

Insurance Company Financial Responsibility Electronic Reporting Users Guide



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Introduction

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

All insurance companies will be required to transmit policy information in a standard format to a designated PennDOT server using Secure File Transfer Protocol (SFTP). PennDOT will provide each insurance company with a unique subdirectory that can only be accessed by authorized users of that company. Each insurance company will be responsible for uploading their transmission file to the designated subdirectory on the PennDOT EFT server by the specified time Monday through Friday. The transmission files will not be processed by PennDOT on weekends or holidays. See *Appendix A – Holiday Schedule* for a list of the holidays that PennDOT observes.

Reporting Period

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

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

Data Criteria

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

Transmission File Back Ups

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

Getting Started

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

- Step 1. Obtain a subdirectory name, user ID, and password on the PennDOT EFT server by completing and returning the access authorization forms found in Appendix D
 - Insurance Company Financial Responsibility EFT Subdirectory Application (Form MV-243) - Refer to the Obtaining Access to the PennDOT EFT Server section for more information.
 - PennDOT EFT Consent Form
- Step 2. Verify that your transmission file is using the standard file layout outlined in Appendix B – Standard File Layout.
- Step 3. Verify that all the required fields are present in the transmission file. See Appendix B – Standard File Layout for a list of all required fields.
- Step 4. Verify that you are reporting only those records that meet the criteria as specified in the Data Criteria section.
- Step 5. Once you receive your EFT logon credentials, check your connectivity to the PennDOT EFT server by attempting to log on and navigate to your subdirectory on the PennDOT EFT server with your user ID and password. If you have any problems with connectivity, contact the Service Desk at 717-783-8330 regarding your EFT Business Partner Account.
- Step 6. Determine the method of uploading and transmitting the file to the PennDOT EFT server (HTTPS [Manual] or SFTP [System to System]).
- Step 7. Report connectivity status and schedule testing by contacting your PennDOT Financial Responsibility Unit representative.
- Step 8. Perform initial testing by uploading a test transmission file to your assigned subdirectory on the PennDOT EFT server. You will need a test file for each NAIC.
- Step 9. Upon successful completion of certification testing, PennDOT will contact you to schedule your production start date.
- Step 10. On your start date, begin transmitting your data files to the designated production directory on the PennDOT EFT server.

Obtaining Access to the PennDOT EFT Server

PennDOT will assign each insurance company representative a user ID and password for the EFT server. If an insurance company is reporting for multiple NAIC numbers, it must include each additional NAIC number and Insurance Company Name in Section B of Form MV-243. The company will be provided an individual subdirectory for each NAIC number. Each NAIC will be required to have a separate file.

Email the completed form(s) to: FRInsuranceEFT@PA.Gov

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

- Company EFT Subdirectory(s)
- Company EFT User ID
- Company EFT Password

EFT Server

The PennDOT EFT server is at: eftusr.dot.pa.gov. The directory is at: `\\VR\FRInsuranceCompanies\`. PennDOT will set up a subdirectory for your company on the PennDOT EFT server. Each insurance company will have its own subdirectory and access is limited to authorized users only. Once you have received your complete logon information, you can access the assigned PennDOT subdirectory.

Standard File Layout

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

NOTE: Due to edits in the processing system, all records that do not include completed date fields may be rejected.

File Naming Standard

If an insurance company has multiple NAIC numbers, it must create one file for each NAIC number.

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

SSSSSSSS.FR0XXXXX.YYDDD.TXT where:

SSSSSSSS is the subdirectory name assigned by PennDOT.

XXXXXX is the insurance company's NAIC number.

YYDDD is the Julian date of the file.

TXT is the file extension.

Test Certification

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

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

PennDOT Help Desk

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

The PennDOT Help Desk is staffed:

Monday through Friday from 6:30 AM to 5:00 PM (EST)

Saturday from 7:00 AM to 3:30 PM (EST)

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

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

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

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

PennDOT Process

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

PennDOT Contact Information

Should you need further information, please call 717-787-7795 between 8:00 AM and 4:00 PM, Monday through Friday.

You can also email a question to: FRInsuranceEFT@PA.Gov

Appendix A: Holiday Schedule

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

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

Appendix B: Standard File Layout

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

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

Appendix C: Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Space = Original
R = Resubmission.

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

N = New Policy
C = Cancellation
B = Book of Business

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

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

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

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

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

Appendix D: Access Authorization Forms

Please complete all forms in Appendix D in order to request that a subdirectory be created for your insurance company and associated NAICs on the PennDOT EFT server. If your insurance company has multiple NAIC numbers, you should include all NAIC numbers and the complete name in Section B of the Insurance Company Financial Responsibility EFT Subdirectory Application (Form MV-243).

Please read the Management Directive found at: [205.34 - Commonwealth of Pennsylvania Information Technology Acceptable Use Policy](#) and sign the included **PENNDOT Enterprise File Transfer Consent Form**.



Insurance Company Financial Responsibility EFT Subdirectory Application

For Department Use Only
Bureau of Motor Vehicles • 1101 South Front Street • Harrisburg, PA 17104

1. This application authorizes PennDOT to establish a Financial Responsibility Subdirectory on the PennDOT EFT server for this insurance company. The insurance company must complete Sections A, B and C.
2. In Section A, please provide the main insurance company name and a business contact name. In Section B, please list all NAIC numbers and insurance company names that the file(s) will be submitted for on a daily, weekly or monthly basis. Section C, please list the IT contact for the individual that will submit the file(s) or the individual that is responsible for the automated process that submits the file(s).
3. Email completed form(s) to: FRInsuranceEFT@PA.Gov.

A INSURANCE COMPANY INFORMATION

NAIC Number	Insurance Company Name		
Address		City	State Zip Code
Business Contact Name		Title	
Telephone Number		Fax Number	
Email Address			
Signature			Date

B LIST ALL SUB-INSURANCE COMPANIES THAT REPORT UNDER THE COMPANY LISTED IN SECTION A

1	NAIC Number	Insurance Company Name
2	NAIC Number	Insurance Company Name
3	NAIC Number	Insurance Company Name
4	NAIC Number	Insurance Company Name
5	NAIC Number	Insurance Company Name
6	NAIC Number	Insurance Company Name
7	NAIC Number	Insurance Company Name
8	NAIC Number	Insurance Company Name
9	NAIC Number	Insurance Company Name
10	NAIC Number	Insurance Company Name

C IT CONTACT INFORMATION / ACCOUNT INFORMATION FOR AUTHORIZED USER

Authorized User Contact Name	Company Name		
Email Address	Telephone Number	Fax Number	
Title	Last 4 digits of FEIN (Federal Employer Identification Number)		
File Submission: <input type="checkbox"/> Manual Process <input type="checkbox"/> Automated Process			
Signature			Date



PENNDOT ENTERPRISE FILE TRANSFER CONSENT FORM

All external business partners must read, sign and return to PENNDOT the Consent Form below or MD 205.34 referenced below in order to exchange electronic files via PENNDOT’s EFT system. By signing the Consent Form, the business partner agrees to abide by the terms specified and to treat the EFT system with the same diligence as one of their own proprietary information technology systems.

As a user of the Commonwealth’s EFT System, the business partner agrees to only use the EFT System for the official business activities for which it is intended. All other uses are strictly prohibited.

By signing the EFT Consent Form, each Business Partner agrees to:

- Keep usernames or passwords confidential to authorized users.
- Use Commonwealth systems appropriately and within standards for the acceptable use of IT resources on commonwealth owned or leased servers/computers.
- Treat information viewed or accessed in a confidential manner.
- Review the Commonwealth’s [Management Directive 205.34 - Commonwealth of Pennsylvania Information Technology Acceptable Use Policy](#) and be in compliance with all appropriate sections.
- Report any security concerns to the IT Service Desk at (717) 783-8330.

Additionally, by signing the EFT Consent Form, each Business Partner agrees that they will not engage in any kind of the following inappropriate or unauthorized uses of the EFT System.

- Use of the EFT System to conduct non-official business activities.
- Use of the EFT System for the purpose of personal financial gain or exploitation.
- Use of the EFT System to isolate or infringe upon the personal or proprietary rights of any person or entity.
- Use of the EFT System for dissemination of unauthorized, confidential, or proprietary information.
- Use of the EFT System for any unlawful activities.
- Use of the EFT System for any other inappropriate or unauthorized activity that is not covered within this document.

To be Completed by Authorized Business Partner / User of the EFT System	
Business Partner Company Name	
Last four digits of Business Partner Federal ID # (FEIN)	
Authorized User Printed Name	
Authorized User Title	
Authorized User Signature	
Authorized User email Address	
Authorized User Work Phone	
Date	