



STATE OF NEVADA  
DEPARTMENT OF MOTOR VEHICLES

CENTRAL SERVICES AND RECORDS DIVISION

INSURANCE VERIFICATION PROGRAM

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INSURANCE COMPANY REPORTING REQUIREMENTS FOR  
SUBMITTING  
AUTOMOBILE LIABILITY INSURANCE INFORMATION

**NEVADA DEPARTMENT OF MOTOR VEHICLES  
INSURANCE VERIFICATION PROGRAM**

**INSURANCE COMPANIES REPORTING REQUIREMENTS**

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## **SECTION 1 INTRODUCTION**

### **PROGRAM GOAL**

The goal of Nevada's Insurance Verification Program is to identify and reduce the number of uninsured motor vehicles operating on its highways.

### **PROGRAM PURPOSE**

The purpose of the Insurance Verification Program is to verify that all owners of motor vehicles registered in Nevada maintain liability insurance.

### **PURPOSE OF THIS DOCUMENT**

The purpose of this manual is to provide insurance companies with the information they need to comply with Nevada's Insurance Verification Program. The success of the program is dependent on the understanding by, and participation of, all insurance companies issuing automobile liability insurance in Nevada.

Section 1 includes a brief program overview and defines the insurance company requirements for compliance with the program.

Section 2 describes the process for submitting insurance records to the Department.

Section 3 defines what types of insurance records are reported to the Department and the information contained within those records.

Section 4 gives the technical details for media and format requirements.

Section 5 contains examples of letters, notices, and reports used in this program.

Section 6 is a list of contact persons, addresses, and telephone numbers.

Appendix A is codes for Vehicle Makes.

## **PROGRAM OVERVIEW**

Changes to NRS Chapter 485, passed during the 1997 Nevada Legislative Session revised the Central Services and Records Division requirements in the administration of the Insurance Verification Program. The bill requires the Department of Motor Vehicles to create and implement a system verifying that owner(s) of registered motor vehicles maintain automobile liability insurance.

The program affects all insurance companies licensed and actively writing automobile liability insurance policies in the State of Nevada. The information to be reported includes policy, vehicle, and named insured information. This data will be used to establish and update the insurance database.

All activity occurring during the month must be submitted to the Department by the fifteenth day of the following month. The insurance information submitted must be in the format specified in this document.

**Note:** It is the responsibility of each insurance company registered with the Department to understand the reporting requirements as set forth in this manual and to contact the Department for clarification.

The Department will use the insurance information received to track which registered vehicles are insured. The vehicle identification number (VIN) and at least one name on the insurance policy must match the registration. The name of the person that is insured must also be listed on the Certificate of Registration.

Operator policies require that each registered owner have individual operator policy information submitted.

Owner(s) of registered vehicles are notified by first class mail when their vehicle cannot be identified as covered by motor vehicle liability insurance. A form is sent and must be completed by the registered owner(s) or his authorized agent. If the Department does not receive the completed form within 20 days, the Department shall send the owner(s) a certified letter advising that the Department must receive an insurance record within 15 days or the registration will be suspended.

If no evidence of insurance is provided, the vehicle registration will be suspended. The registration will be reinstated when the registered owner(s) meets the reinstatement criteria.

All insurance information provided to the Department by a registered owner(s) must be verified by receipt of an insurance record from the insurance company. A vehicle is considered insured only when the insurance record is received from an insurance company. If an insurance company fails to provide the insurance record, the vehicle will not be considered insured, and the registration is subject to suspension.

Insurance companies must demonstrate to the satisfaction of DMV through the submittal of test records that the company is able to comply with NRS 485.314.

DMV shall notify the Commissioner of Insurance if an insurer fails to meet the requirements of NRS 485.314 or provides information that is false, incomplete or misleading.

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Insurance companies in non-compliance with the monthly reporting requirement are not eligible to receive drivers' license or registration information from the Department.

All information supplied to the Department by an insurance company is retained as a confidential record and is used for enforcement and regulatory purposes only.

The Financial Responsibility Section provides self-insured information.

## **REQUIREMENTS**

1. This program applies to all insurance companies, which are licensed and actively writing automobile liability insurance policies in Nevada. All companies must:
  - Complete the Administrative Authorization Form (IVP009) in (Section 5) and mail it to the Department.
  - Newly licensed insurance companies have 30 days from the date of license approval to submit this form.
  - Update the notice within 30 days of a change in personnel.
2. Every active insurance company must report the entire month's automobile liability insurance activity by the fifteenth day of the following month. Reporting must occur at least monthly, but can be done more often as necessary.
  - A group of insurance companies can submit insurance records on one cartridge, diskette, or CD. A separate header must be created for each NAIC number reporting policies or no activity.
  - Insurance companies shall report both personal lines and commercial lines on the same media submission.
  - Refer to the 'Monthly Insurance Record Reporting Process' in Section 2 and the 'Insurance Record Reporting Requirements' in Section 3.
3. The method of submitting insurance records to the Department and the contents of those records must comply with Department specifications.
  - Refer to the 'Technical Specifications' in Section 4.
4. Insurance records received by the Department containing errors are returned to the insurance company for correction.
  - The insurance company has 30 days to correct and return records submitted with editing errors. The insurance company should attempt to resolve other types of errors and resubmit the corrections as necessary.
  - Termination errors must be corrected and resubmitted as necessary to avoid wrongful suspensions.
  - Refer to the 'Monthly Reporting Process' in Section 2, 'Process for Resolving No Matches' in Section 2, and 'Technical Specifications' in Section 4.
5. The insurance company will verify insurance information provided to the Department by the registered owner(s).

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- Refer to the 'Verify Insurance Process' in Section 2.
6. The Department will not release driver and vehicle information to any insurance company failing to comply with the monthly reporting requirement.
    - Refer to the 'Notification of Non-compliance Process' in Section 2.
  7. When an insurance company stops issuing automobile liability insurance in Nevada the Department must be notified in writing within 30 days. The company must not have any active automobile liability policies in force or plan to issue any future policies, including SR22's. See withdraw process on page 18.
  8. The Department will notify insurance companies at least 90 days in advance of any reporting requirement changes.

## **DEFINITIONS**

These definitions will help clarify terms used in this document.

**Activity:** Motor vehicle liability insurance transactions, which take place during a reporting period and must be reported to the Department. Renewals are excluded. Corrections are considered Activity.

**Department:** The Department of Motor Vehicles in the State of Nevada.

**Dormant Vehicle:** Defined in NRS 485, as a motor vehicle, which is required to have liability insurance coverage but will not be operated for an extended period of time because of mechanical or seasonal circumstances.

**Edit Errors:** Records not meeting the edit criteria. Errors are described in detail in Section 4.

**Effective Date:** The inception date of the original policy.

**Golf Cart:** Defined in NRS 482.044 as a motor vehicle that has no fewer than three wheels in contact with the ground and is designed to carry golf equipment and no more than four persons, including the driver.

**Motorcycle:** Defined in NRS 482.070 means every motor vehicle designed to travel on not more than three wheels in contact with the ground, except any such vehicle as may be included within the term “tractor” or “moped” as defined in this chapter.

**Trimobile:** Defined in NRS 482.129 means every motor vehicle designed to travel with three wheels in contact with the ground, two of which are power driven.

**Insurance Company Number:** A unique number used to identify an insurance company. The last five numbers of the National Association of Insurance Commissioners NAIC is used. If a company has not received an NAIC code, the number assigned by the Nevada Insurance Division at the time of licensing is used.

**Lapse in Coverage:** A period when a vehicle is not insured.

**Match:** A match occurs when the insurance record corresponds to a registration record see Reporting Process in Section 2.

**Motor Carrier Vehicle:** means a registered motor truck, truck tractor, bus or other vehicle that weighs not less than 26,001 pounds and not more than 80,000 pounds. Included are those vehicles under NRS 706.801 to 706.861 inclusive, which are listed under NRS 706.806, section 5.

**Motor Vehicle** NRS 482.075 means every vehicle as defined in [NRS 482.135](#) that is self-propelled.

**No Match:** VIN or common name cannot find a registration record.

**Named Insured:** The owner(s) and person(s) covered by the insurance policy and whose name appears on the Certificate of Registration as a registered owner.

**NAIC:** National Association of Insurance Commissioners.

**NCIC:** National Crime Information Center.

**Operator Policy:** A policy, which insures an individual rather than a specific vehicle. The policy does not have vehicle specific information. These are not 'named non-owner(s)'. If more than one licensed driver is a registered owner, they must each maintain their own Operator Policy.

**Reporting:** The submission of insurance records to the Department.

**Reporting Period:** The time period of activity for which insurance records are reported. If an insurance company is reporting on a monthly basis, the reporting period is the entire previous month.

**Termination:** Liability insurance coverage, which has been dropped, terminated, canceled, not renewed, or otherwise considered 'out of force'.

**Vehicle Specific Insurance Record:** An insurance record, which contains vehicle information.

**Non-Vehicle Specific Insurance Record:** An insurance record with no vehicle information.

**VIN:** Vehicle Identification Number.

## **SECTION 2 REPORTING PROCESS**

There are five processes described in this section.

Each process requires some type of information exchange between the insurance company and the Department, either directly or through the registered owner(s) / insured individual.

The processes described are for:

1. Creating the initial insurance database.
2. Reporting insurance records monthly.
3. Resolving no matches.
4. Verifying the validity of insurance information provided by a customer.
  - This process is only used when the Department has not received an insurance record from the insurance company through the regular monthly reporting process.
5. Notifying insurance companies when they are not in compliance with the Departments reporting requirements.

### **INITIAL INSURANCE DATABASE CREATION PROCESS**

1. All new insurance companies will initially provide the Department with test data submitting one record for each transaction type, (Add, Terminate, Rescind, Previous) for all NAIC's they are reporting.
2. The report contents and media must comply with the requirements outlined in this document.
3. The Department will review and return the data with comments as to the test acceptability of data.
4. Only after the insurance company has been approved to submit the data will the Department accept the insurance records.
5. All errors must be corrected and resubmitted. The insurance company has the option of resubmitting the corrected records separately, or as part of the next regular reporting.
6. Valid insurance records will be added to the insurance database.
7. Insurance records with format (edit) errors will not be added to the database. If the Department is unable to read the data on the cartridge, diskette, or CD it will be rejected.

## **MONTHLY INSURANCE RECORD REPORTING PROCESS**

The regular monthly reporting process has five steps:

1. The insurance company submits the previous month's insurance activity records to the Department.
2. The Department receives the insurance records.
3. The insurance records are processed.
4. The original records, error records, and a report of records processed will be returned to the insurance company.
5. The insurance company corrects any errors and resubmits the corrected insurance records.

1. Insurance company submits insurance activity records.

A. Schedule

Records must be submitted at least monthly, but can be submitted biweekly, weekly, or daily as necessary.

Any automobile liability insurance activity shall be reported by the fifteenth day of the following month. For example, the Department must receive July's activity by August 15.

The activity date is the date the insurance record is recorded in the insurance company's home office or when the insurance company database is updated.

B. Format

The format for insurance record submission must comply with the Department's standards outlined in Section 4 'Technical Specifications'.

C. Content

The record contents must comply with the 'Insurance Record Reporting Requirements' outlined in Section 3.

Transactions must be submitted when:

- New liability insurance is issued
- A vehicle is added to a policy
- A vehicle is no longer insured
- The insurance is not renewed

- The insurance is canceled or terminated
- The insurance is considered 'out of force'

D. No activity

Pursuant to NAC 485.165 insurance companies must submit a “No Activity To Report Notice” to the Department when there has been no activity for an entire month. The “No Activity To Report Notice” must cover a month in its entirety i.e. June 1<sup>st</sup> to June 30<sup>th</sup> is acceptable. May 15<sup>th</sup> to June 15<sup>th</sup> would not be acceptable. The notice is in Section 5 under Document Examples.

E. Receipt notification

If the insurance company would like notification from the Department when an insurance report is received, include a two-part Report Received Notice and a prepaid self-addressed return envelope with the report.

F. Mail

The insurance company is responsible for sending the activity report in a container suitable for mailing to the address provided in Section 6. The Department will return everything through the regular mail. If an insurance company would like the media returned via another method, a prepaid mailer should be provided with the media. The container should be able to hold the media and reports that are being returned.

2. When the Department receives the insurance records.

- A. Receipt of insurance records is logged. The cartridge, diskette, or CD is prepared for processing.
- B. If there is a Report Received Notice, it is completed, a copy retained, and the original returned to the insurance company. A sample notice is in Section 5.
- C. All cartridges, diskettes, and CD's received are processed within three business days of receipt.

3. The insurance records are processed.

- Records will be processed in the order they are received.
- A. Insurance records are first edited for format.
  - Records not meeting the edit criteria are rejected as 'edit errors'. The records are returned with the appropriate error code. The edits are described in detail in Section 4.

- B. Insurance records with no errors are put on the insurance database and an attempt is made to match the insurance record to a registered vehicle record.
  - The matching criteria for vehicle specific are by vehicle identification number (VIN) and a name string of one insured named in the policy of insurance. For the purpose of this program, a registered vehicle is considered insured when the VIN on the insurance matches the VIN on a registration record and at least one name on the insurance record must match one name on the registration record.
  - The matching criterion for non-vehicle specific is Identification Number.
- C. Invalid insurance records are returned to the insurance company with the appropriate error code, found in Section 4 (Summary of Error and Return Codes.)

Insurance records are rewritten with error codes. Errors include:

- A VIN is invalid.
  - An insurance terminated record is received, but no existing insurance record is found on file.
  - A rescinded termination record is received, but no existing insurance record is found on file.
  - No match to a registration record.
- D. A statistical report is printed, detailing records processed by their status.
4. The original record submission, error records, and statistical report are returned to the insurance company.
- A. If a cartridge is used, it is returned to the insurance company. The original data set is not overwritten. Errors are reported back as the second file on the data set. See Section 4 for details.
  - B. If the report is submitted on a CD or PC diskette, the error records are returned to the insurance company on a printed error report, not the diskette or CD.
  - C. A statistical report of records processed is also returned. A sample of the report is in Section 5.
5. The insurance company corrects the errors and resubmits the corrected insurance records to the Department.
- A. The insurance company has the option of resubmitting the corrected records separately, or as part of the next regular reporting. However, please keep in mind the time frames the Department uses for determining when a vehicle is uninsured. Reporting errors do not prevent suspension of motor vehicle

registration privileges or an insurance company from being reported as out-of-compliance with the Department or Commissioner of Insurance.

- B. Errors on transactions should be corrected and resubmitted within the reporting period time line.

**Note:** The intent of NRS 485 is to ensure that every registered owner of a motor vehicle that is driven on Nevada roads is insured continually by the minimum required coverage amounts. Therefore any record that does not meet this requirement should not be reported to the Department. If a record is reported to the Department it should only be reported on policies that cover the insured 24 hours a day, 7days a week. If a policy does not cover the insured full time it does not meet the intent of NRS 485.

## **PROCESS FOR VERIFYING INSURANCE**

The insurance company must verify insurance information provided to the Department by a customer.

1. A customer claims insurance, but the Department has no record of the insurance.
  - If a customer wants to reinstate a suspended vehicle registration and the Department has not yet received an insurance record, the insurance company must supply the record, prior to reinstatement.
2. The vehicle is registered and the owner(s) signed a declaration to carry insurance, but the Department has no record of insurance.
  - A. When the Department determines a registered vehicle as being potentially uninsured the following occurs:
    - A motor vehicle Insurance Verification Request will be sent to the registered owner(s) of the vehicle notifying the registered owner(s) insurance coverage cannot be found.
    - If there is no response from the registered owner(s) within 20 days, a certified letter is sent informing the registered owner(s) their registration will be suspended in 15 days if the Department has not received a record of insurance.
    - If the information on the returned card is valid, the card is forwarded to the insurance company; the insurance company must submit an insurance record to the Department within 45 days from the date of the verification letter.
  - B. These records are submitted through the normal monthly reporting process on cartridge, PC diskette, or CD.
  - C. If the customer does not have insurance, the insurance company must complete the Insurance Information Area on the letter to deny insurance coverage, and return the letter to the Department.
  - D. If the insurance, the customer is claiming to have, is not confirmed or denied by the insurance company within 30 days, the Department makes one more attempt to verify insurance.
    - A certified Insurance Not Confirmed Letter is sent to the registered owner(s). The letter notifies the registered owner(s) that since their insurance has not been confirmed and their insurance company did not reply, their vehicle registration will be suspended in 15 days. The letter instructs the registered owner(s) to contact their insurance company.

- E. If there is insurance, the insurance company must submit an insurance record to the Department within the 30-day period or the registration will be suspended.
3. The registered owner(s) wants to reinstate a suspended registration.
    - To meet the reinstatement requirements, the registered owner(s) submits proof of insurance, reinstatement fees, and other required documents.
  4. If there is insurance, the insurance company must verify insurance. An insurance record must follow the reporting process outlined in this manual.
    - The name of the insured being reported must match the name of the registered owner.
    - If more than one person is being insured at least one of the insured names being reported must match the name of the registered owner.
    - If an Operators policy is being submitted and more than one licensed driver is a registered owner, they must each maintain their own individual Operator Policy.

## **NOTIFICATION OF NON-COMPLIANCE PROCESS**

If an insurance company fails to report for two reporting months within a one year period, by the fifteenth of the following month, the Department will send a **Not in Compliance** notification.

**Important Notice:** This notice indicates non-compliance with the requirements of the Insurance Verification Program and notifies companies they will not receive driver and vehicle information from the Department until such time the company is back in compliance with the Department.

The Department shall notify the Commissioner of Insurance when an insurer has not met the reporting requirements, is out of compliance, or provides false incomplete or misleading information to the Department.

### **Withdraw from the program**

An insurance company must withdraw from the Insurance Verification Program if they decide to stop selling motor vehicle liability policies.

Nevada Administrative Code (NAC) 485.180 requires that an insurance company, within 30 days of making such a decision, must notify the Department of that decision. The insurance company must also submit to the Department a record which contains the date of expiration of each active motor vehicle liability policy the insurer has issued for a vehicle in this state.

The Department requires a completed form IVP-011 “Insurance Company Application To Withdraw” be submitted to the Department. The Department will review the application and policy information. A confirmation will be sent to the insurance company informing them they have been removed from the list of authorized insurance companies that can sell motor vehicle liability policies in this state.

**The insurance company must continue to meet all reporting requirements until the confirmation from the Department of Motor Vehicles is received.**

## **SECTION 3 INSURANCE RECORD REPORTING REQUIREMENTS**

### **TYPES OF RECORDS REPORTED**

1. Only motor vehicle insurance is reported.
2. All registered motor vehicles are included automobiles, commercial vehicles, motor homes, rental cars, and motorcycles. The only exclusions are motor carrier vehicles, off road vehicles, and golf carts as defined by statute.
3. Only reporting on policies issued by insurance companies licensed to write vehicle policies in Nevada are acceptable for motor vehicles registered in Nevada.
4. If the vehicle information is known, submit the record according to the instructions for vehicle specific insurance.
5. 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.
6. All add transactions must be equal to or less than the date created.
7. All termination transactions must be equal to or greater than the date created, however the date cannot be more than 30 days in the future.

## **TYPES OF TRANSACTIONS REPORTED**

### **1. NEW ISSUES (A)**

New issue is used when liability coverage for a vehicle is initiated. A new issue is sent when:

- A new liability policy is issued.
- A vehicle is added to an existing policy.
- Insurance is reinstated after it had been terminated (there was a lapse in coverage.)

Use this transaction type on all records submitted for the initial data base creation.

### **2. TERMINATION (T)**

Termination is used when a vehicle no longer has liability insurance coverage.

A termination will be sent when:

- Liability coverage is terminated, canceled or out of force
- A vehicle is dropped from an existing policy.
- Insurance is not renewed.

### **3. RESCIND TERMINATION (R)**

The rescind termination is used only to correct terminations sent in error. It reactivates the insurance by undoing the previously sent termination.

### **4. PREVIOUS COVERAGE (P)**

Previous is used to submit an insurance record on a vehicle that has a lapse in coverage. An Effective date and Termination date is required. There has to be an existing active record of insurance on file with the same NAIC where a Termination and Add created the lapse.

Lapse in coverage:

If liability insurance coverage is 'out of force' and then reinstated:

1. A termination is sent when the coverage is considered 'out of force', or the vehicle is no longer covered by insurance.
2. A new issue is sent when the coverage is reinstated.

Vehicles identified as having lapses in coverage will be suspended. The insured must then provide proof of insurance and pay the reinstatement fee to remove the suspension.

## **INFORMATION REPORTED**

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 record layout in the Technical Specification Sections for complete detail.

### **A. VEHICLE SPECIFIC INSURANCE RECORD REQUIREMENTS**

One record per vehicle is submitted.

Reporting Information:

#### 1. 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 I licensing.

**Transaction Information:**

#### 2. Transaction Type.

- A = New Issue – Active Insurance
- T = Termination
- R = Rescind Termination
- P = Previous Coverage

#### 3. Transaction Date.

- The Date the transaction is recorded on the insurance company system.

**Insurance Information:**

#### 4. Record Type.

- V (space) = Vehicle specific
- VS = Vehicle specific

#### 5. Policy Number.

#### 6. Insurance Effective Date.

- The policy inception date or the date the vehicle was added to the policy.

7. Insurance Termination Date.

- Used for insurance termination transactions only.

**Vehicle Information:**

8. 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 home made vehicles.

9. Vehicle Model Year.

**Person or Company insured information:**

10. Company Indicator

- To ensure proper reporting the insurance company must know the name of the correct registered owner.
- Use a "Y" indicator when the insurance is for a company or family trust and whose name is or will be listed as the registered owner.

**Use of the "Y" indicator:** An insurance record using the "Y" indicator must contain the name of a business or family trust.

**Example:** ABC Landscaping has four vehicles. Three 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.

Reference items 11 and 12 below for reporting information required for an individual.

11. Name of insured.

- Registered owner(s) name 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 & first name.
- If it is a company the complete company name is used in the last name field, a "Y" is put in the company indicator field. Do not use a "Y" indicator if the registered owner is an individual.
- Family trusts must be reported using the "Y" indicator.

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- Use the same name that does or will appear on the vehicle registration certificate.
- It is also acceptable to report the insured using both the name of the family trust and the individual.

12. Identification number of the named insured.

- For an individual, the Nevada Driver's License Number is required if it is known. If the driver's license number is not known, the social security number may be used.
- For a company, the federal employer identification number (FEIN) must be used.
- Other insured persons, up to four numbers can be submitted. There must be an I.D. number for each name.

**Mailing address:**

- The street address or P.O. Box, city, state, and zip code of the insured are required.
- The address will only be used to help match records and resolve discrepancies between insurance and registration records.

**B. NON-VEHICLE SPECIFIC INSURANCE RECORD REQUIREMENTS**

The records are for blanket fleet, blanket operator, and self-insured insurance coverage when the vehicle information is not available.

Commercial lines with policies covering all vehicles for a company can be reported as one policy per company. The department will assume all vehicles registered to the named insured are covered under the policy.

One record per policy is submitted.

**Reporting Information:**

1. Insurance Company Number.

- NAIC Code
- If you do not have an NAIC Code, use the number assigned by the Nevada Division of Insurance at the time of licensing.

**Transaction Information:**

2. Transaction Type:

- A New Issue – Active Insurance
- T Termination
- R Rescind Termination
- P Previous Coverage

3. Transaction Date.

- The date the transaction is recorded on the insurance company system

4. Record Type.

- NF = Non - Vehicle specific – Fleet
- NO = Non -Vehicle specific - Operator
- NS = Non -Vehicle specific - Self Insured

5. Policy Number.

6. Insurance Effective Date.

7. Insurance Termination Date.

- Used for insurance termination transactions only.

**Person or company insured information:**

8. Company Indicator.

- Use a “Y” indicator when insurance is for a company or family trust.

**Use of the “Y” indicator:** An insurance record using the “Y” indicator must contain the name of a business or family trust.

**Example:** ABC Landscaping has four vehicles. Three 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.

Reference items 9 and 10 below for reporting information required for an individual.

9. Name of Insured.

Registered owner(s) name.

- There should only be one name.
- The name must be separated into last name & first name.
- If it is a company or family trust the complete company name is used, a “Y” indicator is put in the company indicator field. Do not use a “Y” indicator if the registered owner is an individual.

10. Identification number of named insured.

- For a company, the federal employer identification number (FEIN) must be used.
- For a smaller business a Social Security Number (SSN) may be used.
- For an individual, the Social Security Number (SSN) or Driver’s License Number may be used. For each name submitted an identification number is required.

11. Mailing Address.

- The street address or P.O. Box, city, state, zip code of the insured are required.

## **SECTION 4 TECHNICAL SPECIFICATIONS**

This section defines the acceptable media for record transmission, the standards for that media, the insurance record format, and the insurance record field descriptions.

### **TRANSMISSION MEDIA**

Insurance companies are required to supply information using one of the following transmission media:

1. Magnetic Cartridge.
  
2. PC diskette or CD.
  - This option is used for reporting or can be used for reporting correction if cartridge is the preferred media.

Electronic data transfer is not an option at this time.

### **MAGNETIC CARTRIDGE STANDARDS**

Any data received that does not meet the following specifications will be rejected:

1. Cartridges: 3480 IBM compatible,  
NOT compressed
2. Character Set: EBCDIC Uppercase alpha
3. Internal Label: IBM Standard Label
4. Record Length: 550 bytes
5. Block Size: 31,900 bytes 58 records per block
6. Data Set Name: DMV.NV.INSxxxxx  
Where xxxxx is the insurance company number (NAIC)
7. Volume Serial Num: Any 6 (**other than J, F or L and DMV**) numeric or  
Alphanumeric characters (it is advised to use numeric only)
8. External Label: Refer to the 'External Label Standard' section

**The cartridges must be IBM compatible.**

### **RECORD FORMATS**

The first record reported for each NAIC must be in the Header Record Format. All subsequent records are in the Insurance Record Format.

### **ERROR RECORDS ARE RETURNED AS THE SECOND FILE ON THE CARTRIDGE.**

Each transaction (policy) or group of transactions associated to an NAIC number must be listed under that specific header record for that NAIC number.

Companies with the same NAIC number but separate lines (Personal and Commercial) are required to submit their data on the same cartridge, PC diskette, or CD.

### **PC DISKETTE STANDARDS / CD's**

This option is available to companies:

1. a. Diskette: 3.5" IBM compatible  
Double sided double density or  
Double sided high density  
Formatted with MS-DOS operating  
System internal labels
- b. CD
2. Character set: ASCII Text File  
Alpha characters in uppercase
3. Internal Label: Standard MS-DOS  
Do not use a compression facility.
4. Record Length: 550 bytes
5. File Name: Any
6. External Label: See 'External Label Standard'

**Note: An application is provided to create a diskette with the 550 format. This application is available for download from the Nevada State DMV / IVP web site.**

To download an application, go to the following web site:

<http://www.dmvnv.com/nvdmviv/>

This web site is secure and will prompt you for a username and password. Please contact [DMVIVPReporting@dmv.state.nv.us](mailto:DMVIVPReporting@dmv.state.nv.us) for the user name and password to access this site.

Instructions are at the site for downloading. (Page 60 for contact information)

### **RECORD FORMATS**

The first record reported for each NAIC must be in the Header Record Format. All subsequent records are in the Insurance Record Format.

### **ERROR RECORDS ARE RETURNED ON A PRINTED ERROR REPORT.**

Companies with the same NAIC number but separate lines (Personal and Commercial) are required to submit their data on the same media.

### **EXTERNAL LABEL STANDARD**

All cartridges, diskettes, and CD's must have a label affixed to the outside with the following information:

1. "INSURANCE REPORT."
2. Insurance Company Name. If multiple companies list the main Company name.
3. Insurance Company Number(s).
4. Data Set Name.
5. Volume Serial Number (Cartridge Only).
6. Reporting period (from & to dates).
7. Creation Date.
8. Total Number of Records.
9. If more than one insurance company is reporting, provide a list of all the insurance company numbers.
10. Authorize Name of Person (Diskette Only)

Example:

```
INSURANCE REPORT
From: XYX Insurance Inc.   Co. Nbr: 12345
DSN: DMV.NV.INS12345     Serial#: 000001
For: 7/1/00 - 7/31/00    Created: 8/1/2000
Recs: 1,403
```

### **MAILING INFORMATION**

The following items must be included when reporting insurance records to the Department:

1. The cartridge, diskette, or CD containing the insurance records reported.
2. An external label in the proper format on the cartridge, diskette, or CD.
3. A self-sticking return address label. This ensures the media goes back to the correct company and person who submitted the transactions.
4. If desired, a two-copy Report Received Notice.

Mail to:

DMV Motor Vehicles  
Central Services Processing  
Insurance Verification Program  
555 Wright Way  
Carson City, NV 89711-0800

The monthly reporting submission must be received by the fifteenth of the month.

If the fifteenth of the month is on a weekend or holiday, the report must be received by the following working day.

### **ADDITIONAL FILE INFORMATION**

Records from more than one company NAIC can be submitted on the same file.

A header record must be created for each NAIC number under which a policy or policies are reported on the cartridge, diskette, or CD.

### **RECORD FORMATS**

The first record reported for each NAIC must be in the Header Record Format. All subsequent records are in the Insurance Record Format.

## **RECORD DESCRIPTION**

This section includes the insurance record layout and detailed descriptions for each field.

The following is general information for record creation:

1. All numeric fields (type=N) must be right justified and zero filled.
2. All alphanumeric fields (type=A) must be left justified and space filled.
3. Do not use null values. Use spaces for alphanumeric fields left blank and zeros for numeric fields with no entry.
4. All alphabetic characters must be in UPPERCASE.
5. Do not use asterisks (\*) or at (@) signs in any field.
6. Do not use dashes (-) in ID number fields.
7. All date field formats are: ccyymmdd - century, year, month, and day. Example: 20000106
8. Required fields must always contain data.

Conditional fields must contain data depending on the criteria specified with each field description. For example, a vehicle year and vehicle make are conditional because they are required for the vehicle specific records, but left blank for non-vehicle specific records.

Optional fields are requested, but not required.

**COMPANIES INITIAL INSURANCE DATA BASE CREATION PROCESS:**

1. Submit Active liability insurance records only.
2. Use a transaction type of “A” (new issue - active insurance) for all records submitted.

Everything else is the same as the monthly record submission process.

**HEADER RECORD**

<b>FIELD #</b>	<b>FIELD NAME</b>	<b>TYPE</b>	<b>SIZE</b>	<b>REQUIRED/ OPTIONAL/ CONDITIONAL</b>	<b>FIELD POSITION (FROM – TO)</b>
1	INSURANCE COMPANY NUMBER	N	5	Required	1 - 5
2	TRANSACTION TYPE	H	1	Required	6 - 6
3	CREATION DATE	N	8	Required	7 - 14
4	REPORTING PERIOD BEGIN DATE	N	8	Required	15 - 22
5	REPORTING PERIOD END DATE	N	8	Required	23 - 30
6	FILLER	A	520	Required	31 - 550

1. All fields for a header record are required.
2. If a header record is reported with no transactions following the header, the Department will show a valid report was submitted for the time period stated on the header record.

Example: 1) NAIC number  
 2) Transaction Type  
 3) Creation Date  
 4) Reporting Period Begin Date - 11/1/06  
 5) Reporting Period End Date – 11/15/06  
 6) Filler

As shown in the above example: Reporting credit would be given for 11/1 through 11/15 but you are still required to report for the period of 11/16 through the last day of the month, or you will be considered out of compliance.

3. Each transaction (policy) or group of transactions associated to an NAIC number must be listed under that specific header record for that NAIC number.

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

4. If an insurance company has no activity for an entire month it must be reported on a “No Activity Report” and the reporting period must cover the entire month.
  - No Activity can be reported on the “No Activity To Report” form or by submitting a header record only.

**HEADER RECORD  
FIELD DESCRIPTIONS**  
Page 1 of 1

<b>No.</b>	<b>Field Name &amp; Description</b>	<b>Type/ Size</b>	<b>Req/Opt/ Cond</b>
<b>Important Notice:</b> <u>A separate NAIC Header Record must be created for each set of records submitted.</u>			
1.	<b><u>INSURANCE COMPANY NUMBER</u></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
2.	<b><u>TRANSACTION TYPE</u></b>  Transaction type is always "H" for the header record.	A/1	Required
3.	<b><u>CREATION DATE</u></b>  The date the cartridge, diskette, or CD was created.  Format: CCYYMMDD	N/8	Required
4.	<b><u>REPORTING PERIOD BEGIN DATE</u></b>  The first day of the reporting period  Format: CCYYMMDD	N/8	Required
5.	<b><u>REPORTING PERIOD END DATE</u></b>  The last day of the reporting period  Format: CCYYMMDD	N/8	Required
6.	<b><u>FILLER</u></b>  Set to spaces.	A/520	Required

**INSURANCE RECORD**

<b>FIELD #</b>	<b>FIELD NAME</b>	<b>TYPE</b>	<b>SIZE</b>	<b>REQUIRED/ OPTIONAL/ CONDITIONAL</b>	<b>FIELD POSITION (FROM – TO)</b>
1	Insurance Business Number (NAIC)	N	5	Required	1 – 5
2	Transaction Type	A	1	Required	6 – 6
3	Transaction Date	N	8	Required	7 – 14
4	Record Type	A	2	Required	15 – 16
5	Policy Number	A	25	Required	17 – 41
6	Insurance Effective Date	N	8	Conditional	42 – 49
7	Insurance Termination Date	N	8	Conditional	50 – 57
8	VIN	A	30	Conditional	58 – 87
9	Vehicle Year	N	4	Conditional	88 – 91
10	Vehicle Make	A	4	Conditional	92 – 95
11	Business Indicator	A	1	Required	96 – 96
12	Last Name – 1	A	40	Required	97 – 136
13	First Name- 1	A	15	Conditional	137 – 151
14	ID Type- 1	A	1	Required	152 – 152
15	ID Number- 1	A	25	Required	153 – 177
16	Last Name- 2	A	40	Optional	178 – 217
17	First Name- 2	A	15	Optional	218 – 232
18	ID Type- 2	A	1	Optional	233 – 233
19	ID Number- 2	A	25	Optional	234 – 258
20	Last Name- 3	A	40	Optional	259 – 298
21	First Name- 3	A	15	Optional	299 – 313
22	ID Type- 3	A	1	Optional	314 – 314
23	ID Number- 3	A	25	Optional	315 – 339
24	Last Name- 4	A	40	Optional	340 – 379
25	First Name- 4	A	15	Optional	380 – 394
26	ID Type- 4	A	1	Optional	395 – 395
27	ID Number- 4	A	25	Optional	396 – 420
28	Mailing Address/ P.O. Box	A	30	Optional	421 – 450
29	Mailing City	A	20	Optional	451 – 470
30	Mailing State	A	2	Optional	471 – 472
31	Mailing Zip Code	A	10	Optional	473 – 482
32	Error Reason	A	2	Return Only	483 – 484
33	VINA Error String	A	30	Return Only	485 – 514
34	Insurance Business Number Error Flag	A	1	Return Only	515 – 515
35	Transaction Type Error Flag	A	1	Return Only	516-516

## Section 4 – Technical Specifications

<b>FIELD #</b>	<b>FIELD NAME</b>	<b>TYPE</b>	<b>SIZE</b>	<b>REQUIRED OPTIONAL / CONDITONAL</b>	<b>FIELD POSITION (FROM -TO)</b>
36	Transaction Date Error Flag	A	1	Return Only	517 – 517
37	Record Type Error Flag	A	1	Return Only	518 – 518
38	Policy Number Error Flag	A	1	Return Only	519 – 519
39	Insurance Effective Date Error Flag	A	1	Return Only	520 – 520
40	Insurance Termination Date Error Flag	A	1	Return Only	521 – 521
41	VIN Error Flag	A	1	Return Only	522 – 522
42	Vehicle Year Error Flag	A	1	Return Only	523 – 523
43	Vehicle Make Error Flag	A	1	Return Only	524 – 524
44	Business Indicator Error Flag	A	1	Return Only	525 – 525
45	Last Name- 1 Error Flag	A	1	Return Only	526 – 526
46	First Name- 1 Error Flag	A	1	Return Only	527 – 527
47	ID Type- 1 Error Flag	A	1	Return Only	528 – 528
48	ID Number- 1 Error Flag	A	1	Return Only	529 – 529
49	Mailing Address/P.O. Box Error Flag	A	1	Return Only	530 – 530
50	Mailing City Error Flag	A	1	Return Only	531 – 531
51	Mailing State Error Flag	A	1	Return Only	532 – 532
52	Mailing Zip Code Error Flag	A	1	Return Only	533 – 533
53	Submitting Business Comment Field	A	17	Optional	534 – 550

**INSURANCE RECORD  
FIELD DESCRIPTIONS**  
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<b>No.</b>	<b>Field Name &amp; Description</b>	<b>Type/ Size</b>	<b>Req/Opt/ Cond</b>
<b>1.</b>	<b><u>INSURANCE COMPANY NUMBER</u></b>	N/5	Required
	<p>A 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 the time of licensing is used.</p> <p>The number is numeric, right justified and zero filled.</p>		
<b>2.</b>	<b><u>TRANSACTION TYPE</u></b>	A/1	Required
	<p><b>A = New Issue - Active Insurance</b> Used when:</p> <ul style="list-style-type: none"> <li>• A new liability policy is issued;</li> <li>• A vehicle is added to an existing policy;</li> <li>• Insurance is reinstated after a lapse in coverage;</li> <li>• An active record is submitted during the initial reporting process.</li> </ul> <p><b>T = Termination</b> Used when:</p> <ul style="list-style-type: none"> <li>• Liability coverage is terminated, canceled or out of force;</li> <li>• A vehicle is dropped from an existing policy;</li> <li>• Insurance is not renewed.</li> </ul> <p><b>R = Rescind Termination</b> Used when:</p> <ul style="list-style-type: none"> <li>• A termination was sent in error; reactivates insurance by undoing the previously sent termination.</li> </ul> <p><b>P = Previous Coverage</b> Used when:</p> <ul style="list-style-type: none"> <li>• Reporting previous insurance coverage on a vehicle.</li> </ul>		

**INSURANCE RECORD  
FIELD DESCRIPTIONS**  
Page 2 of 9

<b>No.</b>	<b>Field Name &amp; Description</b>	<b>Type/ Size</b>	<b>Req/Opt/ Cond</b>
3.	<p><b><u>TRANSACTION DATE</u></b></p> <p>The date the transaction was recorded on the insurance company system.</p> <p>Format: CCYYMMDD</p>	N/8	Required
4.	<p><b><u>RECORD TYPE</u></b></p> <p>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
5.	<p><b><u>POLICY NUMBER</u></b></p> <p>Liability insurance policy number</p>	A/25	Required
6.	<p><b><u>INSURANCE EFFECTIVE DATE</u></b></p> <p>The date liability insurance is in effect, active, or 'in force'</p> <p><b>Required for Add Transactions (TRANSACTION TYPE = A)</b></p> <p>Format: CCYYMMDD</p> <p><b>EFFECTIVE AND TERMINATION DATE IS REQUIRED IN “P” PREVIOUS TRANSACTION</b></p>	N/8	Conditional
7.	<p><b><u>INSURANCE TERMINATION DATE</u></b></p> <p>The date liability insurance is terminated, canceled, or considered 'out of force'</p> <p><b>Required for termination and rescind transactions (TRANSACTION TYPE = T &amp; R).</b></p> <p>Format: CCYYMMDD</p>	N/8	Conditional
8.	<p><b><u>VIN</u></b></p> <p>The full Vehicle Identification Number. This field is the primary key used for matching insurance records to registration records.</p> <p><b><u>Vin accuracy is critical and is required for all vehicle specific records.</u></b></p>	A/25	Conditional

**INSURANCE RECORD  
FIELD DESCRIPTIONS**  
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<b>No.</b>	<b>Field Name &amp; Description</b>	<b>Type/ Size</b>	<b>Req/Opt/ Cond</b>
<b>9.</b>	<b><u>VEHICLE YEAR</u></b>  The vehicle model year  <b>Required for all vehicle specific records.</b>  Format: CCYY	N/4	Conditional
<b>10.</b>	<b><u>VEHICLE MAKE</u></b>  The NCIC vehicle-make code  <b>Required for all vehicle specific records</b>	A/4	Conditional
<b>11.</b>	<b><u>BUSINESS INDICATOR</u></b>  Space = name supplied is not a company name Y = name supplied is a company name  <b><u>Required if name supplied is a company name.</u></b>	A/1	Conditional
<b>12.</b>	<b><u>LAST NAME - 1</u></b>  The last name of the registered owner(s) is required, or the complete company name if the insured is a company.	A/40	Required
<b>13.</b>	<b><u>FIRST NAME - 1</u></b>  First name of registered owner(s).  <b>First name is required if registered owner(s) or named insured is not a company.</b>	A/15	Conditional

**INSURANCE RECORD  
FIELD DESCRIPTIONS**  
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<b>No.</b>	<b>Field Name &amp; Description</b>	<b>Type/ Size</b>	<b>Req/Opt/ Cond</b>
<b>14.</b>	<b><u>ID TYPE - 1</u></b>  Identifies the type of ID number for the first named insured. S = SSN D = DLN F = FEIN	A/1	Required
<b>15.</b>	<b><u>ID NUMBER - 1</u></b>  Unique number identifying the first named insured  For an individual, the Nevada Driver's License Number is requested if it is known. If the driver's license number is not known, the social security number may be used.  For a company, the federal employer identification number (FEIN) is used.	A/25	Required
<b>16.</b>	<b><u>LAST NAME - 2</u></b>  Last name of additional registered owner(s) or named insured	A/40	Optional
<b>17.</b>	<b><u>FIRST NAME - 2</u></b>  First name of additional registered owner(s) or named insured	A/15	Optional
<b>18.</b>	<b><u>ID TYPE - 2</u></b>  Identifies the type of ID number for the second named insured S = SSN D = DLN	A/1	Required
<b>19.</b>	<b><u>ID NUMBER - 2</u></b>  ID number of additional registered owner(s) or named insured	A/25	Optional

**INSURANCE RECORD  
FIELD DESCRIPTIONS**  
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<b>No.</b>	<b>Field Name &amp; Description</b>	<b>Type/ Size</b>	<b>Req/Opt/ Cond</b>
20.	<b><u>LAST NAME - 3</u></b> Last name of additional registered owner(s) or named insured	A/40	Optional
21.	<b><u>FIRST NAME - 3</u></b> First name of additional registered owner(s) or named insured	A/15	Optional
22.	<b><u>ID TYPE - 3</u></b> Identifies the type of ID number for the third named insured S = SSN D = DLN	A/1	Optional
23.	<b><u>ID NUMBER - 3</u></b> ID number of additional registered owner(s) or named insured	A/25	Optional
24.	<b><u>LAST NAME - 4</u></b> Last name of additional registered owner(s) or named insured	A/40	Optional
25.	<b><u>FIRST NAME - 4</u></b> First name of additional registered owner(s) or named insured	A/15	Optional
26.	<b><u>ID TYPE - 4</u></b> Identifies the type of ID number for the fourth named insured S = SSN D = DLN	A/1	Optional
27.	<b><u>ID NUMBER - 4</u></b> ID number of additional registered owner(s) or named insured	A/25	Optional

**INSURANCE RECORD  
FIELD DESCRIPTIONS**  
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<b>No.</b>	<b>Field Name &amp; Description</b>	<b>Type/ Size</b>	<b>Req/Opt Cond</b>
<b>28.</b>	<b><u>MAILING ADDRESS / PO BOX</u></b>  Street address or P.O. Box portion of mailing address of registered owner(s) or named insured	A/30	Optional
<b>29.</b>	<b><u>MAILING CITY</u></b>  City portion of mailing address of registered owner(s) or named insured	A/20	Optional
<b>30.</b>	<b><u>MAILING STATE</u></b>  State abbreviation of mailing address of registered owner(s) or named insured	A/2	Optional
<b>31.</b>	<b><u>MAILING ZIP CODE</u></b>  ZIP code portion of mailing address of registered owner(s) or named insured	A/10	Optional
<b>32.</b>	<b><u>ERROR REASON</u></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
<b>33.</b>	<b><u>VINA ERROR STRING</u></b>  Error string as received from the R.L. Polk VINA software	A/30	Return

**INSURANCE RECORD  
FIELD DESCRIPTIONS**  
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No.	Field Name & Description	Type/ Size	Req/Opt Cond
34.	<b><u>INSURANCE BUSINESS NUMBER ERROR FLAG</u></b>  Flag indicating an editing error in the submitted insurance business number ('Y' or 'N').	A/1	Return
35.	<b><u>TRANSACTION TYPE ERROR FLAG</u></b>  Flag indicating an editing error in the submitted transaction type ('Y' or 'N').	A/1	Return
36.	<b><u>TRANSACTION DATE ERROR FLAG</u></b>  Flag indicating an editing error in the submitted transaction date ('Y' or 'N').	A/1	Return
37.	<b><u>RECORD TYPE ERROR FLAG</u></b>  Flag indicating an editing error in the submitted record type ('Y' or 'N').	A/1	Return
38.	<b><u>POLICY NUMBER ERROR FLAG</u></b>  Flag indicating an editing error in the submitted policy number ('Y' or 'N').	A/1	Return
39.	<b><u>INSURANCE EFFECTIVE DATE ERROR FLAG</u></b>  Flag indicating an editing error in the submitted effective date ('Y' or 'N').	A/1	Return
40.	<b><u>INSURANCE TERMINATION DATE ERROR FLAG</u></b>  Flag indicating an editing error in the submitted termination date ('Y' or 'N').	A/1	Return

**INSURANCE RECORD  
FIELD DESCRIPTIONS**

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No.	Field Name & Description	Type/ Size	Req/Opt/ Cond
41.	<b><u>VIN ERROR FLAG</u></b>  Flag indicating an editing error in the submitted VIN ('Y' or 'N').	A/1	Return
42.	<b><u>VEHICLE YEAR ERROR FLAG</u></b>  Flag indicating an editing error in the submitted vehicle year ('Y' or 'N').	A/1	Return
43.	<b><u>VEHICLE MAKE ERROR FLAG</u></b>  Flag indicating an editing error in the submitted vehicle make ('Y' or 'N').	A/1	Return
44.	<b><u>BUSINESS INDICATOR ERROR FLAG</u></b>  Flag indicating an editing error in the submitted business indicator ('Y' or 'N').	A/1	Return
45.	<b><u>LAST NAME- 1 ERROR FLAG</u></b>  Flag indicating an editing error in the submitted last name- 1 ('Y' or 'N').	A/1	Return
46.	<b><u>FIRST NAME- 1 ERROR FLAG</u></b>  Flag indicating an editing error in the submitted first name- 1 ('Y' or 'N').	A/1	Return
47.	<b><u>ID TYPE- 1 ERROR FLAG</u></b>  Flag indicating an editing error in the submitted ID type- 1 ('Y' or 'N').	A/1	Return
48.	<b><u>ID NUMBER- 1 ERROR FLAG</u></b>  Flag indicating an editing error in the submitted ID number- 1 ('Y' or 'N').	A/1	Return

**INSURANCE RECORD  
FIELD DESCRIPTIONS**  
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<b>No.</b>	<b>Field Name &amp; Description</b>	<b>Type/ Size</b>	<b>Req/Opt/ Cond</b>
49.	<b><u>MAILING ADDRESS/P.O. BOX ERROR FLAG</u></b> Flag indicating an editing error in the submitted mailing address ('Y' or 'N').	A/1	Return
50.	<b><u>MAILING CITY ERROR FLAG</u></b> Flag indicating an editing error in the submitted mailing city ('Y' or 'N').	A/1	Return
51.	<b><u>MAILING STATE ERROR FLAG</u></b> Flag indicating an editing error in the submitted mailing state ('Y' or 'N').	A/1	Return
52.	<b><u>MAILING ZIP CODE ERROR FLAG</u></b> Flag indicating an editing error in the submitted mailing zip ('Y' or 'N').	A/1	Return
53.	<b><u>SUBMITTED BUSINESS COMMENT FIELD</u></b> Record comment area- returned as received.	A/17	Optional

**ERROR RETURN CODES  
DETAILED DESCRIPTION**

**POSITION  
(from - to)**

**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

## SECTION 5 DOCUMENT EXAMPLES

This section contains samples of notices, letters, and reports used for the reporting processes. Document flows are included with several of the letters to help clarify how the letters are used. (Documents can be photocopied if desired.)

Samples are included for the following documents:

1. Administrative Authorization Form
  - This notice is used by the Department to obtain insurance company information.
  - This notice must be completed and returned to the Department within 30 days of licensing in Nevada or whenever a change occurs in company staff, address or phone numbers.
2. Insurance Company Report Received Notice.
  - The insurance company provides this notice to the Department if the insurance company would like notification their report was received. It must be a two-copy notice. The Department employee receiving the report will sign and date the notice and return the original to the insurance company.

**Important Notice:** The insurance company must supply a prepaid self-addressed return envelope, which will be used to mail the notice back to the insurance company.
3. Insurance Company Records Processed Statistical Report, Insurance Transaction Records Error Report and Insurance Transaction Records Statistical Report. Error Code Sheet
  - When the Department processes the insurance records these reports are generated. Copies of the report are sent to the insurance company.
4. No Activity to Report Notice.
  - The insurance company must send this notice in lieu of a report if they have had no activity for the reporting period. The Department must receive the notice by the fifteenth day of the month and the report must account for the previous month's entire reporting period. Reporting June 1<sup>st</sup> to June 30<sup>th</sup> is acceptable. Reporting May 15<sup>th</sup> to June 15<sup>th</sup> is not acceptable. Months should not overlap.
5. Insurance Company Not in Compliance.
  - This notice is generated by the Department and sent to the insurance company when they are out of compliance with the Department for two months in a twelve month period.

6. Motor Vehicle Insurance Verification Request. (*Sample not enclosed*)

- This letter is generated by the Department and sent by first class mail to the registered owner(s) identified as potentially uninsured (the Department has no record of insurance). If the registered owner(s) returns the letter to the Department with insurance information and the Department has no record of that insurance, the letter is forwarded to the insurance company.

The insurance company must respond within 30 days if the customer has maintained insurance to prevent registration suspension. If the card is received back from the insurance company with a response of “Denied”, the registration will be immediately placed into suspension. If no record of insurance is received the Department will presume the previous (termination) notice is correct and proceed with registration suspension.



**INSURANCE VERIFICATION PROGRAM**

DEPARTMENT OF MOTOR VEHICLES

555 WRIGHT WAY

CARSON CITY, NV 89711-0800

TELEPHONE (775) 684-4850

FAX (775) 684-4543

DMVIVPReporting@dmv.state.nv.us

[www.dmvnv.com](http://www.dmvnv.com)

**Administrative Authorization Form**

Please type or print the information requested on this document and return to the above address

Authorized Person Completing form \_\_\_\_\_  
First MI Last

Position/Title \_\_\_\_\_

**COMPANY INFORMATION**

Company Name \_\_\_\_\_

Company NAIC # \_\_\_\_\_

Administrative Contact: \_\_\_\_\_  
First MI Last

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip  
Code

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Data Processing Contact: \_\_\_\_\_  
First MI Last

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**REPORTING INFORMATION**

Please ✓ appropriate boxes

Reporting Media:  Diskette  Cartridge  CD

Records will be transmitted:  Weekly  Bi-Weekly  Monthly



## **INSURANCE COMPANY REPORT RECEIVED NOTICE**

This notice is used by the insurance company to request notification that DMV has received their monthly activity report.

### **FORM MUST BE COMPLETED IN FULL**

#### **INSURANCE COMPANY REPRESENTATIVE:**

Please provide the following information. Submit two copies of this form and a self-addressed return envelope, along with your monthly activity report.

Insurance Company NAIC Number:

Reporting Period: \_\_\_\_\_  
Beginning Date Ending Date

Reporting Created Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **DMV Insurance Verification Employees:**

Please sign below to acknowledge receipt of the above monthly activity report. Return one copy of this notice to the insurance company in the supplied envelope.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NO ACTIVITY TO REPORT

**This report should cover a single month of reporting.**

**Example:** Reporting period for June 1<sup>st</sup> to June 30<sup>th</sup> is acceptable. Reporting period May 15<sup>th</sup> to June 15<sup>th</sup> is not acceptable. Months should not overlap.

INSURANCE COMPANY NAME:

INSURANCE COMPANY NAIC NUMBER:

No activity for reporting period: \_\_\_\_\_  
Beginning Date Ending Date

The above-mentioned company has no activity to report for the monthly reporting period.

\_\_\_\_\_  
Signature of Insurance Company Representative Date

STATE OF NEVADA  
DMV CENTRAL SERVICES AND RECORDS DIVISION  
INSURANCE VERIFICATION  
555 WRIGHT WAY  
CARSON CITY, NV 89711-0400

INSURANCE RECORDS PROCESSED STATISTICAL REPORT

RUN DATE: FILE / DISK :

FOR NAIC:

VEHICLE SPECIFIC	NON-VEHICLE SPECIFIC	TOTALS
------------------	----------------------	--------

TOTAL RECORDS SUBMITTED:

ADDS  
TERMINATION  
RESCINDED  
PREVIOUS

TOTAL RECORDS ACCEPTED:

ADDS  
TERMINATION  
RESCINDED  
PREVIOUS

TOTAL RECORDS REJECTED:

ADDS  
TERMINATION  
RESCINDED  
PREVIOUS

NUMBER OF INVALID VIN RECORDS:

DUPLICATE RECORDS:

EDITING ERRORS RECORDS:

IGNORED TRANSACTIONS:

UNMATCHED ADDS:

DEPARTMENT OF MOTOR VEHICLES  
CENTRAL SERVICES AND RECORDS DIVISION  
INSURANCE VERIFICATION PROGRAM  
555 WRIGHT WAY  
CARSON CITY, NV 89711-0400

INSURANCE TRANSACTION RECORDS STATISTICAL REPORT

DISK / FILE PROCESSING:

NAIC	REC TYPE	ERROR	POLICY NUMBER	VIN	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
------	----------	-------	---------------	-----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

RESULT:

LIST OF NAICS THAT WERE PRESENT:

- 1.

DEPARTMENT OF MOTOR VEHICLES  
CENTRAL SERVICES AND RECORDS DIVISION  
INSURANCE VERIFICATION PROGRAM  
555 WRIGHT WAY  
CARSON CITY, NV 89711-0400

INSURANCE TRANSACTION RECORDS ERROR REPORT

FOR NAIC:

POLICY NUMBER / DATES

EFFECTIVE & TERMINATE  
NUMBER

VEHICLE VIN / YR

NAMES ON INSURANCE - LAST NAME

FIRST NAME

ID

ERROR:

## **ERROR CODE SHEET**

- 1 - INSURANCE COMPANY ERROR FLAG**
- 2 - TRANSACTION TYPE ERROR FLAG**
- 3 - TRANSACTION DATE ERROR FLAG**
- 4 - RECORD TYPE ERROR FLAG**
- 5 - POLICY NUMBER ERROR FLAG**
- 6 - INSURANCE EFFECTIVE DATE ERROR FLAG**
- 7 - INSURANCE TERMINATION ERROR FLAG**
- 8 - VIN ERROR FLAG ERROR FLAG**
- 9 - VEHICLE MODEL ERROR FLAG**
- 10 - VEHICLE YEAR ERROR FLAG**
- 11 - BUSINESS INDICATOR ERROR FLAG**
- 12 - LAST NAME ERROR FLAG**
- 13 - FIRST NAME ERROR FLAG**
- 14 - ID TYPE ERROR FLAG**
- 15 - ID NUMBER ERROR FLAG**
- 16 - MAILING ADDRESS ERROR FLAG**
- 17 - MAILING CITY ERROR FLAG**
- 18 - MAILING STATE ERROR FLAG**
- 19 - MAILING ZIP ERROR FLAG**

DEPARTMENT OF MOTOR VEHICLES  
CENTRAL SERVICES AND RECORDS DIVISION  
INSURANCE VERIFICATION PROGRAM  
555 WRIGHT WAY  
CARSON CITY, NV 89711-0400

11/20/2007

COMPANY NAME  
ADDRESS  
CITY, ST ZIP  
ATTN: CONTACT NAME

Reference: NAIC: #####

Dear COMPANY NAME,

NRS 485.314 requires all licensed Nevada insurance companies who write automobile liability insurance policies to report to the Department of Motor Vehicles, by the fifteenth day of each month, any activity for the prior month.

Department records indicate you have not complied with the reporting requirements for the period(s) of:

DATES: 10/2007  
09/2007

Your account with the Central Services and Records Division, Records Section, has been suspended pursuant to NAC 485.165. You are not eligible to receive vehicle registration or driver's license information from the Department until you have filed the required report(s).

If you have any questions regarding this notice, please call the Insurance Verification Program at (775) 684-4850 or e-mail [DMVIVPReporting@dmv.state.nv.us](mailto:DMVIVPReporting@dmv.state.nv.us) for assistance.

Sincerely,

Insurance Verification Section  
Processing Center

## SECTION 6

### DEPARTMENT CONTACTS

Contact information for DMV Insurance Verification Program staff at the State of Nevada, Department of Motor Vehicles:

**Mail monthly reports to:**

DMV Motor Vehicles  
Central Services Processing  
Insurance Verification  
555 Wright Way  
Carson City, NV 89711-0800

**Primary contact for the program:**

Insurance Verification Program  
Phone: (775) 684-4850  
Fax: (775) 684-4543  
Address: 555 Wright Way  
Carson City, NV 89711-0800

E-mail: [DMVIVPReporting@dmv.state.nv.us](mailto:DMVIVPReporting@dmv.state.nv.us)

**Web Site** to download copies of the Nevada Reporting Requirements Manual:  
[www.dmvnv.com/ivpagents.htm](http://www.dmvnv.com/ivpagents.htm)