



DRAFT

Insurance Company User Guidelines for
Nevada

Liability Insurance Validation Electronically
(Nevada LIVE)

Group B

(Insurance Companies Without Web Services That Insure
More Than 500 Vehicles in Nevada)

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Nevada's Approach to a New Liability Insurance Validation Program

The Nevada Department of Motor Vehicles (DMV) recommends all insurance companies provide web services in order for the DMV to query each company's insurance data in real-time. This method is fast, reliable and reflects the most current information on file with each insurance company at that moment in time.

The Nevada DMV is aware not all insurance companies are ready to provide web services. Most companies are working to provide web services and the Department encourages all companies to provide this service.

For the purpose of validating insurance for vehicles registered in Nevada, there are three methods Nevada DMV will use for validating insurance. Each insurance company may participate in only one group, but can move from group B or C to A. The reporting methods are defined as:

- **Group A** includes insurance companies with web services.
- **Group B** includes insurance companies without web services and insures more than 500 vehicles in Nevada.
- **Group C** includes insurance companies without web services and insures less than 500 vehicles in Nevada.

This document primarily focuses on "Group B" Insurance companies.

DMV's Current Insurance Verification Process

The current process requires insurance companies to send data on tape, compact disk or floppy disk. After the data is received, Nevada DMV processes the information by matching those records to the DMV's records. Records that match are applied to the DMV database. Those records that do not match are written as errors and are reported to the insurance companies for corrections.

Nevada LIVE - Nevada Liability Insurance Validation Electronically

Nevada LIVE is the Nevada DMV's enhanced insurance validation program. This new program follows the guidelines outlined in the "IICMVA Model User Guide for Implementing Web Services v3 Final 5-16-08".

The direct link to the above document is available at: http://www.iicmva.com/iicmva_model_user_guide_v3.doc. The document is also available on the IICMVA's website <http://www.iicmva.com/> - under Publications.

Nevada LIVE's implementation date is on or before February 2010. With web services, the Nevada DMV will initiate a direct inquiry with the insurance carrier to verify the insurance information.

Active Liability Insurance Records

As part of the switch from the current Insurance Verification Program (IVP) to the new Nevada LIVE program, Nevada DMV will require all insurance companies to submit data one time for all of their ACTIVE liability insurance records via secured FTP (File Transfer Protocol). The format for this one time submission will be the 550 format all insurance companies currently use to report to the Nevada DMV. The Nevada DMV will schedule the submission of these files with each insurance company.

FILENAME

DMVNVLN#####DyyymmddVnn.txt (for Production file)
DMVNVLN#####DyyymmddTnn.txt (for TEST file)
DMVNVLN is a standard text required by Nevada DMV
is the NAIC number
D is a standard text required by DMV
yyyy is the current year
mm current month
dd current day
nn is the version number that will keep incrementing for a given day

For example, NAIC 12345 sending a production file on August 20, 2009

DMVNVLN12345D20090820V01.txt

Same company sending another file the same day

DMVNVLN12345D20090820V02.txt

For example, NAIC 12345 sending a test file on August 22, 2009

DMVNVLN12345D20090822T01.txt

The error file returned to the Insurance Company would be in the following format

ERROR FILE NAME

DMVNVLN#####DyyymmddEnn.txt

Nevada LIVE will return a report indicating the number of records received, number successfully processed, and records with errors. Under normal circumstances, Nevada DMV will process the file within two business days and will notify the insurance company via email when the error and summary report file (when applicable) is ready for pick up. The insurance company must pick up the report from the secured FTP server within three business days. The errors should be corrected and resubmitted to the Department within seven days via secured FTP. Failure to correct the errors could result in your customer being sanctioned.

Advantages to Customers

The Nevada DMV will provide a Nevada LIVE website, which the customer can use to view their current insurance status and/or update their insurance information. It will be

the responsibility of the customer to inform the DMV of any changes or updates to their policy.

To view current insurance status the customer must enter the registered vehicle's license plate number, VIN and other required information to identify the customer in a secure manner as deemed necessary by Nevada DMV. The output from this process will be the insurance company's name and a partial policy number. For security reasons, the Department will not display the full policy information and no personal information will be displayed.

A separate web page will allow the customer to update their insurance information. The DMV will validate the insurance coverage. DMV will update its records only after the insurance company confirms the insurance information.

Advantages to Insurance Agents

The Nevada LIVE website for the customer to update their insurance information will be generic enough for insurance agents to assist their customers with their insurance updates. The DMV is encouraging insurance agents to partner with the DMV by taking an active role in assisting customers by either updating information for them, or by educating the customer about their responsibilities within Nevada LIVE to provide accurate and current liability insurance information.

Withdraw from the Program

An insurance company must withdraw from the Validation Program if they decide to stop selling motor vehicle liability policies in Nevada.

Nevada Administrative Code (NAC) 485.180 requires that an insurance company, within 30 days of making such a decision, notify the Department of that decision. The insurance company must also submit to the Department a record that 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 "Insurance Company Application to Withdraw" form IVP-011 be submitted to the DMV. The DMV will review the application and policy information. A confirmation letter will be sent to the insurance company informing them of their removal from the Department's 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.

DEFINITIONS

DLN/ID is the Driver's License Number or Identification Number issued by the Nevada DMV.

FEIN is the Federal Employee Identification Number.

Fleet - 10 or more vehicles registered with the Department to the same person or business. (NAC 482.644)

Insurance Effective Date is the date the insurance coverage is in effect, or the date the vehicle was added to the policy.

Insurance Termination Date is the date liability insurance is expires, terminated, canceled, or considered 'out of force.'

IICMVA – Insurance Industry Committee on Motor Vehicle Administration

Motor Carrier Vehicles is any person or operator who holds himself out to the public as willing to transport by vehicle from place to place, either upon fixed route or on-call operations, passengers or property, including a common motor carrier of passengers, a common motor carrier of property and a taxicab motor carrier. Included in this definition are commercial vehicles with a GVW of 26,001 pounds or more. Taxicab companies are considered a fleet.

Non-motor Carrier Vehicles are passenger vehicles, light trucks, and motor homes with a GVW of 26,000 pounds or less.

Registered Owner Name is the name of a natural person, firm, corporation or association whose name appears in the files of the Department of Motor Vehicles as the person to whom the vehicle is registered. (NRS 482.102) In most cases, the natural person's name on record is their full legal name as displayed on their Nevada Driver's License or Identification card (NRS 481.0515). The Nevada DMV considers the policy owner name and named insured the same as the registered owner name.

Vehicle Identification Number (VIN) means the identification number or other distinguishing number or identification number or identification mark of a vehicle or part of a motor vehicle that was placed or stamped on that vehicle or part by the manufacturer pursuant to federal law or regulation, or as assigned by the Department of Motor Vehicles.

INSURANCE COMPANIES WITHOUT WEB SERVICES WITH MORE THAN 500 VEHICLES (Group B)

For insurance companies who do not have web services, the Nevada DMV recommend those companies begin work on programming as soon as possible. The Nevada DMV is recommending to the majority of Nevada licensed insurance companies to provide web services by the end of 2010. It is the goal of the Nevada DMV to have 100% of Nevada's licensed companies offer web services in the future.

For a limited time, Secured File Transfer Protocol (SFTP) will be accepted. Electronic mail submission will not be accepted.

Testing will include a connectivity test of the SFTP and the processing of the data in the 550 format.

Each company must report all vehicle and/or policy terminations on or before the effective termination date and all vehicle and/or policy additions within seven (7) business days from the policy effective date.

After the SFTP file is submitted, under normal circumstances, the DMV will process the SFTP file within two business days and notify the insurance company via email when the error and summary report file (when applicable) are ready to pick up. The insurance company is required to pick up the file(s) within three business days. Failure to pick up files may result in the company being out-of-compliance. The summary report and error files will be purged from the server three business days after the notification was sent. The errors should be corrected and resubmitted to the Department within seven business days via SFTP. The corrected records do not need to be submitted in a separate file. The corrected records may be incorporated in the company's next file submission. Failure to correct your errors could result in your customer being sanctioned.

INSURANCE RECORD REPORTING REQUIREMENTS

Types of Records Reported

1. Only Nevada motor vehicle insurance is to be reported.
2. All registered motor vehicles under 26,000 pounds are included: automobiles, commercial vehicles, motor homes, rental cars, motorcycles, and golf carts. The only exclusions are trailers and off road vehicles as defined by statute (NRS 485.313).
3. Only policies issued by insurance companies licensed to write 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. An Effective date and Termination date are required. A new issue is sent when:
 - A new liability policy is issued.
 - A vehicle is added to an existing policy (sending the date the vehicle was added to the policy.)
 - Insurance is reinstated after it had been terminated (there was a lapse in coverage.)
 - **Use this transaction when reporting the renewal of an existing liability policy.**

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

2. **Termination (T)** Termination is used when a vehicle no longer has liability insurance coverage. An Effective date and Termination date are required. 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 and it reactivates the insurance by undoing the previously sent termination. An Effective date and Termination date are required.
4. **Previous Coverage (P)** Previous coverage is used to submit an insurance record on a vehicle that has a lapse in coverage. An Effective date and Termination date are 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 is if liability insurance coverage is 'out of force' and then reinstated:

- A. A termination is sent when the coverage is considered 'out of force', or the vehicle is no longer covered by insurance.
- B. 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 Section for complete details.

1. Vehicle Specific Insurance Record Requirements. One record per vehicle is submitted.
 - A. Insurance Company Information
 - NAIC code.
 - If you do not have a NAIC code, use the number assigned by the Nevada Division of Insurance at the time of licensing.
 - B. Transaction Type.
 - A = New Issue – Active Insurance
 - T = Termination
 - R = Rescind Termination
 - P = Previous Coverage
 - C. Transaction Date is the Date the transaction is recorded in the insurance company system.
 - D. Record Type.
 - V (space) = Vehicle specific
 - VS = Vehicle specific
 - E. Policy Number.
 - F. Insurance Effective Date. The policy inception date or the date the vehicle was added to the policy.

- G. Insurance Termination Date. The date liability insurance is expires, terminated, canceled, or considered 'out of force.'
- H. Complete Vehicle identification Number (VIN)
- The VIN is the primary key used for matching insurance records to the registration records.
 - **VIN accuracy is critical.** VIN's for 1981 or newer vehicles are 17 digits long, with the exception of homemade vehicles.
- I. Vehicle Model Year.
- J. Person or Company insured information. To ensure proper reporting and matching, the insurance company must submit the name of the registered owner as it will appear on the vehicle registration.
- (1) Company Indicator. Use a "Y" indicator when the insurance is for a company or family trust and whose name is or will be listed as the registered owner. Using the "Y" indication must contain the name of a business or family trust.
- Example: ABC Landscaping has four vehicles. Three vehicles are registered to ABC Landscaping and one is registered to the owner, Joe Smith. The three vehicles registered to ABC Landscaping should contain the "Y" indicator and the vehicle registered to Joe Smith should not.
- (2) Name of Insured
- a. Individual – the Registered Owner(s) name must be reported as it does or will appear on the vehicle registration. Other insured persons, up to four names can be submitted for one vehicle. The name must be separated into last name and first name. DO NOT use a "Y" indicator if the registered owner is an individual.
 - b. Company and Family Trusts complete name is used in the last name field; a "Y" is put in the company indicator field.
- (3) It is also acceptable to report the insured using both the name of the Family Trust and an individual.
- K. Identification number of the registered owner.

- (1) For an individual, the Nevada Driver's License Number is required if it is known. If the driver's license number is not known, leave this field blank.
- (2) For a company, the Federal Employer Identification Number (FEIN) must be used.
- (3) Other insured, up to four numbers can be submitted. Identification Numbers are required for each.

L. Mailing Address.

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

2. 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 DMV will assume all vehicles registered to the named insured are covered under the policy. One record per policy is submitted. Reporting Information:

A. Insurance Company Information

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

B. Transaction Type.

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

C. Transaction Date is the Date the transaction is recorded on the insurance company system.

D. Record Type.

NR = Non-Vehicle specific – Fleet
NO = Non-Vehicle specific – Operator

NS = Non-Vehicle specific – Self-Insured

- E. Policy Number.
- F. Insurance Effective Date is the policy inception date, or the date the vehicle was added to the policy.
- G. Insurance Termination Date is the date liability insurance is expires, terminated, canceled, or considered 'out of force.'
- H. Person or Company insured information. To ensure proper reporting and matching, the insurance company must submit the name the same as it will appear on the vehicle registration.
 - (1) Company Indicator. 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. Using the "Y" indication must contain the name of a business or family trust.

Example: ABC Landscaping has four vehicles. Three vehicles are registered to ABC Landscaping and one is registered to the owner, Joe Smith. The three vehicles registered to ABC Landscaping should contain the "Y" indicator and the vehicle registered to Joe Smith should not.
 - (2) Name of Insured
 - a. Individual – the Registered Owner name must be reported as it does or will appear on the vehicle registration. Only one name may be submitted. The name must be separated into last name and first name. DO NOT use a "Y" indicator if the registered owner is an individual.
 - b. Company and Family Trusts complete name is used in the last name field; a "Y" is put in the company indicator field.
- I. Identification number of the registered owner.
 - (1) For an individual, the Nevada Driver's License Number is required if it is known. If the driver's license number is not provided, the record will be rejected.
 - (2) For a company, the Federal Employer Identification Number (FEIN) must be used.
- J. Mailing Address.

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

Companies Initial Insurance Database 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

FIELD #	FIELD NAME	TYPE	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	FIELD POSITION (FROM – TO)
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 - 11/1/09
- 5) Reporting Period End Date – 11/15/09
- 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.

- 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.

- If an insurance company has no activity for an entire month it can be reported on the "No Activity to Report" form or by submitting a header record only.

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

Insurance Record

FIELD #	FIELD NAME	TYPE	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	FIELD POSITION (FROM - TO)
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

FIELD #	FIELD NAME	TYPE	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	FIELD POSITION (FROM – TO)
5	Policy Number	A	25	Required	17 – 41
6	Insurance Effective Date	N	8	Required	42 – 49
7	Insurance Termination Date	N	8	Required	50 – 57
8	VIN	A	30	Conditional	58 – 87
9	Vehicle Year	N		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
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

FIELD #	FIELD NAME	TYPE	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	FIELD POSITION (FROM – TO)
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

FIELD DESCRIPTIONS			
No.	Field Name & Description	Type/Size	Req/Opt /Cond
Important Notice: A separate NAIC Header Record must be created for each set of records submitted.			
1.	<p>INSURANCE COMPANY NUMBER Unique number used to identify the insurance company. If the company has an NAIC code it is used. If not, the number assigned by the Nevada Division of Insurance at time of licensing is used.</p> <p>The number is numeric, right justified and zero filled.</p>	N/5	Required
2.	<p>TRANSACTION TYPE A = New Issue – Active Insurance used when:</p> <ul style="list-style-type: none"> • A new liability policy issued; • A vehicle is added to an existing policy; • Insurance is reinstated after a lapse in overage; • An active record is submitted during the initial reporting process. <p>T = Termination used when:</p> <ul style="list-style-type: none"> • Liability coverage is terminated, canceled or out of force; 	A/1	Required

FIELD DESCRIPTIONS			
No.	Field Name & Description	Type/Size	Req/Opt /Cond
	<ul style="list-style-type: none"> A vehicle is dropped from an existing policy; Insurance is not renewed. R = Rescind Termination used when: <ul style="list-style-type: none"> A termination was sent in error; reactivates insurance by undoing the previously sent termination. P = Previous Coverage used when: <ul style="list-style-type: none"> Reporting previous insurance coverage on a vehicle. 		
3.	TRANSACTION DATE The date the transaction was recorded on the insurance company system. Format: CCYYMMDD	N/8	Required
4.	RECORD TYPE V = Vehicle Specific VS = Vehicle Specific NF = Non-Vehicle Specific – Fleet NO = Non-Vehicle Specific – Operator NS = Non-Vehicle Specific – Self-Insured	A/2	Required
5.	POLICY NUMBER Liability insurance policy number.	A/25	Required
6.	INSURANCE EFFECTIVE DATE The date liability insurance is in effect, active, or ‘in force.’ Format: CCYYMMDD	N/8	Required
7.	INSURANCE TERMINATION DATE The date liability insurance is expires, terminated, canceled, or considered ‘out of force.’ Format: CCYYMMDD	N/8	Required
8.	VIN The full Vehicle Identification Number. This field is the primary key used for matching insurance records to registration records. VIN accuracy is critical and is required for all vehicle specific records.	A/30	Conditional
9.	VEHICLE YEAR The vehicle model year. Required for all vehicle specific records. Format: CCYY	N/4	Conditional
10.	VEHICLE MAKE NCIC vehicle make code. Required for all vehicle specific records.	A/4	Conditional
11.	BUSINESS INDICATOR Y = name supplied is a company or family trust name. Space = name supplied is not a company name. Required if name supplied is a company name.	A/1	Conditional

FIELD DESCRIPTIONS			
No.	Field Name & Description	Type/Size	Req/Opt /Cond
12.	LAST NAME – 1 The last name of the registered owner is required. The complete company or family trust if the insured is a company or family trust.	A/40	Required
13.	FIRST NAME – 1 First name of registered owner. First name is required if registered owner or named insured is not a company or family trust.	A/15	Conditional
14.	ID TYPE – 1 Identifies the type of ID for the first insured. D = DLN F = FEIN	A/1	Required
15.	ID NUMBER – 1 Unique number identifying the first insured. For an individual, the Nevada Driver's License Number is requested. If the Nevada Driver's License Number is not known, enter a space. For a company, the FEIN is used.	A/25	Required
16.	LAST NAME – 2 Last name of additional registered owner(s) or named insured.	A/40	Optional
17.	FIRST NAME – 2 First name of additional registered owner(s) or named insured.	A/15	Optional
18.	ID TYPE – 2 Identifies the type of ID for the first insured. D = DLN F = FEIN	A/1	Required
19.	ID NUMBER – 2 ID of additional registered owner(s) or named insured.	A/25	Required
20.	LAST NAME – 3 Last name of additional registered owner(s) or named insured.	A/40	Optional
21.	FIRST NAME – 3 First name of additional registered owner(s) or named insured.	A/15	Optional
22.	ID TYPE – 3 Identifies the type of ID for the first insured. D = DLN F = FEIN	A/1	Required
23.	ID NUMBER – 3 ID of additional registered owner(s) or named insured.	A/25	Required
24.	LAST NAME – 4 Last name of additional registered owner(s) or named	A/40	Optional

FIELD DESCRIPTIONS			
No.	Field Name & Description	Type/Size	Req/Opt /Cond
	insured.		
25.	FIRST NAME – 4 First name of additional registered owner(s) or named insured.	A/15	Optional
26.	ID TYPE – 4 Identifies the type of ID for the first insured. D = DLN F = FEIN	A/1	Required
27.	ID NUMBER – 4 ID of additional registered owner(s) or named insured.	A/25	Required
28.	MAILING ADDRESS/PO BOX Street address or PO Box portion of mailing address of registered owner(s) or named insured.	A/30	Optional
29.	MAILING CITY City portion of mailing address of registered owner(s) or named insured.	A/20	Optional
30.	MAILING STATE State abbreviation portion of mailing address of registered owner(s) or named insured.	A/2	Optional
31.	MAILING ZIP CODE Zip Code portion of mailing address of registered owner(s) or named insured.	A/10	Optional
32.	ERROR REASON 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
33.	VINA ERROR STRING Error string as received from the R.L. Polk VINA software.	A/30	Return
34.	INSURANCE BUSINESS NUMBER ERROR FLAG Flag indicating an editing error in the submitted insurance business number ('Y' or 'N')	A/1	Return
35.	TRANSACTION TYPE ERROR FLAG Flag indicating an editing error in the submitted transaction type ('Y' or 'N')	A/1	Return
36.	TRANSACTION DATE ERROR FLAG Flag indicating an editing error in the submitted transaction date ('Y' or 'N')	A/1	Return

FIELD DESCRIPTIONS			
No.	Field Name & Description	Type/Size	Req/Opt /Cond
37.	RECORD TYPE ERROR FLAG Flag indicating an editing error in the submitted record type ('Y' or 'N')	A/1	Return
38.	POLICY NUMBER ERROR FLAG Flag indicating an editing error in the submitted policy number ('Y' or 'N')	A/1	Return
39.	INSURANCE EFFECTIVE DATE ERROR FLAG Flag indicating an editing error in the submitted transaction type ('Y' or 'N')	A/1	Return
40.	INSURANCE TERMINATION DATE ERROR FLAG Flag indicating an editing error in the submitted termination date ('Y' or 'N')	A/1	Return
41.	VIN ERROR FLAG Flag indicating an editing error in the submitted VIN ('Y' or 'N')	A/1	Return
42.	VEHICLE YEAR ERROR FLAG Flag indicating an editing error in the submitted vehicle year ('Y' or 'N')	A/1	Return
43.	VEHICLE MAKE ERROR FLAG Flag indicating an editing error in the submitted vehicle make ('Y' or 'N')	A/1	Return
44.	BUSINESS INDICATOR ERROR FLAG Flag indicating an editing error in the submitted business indicator ('Y' or 'N')	A/1	Return
45.	LAST NAME – 1 ERROR FLAG Flag indicating an editing error in the submitted last name ('Y' or 'N')	A/1	Return
46.	FIRST NAME – 1 ERROR FLAG Flag indicating an editing error in the submitted first name ('Y' or 'N')	A/1	Return
47.	ID TYPE – 1 ERROR FLAG Flag indicating an editing error in the submitted ID type - 1 ('Y' or 'N')	A/1	Return
48.	ID NUMBER – ERROR FLAG Flag indicating an editing error in the submitted ID number – 1 ('Y' or 'N')	A/1	Return
49.	MAILING ADDRESS/PO BOX ERROR FLAG Flag indicating an editing error in the submitted mailing address ('Y' or 'N')	A/1	Return
50.	MAILING CITY ERROR FLAG Flag indicating an editing error in the submitted mailing city ('Y' or 'N')	A/1	Return
51.	MAILING STATE ERROR FLAG	A/1	Return

FIELD DESCRIPTIONS			
No.	Field Name & Description	Type/Size	Req/Opt /Cond
	Flag indicating an editing error in the submitted mailing state ('Y' or 'N')		
52.	MAILING ZIP CODE ERROR FLAG Flag indicating an editing error in the submitted mailing zip code ('Y' or 'N')	A/1	Return
53.	SUBMITTED BUSINESS COMMENT FIELD Record comment area returned as received.	A/17	Optional

Trailer Record

FIELD #	FIELD NAME	TYPE	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	FIELD POSITION (FROM – TO)
1	NAIC (INSURANCE COMPANY NUMBER)	N	5	Required	1-5
2	TYPE	A	1	Required	6 - 6
3	RECORD COUNT	N	12	Required	7 – 18
4	FILLER	A	2	Required	19 – 20
5	PROCESS DATE	N	8	Required	21 – 28
6	FILLER	A	522	Required	29 - 550

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

FIELD DESCRIPTIONS			
No.	Field Name & Description	Type/Size	Req/Opt /Cond
1	NAIC	N/5	Required
2.	TYPE "Z" = trailer record.	A/1	Required
3.	RECORD COUNT Record count not including the trailer record. Must be right justified and zero filled.	N/12	Required
4	FILLER	A/2	Required
5.	PROCESS DATE The date the FTP file was created. Format: CCYYMMDD	N/8	Required
6.	FILLER Set to spaces.	A/522	Required

Error Return Codes Detailed Description

POSITION (from - to) *Please note the error codes will be revised in a future version of this document.

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

Process for Validating Insurance

The registered owner will be responsible for providing the Department with the insurance company's NAIC, the policy number and the policy effective and termination dates. The agent may also provide this information on the customer's behalf. The insurance company must validate the insurance information provided to the Department by a registered owner.

When a registered owner claims insurance coverage, but the Department has no record of the insurance, the following will occur:

- A written notice will be mailed to the registered owner(s) of the vehicle notifying them insurance coverage is not on file. The registered owner must respond to the notice and provide the Department with current insurance information, or admit to having no insurance.

- If a response is not received from the registered owner(s) within 15 days, a certified letter will be sent informing the registered owner(s) their vehicle registration will be suspended in 10 days. The certified letter will instruct the owner to contact their insurance company.
- If a response is received from the registered owner, the information on the notice will be reviewed by a Department technician. The Department will check the record to see if insurance has been linked to the vehicle's record. If no record of insurance is found, the response will be sent to the insurance company.
 - When the insurance company receives the response from the Department, the insurance company must ensure their records match the information on the response and submit the information to the Department.
 - If the Department does not receive the information within ten days of the DMV's receipt of the notice to validate insurance coverage, a certified letter will be sent to the customer informing them their registration will suspend in ten days.
 - If the customer did not maintain Nevada insurance, the insurance company must complete the Insurance Information Area on the response to deny insurance coverage and return the notice to the Department of Motor Vehicles.
- If the response from the customer is "Admits No Insurance", the registration will suspend immediately and a certified letter will be sent to the customer advising them how to reinstate their registration.
- If the Department can validate the insurance coverage within the 10-day period, after the certified letter has been sent, the customer will receive a notice stating their registration will not be suspended.

To meet the vehicle registration reinstatement requirements, the registered owner(s) must submit proof of insurance and pay reinstatement fees. The registered owner(s) may also be asked to supply other documents.

Notification of Non-Compliance Process

The following items are considered Non-Compliance:

- If an insurance company fails to report for two reporting months within a one year period, by the fifteenth of the following month.
- If an insurance company fails to pick up their summary report and error file (when applicable), more than three times in a year.
- If an insurance company fails to correct error records the DMV reported within seven business days on two occasions within a one year period. The DMV

understands some errors can not be corrected within seven days due to lack of information from the customer and will work with the companies on these individual cases.

Important Notice: For any of the above non-compliance issues, the Department will send a “Not In Compliance Notice”. This notice indicates non-compliance with the requirements of the Validation 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.

DOCUMENT EXAMPLES

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.
- When appointing a new administrator or changing the administrator, the form must be accompanied by a letter from the President or CEO of the company authorizing the new administrator.

2. No Activity to Report Notice.

- The insurance company must send this notice in lieu of a report if they 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 1st to June 30th is acceptable. Reporting May 15th to June 15th is not acceptable. Months should not overlap.

3. Notification of Non-Compliance:

- This is a sample of the notice sent to an insurance company when they are out of compliance. Please refer to “Notification of Non-Compliance Process” section to view reasons for non compliance.

NO ACTIVITY TO REPORT

This report should cover a single month of reporting.

Example: Reporting period for June 1st to June 30th is acceptable. Reporting period May 15th to June 15th 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

DRAFT

DEPARTMENT OF MOTOR VEHICLES
CENTRAL SERVICES AND RECORDS DIVISION
Nevada LIVE
555 WRIGHT WAY
CARSON CITY, NV 89711-0400

11/20/2009

COMPANY NAME
ADDRESS
CITY, STATE 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: 10/2009
09/2009

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 Validation Program at (775) 684-4850 or e-mail DMVIVPReporting@dmv.state.nv.us for assistance.

Sincerely,

Nevada LIVE Program
Processing Center

DEPARTMENT CONTACTS

Contact information for the Nevada LIVE Program staff at the State of Nevada, Department of Motor Vehicles:

Mail to:

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

Primary contact for the program:

Nevada LIVE 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

Web Site to download copies of the Nevada Reporting Requirements Manual:

<http://www.dmvnv.com/nvlive.htm>

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