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# District of Columbia

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## **PROGRAM FOR INSURANCE ELECTRONIC REPORTING (PIER) USER GUIDE**



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## **1. INTRODUCTION**

Since the implementation of the Compulsory Insurance Program, D.C. Law 4-155, and 6-96, passed September 18, 1982 and March 4, 1986, respectively, insurance companies licensed to sell insurance in the District of Columbia have been reporting the notice of cancellation of insurance coverage via paper. This reporting process has been manually intensive.

The Director of the Department of Motor Vehicles, pursuant to the authority set forth in Section 1825 of the Department of Motor Vehicles Establishment Act of 1998, effective March 26, 1999 (D.C. Law 12-175; D.C. Official Code § 50-904); § 4(d)(3) of the Compulsory/No-Fault Motor Vehicle Insurance Act of 1982, effective September 18, 1982 (D.C. Law 4-155; D.C. Official Code § 31-2403(d)(3)); and Mayor's Order 03-58, effective April 21, 2003, adopted the following rulemaking that amended Chapters 4 and 8 of Title 18 of the District of Columbia Municipal Regulations (DCMR) (Vehicles and Traffic). This final rulemaking established a requirement that insurance cancellations, expirations, or terminations be transmitted to DC DMV electronically and eliminated a duplicative insurance reporting provision.

After submission of comments in writing and in person by the D.C. Insurance Federation and insurance company representatives, changes were made to the text of these proposed rules, as published with a Notice of Proposed Rulemaking in the *D.C. Register* at 52 DCR 728 on January 28, 2005. The Department adopted a recommendation made by those entities to eliminate the proposal that the notice of cancellation, expiration or termination include the license plate number, and instead require that the notice include the vehicle identification number, if known. An effective date was also provided for electronic submissions of cancellation information.

A separate final rulemaking was published on March 4, 2005, which finalized other portions of the rules proposed in the January 28, 2005, Notice of Proposed Rulemaking.

These final rules will be effective upon publication of this notice in the *D.C. Register*.

Title 18, DCMR, is amended as follows:

A. Chapter 4, MOTOR VEHICLE TITLE AND REGISTRATION, is amended as follows:

- 1) Section 430, VERIFICATION OF INSURANCE INFORMATION, subsection 430.6 is amended to read as follows:

430.6 Any notice of cancellation, expiration or termination sent pursuant to § 430.5 shall contain the following:

- (a) The full name and address of the insured;
- (b) The insurance policy number or binder number;

- (c) The expiration or termination date of the motor vehicle insurance policy;
- (d) The operator's permit number, if known, of the insured;
- (e) The corresponding vehicle identification number(s), if known; and
- (f) Any other information the Director may require.

2) A new subsection 430.11 is added to read as follows:

430.11 Effective June 1, 2005, the notices required by § 430.5 shall be submitted or transmitted in electronic files, following the procedures for such submissions or transmissions established by the Department.

B. Chapter 8, SAFETY RESPONSIBILITY, Section 806, CANCELLATION OR TERMINATION OF A CERTIFIED POLICY, is repealed.

According to the current legislation, within thirty (30) days following the effective date of any cancellation, termination, or expiration of any motor vehicle insurance policy, insurance companies that sell insurance in the District of Columbia shall notify the DC Department of Motor Vehicles (DC DMV) accordingly.

This process, called Program for Insurance Electronic Reporting (PIER), will reduce manual efforts of both DC DMV and insurance companies. The DC DMV will continue the insurance verification process by requesting the insurance information from the citizen, and randomly verifying this insurance information with insurance companies.

The purpose of this document is to provide insurance companies with the information needed to participate in PIER. This document will provide the business and technical information to define when and how insurance information will be transmitted between the DC DMV and the insurance companies.



**DC DMV PROJECT CONTACT:**

For all communications regarding the District of Columbia's Insurance Reporting Program, please contact:

Libby Clapp,  
CIO, DC Department of Motor Vehicles,  
95 M ST SW  
Washington, DC 20024-3622  
[Libby.clapp@dc.gov](mailto:Libby.clapp@dc.gov) or [dcdmvpier@dc.gov](mailto:dcdmvpier@dc.gov)  
Phone: 202-729-7100

## **2. REPORTING SPECIFICATIONS**

### **OVERVIEW:**

All insurance companies that do business in the District of Columbia are required to report to DC DMV, within 30 days, all vehicles that are registered in DC and are considered by the insurance companies to have terminated, expired or cancelled motor vehicle insurance policies.

### **MEDIA TYPES:**

Insurance companies can choose one of the following electronic methods to report terminations to DC DMV:

- 1) File Transfer Protocol (FTP) to a designated DC server using Secure Socket Layer (SSL).
- 2) Entry of terminations on a secured website provided by the DC DMV also using Secure Socket Layer (SSL).

Each insurance company must choose a methodology and develop in-house procedures necessary to comply with the requirements of the program.

### **REPORTING PERIOD:**

Insurance companies may report to the DC DMV either daily, weekly, or monthly as long as it is within the 30 days of any cancellation, termination or expiration of the pertinent motor vehicle insurance policy. None of the records reported to DC DMV should be more than 30 calendar days from the date of policy termination.

### **REPORTING VIA FTP:**

The DC DMV will support insurance data transmission via FTP using Secure Socket Layer (SSL) protocol. Internet and an Internet Browser will be used to upload and download files to and from the DC DMV. This browser-based model allows the DC DMV to secure the data by encrypting the data using SSL. Insurance company must obtain User ID and Password from DC DMV to report via FTP.

- Appendix A details procedures insurance companies can follow to obtain User ID and Password.
- Appendix B gives detailed information on how to connect to DC DMV, upload and download files to/from DC DMV.

### **DATA SPECIFICATIONS:**

The following list addresses some of the data reporting requirements for insurance companies:

- If a policy covers more than one vehicle, submit a record for each vehicle.
- Insurers will follow the record layout reporting requirements as described in the Appendix C for transmitting data via FTP.

- An insurance company that elects to use the FTP process and has more than one NAIC number may submit a file with terminations for multiple NAIC numbers. NAIC numbers must be sorted and a header and trailer provided around each group of records associated with the same NAIC number.
- Complete VIN information, if known, must be submitted for all vehicles along with the first name, last name and address of the policy holder.
- Insurance companies will continue to be required to inform DC DMV whenever an NAIC number is added or deleted under the parent insurance company (following the current process). This process does not change.

The data will include all information specified in the Data Element Descriptions outlined in Appendix C, which includes: data length, data types, data descriptions, and mandatory or optional data fields.

Once DC DMV receives the file, records will be processed, format type will be checked and data will be verified for accuracy. Once the processing is done, the same file will be updated with the results of the processing. If any errors are encountered, they will be included with error codes. Insurance companies can download the file from DC DMV FTP site for correction and resubmission of records via FTP or website.

#### **ERRORS:**

Appendix D contains list of error codes and corrective actions.

Hard Errors: If an entire file is unreadable or unusable, the DC DMV will code it as a hard error and notify the contact person of the insurance company of the reason for the rejection. The company must correct the problem and resubmit the entire file within five (5) working days of receipt. For hard errors, DC DMV will only return the header record and the appropriate error codes.

Soft Errors: If an error is encountered while processing a specific data record within the file, the DC DMV will code it as a soft error. An error file will be generated that contains error codes described in Appendix D. Insurance companies are required to correct individual record errors and submit the corrected record within five (5) working days of receipt or in the next reporting file.

Insurance companies are required to correct the errors and submit the data to the DC DMV.

Note: Do not re-submit the original file. Submit only the corrected error records.

If there are any problems while resolving errors, please send an email to [dcdmvpier@dc.gov](mailto:dcdmvpier@dc.gov) or contact Mr. Gabriel Robinson at 202-729-7015.

Appendix E describes DC File Format Sample Data.

## DATA ELEMENT DEFINITIONS AND VALIDATION RULES FOR FTP:

District of Columbia statute and administrative rules specify that the data elements must be reported in a proper format to DC DMV. Data Validation rules require all data elements to be present in proper format. DC DMV may reject an entire file if the submitted data is in violation of data validation rules. DC DMV will retain records that pass all validation rules.

This section defines each data element and validation rules. This includes data dependencies and allowable values for the data elements.

### DATA ELEMENTS:

#### Header:

**Transmission Method:** This is the method by which an insurance company sends data to the DC DMV. This is a required field.

I = Internet File Transfer using Secure Socket Layer

**Insurance Company NAIC Number:** This is the NAIC number that uniquely identifies the insurance company that is reporting and not the group member that is doing the reporting. This is a required field.

**Reporting Period – Begin Date:** This is the first day of the reporting period, normally the first day of the month. This field is also used to track submissions by the insurance companies for compliance monitoring. If this data is invalid, it results in a “hard error.” This is a required field.

**Reporting Period – End Date:** This is the last day of the reporting period, normally the last day of the month. This field is also used to track submissions by the insurance companies for compliance. If this data is invalid, it results in a “hard error.” This is a required field.

**Transmission Date:** This is the date that the insurance company submits the file to the DC DMV. If this data is invalid, it results in a “hard error.” The DC DMV will notify the insurance company of the error. This is a required field.

**Error Code:** Hard error codes may be placed in this field so that the insurance company knows why the record was returned. This data element will be blank when insurance companies report terminations to DC DMV. Once the data is processed, if there are errors, DC DMV will include error codes in this field.

#### Detail:

**Insurance Company NAIC Number:** This is the NAIC number that uniquely identifies the insurance company that is reporting. This is a required field.

**Reporting Period – Begin Date:** This is the first day of the reporting period, normally the first day of the month. This field is also used to track submissions by the insurance



companies for compliance monitoring. If this data is invalid, it results in a “hard error.” This is a required field.

**Reporting Period – End Date:** This is the last day of the reporting period, normally the last day of the month. This field is also used to track submissions by the insurance companies for compliance. If this data is invalid, it results in a “hard error.” This is a required field.

**Transmission Date:** This is the date that the insurance company submits the file to the DC DMV. If this data is invalid, it results in a “hard error.” This is a required field.

**Transaction Type:** Currently, there are two options for this field, “T,” for a “test” file and “P” for a “production” file. The DC DMV may add other transaction types in the future. This is a required field.

**Insurance Company Number (NAIC):** This is the NAIC number that uniquely identifies the insurance company that has issued the policy for this record. This is a required field.

**Policy Number:** This is the insurance policy number, including prefixes and suffixes. This is a required field.

**Policy Effective Date:** This is the date that insurance coverage took effect. If the policy is recently renewed, this is the effective date of the last coverage renewal. Submit this information, if available.

**Policy Termination Date:** This is the date that insurance companies consider the insurance coverage to be terminated, expired or cancelled. This is a required field.

**Vehicle Make:** This is the manufacturer of the vehicle. Submit this information, if available.

**Vehicle Year:** This is the 4-digit model year of the vehicle. Submit this information, if available.

**Vehicle Identification Number (VIN):** This is a required field while reporting private motor vehicle policy cancellations. For commercial motor vehicle policy cancellations, include this information, if available. Include the full (currently, 17 characters) VIN for vehicles manufactured in 1981 and after. DC DMV will accept less than the full (17) character VINs for vehicles manufactured prior to 1981.

**Policy Owner Last Name:** This is the last name of the first named insured on the policy. If an individual legally has only one name, enter it in this field. This is a required field.



**Policy Owner First Name:** This is the first name of the first named insured on the policy. This is a required field.

**Policy Owner Middle Name:** This is the middle name, or initial, of the first named insured on the policy. Submit this information, if available.

**Policy Owner Suffix:** This is the suffix of the first named insured on the policy. This is an optional field.

**Policy Owner Address 1:** This is the street or P.O. Box address of the first named insured on the policy. This is a required field.

**Policy Owner Address 2:** This is for additional address information, such as, apartment number, suite number, etc. This is an optional field.

**Policy Owner City:** This is the mailing address of the first named insured on the policy. This is a required field.

**Policy Owner Zip Code:** This is the ZIP Code associated with the address of the first named insured on the policy. This is a required field.

**Policy Owner Licensing State:** This is the state, using nationally recognized United States Postal Service Codes, from which the policy owner's driver license was issued. If the policy owner's address involves a country outside the United States, use "XX" in this block. This information must be submitted if this information is known. This should be District of Columbia.

**Policy Owner DL Number:** This is the driver's license number of the first named insured on the policy. This information must be submitted if available.

**Process Result:** Once DC DMV processes the records, this field indicates the result of processing – "S" for Success and "E" for Error. If there is any error, the error will be displayed in the error code. This data element will be blank when insurance companies report terminations to DC DMV. Once the data is processed, DC DMV will update the results of processing in this field.

**Error Code:** Soft error codes will be placed in this field so that the insurance company knows why the record was returned. This data element will be blank when insurance companies report terminations to DC DMV. Once the data is processed, if there are errors, DC DMV will include error codes in this field.

**Filler:** To make all District of Columbia Flat File Format records the same size, "blank" fillers are need to be added to bring the record length to 350 characters.

**Trailer:**

**Insurance Company NAIC Number:** This is the NAIC number that uniquely identifies the insurance company that is reporting. This is a required field.

**Reporting Period – Begin Date:** This is the first day of the reporting period, normally the first day of the month. This field is also used to track submissions by the insurance companies for compliance monitoring. If this data is invalid, it results in a “hard error.” This is a required field.

**Reporting Period – End Date:** This is the last day of the reporting period, normally the last day of the month. This field is also used to track submissions by the insurance companies for compliance. If this data is invalid, it results in a “hard error.” This is a required field.

**Record Count:** This field is for the insurance company to report the number of data records transmitted.

Note: Please do not include the header and the trailer records in the count. It is only for the data records.

#### **REPORTING VIA DC DMV WEBSITE:**

To report data via DC DMV Website, insurance companies must have the following:

- 1) Internet access (Internet Explorer v5.0 or higher OR Mozilla based browsers like Netscape, Firefox, etc.).
- 2) Insurance companies who choose to report via DC DMV website must request a User ID and Password. Procedures that insurance companies can follow to obtain User ID and Password will be posted on the DC DMV website. Please note that there are two types of password authority for each insurance company:
  - a. The NAIC Maintenance Coordinator who will be responsible for maintaining the list of NAIC numbers associated with their company. The company will need to obtain authority for this person and have all associated NAIC numbers identified in the DC DMV system before individual policies can be entered that have been cancelled, terminated, etc. NAIC maintenance coordinator must register with DC DMV to report cancellations on the DC DMV website.
  - b. The Reporting user who will be entering terminations, cancellations, etc into the system via web access. Reporting user must register with DC DMV to report cancellations on the DC DMV website.

Follow these steps to report via DC DMV website:

- 1) Connect to the internet.
- 2) Point the browser to [DC DMV's PIER](#) and click on “Program For Insurance Electronic Reporting (PIER)” under ‘Special Authorization Services’ (Procedures that insurance companies follow to obtain User ID and Password will be posted under the same link).
- 3) Login with the Company ID, User ID and Password provided by the DC DMV. If there is any issue with company ID, user ID or password, please contact [dcdmvpier@dc.gov](mailto:dcdmvpier@dc.gov).

- 4) Click on 'Add NAIC(s) to the PIER account' to add NAIC(s) associated with the insurance company.
- 5) Click on 'NAIC(s) associated with your account' to view the NAIC(s) that have been added to the account by NAIC Maintenance Coordinator.
- 6) Click on 'Change Password' to change the password.
- 7) Click on 'Report Insurance Cancellations – Private' to report private motor vehicle policy cancellations.
- 8) Click on 'Report Insurance Cancellations – Commercial' to report commercial motor vehicle policy cancellations.
- 9) Choose one NAIC number from the list to report the terminations that belong to that NAIC number. Insurance companies can choose a different NAIC number and report terminations under that number, anytime during the process of reporting on the website.
- 10) For each insurance cancellation for private motor vehicle, insurance companies are required to enter data including but not limited to the following:
  - a. VIN Number,
  - b. Vehicle Year (if available),
  - c. Vehicle Make (if available),
  - d. Policy owner last name,
  - e. Policy owner first name,
  - f. Insurance Policy Number,
  - g. Policy Effective Date (if available) and
  - h. Policy Termination Date.
- 11) For each insurance cancellation for commercial motor vehicle, insurance companies are required to enter data including but not limited to the following:
  - a. VIN Number (if available),
  - b. Vehicle Year (if available),
  - c. Vehicle Make (if available),
  - d. Insurance Policy Number,
  - e. Policy Effective Date (if available),
  - f. Policy Termination Date and
  - g. Policy Owner Name.
- 12) Any errors will be displayed. Click on 'Edit' to correct the errors. Insurance companies are required to correct the errors before the data can be accepted. If there are any problems in correcting the errors, please contact Mr. Gabriel Robinson at 202-729-7015.
- 13) Click on 'Report Private/Commercial Cancellation for the same NAIC' to report cancellation for the same reporting type and for same NAIC number. Currently, there are two reporting types – Private and Commercial.
- 14) Click on 'Report Private/Commercial Cancellation for different NAIC' to report cancellation for different reporting type and for different NAIC number.
- 15) Click on 'PIER Menu, to either logoff or report Private cancellation' to go to main menu to either logoff or report cancellation for a different reporting type (Private or Commercial).
- 16) Click on 'logoff' to logoff. Insurance companies will be automatically logged off if there is no activity for more than 20 minutes on the DC DMV website.

### **DATA ELEMENT DEFINITIONS AND VALIDATION RULES FOR WEB:**

District of Columbia statute and administrative rules specify the data elements that must be reported in a proper format to DC DMV. DC DMV will retain records that pass all validation rules. Following are the data elements that insurance companies enter on the website to report terminations (also described in Appendix F). This includes data dependencies and allowable values for the data elements.

#### **DATA ELEMENTS:**

**Vehicle Identification Number (VIN):** This is a required field while reporting private motor vehicle policy cancellations. For commercial motor vehicle policy cancellations, include this information, if available. Include the full (currently, 17 characters) VIN for vehicles manufactured in 1981 and after. DC DMV will accept less than the full (17) character VINs for vehicles manufactured prior to 1981.

**Vehicle Make:** This is the manufacturer of the vehicle. Submit this information, if available.

**Vehicle Year:** This is the 4-digit model year of the vehicle. Submit this information, if available.

**Policy Number:** This is the insurance policy number, including prefixes and suffixes. This is a required field.

**Policy Effective Date:** This is the date that insurance coverage took effect. This is the effective date of the last coverage renewal. Submit this information, if available.

**Policy Termination Date:** This is the date that insurance companies consider the insurance coverage to be terminated, expired or cancelled. This is a required field.

**Policy Owner Last Name:** This is the last name of the first named insured on the policy. If an individual legally has only one name, enter it in this field. This is a required field.

**Policy Owner First Name:** This is the first name of the first named insured on the policy. This is a required field.

### **3. TESTING**

#### **OVERVIEW:**

Insurance companies must meet all the business and system requirements described below along with the testing requirements described in this section.

Testing must be done for reporting via FTP and DC DMV website. Insurance Company could be involved in the testing process including, but not limited to the following:

- Connectivity Testing: Ensuring that the two-way message transmission/receipt/error processing via the Internet (FTP and website) meets design criteria.
- Validation testing: Testing of data submitted by insurance companies (correctness and completeness.) This includes format checking and data validation.

DC DMV will provide test regions.

#### **PHASES:**

Insurance company must pass Certification Testing with the DC DMV to report cancellations. Certification Testing phases for the FTP process involve connectivity, transmission, format, and data validation testing. Certification Testing phases for the web process involve connecting to a test region and submitting a record for data validation.

#### **OBJECTIVES:**

The objective of each test phase is to provide a comprehensive testing opportunity for insurance companies and the DC DMV. Insurance company can create their own test data to generate DC Flat File formatted records for transmission to the DC DMV. Each test phase should simulate normal production practices as much as possible. It should be noted, however, that the test records must pertain to existing policies issued by that company. Otherwise, all records would be rejected without a match, nullifying the test results.

#### **CONNECTIVITY TESTING:**

The following describes the general steps that will need to be completed:

- SSL file transfer.
- Set up accounts, passwords, and file folders for insurance company on the DC DMV's server and for the DC DMV on the insurance company's system.
- Set up User ID and password on the DC DMV website.

#### **DATA VALIDATION TESTING:**

Using data sent by the insurance company for standards compliance testing, the DC DMV will test the data format and create test cases to ensure that the data is in compliance with the DC DMV data validation rules.



The DC DMV will process the transactions sent by the insurance company with the test case file and return the results of processing (successful or error).

## **4. GLOSSARY**

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

Data Element – Information fields used in insurance information records.

DLN – Driver’s License Number.

PIER –Program for Insurance Electronic Reporting.

Hard Error – This error causes rejection of the insurance company’s entire file transmission. The error must be corrected and the file resubmitted.

NAIC – The National Association of Insurance Commissioners.

Policy – Motor vehicle liability coverage issued by insurance company.

SSL – Secure Socket Layer. A protocol developed for transmitting private documents via the Internet. SSL works by using a private key to encrypt data that is transferred over the SSL connection. SSL creates a secure connection between the client and server over which any amount of data can be transmitted securely.

Soft Error – This is an error in data sent by an insurance company; the DC DMV retains the data in the insurance database file. It is used to notify insurance companies of a problem that will require further action.

Transmission – A transmission contains all of the information (header/data/trailer) sent or received at one time.

VIN – Vehicle Identification Number





## 5. APPENDICES

### APPENDIX A - REMOTE ACCESS SERVICE REQUEST AND APPROVAL

Requests must have appropriate DC DMV management approval for consideration of support. External Business Entities are reminded that all remote access service is restricted to District Government business use only. An authorized External Business Entity and their representatives that use the remote access service must acknowledge that they understand their responsibilities relating to such use.

The DC DMV's Remote Access Standard requires that all personnel provide written acknowledgment that they have received, read, and understand the standard before using the service. Accordingly, all personnel are required to annotate the acknowledgement agreement prior to using the remote access service. The Acknowledgment must be signed in the handwriting of the appropriate External Entity Representative, unless the DC DMV Office approves other forms of signature. Downloadable version of this form will be available on DC DMV website starting April 1, 2005.

*A completed request must be submitted to the District Government's Department of Motor Vehicles no less than ten (10) business days prior to the proposed access date.*

*Please send printed completed forms with actual signatures/ approval via:*

**Mail:**

**DC DMV CIO Office,  
95 M ST SW  
Washington, DC 20024-3622**

**OR**

**Fax: (202) 729-7150.**

**You will be notified on the status of the request within 2-3 business days of receipt.**

**Due Date\*:** \_\_\_\_\_

**Control Number:** \_\_\_\_\_

#### **I. DC GOVERNMENT APPROVAL:**

<b>Agency Approver Name:</b>	
<b>Agency Approver Title:</b>	
<b>Agency Approver Office Phone #:</b>	
<b>Action:</b>	New Connection: <input type="checkbox"/> Terminate: <input type="checkbox"/>
<b>Resource Access (IP subnet, Directory, etc.):</b>	

**Agency Approval Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Business Justification for Connection:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. EXTERNAL BUSINESS ENTITY INFORMATION**

<b>INSURANCE COMPANY NAME:</b>	
<b>Point Of Contact LAST NAME:</b>	
<b>FIRST NAME:</b>	
<b>MIDDLE INITIAL:</b>	
<b>Title:</b>	
<b>Agency:</b>	
<b>Code:</b>	
<b>Subsection:</b>	
<b>Unit:</b>	
<b>Office-Phone #:</b>	
<b>Cell-Phone#:</b>	
<b>E-mail ID:</b>	
<b>Web:</b>	
<b>Alternate Point Of Contact:</b>	
<b>Alt. Phone#:</b>	
<b>Mailing Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip Code:</b>	

Once the request is approved, the DC DMV office will provide the following information that the external agency will agree to keep confidential:

Company ID: \_\_\_\_\_

User Name: \_\_\_\_\_

Password: \_\_\_\_\_

## **CONNECTIVITY USAGE AND ACKNOWLEDGEMENT AGREEMENT**

THE USE OF THE REMOTE ACCESS SERVICE REQUIRES MANAGEMENT APPROVAL AND IS RESTRICTED TO DC DEPARTMENT OF MOTOR VEHICLES (“DMV”) BUSINESS ONLY.

By signing, the *External Business* and their representatives acknowledge responsibility for loss or damage incurred to the DMV’s resources as a result of the *External Business’s* activities or misuse of DC Government resources through the available connection. It is understood that the *External Business* and its representatives are to utilize this connectivity solely for the purpose of conducting the official duties and agreed upon services with the DMV. It is also understood that the *External Business* and its representatives may not attempt to use other DMV or network devices not authorized to the *External Business* by the District’s Information Security. The *External Business* and its representatives agree to access only those resources, which have been authorized by the DMV, and to honor applicable departmental procedures as well as the responsibilities defined in DMV Policies. The *External Business* further understands that failure to adhere to such responsibilities may result in access being disconnected to relevant computer systems and networks. Violators may be subject to penalties, including criminal prosecution and/or other appropriate action.

**In exchange for issuance of DMV Connectivity, the *External Business* agrees to the following terms:**

1. The *External Business* will responsibly and securely perform agreed upon services and will not transfer this connectivity information to anyone not authorized by the DMV.
2. The *External Business’s* representatives will disconnect from the connection when not in use or when session is unattended.
3. The *External Business* and their representatives are responsible for loss or damage incurred to the DMV’s resources as a result of the *External Business’s* activities through the remote access. In case such an incident occurs, the *External Business* will immediately notify the DMV CIO office at (202) 729-7100 or e-mail id: dcdmvpier@dc.gov.
4. The *External Business* understands that the connectivity privileges hereunder are subject to periodic review, revision, and if appropriate, renewal by the DMV.



**APPROVALS:**

<b>External Agency supervisor Name:</b>	
<b>Supervisor Title:</b>	
<b>Supervisor Office Phone #:</b>	
<b>Action:</b>	New ID: <input type="checkbox"/> Termination: <input type="checkbox"/>

External Agency Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I. USER INFORMATION**

<b>Last Name:</b>	
<b>First Name:</b>	
<b>Middle Initial:</b>	
<b>Email:</b>	
<b>Office Phone#:</b>	
<b>Home Phone#:</b>	
<b>Agency:</b>	
<b>Agency Group:</b>	
<b>Agency Point Of Contact:</b>	
<b>Agency Point Of Contact Email:</b>	
<b>Mailing Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip:</b>	

Connectivity Destination: _____	Date Established: _____
DC Agency Name & Sponsor: _____	Date: _____
DC DMV IT Signature: _____	Date: _____

## **APPENDIX B - REPORTING VIA FTP**

To report data via FTP, insurance companies must have the following:

- 1) Internet Explorer (v5.0 or higher) OR Netscape (v6.0 or higher)
- 2) Internet access

The following steps are followed to test the internet file transfer method to DC DMV:

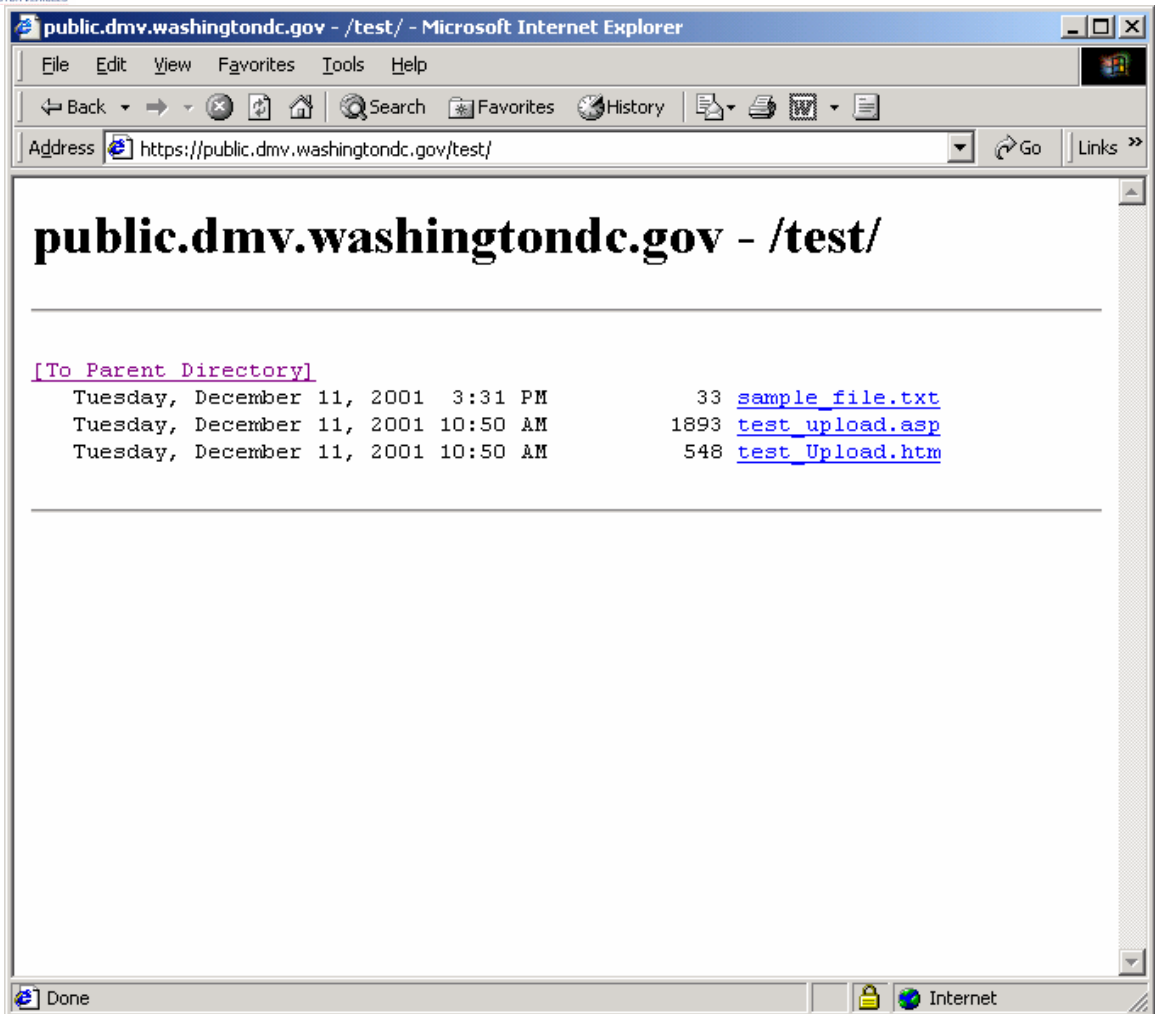
- 1) Connect to the internet
- 2) Point the browser to <ftp://ftp.dmv.washingtondc.gov/xxx> (where xxx = 'Name of the insurance company')
- 3) The following dialog will be displayed:



Appendix A details procedures insurance companies should follow to obtain User ID and Password.

- 4) Enter the user name
- 5) Enter the password
- 6) Leave the domain field blank

At this point, browser will display the following screen. (NOTE: this screen will differ slightly from the screen displayed to each insurance company, as this one is based on a fictitious user)

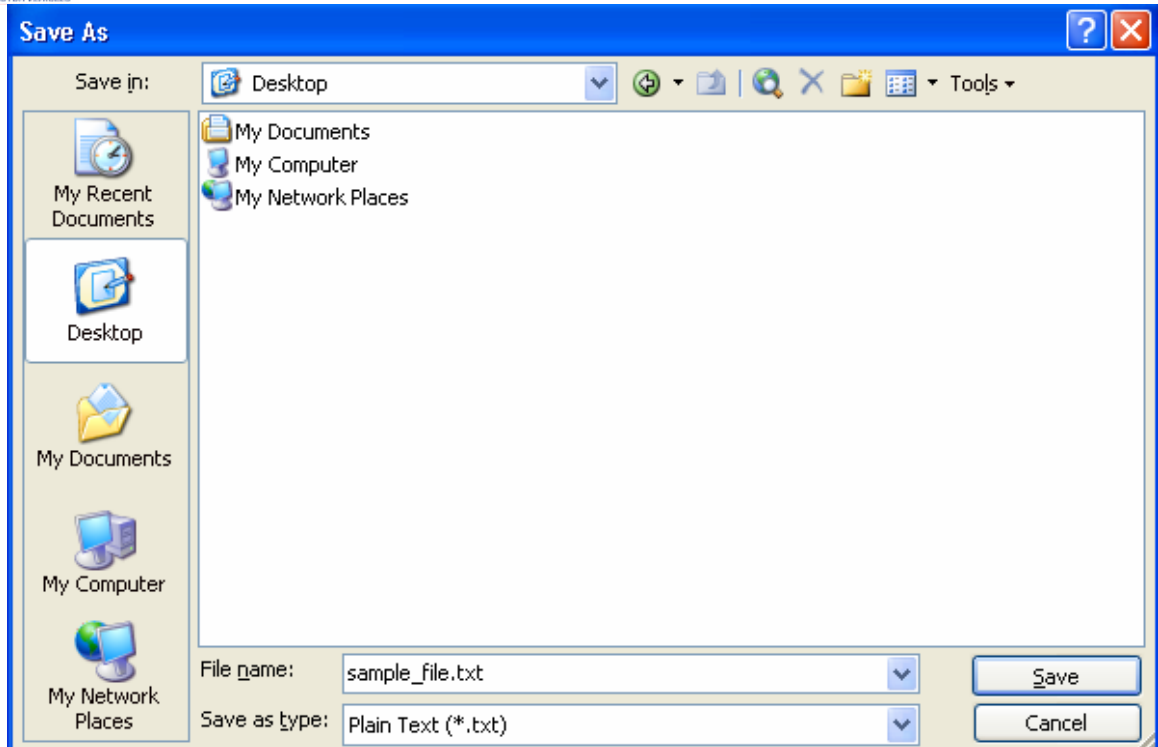


**NOTE:** There will always be at least two files in the directory displayed to the insurance company. Xxxx\_upload.htm and xxxx\_upload.asp. These files are used to upload files to the server, and should not be deleted.

### HOW TO DOWNLOAD A FILE:

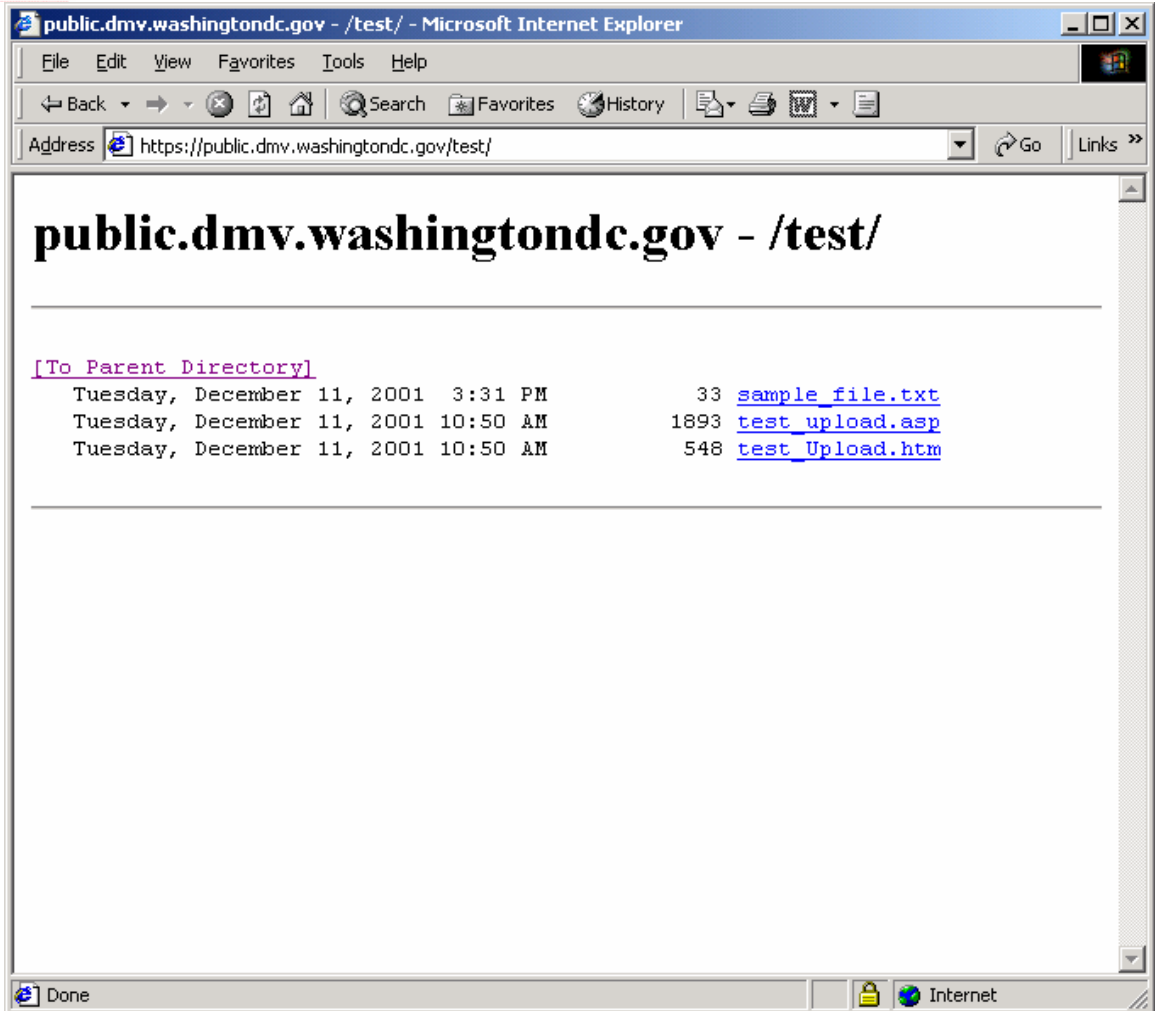
The download files will be listed along with the two default files listed above. To download a file, simply 'right-click' on the file name, and choose 'Save Target As'.

This will present you with the following dialog box which allows you to save the file to a desired location:



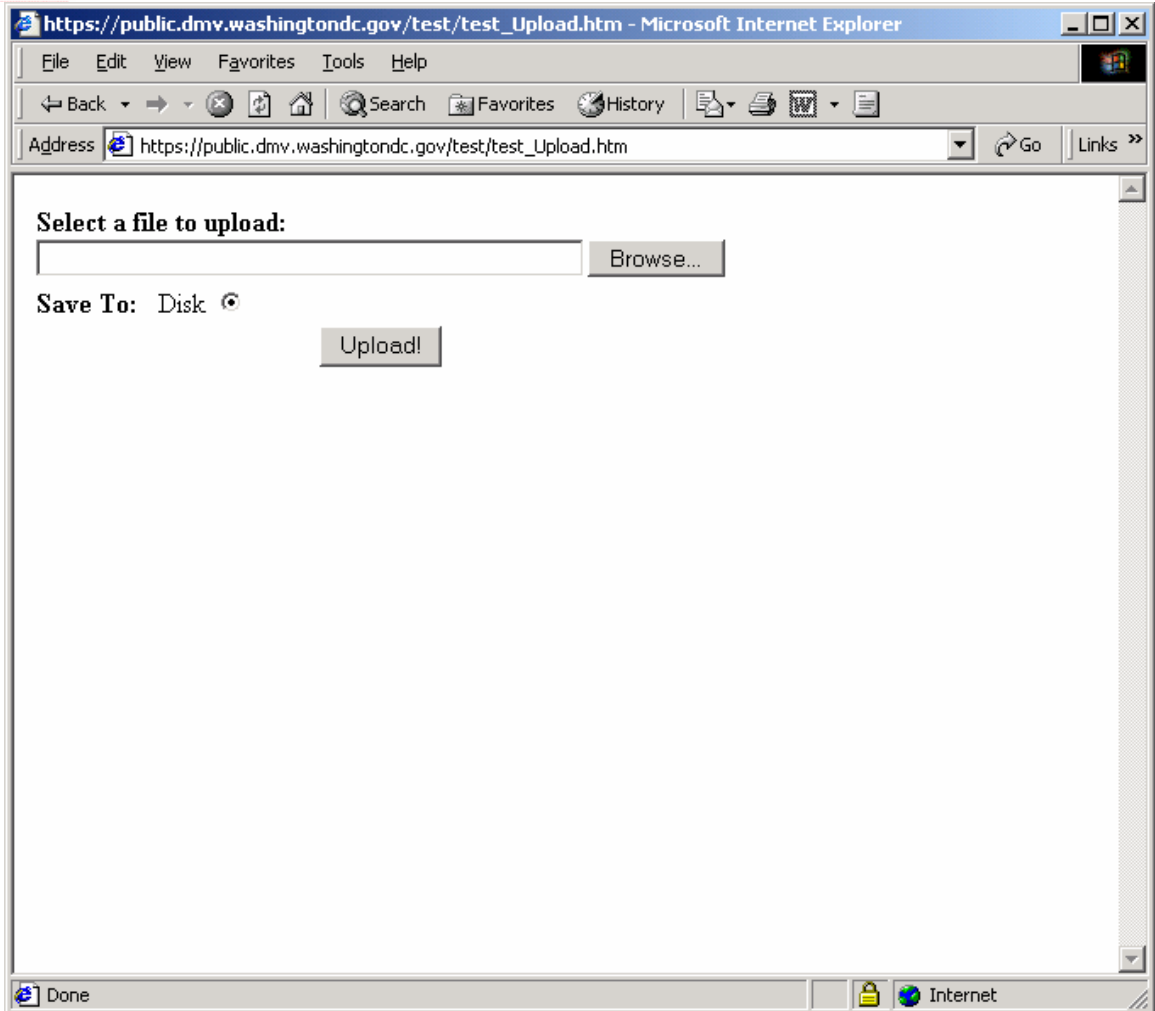
### HOW TO UPLOAD A FILE:

From the main browser window,

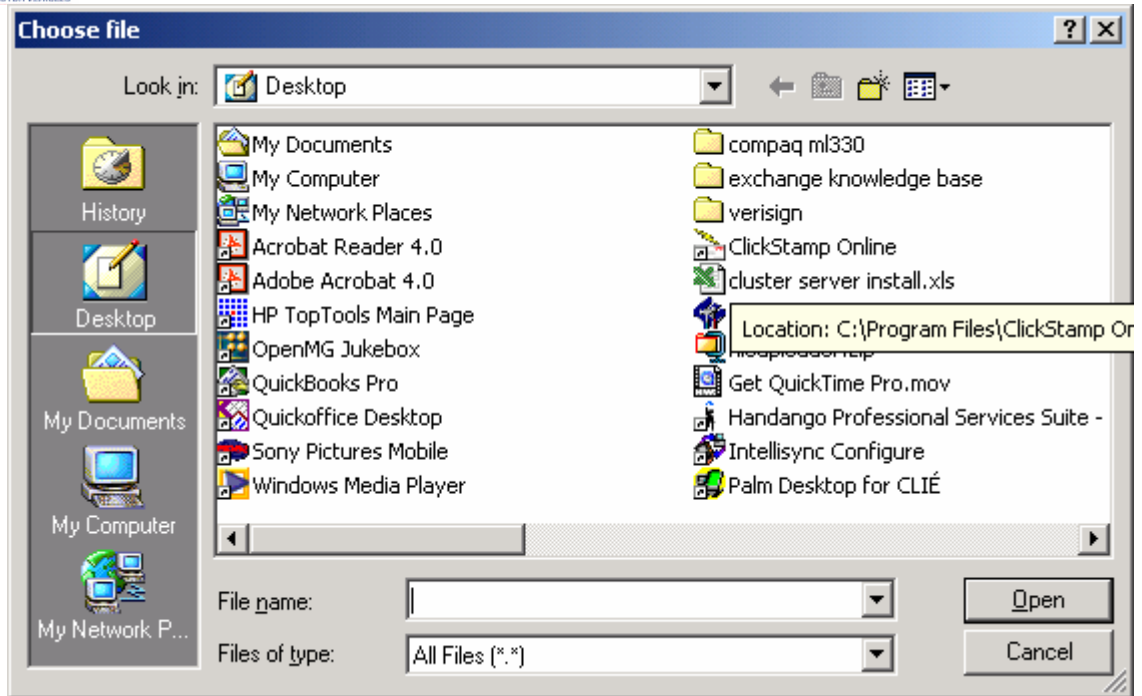


Click the 'xxxx\_upload.htm' (where xxxx is your username), and the following screen will be displayed:



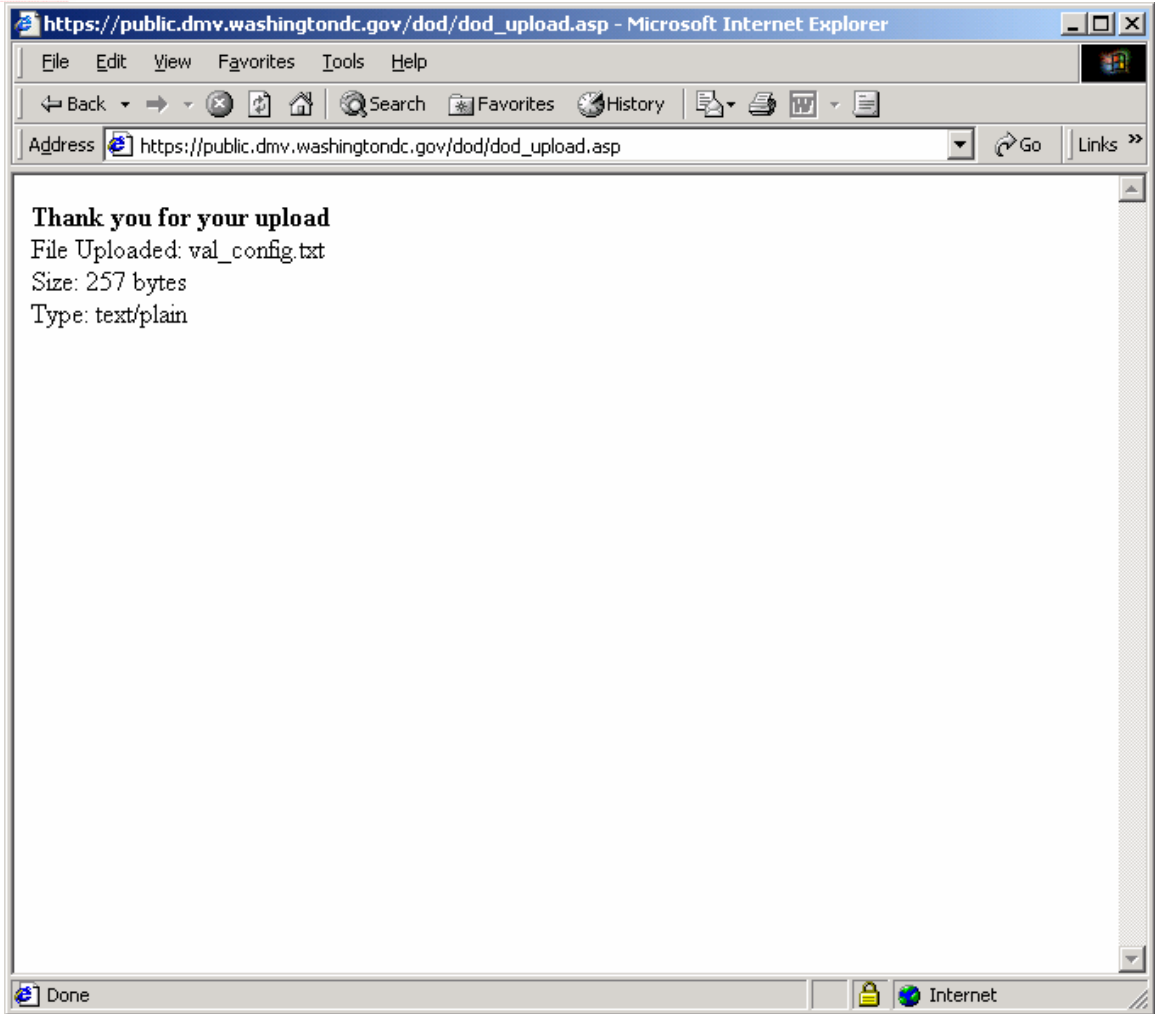


From here, click the browse button, and a dialog box will appear allowing the insurance company to select the file that they want to upload.



Once the file that needs to be uploaded is selected, click 'open'; upload file window will be displayed. The path and name of the file selected will be displayed. To complete the process, click 'upload'.

When the upload has been completed, confirmation page will be displayed:





**APPENDIX C - DC FLAT FILE DATA ELEMENT LAYOUT AND DESCRIPTION FOR FTP:**

<i>Record #1 (Header) Layout</i>					
<i>Data Element</i>	<i>Character Position Length</i>	<i>Field Length</i>	<i>Required (Y/N) If Available</i>	<i>Data Type</i>	<i>Description</i>
Record Type	1	1	Y	CHAR	The first record received will include an "H" for Header record format.
Transmission Method	2	1	Y	CHAR	The method received from the Insurance Company. I = Internet file transfer
NAIC Number	3	5	Y	INTEGER	This is a unique, nationally recognized number that identifies the Insurance Company transmitting the data.
Reporting Period – Begin Date	8	8	Y	DATE	The format of this field is CCYYMMDD. This is the first day of the reporting period.
Reporting Period – End Date	16	8	Y	DATE	The format of this field is CCYYMMDD. This is the last day of the reporting period.
Transmission Date	24	8	Y	DATE	The format of this field is CCYYMMDD. This is the date of transmission.
Error Code	32	6	N	CHAR	Up to 3 <b>hard error codes</b> may be placed in this field so that the insurance company knows why the record was returned. Each error code is 2 characters in length and strung together. This field will be filled with spaces when insurance company reports terminations to DC DMV. DC DMV includes the error codes, if any errors are identified during processing.
Filler	38	313	Y	CHAR	So that all records are consistently the same size, blank fillers need to be added to bring the record length to 350.



<b>Record #2 (Detail) Layout</b>					
<b>Data Element</b>	<b>Character Position</b>	<b>Field Length</b>	<b>Required</b>	<b>Data Type</b>	<b>Description</b>
			<b>(Y/N)</b>		
Record Type	1	1	Y	Char	The second record through the end-of-data received will include a "D" for Data record format.
NAIC Number	2	5	Y	Integer	This is a unique, nationally recognized number that identifies the Insurance Company transmitting the data.
Reporting Period – Begin Date	7	8	Y	Date	The format of this field is CCYYMMDD. This is the first day of the reporting period.
Reporting Period – End Date	15	8	Y	Date	The format of this field is CCYYMMDD. This is the last day of the reporting period.
Transmission Date	23	8	Y	Date	The format of this field is CCYYMMDD. This is the date of transmission.
Transaction Type	31	1	Y	Char	This field is used for the type of data load being performed. There are only two options – "T" for Test File and "P" for Production File. Options may be expanded in the future.
Policy Number	32	25	Y	Char	This is the policy number for the insured vehicle.
Policy Effective Date	57	8	If available	Date	This date, in CCYYMMDD format, is the date the policy is in effect.
Policy Termination Date	65	8	Y	Date	This date, in CCYYMMDD format, is the date the policy was expired, terminates or cancelled.
Vehicle Make	73	5	If available	Char	This field is the vehicle make. (e.g., Ford, Chevrolet, etc.)
Vehicle Year	78	4	If available	Char	This is the four-digit year in which the vehicle was manufactured in CCYY format.
VIN (Vehicle Identification Number)	82	26	Y	Char	This is a required field while reporting private motor vehicle policy cancellations. For commercial motor vehicle policy cancellations, include this information, if available. Motor vehicles have their own unique Vehicle Identification Numbers. (Since the early 1980's, this has been 17 alphanumeric characters long). This field length is set to 26 characters to allow for future expansion.
Policy Owner Last Name	108	25	Y	Char	This field indicates the policy owner's last name. For commercial names use all 25 characters of last name, 15 characters of first name, 12 characters of middle name and 3 characters of name suffix (total filed length will be 55 characters).
Policy Owner First Name	133	15	Y	Char	This field indicates the policy owner's first name. This field contains only the first name of the policy holder.



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<i>Data Element</i>	<i>Character Position</i>	<i>Field Length</i>	<i>Required</i>	<i>Data Type</i>	<i>Description</i>
Policy Owner Middle Name	148	12	If available	Char	This field indicates the policy owner's middle name or middle initial.
Policy Owner Suffix	160	3	N	Char	This field indicates the policy owner's suffix (Jr., Sr., II, III, etc.).
Policy Owner Address 1	163	30	Y	Char	This is the house number and street identification, or P.O. Box, for the policy owner.
Policy Owner Address 2	193	30	N	Char	This is for extra parts of the policy owner's address. (I.e. Apartment Number, Suite Number, etc.) If the policy owner's address is out of the country this is used for the city name.
Policy Owner City	223	20	Y	Char	This is the city in which the above address for the policy owner resides. If the policy owner's address is out of the country this is used for the country name.
Policy Owner State	243	2	Y	Char	This is the state in which the policy owner resides. This is in the format of the United States Postal Codes. If the policy owner's address is out of the country, the code "XX" is entered here.
Policy Owner Zip Code	245	9	Y	Char	This is the postal service zip code for the address of the policy owner addressed above. The 5-digit zip code, at a minimum, is required. If Zip +4 is used, the dash or space must be omitted. Either format is acceptable.
Policy Owner Licensing State	254	2	If available	Char	This is the state in which the license was issued using the United States Postal Codes. If the policy owner's address is out of the country, the code "XX" is entered here.
Policy Owner DL Number	256	25	If available	Char	This is the Driver License number for the policy owner. If the policy owner is not licensed, this field will contain SPACES.
Process Result	281	1	N	Char	Once DC DMV processes the records, this field indicates the result of processing – "S" for Success and "E" for Error. If there is any error the error will be displayed in the error code. This field will be filled with spaces when insurance company reports terminations to DC DMV. Once the data is processed, DC DMV includes result of processing.
Error Code	282	24	N	Char	Up to <b>12 soft error codes</b> may be placed in this field so that the insurance company knows why the record was returned. Each error code is 2 characters in length and strung together. This field will be filled with spaces when insurance company reports terminations to DC DMV. DC DMV includes the error codes, if any errors are identified.
Filler	306	45	Y	Char	So that all records are consistently the same size, blank fillers need to be added to bring the record length to 350.



<b>Record #3 (Trailer) Layout</b>					
<i>Data Element</i>	<i>Character Position Length</i>	<i>Field Length</i>	<i>Required (Y/N)</i>	<i>Data Type</i>	<i>Description</i>
Record Type	1	1	Y	Char	The last record received will include a "T" for Trailer record format.
NAIC Number	2	5	Y	Integer	This is a unique, nationally recognized number that identifies the Insurance Company transmitting the data.
Reporting Period – Begin Date	7	8	Y	Date	The format of this field is CCYYMMDD. This is the first day of the reporting period.
Reporting Period – End Date	15	8	Y	Date	The format of this field is CCYYMMDD. This is the last day of the reporting period.
Record Count	23	7	Y	Integer	This field is for the insurance company to report the number of data records transmitted. A field length of 7 would allow for the transmission of 9,999,999 records in one batch. Please do not include the header and the trailer records in the count. It is only for the data records.
Filler	30	321	Y	Char	So that all records are consistently the same size, blank fillers need to be added to bring the record length to 350.

**APPENDIX D - ERROR CODES AND CORRECTIVE ACTION**

<b>ERROR CODE</b>	<b>NAME OF ERROR CODE</b>	<b>DESCRIPTION OF ERROR</b>
01	Record Type Invalid	Options are H, D or T for <b>Header</b> , <b>Data</b> or <b>Trailer</b> , respectively. Record Type invalid or missing, cannot determine record information. <b>Hard error.</b>
02	Transmission Method Invalid	<b>I</b> for Internet File Transfer. Cannot determine the method to use. <b>Hard error</b>
03	Reporting Period Invalid	CCYYMM format required. Policy termination date should be with in Reporting Period. Correct date for this reporting cycle. <b>Hard error</b> for header record. <b>Soft error</b> for detail record is reported if reporting period for header does not match with reporting period for detail.
04	Reporting Period Duplicate Submission	Reporting Period has already been transmitted for the processing month. <b>Hard error.</b>
05	Transmission Date Invalid	CCYYMMDD format required. Correct/Include date for this transmission cycle. <b>Hard error</b>
06	Reserved for Future Use	Header and Trailer data mismatch
07	Record Count Missing	NNNNNNN format where N is all numeric with leading zeroes if required. Example 45 records will be reported as 0000045. If format is not correct it will be a <b>Hard error.</b>
08	Record Count Mismatch	Reported Record Counts and Actual (processed) Record Counts <b>MUST</b> match. <b>Hard error.</b>
09	NAIC Number Invalid	Correct/Include 5-character NAIC Number. <b>Hard error.</b>
10	Policy Number Missing	Format - 25 Characters. Include Policy Number. <b>Soft error.</b>
11	Policy Effective Date Invalid	CCYYMMDD format. Correct/Include Policy Effective Date. <b>Soft error.</b>
12	Policy Termination Date Invalid	CCYYMMDD format. Correct Policy Termination Date. <b>Soft error.</b>



ERROR CODE	NAME OF ERROR CODE	DESCRIPTION OF ERROR
13	Vehicle Make Invalid	Correct/Include Vehicle Make. <b>Soft error.</b>
14	Vehicle Year Invalid	CCYY format. Correct/Include Vehicle Year. <b>Soft error.</b>
15	Vehicle Identification Number (VIN) Invalid	Reported VIN is not valid. Correct/Include VIN. <b>Soft error.</b>
16	Policy Owner's Name not valid	Only alphabets and spaces are allowed in name field. Correct Policy Owner name. <b>Soft error.</b>
17	Policy Owner's Address Missing	(House number and street identification) Include Policy Owner's Address. <b>Soft error.</b>
18	Policy Owner's City Missing	Include Policy Owner's City. <b>Soft error.</b>
19	Policy Owner's State Invalid	Correct/Include Policy Owner's State using the 2-character Postal Code abbreviation or "XX". <b>Soft error.</b>
20	Policy Owner's Zip Code Invalid	Correct/Include Policy Owner's Zip Code in 999999999 format. "Zip Plus"(last four numbers) is optional, omitting dash and/or space. <b>Soft error.</b>
21	Policy Owner's Licensing State Invalid	Correct/Include the State for which the Policy Owner's License was issued using the 2-character Postal Code abbreviation or "XX". <b>Soft error.</b>
23	Duplicate policy termination	If a cancellation was previously reported for the same NAIC number, VIN number and policy termination date through FTP or WEB. <b>Soft error.</b>



**APPENDIX E - DC FLAT FILE FORMAT SAMPLE DATA:**

<i>Record #1 (Header) Layout</i>				
<u>Data Element</u>	<u>Character Position</u>	<u>Field Length</u>	<u>Sample Data 1</u>	<u>Sample Data 2</u>
Record Type	1	1	H	Not Applicable. Header for transmission of ALL data.
Transmission Method	2	1	I	
NAIC Number	3	5	12345	
Reporting Period – Begin Date	8	8	20001001	
Reporting Period – End Date	16	8	20001031	
Transmission Date	24	8	20001107	
Error Code	32	6	''''''	
Filler	38	313	(313 BLANKS)	
<b>Resulting Dataset Name: I12345200010012000103120001107</b>				
<i>Record 2 through End-of-Data (Detail) Layout</i>				
<u>Data Element</u>	<u>Character Position</u>	<u>Field Length</u>	<u>Sample Data 1</u>	<u>Sample Data 2</u>
Record Type	1	1	D	D
NAIC Number	2	5	12345	12345
Reporting Period – Begin Date	7	8	20001001	20001001
Reporting Period – End Date	15	8	20001031	20001031
Transmission Date	23	8	20001107	20001107
Transaction Type	31	1	T	P
Policy Number	32	25	018070040'10/13''''''''''	040070810'10/13''''''''''
Policy Effective Date	57	8	20001013	20001023
Policy Termination Date	65	8	20011012	20011022
Vehicle Make	73	5	FORD1	CHEVY
Vehicle Year	78	4	2000	1997
VIN	82	26	12DS3459JN0111234''''''''''	322DIK33K50794132''''''''''
Policy Owner Last Name	108	25	JONES''''''''''	SMITH''''''''''
Policy Owner First Name	133	15	JOHN''''''''''	MARY''''''''''
Policy Owner Middle Name	148	12	Q''''''''''	SUE''''''''''
Policy Owner Suffix	160	3	JR.	'
Policy Owner Address 1	163	30	123'ANY'STREET''''''''''	49888'5 <sup>TH</sup> 'AVENUE''''''''''
Policy Owner Address 2	193	30	APT.'105''''''''''	''''''''''
Policy Owner City	223	20	JEFFERSON'CITY''''''''''	COLUMBIA''''''''''
Policy Owner State	243	2	MO	MO
Policy Owner Zip Code	245	9	987654321	67676''''
Policy Owner Licensing State	254	2	MO	'
Policy Owner District of Columbia DL Number	256	25	219434333''''''''''	''''''''''
Process Result	281	1	'	'
Error Code	282	24	''''''''''	''''''''''
Filler	306	45	(45 BLANKS)	(45 BLANKS)
<b>Sample Data # 1 Results</b>	D12345200010012000103120001107T018070040'10/13''''''''''2000101320011012FORD1200012DS3459JN0111234''''''''''19750731JONES''''''''''JOHN''''''''''Q''''''''''JR.123'ANY'STREET''''''''''APT.'105''''''''''JEFFERSON'CITY''''''''''M0987654321MO219434333''''''''''(45 BLANKS)			
<b>Sample Data # 2 Results</b>	D12345200010012000103120001107P040070810'10/13''''''''''2000102320011022CHEVY1997322DIK33K50794132''''''''''19431205SMITH''''''''''MARY''''''''''SUE''''''''''49888'5 <sup>TH</sup> 'AVENUE''''''''''COLUMBIA''''''''''MO67676''''(45 BLANKS)			
<i>Record End-of-Data + 1 (Trailer) Layout</i>				



<u>Data Element</u>	<u>Character Position</u>	<u>Field Length</u>	<u>Sample Data 1</u>	<u>Sample Data 2</u>
Record Type	1	1	Not Applicable. Trailer for transmission of ALL data.	T
NAIC Number	2	5		12345
Reporting Period – Begin Date	7	8		20001001
Reporting Period – End Date	15	8		20001031
Record Count	23	7		0000002
Filler	30	321		(321 BLANKS)
<b>Sample Data 2 Results</b>	T1234520001001200010312''''''(321 BLANKS)			

**NOTE:** In example above, “ ‘ ” (an apostrophe) indicates a “blank” entered into the data field.



**APPENDIX F - DC FLAT FILE DATA ELEMENT LAYOUT & DESCRIPTION FOR WEBSITE:**

<i>Record Layout</i>			
<i>Data Element</i>	<i>Field Length</i>	<i>Data Type</i>	<i>Description</i>
VIN (Vehicle Identification Number)	17	Char	Motor vehicles have their own unique Vehicle Identification Numbers. (Since the early 1980's, this has been 17 alphanumeric characters long).
Vehicle Make	4	Char	This field is the vehicle make. (e.g., Ford, Chevrolet, etc.). This information needs to be submitted, if available.
Vehicle Year	4	Integer	This is the four-digit year in which the vehicle was manufactured in CCYY format. This information needs to be submitted, if available.
Policy Owner Last Name	30	Char	This field indicates the policy owner's last name.
Policy Owner First Name	30	Char	This field indicates the policy owner's first name. This field contains only the first name of the policy holder.
Policy Number	25	Char	This is the policy number for the insured vehicle.
Policy Effective Date	10	Date	This date, in MM/DD/CCYY format, is the date the policy is in effect. This information needs to be submitted if available.
Policy Termination Date	10	Date	This date, in MM/DD/CCYY format, is the date the policy was expired, terminates or cancelled.

**APPENDIX G - PROCESS FLOW**

