHED	DMV is unable to match any of the insurance owners submitted with the current registered owners of this vehicle.
Owner	NM - EXCEED OWN TBL	Number of owners of this vehicle on DMV's database has exceeded a program limit. Please contact DMV.
Owner	NM - DRIVER LCN NO MATCH	DMV cannot find the driver's license on it's database.
Owner	NM - BUSINESS NO	DMV cannot find any business associated to

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<b>Error Class</b>	<b>Error Message</b>	<b>Description</b>
	MATCH	the FEIN submitted.
Policy/NAIC	NM - NO NAIC ACT INSU	DMV cannot find the insurance policy in its database while processing a termination tran
Policy/NAIC	NM - NO NAIC TERM INSU	DMV cannot find the insurance policy in its database while processing a rescind tran
Policy/NAIC	NM - NO MATCH PLCY/NAIC	DMV cannot find the insurance policy in its database while processing a previous tran

**485 - 514** Denotes the **VIN** error string which will be returned by the **POLK'S VIN CHECK** program if **VIN** invalid. This string will consist of 0's and 1's.

The following **BYTE** position will have "Y" if there is an error in the corresponding field.

- 515** Denotes the **NAIC** error
- 516** Denotes the **TRANSACTION** type error
- 517** Denotes the **TRANSACTION DATE** error
- 518** Denotes the **RECORD** error
- 519** Denotes the **POLICY NUMBER** type error
- 520** Denotes the **INSURANCE EFFECTIVE DATE** error
- 521** Denotes the **INSURANCE TERMINATION DATE** error
- 522** Denotes the **VIN** error
- 523** Denotes the **VEHICLE YEAR** error
- 524** Denotes the **VEHICLE MAKE** error
- 525** Denotes the **BUSINESS INDICATOR** error
- 526** Denotes the **LAST NAME #1** error
- 527** Denotes the **FIRST NAME #1** error
- 528** Denotes the **ID** type error
- 529** Denotes the **ID NUMBER** error
- 530** Denotes the **MAILING ADDRESS** error
- 531** Denotes the **MAILING CITY** error
- 532** Denotes the **MAILING STATE** error
- 533** Denotes the **MAILING ZIP** error
- 534 - 550** (A/17) are left blanks