

Stephen Quidd

From: Stephen Quidd
Sent: Thursday, September 10, 2015 2:47 PM
To: apa.housespeaker@legis.la.gov; apa.senatepresident@legis.la.gov; apa.h-thpw@legis.la.gov; apa.s-judb@legis.la.gov
Cc: Catherine Brindley
Subject: Rules Proposed by OMV to Update Insurance Coverage Reports by Insurance Companies & To Establish Requirements for Participation in Real Time Insurance Coverage Verification
Attachments: Compulsory Insurance Enforcement Insert Order Sept 20 2015.pdf; LAC 55 Part III Chap 17 Subchapter B & C 9.10.15.doc; Real Time Verification & Coverage Reporting FEIS First Page 9.10.15.pdf; Real Time Verification & Coverage Reporting Insertion Order 9.10.15.pdf; Real Time Verification & Coverage Reporting NOI Cover 9.10.15.pdf

Dear Representative and Senators

Attached is the electronic notification of the APA notice required by La.R.S. 49:968(B) & (C) on behalf of the Office of Motor Vehicles for the proposed rules to Update Insurance Coverage Reports by Insurance Companies & To Establish Requirements for Participation in Real Time Insurance Coverage Verification.

Included is the text of the proposed rule, the insertion order to be submitted to the Office of State Register, and the Fiscal and Economic Impact Statement approved by the Legislative Fiscal Office.

I will be submitting this rule to the Office of the State Register for publication in the September 20, 2015 Louisiana Register.

Thank you for your attention to this matter. If you need further information, please feel free to contact me.

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Department of Public Safety and Corrections
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OFFICE OF THE STATE REGISTER INSERTION ORDER (cft 08/02)
Claiborne Building 1201 North Third Street Suite 3-220 Post Office Box 94095
Baton Rouge, LA 70804-9095 (225)342-5015 FAX (225)342-0284

(SUBMIT A SEPARATE INSERTION ORDER PER DOCUMENT)

EMERGENCY RULE NOTICE OF INTENT RULE POTPOURRI

REFER TO INSTRUCTIONS ON REVERSE SIDE

This is your authority to publish in the (month) September 20, 2015 *Louisiana Register* the document indicated above.

Office of Motor Vehicles

Dept. of Public Safety & Corrections

Office/Board/Commission promulgating this document

Department under which office/board/commission is classified

Jill P. Boudreaux

Undersecretary

Stephen Quidd

225-925-6103 925-3974

(name) (title)
Name and title of person whose signature will appear in the publication (at the end of the document)

(name) (phone) (fax)
Name, phone number, and FAX number of person to contact regarding this document

stephen.quidd@dps.la.gov

E-mail address of contact person

Provide a short descriptive listing for this document to be used in the *Louisiana Register's* TABLE OF CONTENTS/INDEX (note: this description should match the fiscal statement title, if sending a Notice of Intent:

*If sending a diskette, indicate the name of the file on diskette:

Compulsory Insurance Enforcement

Important: If submitting both an Emergency Rule (ER) and a Notice of Intent (NOI) to be published this month, **AND** if the rule text in the ER is identical to the rule text in the NOI, check here:

Signature of Agency Head or Designee
Jill P. Boudreaux, Undersecretary

Print Name and Title of Agency Head or Designee

CERTIFICATION OF AVAILABLE FUNDS

DOCUMENT # _____

ISIS AGENCY: I certify the availability of fiscal year 15-16 appropriated funds for the payment of the above referenced publication and authorize the processing of an Interagency Billing with the following coding on the 30th of the month of the publication. Attach supplemental sheet for additional lines of coding.

420

2987

4960

5102

AGENCY

ORGANIZATION #

OBJECT

SUB-OBJECT

REPORTING CATEGORY

NON-ISIS AGENCY: I certify the availability of fiscal year _____ appropriated funds for the payment of the above referenced publication and agree to place corresponding invoice in line for payment upon receipt.

Billing Address for Agencies:

Signature of Agency Head or Designee - Phone # _____

Agency Name _____

Street Address or Post Office Box _____

City _____

State _____

Zip Code _____

Lines/Other Charges _____ Typesetting \$ _____ TOTAL \$ _____

BOBBY JINDAL
GOVERNOR



MICHAEL D. EDMONSON, COLONEL
DEPUTY SECRETARY

State of Louisiana
Department of Public Safety and Corrections
Public Safety Services

September 10, 2015

ELECTRONIC SUBMISSION BY E-MAIL

Speaker of the House
Representative Chuck Kleckley

President of the Senate
Senator John A. Alario, Jr.

House Committee on House Committee on
Transportation, Highways and Public Works
Representative Karen St. Germain, Chairman

Senate Committee on the Judiciary B
Senator Jean-Paul J. Morrell, Chairman

Re: Rules Proposed by the Louisiana Department of Public Safety and Corrections,
Office of Motor Vehicles on Specifications for Notification of Initiation, Termination, or
Modification of Liability Security and Compulsory Insurance Enforcement

Dear Representatives and Senators,

Notice is given that the Louisiana Department of Public Safety and Corrections, Office of Motor Vehicles (OMV) intends to amend and readopt §1750 et seq of Chapter 17 as to new Subchapters, B and C regarding the Specifications for Notification of Initiation, Termination, or Modification of Liability Security and Compulsory Insurance Enforcement

Subchapter B updates the requirements for insurance companies to report the initiation and termination of insurance coverage. Subchapter C is entirely new and adopts the requirements for participation in the real time insurance verification by insurance companies.

The following documents are attached:

- (1) The text of the proposed rules,
- (2) The Fiscal and Economic Impact Statement submitted to and approved by the Legislative Fiscal Office.
- (3) The insertion order to be submitted to the Office of the State Register granting authority to publish the Notice of Intent regarding these two sections.

Thank you for your attention to this matter.

Sincerely,

Stephen A. Quidd
Attorney for La. DPS&C, OMV
(225) 925-6736, 925-6103

Attachments

COURTESY • LOYALTY • SERVICE
"An Equal Opportunity Employer"
P.O. BOX 66614, BATON ROUGE, LOUISIANA 70896

LAC 55:III
Chapter 17, Subchapter B
Specifications for Notification of Initiation, Termination, or Modification of Liability Security,
and Subchapter C
Compulsory Insurance Enforcement

In accordance with the provisions of La. R.S. 32:863.2(A)(3) and (4) for the reporting of the initiation and termination of insurance coverage, and La. R.S. 32:863.2(F)(6) for the development and initiation of a real-time system insurance coverage verification system, relative to the authority of the Office of Motor Vehicles, the Office of Motor Vehicles hereby publishes, and proposes to amend and readopt LAC 55:III, Chapter 17, Subchapter B, Specifications for Notification of Initiation, Termination, or Modification of Liability Security, §1751 through §1764 to implement the provisions of La.R.S, 32:863.2(A)(3) and (4). These are completely new sections.

Additionally, In accordance with the provisions of La. R.S. 32:863.2(F)(6) for the development and initiation of a real-time system insurance coverage verification system, relative to the authority of the Office of Motor Vehicles, the Office of Motor Vehicles hereby publishes, and proposes to adopt LAC 55:III, Chapter 17, Subchapter C, Compulsory Insurance Enforcement, §1766 through §1786 to implement the provisions of La.R.S, 32:863.2(A)(3) and (4). These are completely new sections.

The existing provisions of LAC 55:III, Chapter 17, Subchapter B, are being completely overwritten and will no longer be in effect upon the adoption of these rules. The existing provisions of Subchapter B which are not being overwritten are being repealed.

Subchapter B. Specifications for Notification of Initiation, Termination, or Modification of Liability Security

§1750. Definitions

A. As used in this Subchapter, the following terms have the meanings described below.

Account number/user-id— the unique identifier assigned to each servicing agent. If the electronic filing method is via the internet, this code is assigned by GXS to identify the mailbox for the reporting entity and is also used by GXS for billing. If the electronic filing method is via the Louisiana Secure Server, the account number and user-id will be assigned by the Department.

Business Days— business days are Monday through Friday, between 8:00 a.m. and 4:30 p.m. central time. Business days do not include Saturday, Sunday, state holidays or any other holiday declared by the Governor.

Change in Coverage— a change in coverage shall be considered either an initiation of coverage or a termination of coverage based on the nature of the change. The addition of a vehicle to a liability security policy shall be considered an initiation of coverage. The effective date of the initiation shall be the date the vehicle was added to the policy, regardless of the date the original policy was issued. The deletion of a vehicle from a liability security policy shall be considered a termination of coverage. The replacement of a covered vehicle with another vehicle in a liability security policy shall be considered both a termination of coverage for the replaced vehicle and an initiation of coverage for the replacement vehicle. If the registered owner of a vehicle changes, the previous owner's coverage shall be terminated and the new registered owner's initiation of coverage shall be reported. If the principal driver changes, but the registered owner stays the same, no change in coverage shall be reported. Renewals, without a lapse in coverage, shall not be reported. Renewals in which only the policy number changes shall not be reported. Changes in coverage not related to the vehicle liability security being issued, procured,

recalled, reinstated, terminated, canceled or changed from binder status to an active policy number shall not be reported.

Department — Department of Public Safety and Corrections.

Duplicate Record — any record reported with the same information (INS-COMP-CODE, VIN, TERMINATION-OR-CHANGE-OR-EFFECTIVE-DATE and TRANSACTION-TYPE) as a record already in the Department's insurance system is a DUPLICATE RECORD and will be rejected. (Disposition code "D").

Edit Error — a record submitted by an insurance company or servicing agent unacceptable for filing purposes due to the absence of information in a required field or the presence of invalid information in the key data fields is an EDIT ERROR. Key data fields are identified and detailed in the technical filing specifications. Any record which is returned to an insurance company or servicing agent as an EDIT ERROR is not a filing. The record shall be corrected and re-reported within fifteen (15) business days of the RETURN-DATE. (Disposition code "E").

Edit Error Mask — the field within each type of record (Header, Individual Vehicle and Fleet) that is used to identify fields that failed to pass the edits. When the Disposition code is "E" the EDIT-ERROR-MASK field will identify which fields failed to pass the edits (1) and which fields are edit error free (0).

Fleet Policy — a policy insuring a business with a fleet of five (5) or more vehicles registered in Louisiana for which VIN information is not maintained on each vehicle. If the insurance company maintains the VIN of each vehicle within the fleet, the filing **must** be reported on a vehicle by vehicle basis.

Hit — a record submitted by an insurance or servicing agent which matches a Department's vehicle registration record and is an acceptable record. (Disposition code "H").

Incorrect Type-Use — the reported vehicle is exempt from the Compulsory Motor Vehicle Liability Security Law because of the "type use" or "class" of vehicle. This record is not updated to the system. Do not resubmit this record. (Disposition code "I").

Initiation of Coverage — the issuing or making of a liability security policy, liability bond, deposit or other security.

Insurance Company Code — a unique number assigned to each insurance company. The National Association of Insurance Commissioners Code (NAIC code) or a temporary identification number assigned by the Department to an insurance company for the purpose of R.S. 32:863.2 of the Compulsory Motor Vehicle Liability Security Law will be used.

Lapse — when a vehicle liability security policy is not in effect for one (1) or more days.

No-Hit — a record submitted by an insurance company or servicing agent which does not match a Department vehicle registration record and which does not pass the VINA check. The filing must be corrected and resubmitted within fifteen (15) business days of the RETURN-DATE. (Disposition code "U").

Non-Renewals — a non-renewal of a motor vehicle liability insurance policy shall include: (a) a refusal by the insurer to issue a superseding policy or a renewal of such policy, (b) a request by the insured that a superseding policy not be issued or such policy not be renewed or (c) a failure of the insured to make the premium payment due upon a superseding policy or on a renewal of such policy offered by the insurer. Non-renewals are to be reported in the same manner as cancellations or terminations.

Notification — the furnishing of information by a security provider to the Department concerning liability security or lack of liability security on a motor vehicle, or a change or correction of data concerning the item of security, the vehicle or the lessee or owner, as required by R.S. 32:863.2 of the Motor Vehicle Liability Security Law and these Rules and Regulations.

Out-of-Sequence Error — the records submitted are not in chronological order. For example the cancellation is reported prior to the initiation. This record is unacceptable for filing purposes and is returned to the insurance company. Records shall be reported in chronological order. (Disposition code "S").

Owner — the name of the legal lessee or owner as obtained by the security provider from the Vehicle Registration Certificate.

Owner ID Number — driver's license number for an individual, lessee or owner, the left most nine (9) characters of the driver's license number or federal tax identification number for the lessee or owner such as a corporation, an estate, etc. This is always a required field.

Policy Number— the number of the policy that the vehicle is insured under. The insurance company will maintain a list of policy numbers and effective dates for each vehicle or fleet reported.

Prescribed — the record submitted is over eighteen (18) months old. There is an eighteen (18) month difference between the TERMINATION-OR-CHANGE-OR-EFFECTIVE-DATE or ISSUE-DATE and the date this record was received by the Department. This record is not updated to the system. Do not resubmit this record. (Disposition code "P").

Recall of Notification — a record submitted to the Department by a security provider or servicing agent, which rescinds a record previously submitted to the Department in error. The recall record fields match the original record fields except for the TRANSACTION-TYPE. A transaction type "B" will recall an initiation ("A"). A transaction type "1" will recall a termination ("0").

Record — insurance information pertaining to the items required by law and these Rules and Regulations for an individual vehicle or fleet coverage.

Return Filing Report — a report prepared by the Department for an insurance company or servicing agent following completion of processing (editing of data and record matching) containing the disposition of each record. It is the responsibility of the insurance company or servicing agent to review this report and take the necessary corrective action as required by these Rules and Regulations. If the return report contains only the header record, that record was submitted with incorrect or missing information. In this case, the header record must be corrected and all of the filing records must be resubmitted. None of the filing records submitted with an incomplete or incorrect header record will be accepted. Please note the Office of Motor Vehicles is not responsible for keeping a copy of this report.

Restricted Hit — a record submitted by an insurance company or servicing agent which does not match a Department vehicle registration record but which does pass the VINA edit check. These records do not need to be re-reported. (Disposition code “R”).

Return Date — the Department will provide a return date in its filing report. The return date will be the date the Department writes the filing report and will equal the date in the DATE-PROCESSED field of the trailer record.

Security Provider — a liability insurance company or other provider of liability security required under the Compulsory Motor Vehicle Liability Security Law (R.S. 32:861 et. seq.).

Service Agent — any person or organization duly designated by an insurance company to prepare, transmit or deliver records on behalf of such insurance company.

Service Agent Code — a number assigned to each service agent. Either the National Association of Insurance Commissioners Code (NAIC code) or a temporary identification number assigned by the Department will be used.

Termination/Cancellation of Liability Security — any cancellation or termination of liability security on a motor vehicle (whether caused by the insurer or insured).

Timely Filing — notification received within fifteen (15) business days from the issue date when a vehicle’s liability security is issued, procured, recalled, reinstated, terminated, canceled or changed from binder status to an active policy number.

VINA — Routine used to compute the VIN check digit for 1981 or newer vehicles.

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 30:2842 (December 2004); LR42:XXXX (December, 2015).

§1752. Introduction

A. Effective July 1, 1998, security providers shall report to the Department of Public Safety and Corrections, Office of Motor Vehicles, certain information, on a vehicle by vehicle basis, with certain exceptions, in accordance with the Compulsory Motor Vehicle Liability Security Law (R.S. 32:861 et. seq.) “the Compulsory Security Law” and with these Rules and Regulations regarding the initiation of liability coverage as well as the termination, withdrawal, cancellation, lapsing or otherwise rendering ineffective of liability coverage.

B. As required by law and these Rules and Regulations, reports must be made to the Department whenever liability security on a vehicle is issued, procured, recalled, reinstated, terminated, canceled or changed from binder status to an active policy number.

C. Such information must be transmitted to the Department in an efficient and timely manner in accordance with these Rules and Regulations.

D. Insurance companies shall not provide information to the Department except as required by law or these Rules and Regulations. Examples of information which will **not** be submitted to the Department include, but are not limited to, the following:

1. Information on non-liability coverage such as collision and comprehensive policies
2. Information of liability policies not in compliance with the Compulsory Security Law (such as umbrella policies with excess coverage and non-ownership policies)
3. Addition or deletion of other drivers
4. Change of policy number
5. Invalid type use or class

E. The purpose of the information required is to enforce the Motor Vehicle Safety Responsibility Law (R.S. 32:851 et. seq.) and particularly the Compulsory Security Law (R.S. 32:861 et. seq.). Consistently with this purpose, the information maintained by the Department will be provided to a person making proper written request under R.S. 32:863.2.C and R.S. 32:871, **ONLY** after an accident is reported in accordance with R.S. 32:871. Information will be provided on a single individual or vehicle basis only. In order to preserve the proprietary information of insurance companies, insurance coverage information compiled by company or by zip code, for example, will not be made available to inquirers, nor will the Department develop or maintain any composite list by insurance company or insurance company identifier except by count of disposition codes. The Department will cooperate fully with the insurance industry in preserving the security of customer lists and related data. The Department will initiate criminal prosecution for violations arising out of the wrongful taking or use of information reported under these Rules and Regulations.

F. The intent of these Rules and Regulations is to provide a mechanism whereby the liability security coverage for each vehicle subject to the Compulsory Security Law is identified, with the least necessary intrusion into the proprietary interests of liability security providers. To that end the Department, responding to the expressed concerns of the insurance industry, has attempted to eliminate unnecessary redundancy in the data required to be reported. To the extent that any adjustments are required in the scope of reportable information, the Department solicits the continuing active cooperation of the insurance industry in maintaining the effective operation of the Compulsory Security Law.

G. These Rules and Regulations permit adjustments to technical specifications. Security Providers will be advised by mail (postal, electronic or both) of any changes in the technical specifications of this Section. The Department will always attempt to give ninety (90) days notice of these adjustments so that the Security Provider may have enough time to implement the changes, however, legislative changes or other circumstances may result in notice of less than ninety (90) days. Such mailings may be called "Advisory Bulletins" or "Memorandums" from the Commissioner of the Office of Motor Vehicles. These bulletins or memorandums may also contain clarifications, helpful hints and such additional information as may be deemed applicable to compliance with the Compulsory Security Law. Moreover, in the event that an unusual situation is not covered by these regulations, a reasonable procedure consistent with the Compulsory Security Law will be followed.

H. In cases where, after written notice, a Security Provider continually fails to supply the information required by R.S. 32:863.2 and these Rules and Regulations, fees as provided by that statute may be imposed. A Security Provider will not be charged a fee for providing data based on a reasonable assumption, such as assuming in good faith that the owner's driver's license number is the same as the

named insured's driver's license number. Special consideration shall be given to unusual problems in compliance, provided in writing.

I. A Security Provider must notify the Department when motor vehicle liability security is issued or procured or after motor vehicle liability security is recalled, reinstated, terminated, canceled or changed from binder status to an active policy number. For initiations and terminations such notification shall be made within fifteen (15) business days of the issue date. Notification shall be made in the form required by the Department as set forth in these Rules and Regulations. A separate notice shall be submitted for each vehicle. Failure to properly notify the Department may result in administrative fees.

J. Procedural questions concerning this regulation should be referred to (email is the preferred method of communication):

1. Mailing Address:

Louisiana Department of Public Safety and Corrections
Office of Motor Vehicles
Post Office Box 64886
Baton Rouge, Louisiana 70896
Attention: Compulsory Insurance Unit

2. Phone Number: (225) 925-7285 or (225) 925-3731

3. Email: **Insurance@dps.la.gov**

4. Fax Number: (225) 922-0158

K. Technical questions concerning this regulation should be referred to (email is the preferred method of communication):

1. Mailing Address:

Louisiana Department of Public Safety and Corrections
Data Processing Center
8001 Independence Boulevard
Baton Rouge, Louisiana 70806
Attention: DMB Project Leader

2. Phone Number : (225) 922-2260

3. Email: **Insurance@dps.la.gov**

4. Fax Number: (225) 925-4019

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 30:2844 (December 2004); amended LR 41:XXXX (December 2015).

§1754. GENERAL INFORMATION

A. **CORRECTING NO-HITS.** A “Hit” is based on the VIN number. When the VIN does not match with the Department’s vehicle registration records and fails the VINA check, the record is coded “No-Hit” (Disposition code “U”). In accordance with these Rules and Regulations, the security provider (insurance company) has fifteen (15) business days from the Return Date of the filing to correct the VIN information and resubmit. If a company provides a VIN for a 1981 or newer vehicle and the Department’s VINA check determines that the VIN is valid, but the VIN is not available from the Department’s vehicle registration records, the record is returned as a “Restricted Hit”. (Disposition code “R”).

B. **REPORTING AN INITIATION OF COVERAGE AND CANCELLATION OF COVERAGE AT THE SAME TIME.** The last record received from a company for a vehicle is considered to reflect the status of the vehicle with the company. Multiple filings for a single vehicle having the same company code and owner-ID will result in the last record received being maintained by the Department. Receiving records out of order remains a problem with many companies and may result in cancellation notices being sent to individuals who have insurance. **All records must be submitted in chronological order.**

C. **RECALLING NOTIFICATION.** When a Security Provider discovers that a cancellation or initiation of coverage was reported by mistake, the Security Provider shall submit to the Department a notice of recall of notification. All of the data except the transaction type shall be the same as originally submitted in order to match the recall with the notification. A transaction type “B” will recall an initiation (“A”). A transaction type “1” will recall a termination (“0”).

D. **WARNING ON NOTICE OF ACKNOWLEDGMENT OF TERMINATION TO INSURED.**
The Notice of Acknowledgment of Termination sent to an insured shall contain the following warning notice:

1. If you do not keep your liability insurance in force during the entire registration period, your registering privileges will be subject to revocation. By law your insurance carrier is required to report specific termination information to the Commissioner of the Department of Public Safety and Corrections.

E. **TIMELY INSURANCE FILINGS.** In accordance with these Rules and Regulations, the Security Provider must notify the Department **when** motor vehicle security is begun, issued or procured or after motor vehicle security is ended, recalled, reinstated, terminated, canceled or changed from a binder status to an active policy number. Such notification must be made within fifteen (15) business days from the issue date. The Security Provider has fifteen (15) business days from receipt of the Department’s returned filings to correct any “No-Hit” records and resubmit. Termination filings received prior to the effective date will result in an edit error (Disposition code “E”). An edit error is not an acceptable filing. Edit errors must be corrected and resubmitted. **It is the responsibility of the insurance company or servicing agent to review and take the necessary corrective action as required by these Rules and Regulations.** An initiation or termination filing will be considered late if the date received is more than fifteen (15) business days after the issue date. Any filings considered late will be returned with the LATE-FLAG set to “Y”.

1. Possible Policy Scenarios. If a policy lapses and is then later reinstated, with a lapse, submit a termination. Whenever the policy is re-issued, send in the initiation with the new initiation date, not the date that the policy was initially issued.

a. If insurance coverage lapses and is reinstated without a lapse and a termination has been submitted, recall the termination. Do not send in a new initiation.

b. If insurance coverage lapses and is reinstated without a lapse and a termination was not submitted, no filings are required. Only valid terminations should be reported.

c. If the policy number changes or if the policy is renewed without any owner ID or vehicle or company (NAIC number) changes, then a filing is not required.

2. The Department will monitor this area of the reporting requirements. Those Security Providers who violate this provision will be subject to possible fee assessments.

F. **MANUAL FILINGS.** Effective January 1, 2005 the Department will no longer accept manual filings.

G. **FLEET FILINGS.** Guidelines for Fleet Filings:

1. Eligibility. Any insurance company writing motor vehicle liability insurance in Louisiana and insuring a fleet of five (5) or more vehicles registered in Louisiana for which VIN information is not maintained on each vehicle must electronically report said fleet coverage as specified in these Rules and Regulations. If the insurance company maintains the VIN number of each vehicle within the fleet, the filing **must** be reported on a vehicle by vehicle basis.

2. Conditions of Filing. A Security Provider must notify the Department after motor vehicle liability security is begun, ended or in certain ways modified. Such notification shall be made within fifteen (15) business days of the issue date of the initiation termination of coverage. After the initiation has been reported, the cancellation is not to be reported until the entire Fleet policy has been canceled. (Do not report the addition or deletion of individual vehicles.)

3. Format. Each notification must be transmitted electronically using the formats provided in these Rules and Regulations.

4. Number of Vehicles. The estimated number of vehicles in a fleet is reported in lieu of VIN information on a vehicle by vehicle basis.

H. **FEE ASSESSMENTS**

1. The Louisiana Department of Public Safety and Corrections is charged with administering and enforcing all compulsory insurance provisions. In so doing, we must rely on the cooperation of the insurance industry to provide timely, complete and accurate information in accordance with R.S. 32:863.2 and these Rules and Regulations.

2. Failure to report the required information and/or failure to report the required information timely can result in the insurance company being assessed a fee. If any of acceptable filings (Disposition codes Hit and Restrict Hit) are considered late, a fee of \$50.00 may be assessed for each of these late filings. A fee of \$50.00 may be assessed for each failure to report.

3. This State's vehicle registration records will be checked against liability security insurance records on an ongoing basis. Fees will be assessed to those companies in non-compliance

with the statute and these Rules and Regulations. Further, in cooperation with the Department of Insurance, continuous violations and non-compliance could result in additional administrative or judicial action.

4. Fees will not be assessed to those Security Providers who continue to report all insured vehicles, as well as reporting them in a timely manner.

I. **TRANSACTION TYPES AND HOW THEY ARE USED.** Described below are the transaction types and how each may be used:

1. 0 – TERMINATION: A termination or cancellation notice is submitted whenever liability security is canceled or terminated.

2. 1 – RECALL OF TERMINATION: The recall of transaction type “0” is used whenever a cancellation notice has previously been sent in error.

a. Example: A cancellation notice was incorrectly reported. The cancellation date was reported as February 2 instead of February 13. A recall of the February 2 cancellation notice is submitted followed by a cancellation notice having a cancel date of February 13.

3. 6 – TERMINATION FOR NSF CHECK: A termination or cancellation notice pursuant to this code is submitted whenever a Security Provider backdates the effective date of a cancellation because the insurer paid with a check that was returned by the bank more than fifteen (15) days after the effective date of the policy.

4. 7 – TERMINATION FOR RESCINDED/CANCELED SALE: A termination or cancellation notice is submitted whenever liability security is canceled or terminated as a result of a rescinded or canceled sale of the vehicle.

5. A – INITIATION: An initiation notice is submitted whenever liability security is initiated (new business) on a vehicle. If there is a lapse in coverage, a termination notice must be submitted followed by an initiation notice showing the new initiation or reinstated date.

6. B – RECALL OF INITIATION: The recall of transaction type “A” is used whenever an initiation notice is submitted in error.

a. Example: An initiation notice was incorrectly reported. The starting date was reported as February 2 instead of February 13. A recall of the February 2 initiation notice is submitted followed by an initiation notice having a starting date of February 13.

7. F – CHANGE: A change notice is submitted only for changing the policy number from “BINDER” to an active policy number.

a. Example: An initiation notice was submitted with a policy number of “BINDER”. A change notice is submitted with an active policy number.

J. **DISPOSITION CODES.** Described below are the disposition codes returned and how they are used.

1. D – DUPLICATE REPORTING: This record was previously reported to the Department with the same information. This record has been **rejected** by the Department. It is not necessary to re-report the same record again after it was successfully reported.

2. E – EDIT ERROR: This record is not acceptable due to the absence of information in a required field or invalid information in a field. This record has been rejected by the Department. The EDIT-ERROR-MASK field needs to be evaluated to determine the field(s) that requires amendment. After the field(s) have been corrected this record shall be re-reported.

3. H – HIT: This record has been accepted by the Department. This record's VIN matches a vehicle that requires compulsory liability security and is currently registered in Louisiana.

4. I – INCORRECT VEHICLE "TYPE USE" OR "CLASS": This record has been rejected by the Department. The "type use" or "class" of this vehicle record is such that it does not have to be reported to the Department. An example of this type of vehicle is a trailer.

5. P –PRESCRIBED: This record is not acceptable because the date in the TERMINATION-OR-CHANGE-OR-EFFECTIVE-DATE or ISSUE-DATE field is more than eighteen (18) months old. This record has been rejected by the department.

6. R – RESTRICTED HIT: This record has been **accepted** by the Department. The VIN of this record does not match a vehicle currently registered in Louisiana that requires compulsory insurance; however, the VIN reported passes the VINA edit routine. This record should be verified using the Vehicle Registration Certificate.

7. S – SEQUENCE ERROR: This record has been rejected by the Department. The record has been reported out of sequence. Examples are: reporting a transaction type "0" (termination) prior to having reported a transaction type "A" (initiation). Records shall be reported in chronological order.

8. U – NO-HIT: This record has been **rejected** by the Department. The VIN of this record does not match a vehicle currently registered in Louisiana. The VIN does not pass the VINA edit routine. The record should be verified using the Vehicle Registration Certificate.

K. CONTACT PERSON INFORMATION

1. Certain information is needed periodically by this agency to facilitate communication with Security Providers. The contact information sheet is to be completed and returned to the Department during the month of January each year and whenever there is a change involving contact personnel. A contact information sheet shall be submitted for each insurance company.

2. Please furnish the name of the representative responsible for compliance:

- a. Administrative reporting requirements
- b. Information Technology/Information Services/Data Processing
- c. Commercial lines
- d. Personal lines
- e. Fleet filings
- f. Other personnel responsible for filings or fee assessment

L. **CONTACT PERSON INFORMATION SHEET (CPIS).** A CPIS shall be completed by every insurance company:

**CONTACT PERSON INFORMATION SHEET
LA. OFFICE OF MOTOR VEHICLES
COMPULSORY INSURANCE UNIT
P.O.BOX 64886
BATON ROUGE, LA 70896**

Certain updated information is needed periodically by this agency in order for us to contact the correct person within your insurance company to provide the most updated information or to correct problem areas.

The contact information sheet is to be completed and returned to this Department. The contact sheet must be submitted during the month of January each year and whenever there is a change in any of your company's contact personnel.

A contact information sheet must be submitted for each insurance company.

Please furnish the name of the representative for compliance with administrative reporting requirements, data processing, commercial lines, personal lines, fleet filings and other personnel responsible for filings or fee assessments.

This information will assist us in contacting your company's representative(s) in regard to specific compliance regulations:

mailbox (account-number/user-id) is: "LAPS/LAPSS67" for test; "LAPS/LAPSS68" for production. Please do not send more than 50,000 records at one time. For more records, split the file into smaller parts and send these individually. Each part must contain one header and one trailer.

1. A test filing shall be submitted for all new companies. Please ensure that the test files are sent to the test mailbox (LAPS/LAPSS67) and that all testing has been completed before sending a file to the production mailbox.

2. Network Connectivity/Mailbox. Security Providers that currently have connectivity to GXS, either through Insurance Value Added Network Services ("IVANS" phone number (800) 548-2675) or directly, must ensure that their network account is attached to the "Information Exchange" service. Marketing and Enabling Support can verify this for you. If you do not currently have an account with GXS and would like one, or if you currently access a mailbox for which restrictions prevent use of that mailbox in this effort, you can obtain an account. Please contact Marketing and Enabling Support at the number noted above.

3. Cost Information. Information for costs related to participation in this activity (network charges, software charges, etc.) will be provided by the individuals/groups noted above. Costs incurred through participation in this electronic transfer of data will be the responsibility of the filing Security Provider, not the Department.

4. After contacting GXS, please provide the Department with the NAIC number, account number and user ID at Insurance@dps.la.gov

C. The second method is the State of Louisiana's free DMZ Movelt server. You may only submit one filing per day. The following outlines the steps necessary to begin participating in this method of electronic transfer. You will need to contact the Department at Insurance@dps.la.gov to obtain a security form. This form must be completed, signed, scanned and emailed back to the Department for processing. An account will be created for you. Once the account is created you will receive a flow chart with the file names required for you to submit your filings and to retrieve your return error files. You will be required to submit a test file. If the test file is successful then you will be able to go to production.

D. GENERAL INFORMATION.

1. All record formats for electronic transfer will be as described below in the section entitled **RECORD FORMATS**.

2. The Department will retrieve filings only once per day. Any filing not sent before this retrieval time will be considered filed on the next day.

3. After processing, information will be returned to the appropriate GXS mailbox or DMZ Movelt server folder. The returned data will then be ready to be accessed by the insurance company.

4. Please process the return files prior to sending in any additional files.

E. **FILE TRANSFER.** The Department will transfer all files using the FTP protocol. Therefore all files will need to be placed in the Department's mailbox using FTP or in FTP ASCII format which uses a CRLF (carriage return line feed) pair as the end-of-line character sequence.

F. RECORD PROCESSING

1. The filing record will have: a header record, filing records (individual vehicle or fleet) and a trailer record. The trailer record will consist of all 9's from character 1 through character 219. Character number 220 of the trailer record should have a transaction type of "2". After processing the filing records, the Department will return the filing report to the insurance company's GXS mailbox or DMZ Movelt server folder. The report will consist of: the header record, filing records with dispositions and late flags and a trailer record containing summary totals.

2. Upon receipt, filings will be edited for the purpose of verification of format and reporting requirements identifying missing or invalid data. Accepted records (those without edit errors) will then be compared by VIN with Departmental vehicle registration files. After these steps, records that do not result in a match will be considered unresolved. It is the responsibility of the insurance company to read the returned filing. No-Hit (Disposition code "U") and Edit-Error (Disposition code "E") exceptions must be corrected and re-submitted within fifteen (15) business days from the receipt of the returned filing. If an Out-of-Sequence (Disposition code "S") error is received contact the Department as soon as possible before trying to make corrections to avoid filing errors that cannot be corrected.

G. RECORD FORMATS.

1. There are four (4) types of records: header, individual vehicle filing, fleet filing and trailer.

2. A header record must be the first record on filings submitted to the Department. This record contains information pertaining to a particular filing as well as the account number and user-id of the reporting service agent. This information is critical for preparing the Department's return report. The header record will be the first record on the Department's return report and will have a record type of "3".

3. An individual vehicle filing record is used by an insurance company for reporting required liability security information for an individual vehicle. This filing record will have a record type of "1".

4. A fleet filing record is used by an insurance company for reporting required liability security information for a fleet of vehicles. This filing record will have a record type of "4".

5. HEADER RECORD

a. The header record has a record type = "3" and it will be edited for errors. It must be the first record on the filing. Filings will not be processed if the header record does not pass all edit checks. If an error is encountered, the header record will be the only record written to the return report. Character positions (194 – 218) of the header will have an EDIT-ERROR-MASK. The field(s) in error must be corrected and the record(s) re-submitted for processing.

b. Header Record Field Descriptions:

- preparing
must be the same throughout the entire filing report.
- i. SERV-AGENT-CODE – Code for an insurance company
its own filing, or a Department-supplied number. The service agent code must be the same throughout the entire filing report.
 - ii. NR-FILING-RECORDS – Number of filings records, excluding header and trailer records. An accurate count for this field is not required. It must have six (6) digits but it can be six (6) zeros.
 - iii. DATE-CREATED – Date the filing report was created. Use format CCYYMMDD.
 - iv. TEST-FILE – Indicator to determine if filing report is production or test. Use “Y” for test data or “N” for live data. If the indicator is “Y”, filing reports for GXS must be sent to the Test mailbox (“LAPS/LAPSS67”).
 - v. COMPRESSION – Use “N” for uncompressed.
 - vi. ACCOUNT-NUMBER – The account number (assigned to the company by the GXS or the Department).
 - vii. PERIOD – The character “.”.
 - viii. USER-ID – The user ID (assigned to the company by the GXS or the Department).
 - ix. INS-CO-USAGE – This field is for insurance company usage.
 - x. FILLER – Unused. Should be space filled.
 - xi. EDIT-ERROR-MASK – Used by the Department to identify fields in error if the Disposition code is “E”.
 - xii. DISPOSITION – If the header record is acceptable will be a SPACE, if the header record is unacceptable will be “E”.
 - xiii. RECORD-TYPE – Use a “3”.

c. The following fields are required, and the absence of any of these key data fields or the presence of invalid data in any of the key data fields is an edit error which precludes the Department from processing any filing records on the submission.

- i. SERV-AGENT-CODE
- ii. NR-FILING-RECORDS
- iii. DATE-CREATED
- iv. TEST-FILE
- v. COMPRESSION
- vi. ACCOUNT-NUMBER
- vii. PERIOD
- viii. USER-ID
- ix. RECORD-TYPE

d. Returning Edit Errors: For a header record with an “E” disposition, the EDIT-ERROR-MASK field will be used to indicate the fields in error. Positions are as follows:

- | | | | |
|------|-------------------|-----|-----|
| i. | SERV-AGENT-CODE | 194 | |
| ii. | NR-FILING-RECORDS | 195 | |
| iii. | DATE-CREATED | | 196 |
| iv. | TEST-FILE | 197 | |
| v. | COMPRESSION | | 198 |
| vi. | ACCOUNT-NUMBER | 199 | |
| vii. | PERIOD | | 200 |

viii.	USER-ID	201
ix.	RECORD-TYPE	202

e. A value of "1" in any of the above character positions in Subparagraph "d" above signifies an error in the corresponding item. For example, if the SERV-AGT is missing, character position 194 will have a value of "1". A value of "0" in any character position of the EDIT-ERROR-MASK signifies that the corresponding item passed the edits.

6. INDIVIDUAL VEHICLE FILING RECORD,

a. An individual vehicle filing record identifies the vehicle for which liability security has been issued, procured, recalled, reinstated, terminated, canceled or changed from binder status to an active policy. Every individual vehicle filing record in the RETURN FILING REPORT is to be reviewed. Duplicate reportings (Disposition code "D") are not to be re-reported to the Department. Edit errors (Disposition code "E") are to be corrected and re-reported to the Department within fifteen (15) business days of the Return-Date. Hits (Disposition code "H") are acceptable. Incorrect "type use" or "class" (Disposition code "I") are not to be re-reported to the Department. Prescribed (Disposition code "P") are not to be re-reported to the Department. Restricted-Hit (Disposition code "R") are to have the "VIN" verified with the "Vehicle Identification Number" field from the Vehicle Registration Certificate. If the "VIN" reported matches the "Vehicle Identification Number" on the Vehicle Registration Certificate, do not re-report. If the "VIN" reported does not match the "Vehicle Identification Number" on the Vehicle Registration Certificate, re-report with the correct "VIN". Sequence errors (Disposition code "S") must be researched to determine if the record needs to be resubmitted with necessary changes. **Records must be reported in chronological order.** No-Hit (Disposition code "U") are to have the "VIN" verified with the "Vehicle Identification Number" field from the Vehicle Registration Certificate, corrected and re-reported with the correct "VIN"; this is not an acceptable reporting.

b. Individual Vehicle Filing Record Field Descriptions:

- i. VIN – "Vehicle Identification Number" field from the Vehicle Registration Certificate.
- ii. INS-COMP-CODE – NAIC Code (Best's Insurance Reports Property-Casualty).
- iii. TRANSACTION-TYPE – See Section III.I. (Transaction Types and How They Are Used)
- iv. INS-POLICY-NR – Policy number.
- v. TERMINATION-OR-CHANGE-OR-EFFECTIVE-DATE – Date insurance coverage on VIN was canceled, terminated, changed or became effective. Use format CCYYMMDD.
- vi. SERV-AGENT-CODE – Use only one (1) servicing agent code throughout the filing. Companies preparing their own filings are to use the NAIC code for the company reporting. Servicing Agents preparing filings for multiple companies shall use their SERV-AGENT-CODE throughout the entire filing and use the NAIC code for the insurance company that is issuing the liability security policy in the INS-COMP-CODE field.
- vii. LESSEE-OR-OWNER-STATE – A two-character abbreviation for the state that issued the driver's license. If the "LESSEE-OR-OWNER-IDENTIFICATION-NUMBER" contains the federal tax identification number, the LESSEE-OR-OWNER-STATE field is spaces.
- viii. LESSEE-OR-OWNER-IDENTIFICATION-NUMBER – The lessee or owner identification number can be either a driver's license number or a federal tax

identification number. The “DRIVER’S LICENSE/EIN” field as it appears on the Vehicle Registration Certificate should contain the correct number. For individually owned vehicles, use the driver’s license. For company owned vehicles, use the federal tax identification number.

ix. ISSUE-DATE – Date the policy was issued or terminated for a vehicle. When reporting an initiation for a new vehicle added to an existing policy, make sure that the issue date used is the date the vehicle was added to the policy, not the issue date of the original policy. Use format CCYYMMDD.

x. INS-CO-USAGE – This field is for insurance company usage.

xi. FILLER – Spaces. No special characters.

xii. RETURN-DATE – This field will be populated by the Department with the date the record was processed and returned to the reporting company. Use format CCYYMMDD.

xiii. LATE-FLAG – Indicates if filing record was late. This field will be populated by the Department. Any filing that is late will have this field set to “Y”.

xiv. EDIT-ERROR-MASK – Used to identify edit errors that are being returned to the company. For filing records with DISPOSITION of “E” the EDIT-ERROR-MASK will identify each field that failed to pass the edits. This field will be populated by the Department with a “1” (error) or “0” (no error).

xv. DISPOSITION – Code used to determine the acceptance or rejection of a filing record. This field will be populated by the Department. See Section III.J. (Disposition Codes)

xvi. RECORD-TYPE – Use a “1” to identify this record as an individual vehicle filing record.

c. The following fields are required, and the absence of any of these key data fields or the presence of invalid data in any of the key data fields is an edit error which precludes the Department from processing this individual filing record.

i. VIN

ii. INS-COMP-CODE

iii. TRANSACTION-TYPE

iv. INS-POLICY-NR

v. TERMINATION-OR-CHANGE-OR-EFFECTIVE-DATE

vi. SERV-AGENT-CODE

vii. LESSEE-OR-OWNER-STATE

viii. LESSEE-OR-OWNER-IDENTIFICATION-NUMBER

ix. ISSUE-DATE

x. RECORD-TYPE

d. Returning Edit Errors. For individual vehicle filing records with an “E” Disposition, the EDIT-ERROR-MASK field will be used to indicate the fields in error. Positions are as follows:

i. VIN 194

ii. INS-COMP-CODE 195

iii. TRANSACTION-TYPE 196

iv. INS-POLICY-NR

197

v. TERMINATION-OR-CHANGE-OR-EFFECTIVE-DATE 198

vi.	SERV-AGENT-CODE	199
vii.	LESSEE-OR-OWNER-STATE	200
viii.	LESSEE-OR-OWNER-IDENTIFICATION-NUMBER	
	201	
ix.	ISSUE-DATE – only for Initiations	202
x.	RECORD-TYPE	
	203	

e. A value of “1” in any of the above character positions signifies an error in the corresponding item. For example, if the TRANSACTION-TYPE is missing, character position 196 will have a value of “1”. A value of “0” in any character position of the EDIT-ERROR-MASK signifies that the corresponding item has passed the edits.

7. FLEET FILING RECORD

a. A Fleet Filing record is to be used to report the number of vehicles contained within the fleet.

b. Fleet Filing Record Field Descriptions:

1. INS-COMP-CODE – NAIC Code (Best’s Insurance Reports Property-Casualty)
2. TRANSACTION-TYPE – See Section III.I. (Transaction Types and How They Are Used)
3. INS-POLICY-NR – Policy number.
4. TERMINATION-OR-CHANGE-OR-EFFECTIVE-DATE – Date policy was canceled, terminated, changed or became effective. Use format CCYYMMDD.
5. SERV-AGENT-CODE – Use only one (1) servicing agent code throughout the filing. Companies preparing their own filings are to use the NAIC code for the company reporting. Servicing Agents preparing filings for multiple companies shall use their SERV-AGENT-CODE throughout the entire filing and use the NAIC code for the insurance company that is issuing the liabilitysecurity policy in the INS-COMP-CODE field.
6. LESSEE-OR-OWNER-FEDERAL-TAX-IDENTIFICATION-NUMBER –The lessee or owner Federal Tax Identification Number. Use the nine (9) digits of the federal tax identification number. This is the “DRIVER’S LICENSE/EIN” FIELD as it appears on the Vehicle Registration Certificate.
7. LESSEE-OR-OWNER-NAME – For leased vehicles (“STATUS” fieldof the Vehicle Registration Certificate is “LESSEE”) this is the “NAME” field as it appears on the Vehicle Registration Certificate. For owned vehicles, this is the “OWNER’S NAME” field as it appears on the Vehicle Registration Certificate.
8. LESSEE-OR-OWNER-ADDRESS – For leased vehicles (“STATUS” field of the Vehicle Registration Certificate is “LESSEE”) this is the “STREET1” field below the “NAME” field as it appears on the Vehicle Registration Certificate. For owned vehicles, this is the “STREET1” field below the “OWNER’S NAME” field as it appears on the Vehicle Registration Certificate.
9. LESSEE-OR-OWNER-CITY-STATE – For leased vehicles (“STATUS” field of the Vehicle Registration Certificate is “LESSEE”) this is the “CITY/STATE” field below the “NAME” field as it appears on the Vehicle Registration Certificate. For owned vehicles, this is the “CITY/STATE” field below the “OWNER’S NAME” field as it appears on the Vehicle Registration Certificate.

10. LESSEE-OR-OWNER-ZIP-CODE - For leased vehicles ("STATUS" field of the Vehicle Registration Certificate is "LESSEE") this is the "ZIP" field below the "NAME" field as it appears on the Vehicle Registration Certificate. For owned vehicles, this is the "ZIP" field below the "OWNER'S NAME" field as it appears on the Vehicle Registration Certificate.

11. NUMBER-OF-VEHICLES-IN-FLEET – The estimated number of vehicles in the fleet covered by this filing record.

12. ISSUE-DATE – Date the policy was issued or terminated.

13. INS-CO-USAGE – This field is for insurance company usage.

14. RETURN-DATE – This field will be populated by the Department with the date the record was processed and returned to the reporting company. Use format CCYYMMDD.

15. LATE-FLAG – Indicates if filing was late. This field will be populated by the Department. Any filing that is late will have this field set to "Y".

16. EDIT-ERROR-MASK – Used to identify edit errors that are being returned to the company. For filing records with Disposition of "E", the EDIT-ERROR-MASK will identify each field that failed to pass the edits. Each character of this field will be populated by the Department with a "1" (error) or a "0" (no error).

17. DISPOSITION – Code used to determine the acceptance or rejection of a filing record. This field will be populated by the Department. See Section III.J. (Disposition Codes)

18. RECORD-TYPE – Use a "4" to identify this record as a fleet filing record.

c. The following fields are required:

- i. INS-COMP-CODE
- ii. TRANSACTION-TYPE
- iii. INS-POLICY-NR
- iv. TERMINATION-OR-CHANGE-OR-EFFECTIVE-DATE
- v. SERV-AGENT-CODE
- vi. LESSEE-OR-OWNER-FEDERAL-TAX-IDENTIFICATION-NUMBER
- vii. LESSEE-OR-OWNER-NAME
- viii. LESSEE-OR-OWNER-ADDRESS
- ix. LESSEE-OR-OWNER-CITY-STATE
- x. LESSEE-OR-OWNER-ZIP-CODE
- xi. NUMBER-OF-VEHICLES-IN-FLEET
- xii. ISSUE-DATE
- xiii. RECORD-TYPE

d. Returning Edit Errors.

i. For filing records with an "E" disposition, the EDIT-ERROR-MASK field will be used to indicate the fields in error. Positions are as follows:

- (a). INS-COMP-CODE 194
- (b). TRANSACTION-TYPE 195
- (c). INS-POLICY-NR 196
- (d). TERMINATION-OR-CHANGE-OR-

	EFFECTIVE-DATE	197	
(e).	SERV-AGENT-CODE	198	
(f).	LESSEE-OR-OWNER-FEDERAL-TAX-IDENTIFICATION-NUMBER	199	
(g).	LESSEE-OR-OWNER-NAME	200	
(h).	LESSEE-OR-OWNER-ADDRESS		201
(i).	LESSEE-OR-OWNER-CITY-STATE		202
(j).	LESSEE-OR-OWNER-ZIP-CODE		203
(k).	NUMBER-OF-VEHICLES-IN-FLEET	204	
(l).	ISSUE-DATE	205	
(m).	RECORD-TYPE		206

ii. A value of "1" in any of the above character positions signifies an error in the corresponding item. For example, if the TRANSACTION-TYPE is missing, character position 195 will have a value of "1". A value of "0" in any character position of the EDIT-ERROR-MASK signifies that the corresponding item passed the edits.

8. TRAILER RECORD

a. A trailer record is required. The trailer record must contain all 9's for positions 1 through 219 and must have a record type 2 in position 220. After the complete filing has been processed, the Department will update the trailer record with statistical information for the records submitted. This record is returned to the insurance company for review.

b. Returned Trailer Record Field Descriptions:

- i. Servicing Agent Code
- ii. Date Filing was Received by the Department \
- iii. Date Filing was Processed by the Department
- iv. Total number of records included in the filing (record types 1 and 4) Reporting) or Class)
- v. Total number of records with disposition "D" (Duplicate)
- vi. Total number of records with disposition "E" (Edit Error)
- vii. Total number of records with disposition "H" (Hit)
- viii. Total number of records with disposition "I" (Incorrect Type-Use)
- ix. Total number of records with disposition "P" (Prescribed)
- x. Total number of records with disposition "R" (Restricted Hit)
- xi. Total number of records with disposition "S" (Sequence Error)
- xii. Total number of records with disposition "U" (No Hit)
- xiii. Total number of late filings
- xiv. Filler
- xv. Record-Type – 2

H. RECORD FORMAT – INSURANCE HEADER RECORD

FIELD CHARACTERISTICS		RECORD NAME		SYSTEM		
A = ALPHABETIC X = ALPHANUMERIC N = NUMERIC (UNSIGNED) USAGE <u>ALL ASCII</u> <u>CHARACTERS</u>		INSURANCE HEADER RECORD		Compulsory Insurance Reporting		
				RECORD SIZE		
				220		
ITEM NO.	FIELD POSITION	FIELD SIZE CHAR.	FIELD CHAR.	JUSTIFIED	FIELD LABEL	DESCRIPTION OR VALUE
1	1 - 5	5	N	Right	Serv-Agent-Code	REQUIRED
2	6 - 11	6	N	Right	NR-Filing-Records	REQUIRED
3	12 - 19	8	N	Right	Date-Created	REQUIRED
4	20	1	X		Test-File (Y or N)	REQUIRED
5	21	1	X		Compression (Y or N)	REQUIRED
6	22 - 28	7	X	Right	Account-Num	REQUIRED
7	29	1	X		Period	REQUIRED
8	30 - 36	7	X	Right	User-ID	REQUIRED
9	37 - 70	34	X		Ins-Co-Usage	
10	71 - 193	123	X		Filler	SPACES
*** THE FOLLOWING FIELDS ARE OMV DATA RETURNED FOR RECORD TYPE = 3 ***						
11	194 - 218	25	X	Left	Edit-Error-Mask	
12	219	1	X	Left	Disposition	
13	220	1	N		Record-Type	3

I. RECORD FORMAT – INDIVIDUAL VEHICLE FILING RECORD

FIELD CHARACTERISTICS		RECORD NAME		SYSTEM		
A = ALPHABETIC X = ALPHANUMERIC N = NUMERIC (UNSIGNED) USAGE ALL ASCI CHARACTERS		INDIVIDUAL VEHICLE FILING RECORD		Compulsory Insurance Reporting		
				RECORD SIZE		
				220		
ITEM NO.	FIELD POSITION	FIELD SIZE CHAR.	FIELD CHAR.	JUSTIFIED	FIELD LABEL	DESCRIPTION OR VALUE
1	1 - 30	30	X	Right / Space Filled	VIN	REQUIRED
2	31 - 35	5	N	Right	Ins-Comp-Code	REQUIRED
3	36	1	X		Transaction-Type	REQUIRED
4	37 - 66	30	X	Left	Ins-Policy-Nr	REQUIRED
5	67 - 74	8	N	Right	Termination-or-Change-or-Effective-Date (CCYYMMDD)	REQUIRED
6	75 - 79	5	N	Right	Serv-Agent-Code	REQUIRED
7	80 - 81	2	X		Lessee-or-Owner-State	REQUIRED
8	82 - 90	9	N	Right	Lessee-or-Owner-Identification-Number	REQUIRED
9	91 - 98	8	N	Right	Issue-Date (CCYYMMDD)	REQUIRED
10	99 - 132	34	X		Ins-Co-Usage	
11	133 - 184	52	X		Filler	SPACES
*** THE FOLLOWING FIELDS ARE OMV DATA RETURNED FOR RECORD TYPE = 1 ***						
12	185 - 192	8	N	Right	Return-Date	CCYYMMDD
13	193	1	X		Late-Flag	Y or N
14	194 - 218	25	X	Left	Edit-Error-Mask	
15	219	1	X	Left	Disposition	
16	220	1	N		Record-Type	1

J. RECORD FORMAT – FLEET FILING RECORD

FIELD CHARACTERISTICS		RECORD NAME FLEET FILING RECORD		SYSTEM Compulsory Insurance Reporting		
A = ALPHABETIC X = ALPHANUMERIC N = NUMERIC (UNSIGNED) USAGE <u>ALL ASCII</u> <u>CHARACTERS</u>				RECORD SIZE		
				220		
ITEM NO.	FIELD POSITION	FIELD SIZE CHAR.	FIELD CHAR.	JUSTIFIED	FIELD LABEL	DESCRIPTION OR VALUE
1	1 - 5	5	N	Right	Ins-Comp-Code	REQUIRED
2	6	1	X		Transaction-Type	REQUIRED
3	7 - 36	30	X	Left	Ins-Policy-Nr	REQUIRED
4	37 - 44	8	N	Right	Termination-or-Change-or- Effective-Date (CCYYMMDD)	REQUIRED
5	45 - 49	5	N	Right	Serv-Agent-Code	REQUIRED
6	50 - 58	9	N	Right	Lessee-or-Owner-Federal- Tax-Identification-Number	REQUIRED
7	59 - 88	30	X	Left	Lessee-or-Owner-Name	REQUIRED
8	89 - 113	25	X	Left	Lessee-or-Owner-Address	REQUIRED
9	114 - 133	20	X	Left	Lessee-or-Owner-City-State	REQUIRED
10	134 - 138	5	N	Right	Lessee-or-Owner-Zip-Code	REQUIRED
11	139 - 142	4	N	Right	Number-of-Vehicles-in-Fleet	REQUIRED
12	143 - 150	8	N	Right	Issue-Date (CCYYMMDD)	REQUIRED
13	151 - 184	34	X		Ins-Co-Usage	
*** THE FOLLOWING FIELDS ARE OMV DATA RETURNED FOR RECORD TYPE = 4 ***						
14	185 - 192	8	N	Right	Return-Date	CCYYMMDD
15	193	1	X		Late-Flag	Y or N
16	194 - 218	25	X	Left	Edit-Error-Mask	
17	219	1	X	Left	Disposition	
18	220	1	N		Record-Type	4

K. RECORD FORMAT – TRAILER RECORD

FIELD CHARACTERISTICS		RECORD NAME		SYSTEM		
A = ALPHABETIC X = ALPHANUMERIC N = NUMERIC (UNSIGNED) USAGE <u>ALL ASCII</u> <u>CHARACTERS</u>		TRAILER RECORD		Compulsory Insurance Reporting		
				RECORD SIZE		
				220		
ITEM NO.	FIELD POSITION	FIELD SIZE CHAR.	FIELD CHAR.	JUSTIFIED	FIELD LABEL	DESCRIPTION OR VALUE
1	1 - 5	5	N	Right	Serv-Agent-Code	
2	6 - 13	8	N	Right	Date-Received	CCYYMMDD
3	14 - 21	8	N	Right	Date-Processed	CCYYMMDD
4	22 - 27	6	N	Right	Total-Number-of-Filing-Records	
5	28 - 33	6	N	Right	Total-Number-of-Disposition-D-Records	
6	34 - 39	6	N	Right	Total-Number-of-Disposition-E-Records	
7	40 - 45	6	N	Right	Total-Number-of-Disposition-H-Records	
8	46 - 51	6	N	Right	Total-Number-of-Disposition-I-Records	
9	52 - 57	6	N	Right	Total-Number-of-Disposition-P-Records	
10	58 - 63	6	N	Right	Total-Number-of-Disposition-R-Records	
11	64 - 69	6	N	Right	Total-Number-of-Disposition-S-Records	
12	70 - 75	6	N	Right	Total-Number-of-Disposition-U-Records	
13	76 - 81	6	N	Right	Total-Number-of-Late-Fillings	
14	82 - 219	138	X		Filler	SPACES
15	220	1	N		Record-Type	2

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 30:2844 (December 2004); amended LR 41:XXXX (December 2015).

§1758. INVALID VEHICLE TYPE-USE

A. The type-use for a vehicle is in the "CLASS" field of the Vehicle Registration Certificate. Below is a list of invalid "Type-Use" or "Class" of vehicles that are not to be reported to the Department.

1. 0109 – Shriner Auto
2. 0110 – Grotto Auto
3. 0111, 0112, 0113, 0114, 0115, 0116, 0117, 0118, 0147, 0148, 0149 – Public Auto
4. 0121, 0122 – Consular Auto
5. 0124, 0125 – Governor’s Staff Auto
6. 0138 – US Congressman
7. 0139 – US Senator
8. 0205, 0236, 0241 – Forest Truck
9. 0209 – Shriner Truck
10. 0210 – Grotto Truck
11. 0211, 0212, 0213, 0214, 0215, 0216, 0217 – Public Truck
12. 0221, 0222 – Consular Truck
13. 0224, 0225 – Governor’s Staff Truck
14. 0242, 0243, 0244, 0245, 0246 – Farm Truck
15. 0252, 0253, 0254 – Public Truck
16. 0262 – Handicap Farm Truck
17. 0305, 0306, 0307, 0311, 0312, 0313, 0314, 0315, 0316 – Public Motorcycle
18. 0309 – Shriner Motorcycle
19. 0310 – Grotto Motorcycle
20. 0409 – Shriner Bus
21. 0415, 0416, 0417, 0418, 0419, 0420, 0421, 0422, 0423, 0427, 0428, 0429, 0466, 0467, 0468 – Public Bus
22. 0601, 0602 – House Trailer
23. 0701, 0722 – Trailer
24. 0702, 0733 – Boat Trailer
25. 0703 – 4 Year Trailer
26. 0704 – Light Semi Trailer
27. 0705 – Trailer Apportioned
28. 0706 – Farm Semi Trailer
29. 0707, 0708, 0709, 0723, 0724, 0725 – Public Perm Trailer
30. 0710, 0711, 0712 – Public Boat Trailer
31. 0713, 0714, 0715 – Public 4 Year Trailer
32. 0716, 0717, 0718 – Public Light Semi Trailer
33. 0719, 0720, 0721 – Public Plate Trailer
34. 0726 – Shriner Trailer
35. 0727 – Grotto Trailer
36. 0728 – Appor Life trailer
37. 0729, 0730 – Trailer Life

- 38. 0731, 0732 – Trailer 4 Year
- 39. 0901, 0902, 0903, 0904, 0905 – Off-Road Vehicle

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.
HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 30:2844 (December 2004); amended LR 41:XXXX (December 2015).

§1760. IDENTIFICATION CARD SPECIFICATIONS

A. GENERAL INFORMATION

- 1. Pursuant to R.S. 32:863, which became effective July 1, 1985, all vehicles registered in the State of Louisiana must contain within the vehicle documentation indicating compliance with the Compulsory Motor Vehicle Liability Security Law. An identification card may be used in lieu of the actual policy as a means of showing evidence of liability insurance coverage.
- 2. The purpose of developing an approved identification card should be to provide a document to be used as proof of compliance with Louisiana’s compulsory insurance laws.
- 3. Those ID Cards, in conformance with the attached specifications, will be accepted as proof of liability insurance by law enforcement and by the Office of Motor Vehicles.
- 4. In order for the Security Provider to insure compliance with specification requirements, the Security Provider shall furnish the Department with sample copies of its Louisiana Liability Insurance Identification Card. Mail sample ID cards to:

Department of Public Safety & Corrections
Office of Motor Vehicles
Compulsory Insurance Unit
Post Office Box 64886
Baton Rouge, Louisiana 70896-4886
or
Fax copy to (225)-922-0158
Attention: Supervisor

- 5. For questions regarding implementation, please call the Compulsory Insurance Unit at (225) 925-7285.

B. LOUISIANA IDENTIFICATION CARD SPECIFICATIONS

- 1. Size of document need not be uniform.
- 2. Card should be a one-part form on at least 20 lb. white paper stock.
- 3. The following general information must be designated on the card in either bold print or contrasting color:
 - a. Front
 - i. Louisiana Auto Insurance Identification Card

ii. An insurer authorized to transact business in Louisiana has issued the Motor Vehicle Policy identified hereon. The coverage provided by this policy meets the minimum liability insurance limits prescribed by law.

(a). This wording is necessary to meet requirements without having to specify the actual insurance limits on all vehicles (vehicles under or over 20,000 lbs.).

iii. This card must be carried in the vehicle at all times as evidence of liability insurance

b. Reverse

i.

“IMPORTANT NOTICE

La. R.S. 32:863.1 requires that an operator of a motor vehicle produce upon demand by a law enforcement officer documentation of motor vehicle security which is required to be maintained within the vehicle at all times.

Failure to comply may result in fines, revocation of registration privileges and block against the renewal or issuance of a driver’s license.”

4. Specific information **required** on the Identification Card is as follows:

a. Front

i. The name, address and NAIC number of the insurance company.

ii. Name of insured, policy number, effective date and expiration date. When a new vehicle is added to an existing policy, make sure the effective date used is the date the vehicle was added to the policy, not the issue date of the original policy.

iii. Vehicle Description: the year may be shown as two (2) digits and the make may be abbreviated. The full VIN number must be shown. Only when the insurer does not have the VIN information under a fleet policy, is the word “FLEET” to be entered. The Federal Tax identification number of the listed insured must be provided when “FLEET” is used.

b. Front or Back

i. Any excluded driver’s on the policy must be listed.

ii. The excluded driver’s date of birth and/or operator’s license number (optional)

iii. The insurance agent’s name, address and telephone number**

(a). In accordance with Act 527 (SB882) R.S. 32:397(A), the insured will be required to furnish proof of insurance to law enforcement at the time of an accident.

5. The certificate should be provided to each liability policy holder at least annually or at each renewal.

6. Other items may be included at the discretion of the insurer such as company logo or any other message(s) including claim locations, what to do in the event of an accident, etc., on the reverse side of the card.

C. EXAMPLES OF LOUISIANA IDENTIFICATION CARD

LOUISIANA AUTO INSURANCE IDENTIFICATION CARD		
An insurer authorized to transact business in Louisiana has issued the Motor Vehicle Policy identified hereon. The coverage provided by this policy meets the minimum liability insurance limits prescribed by law.		
NAIC NUMBER	COMPANY	
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
VEHICLE DESCRIPTION		
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
INSURED		
THIS CARD MUST BE IN THE VEHICLE AT ALL TIMES AS EVIDENCE OF INSURANCE		

IMPORTANT NOTICE
La. R.S. 32:863.1 requires that an operator of a motor vehicle produce upon demand by a law enforcement officer documentation of motor vehicle security which is required to be maintained within the vehicle at all times.
Failure to comply may result in fines, revocation of registration privileges and block against the renewal or issuance of a driver's license.
INSURANCE AGENT:
EXCLUDED DRIVERS:

D. SAMPLE IDENTIFICATION CARD WITH INDIVIDUAL VEHICLE INFORMATION

LOUISIANA AUTO INSURANCE IDENTIFICATION CARD

An insurer authorized to transact business in Louisiana has issued the Motor Vehicle Policy identified hereon. The coverage provided by this policy meets the minimum liability insurance limits prescribed by law.

NAIC NUMBER

12345

COMPANY

Compulsory Insurance Company
1234 Liability Lane
Security, LA 10000

POLICY NUMBER

ABC 12345

EFFECTIVE DATE

01/01/2010

EXPIRATION DATE

01/01/2011

VEHICLE DESCRIPTION

YEAR

2005

MAKE/MODEL

Chev/Cam

VEHICLE IDENTIFICATION NUMBER

1GTCE1456PB123456

INSURED

John Doe
203 Doe Street
Baton Rouge, LA 70895

**THIS CARD MUST BE IN THE VEHICLE AT ALL TIMES
AS EVIDENCE OF INSURANCE**

IMPORTANT NOTICE

La. R.S. 32:863.1 requires that an operator of a motor vehicle produce upon demand by a law enforcement officer documentation of motor vehicle security which is required to be maintained within the vehicle at all times.

Failure to comply may result in fines, revocation of registration privileges and block against the renewal or issuance of a driver's license.

INSURANCE AGENT:

All Day Insurance Agency
1000 Anywhere Street
Baton Rouge, LA 70806
Phone # (225) 123-4567

EXCLUDED DRIVERS:

Johnny Doe

E. SAMPLE IDENTIFICATION CARD WITH FLEET INFORMATION

LOUISIANA AUTO INSURANCE IDENTIFICATION CARD

An insurer authorized to transact business in Louisiana has issued the Motor Vehicle Policy identified hereon. The coverage provided by this policy meets the minimum liability insurance limits prescribed by law.

NAIC NUMBER

12345

COMPANY

Compulsory Insurance Company
1234 Liability Lane
Security, LA 10000

POLICY NUMBER

ABC 12345

EFFECTIVE DATE

01/01/2010

EXPIRATION DATE

01/01/2011

VEHICLE DESCRIPTION

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

FLEET – FEDERAL TAX ID # 720000000

INSURED

John Doe Trucking, Inc.
203 Doe Street
Baton Rouge, LA 70895

**THIS CARD MUST BE IN THE VEHICLE AT ALL TIMES
AS EVIDENCE OF INSURANCE**

IMPORTANT NOTICE

La. R.S. 32:863.1 requires that an operator of a motor vehicle produce upon demand by a law enforcement officer documentation of motor vehicle security which is required to be maintained within the vehicle at all times.

Failure to comply may result in fines, revocation of registration privileges and block against the renewal or issuance of a driver's license.

INSURANCE AGENT:

All Day Insurance Agency
1000 Anywhere Street
Baton Rouge, LA 70806
Phone # (225) 123-4567

EXCLUDED DRIVERS: N/A

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.
HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 30:2844 (December 2004); amended LR 41:XXXX (December 2015).

§1762. PROOF OF LIABILITY SECURITY

A. In accordance with Act 423 (HB1366) R.S. 32:862(B)(H), licensed drivers and motor vehicle owners will be required to show **PROOF OF LIABILITY COVERAGE** at the time of vehicle registration, renewal of license plate and at the time of initial application, renewal or change of address/endorsement for a Driver's License. Acceptable proof of insurance will be in the form of one of the following:

1. **FOR VEHICLES WITH A GROSS VEHICLE WEIGHT OF 20,000 POUNDS OR UNDER**

a. Proof that a liability insurance policy providing at least **\$15,000/\$30,000** bodily injury and **\$25,000** property damage as provided in R.S. 32:900(B) was issued. (Copy of insurance identification card, copy of insurance policy or copy of declaration page of insurance policy); or

b. Proof that an approved motor vehicle liability bond was issued by a surety or insurance company in the amount of **\$30,000**; or

c. Proof that a certificate was issued from the State Treasurer stating that cash or securities of **\$55,000** was on deposit with the State Treasurer; or

d. Proof that a Louisiana Certificate of Self-Insurance was issued under R.S. 32:1042.

2. **FOR VEHICLES WITH A GROSS VEHICLE WEIGHT OF 20,001 – 50,000 POUNDS**

a. Proof that a liability insurance policy providing at least **\$25,000/\$50,000** bodily injury and **\$25,000** property damage as provided in R.S. 32:900(B) was issued. (Copy of insurance policy or copy of declaration page of insurance policy); or

b. Proof that a Louisiana Certificate of Self-Insurance was issued under R.S. 32:1042 (ACT 34 of the first extraordinary special session of 1996); or

c. Proof of single state registration (current form RS-3); or

d. Proof of Public Commission authority (current Intra-State ID Cab card);
or

e. Proof that a Certificate of Self-insurance was issued by the Interstate Commerce Commission (ICC) under R.S. 32:900(M)(3).

3. **FOR VEHICLES WITH A GROSS VEHICLE WEIGHT OVER 50,001 POUNDS**

a. Proof that a liability insurance policy providing at least **\$100,000/\$300,000** bodily injury and **\$25,000** property damage or combined single limit of **\$300,000** as provided in R.S. 32:900(B) was issued. (Copy of insurance policy or copy of declaration page of insurance policy); or

- b. Proof that a Louisiana Certificate of Self-Insurance was issued under R.S. 32:1042 (Act 34 of the first extraordinary special session of 1996); or
- c. Proof of single state registration (current form RS-3); or
- d. Proof of Public Service Commission authority (current Intra-State ID Cab Card); or
- e. Proof a Certificate of Self-Insurance was issued by the Interstate Commerce Commission (ICC) under R.S. 32:900(M)(3).

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 30:2844 (December 2004); amended LR 41:XXXX (December 2015).

§1764. Declaratory Orders and Rulings

(Former §1789. Declaratory Orders and Rulings)

A. Any person desiring a ruling on the applicability of R.S. 32:863.2, or any other statute, or the applicability or validity of any rule, to the reporting of initiation and any subsequent change in insurance coverage shall submit a written petition to the assistant secretary for the Office of Motor Vehicles. The written petition shall cite all constitutional provisions, statutes, ordinances, cases, and rules which are relevant to the issue presented or which the person wishes the assistant secretary to consider prior to rendering an order or ruling in connection with the petition. The petition shall be typed, printed or written legibly, and signed by the person seeking the ruling or order. The petition shall also contain the person's full printed name, the complete physical and mailing address of the person, and a daytime telephone number.

B. If the petition seeks an order or ruling on a report submitted to the Office of Motor Vehicles by a security provider, the person submitting the petition shall notify the security provider who submitted the report, if the person submitting the petition is not the security provider. Such notice shall be sent by certified mail, return receipt requested. In such case, the petition shall not be considered until proof of such notice has been submitted to the assistant secretary, or until the person petitioning for the order or ruling establishes that the security provider cannot be notified after a due and diligent effort. The notice shall include a copy of the petition submitted to the assistant secretary.

C. The assistant secretary may request the submission of legal memoranda to be considered in rendering any order or ruling. The assistant secretary or his designee shall base the order or ruling on the documents submitted including the petition and legal memoranda. If the assistant secretary or his designee determines that the submission of evidence is necessary for a ruling, the matter may be referred to a hearing officer prior to the rendering of the order or ruling for the taking of such evidence.

D. Notice of the order or ruling shall be sent to the person submitting the petition as well as the security provider receiving notice of the petition at the mailing addresses provided in connection with the petition.

E. The assistant secretary may decline to render an order or ruling if the person submitting the petition has failed to comply with any requirement in this Section.

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 24:1780 (September 1998), repromulgated LR 30:2856 (December 2004); repromulgated LR 41:XXXX (December 2015).

Subchapter C Compulsory Insurance Enforcement

§1766. Introduction

A. The Louisiana Legislature enacted law La R.S. 32:863.2(F) requiring the Louisiana Department of Public Safety (DPS) to create an Online Insurance Verification System. DPS (Louisiana State Police and the Office of Motor Vehicles) is implementing the Louisiana Insurance Verification System (LAIVS) in order to meet the law's requirements and provide the Louisiana State Police (LSP), Office of Motor Vehicles (OMV), State Courts, Law Enforcement Agencies, and other authorized users with the ability to perform real-time insurance verification. LAIVS will utilize the Insurance Industry Committee on Motor Vehicle Administration (IICMVA) standards for insurance provider reporting.

B. DPS has partnered with a contracted vendor, MV Solutions Inc., to implement LAIVS. This new system will interface with various State computer systems and networks.

C. Louisiana (LA) licensed insurance providers will be required to make motor vehicle liability insurance information available to LAIVS in the manner defined below for vehicles registered in LA.

D. Insurance providers are required to continue reporting notification of initiation, termination, or modification of liability security to the current LA insurance reporting system. The state intends to replace the current reporting system after successful implementation of LAIVS in a subsequent phase of this project that will be part of a separate procurement solicitation from prospective contractors.

E. LAIVS reporting requirements are summarized below:

1. Insurance providers covering 500 or more vehicles registered in LA must establish a web service that will allow LAIVS instant direct verification of insurance.

a. The web services shall be in compliance with the specifications and standards of the Insurance Industry Committee on Motor Vehicle Administration (IICMVA).

b. Insurance providers issuing commercial policies who capture the VINs shall comply with the web service requirement unless they have been granted an exemption by the Commissioner of OMV.

2. All insurance providers writing private passenger and commercial motor vehicle policies in LA are required to report specified policy, vehicle, and customer information (referred to as the Book of Business (BOB)) to LAIVS.

a. Insurance providers must submit BOB data to LAIVS at least once a calendar month. Insurance providers who are not hosting a web service or whose web service do not support VIN broadcasting must provide BOB data on a weekly basis. This data will be used by LAIVS to route instant or real-time verification queries.

b. Unless an insurance provider issues coverage for less than 500 vehicles registered in LA, the insurance provider must submit BOB data to LAIVS via the file transfer protocol (FTP) process outlined in this Guide. Insurance providers issuing coverage for less than 500 vehicles can either FTP the BOB file or utilize the LAIVS website for BOB reporting.

c. The Vehicle Identification Number (VIN) will not be required for fleet policies. A fleet policy is a policy insuring a business with a fleet of five or more vehicles registered in LA for which VIN information is not maintained on each vehicle. However, if the insurance provider

does maintain the VIN of the vehicles within the fleet, the VINs must be reported in the Book of Business file.

F. Insurance Provider Compliance Timeline:

1. By September 21, 2015 – Insurance providers register on the LAIVS website.
2. By November 20, 2015 – Insurance providers submit a test BOB file to LAIVS and begin web services testing. Insurance providers with existing web services active in other jurisdictions can use their production web services for testing
3. By February 23, 2016 – Insurance providers move to a production environment, including BOB data submission and web services (if applicable). Insurance providers are encouraged to move to production earlier as state users will begin using LAIVS for insurance verification before this deadline.

G. As previously stated, insurance providers are required to continue reporting notification of initiation, termination, or modification of liability security to the current LA insurance reporting system. The state intends to replace the current reporting system after successful implementation of LAIVS in a subsequent phase of this project that will be part of a separate procurement solicitation from prospective contractors.

H. This Guide is posted on the LAIVS website. Go to www.LAIVS.org, click on the HELP link, and then on Help For Insurance Providers. If you have any questions, please contact the LAIVS help desk at support@LAIVS.org.

I. Insurance providers are responsible for reading and complying with this entire document and reviewing additional information posted on the www.LAIVS.org website.

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 41X:XXXX (December 2015)

§1768. Book of Business Reporting

A. Insurance providers must submit Book of Business (BOB) files to LAIVS by the seventh (7th) calendar day of each month. Insurance providers whose web services do not support VIN broadcasting or are not hosting a web service must provide BOB data on a weekly basis. Insurers providing weekly BOB data can submit the data on any day of the week including the weekend. Insurance providers that issue coverage for less than 500 vehicles in Louisiana shall either submit BOB files via FTP or report BOB data using the LAIVS website. Follow the guidelines and procedures explained in the sections below when providing the BOB files to LAIVS.

B. BOB Data To Be Reported. Report the following information when submitting the BOB files:

1. All active LA motor vehicle insurance policies with the minimum liability coverage required by the State of Louisiana and the associated vehicles and customers.
2. Both private passenger and commercial motor vehicle insurance policies shall be reported. The VIN is not required for fleet policies. A fleet policy is a policy insuring a business with a fleet of five or more vehicles registered in LA for which VIN information is not maintained on each vehicle. However, if the insurance provider does maintain the VIN of the vehicles within the fleet, the VINs must be reported in the Book of Business file.
3. The vehicle types that should be reported are provided in Appendix C.

C. BOB File Structure. The BOB file structure is based upon Version 1.1 of the Insurance Data Transfer Guide published by the IICMVA on August 23, 2011. The BOB file is a text file with rows of fixed length. All rows will be 300 characters long with spaces used as filler. Follow each row with a carriage return line feed character (Hexadecimal '0D 0A'). Submit a separate file for each NAIC number.

1. File Name. The file name should include the following fields:
 - a. NAIC Number: Insurance provider's NAIC Number
 - b. File Creation Date: Date file was created in the YYYYMMDD format
 - c. Environment: "P" – Production; "T" – Test
 - d. Extension: File extension such as "pgp", "asc", "txt" or any other 3 character file extension
 - e. File Name format should be in the *NAIC_Date_Environment.extension* format. For example: 12345_20110815_P.pgp
2. Detail Rows. The detail rows show the policy data being submitted by the insurance provider. Generate one record per customer, vehicle, and policy combination. For example, if policy number 12345 is associated with customers Jane and John Doe on a 2004 Jeep and a 2005 GMC, then four records with the following combinations should be created:
 - a. Jane Doe, 2004 Jeep, policy 12345
 - b. Jane Doe, 2005 GMC, policy 12345
 - c. John Doe, 2004 Jeep, policy 12345
 - d. John Doe, 2005 GMC, policy 12345
 - e. Each field's length is specified in the table below with any unused length filled by trailing spaces. Any fields for which a value is not being provided should be filled with spaces. Provide the following fields in each row:

Field Id	Field Name	Length	Begin	End	Type (AN – Alpha numeric N- Numeric)	Mandatory/ Optional	Description
1	POLICY TYPE	2	1	2	AN	M	'VS' = Vehicle Specific 'NS' = Non Vehicle Specific (Fleet Policies)
2	NAIC	5	3	7	N	M	NAIC Code
3	POLICY NUMBER	30	8	37	AN	M	Policy Number
4	EFFECTIVE DATE	8	38	45	N	M	Effective Date – YYYYMMDD format Date coverage was added for the vehicle. There should not be any time out of force (lapse of coverage) between the Effective Date and the transmission date. If the vehicle had any time out of force, then the effective date that coverage was resumed or reinstated should be reported.
5	VIN	25	46	70	AN	O	VIN (optional for non-vehicle specific fleet policy)
6	LAST NAME or ORGANIZATION	40	71	110	AN	M	
7	PREFIX NAME ABBR	3	111	113	AN	O	
8	MIDDLE NAME	20	114	133	AN	O	

9	FIRST NAME	40	134	173	AN	O	Mandatory if customer is an individual
10	SUFFIX NAME	3	174	176	AN	O	Abbreviated Name Suffix (JR, SR, etc.)
11	FEIN	9	177	185	AN	O	
12	ADDRESS	50	186	235	AN	M	
13	CITY	35	236	270	AN	M	
14	STATE	2	271	272	AN	M	
15	ZIP	5	273	277	N	M	
16	COMMERCIAL INDICATOR	1	278	278	AN	O	"Y" for commercial policies
17	FILLER	1	279	279	AN	O	
18	POLICY EXPIRATION DATE	8	280	287	N	O	Future expiration/renewal date of the current policy term. Format is YYYYMMDD.
19	FILLER	13	288	300	AN	M	Space Filled

3. Trailer Row. Each file should have one trailer row with the following fields.

Field Name	Length	Begin	End	Type	Mandatory/Optional	Description
TYPE	2	1	2	AN	M	TR' = Trailer
RECORD COUNT	12	3	14	N	M	Record count not including Trailer Record
PROCESS DATE	8	15	22	N	M	Date the file was created – YYYYMMDD Format
FILLER	278	23	300	AN	M	Space Filled

D. BOB File Submission. Each insurance provider will be assigned an FTP account (see Section 2.5). There will be two folders under each FTP account. Place all BOB files into the BOB_Inbound folder. All return files created by LAIVS in response to the BOB files will be placed in the BOB_Outbound folder.

E. BOB Return Files Generated for Insurance Providers. This section describes the types of files that may be generated by LAIVS and placed in the BOB_Outbound folder of the insurance provider. These files will inform insurance providers if their files were successfully processed or if any errors were encountered in the processing. For each BOB file submitted by the insurance provider, at least one of the following files will be generated by LAIVS:

1. OK file: If there are no errors in the BOB file submitted by the insurance provider, an OK file will be generated. The OK file name will be named *OK_NAIC_DatetimeStamp.pgp* (e.g. *OK_12345_20110806121501.pgp*).

2. Decryption Error File: This file will be generated if a PGP decryption error occurs. Decryption errors can happen for the following reasons:

- a. File sent by insurance provider was not encrypted.
- b. File sent by insurance provider was improperly encrypted.
- c. File sent by insurance provider was encrypted using the wrong PGP key.

d. Decryption error file will be identified based on the file name prefix DE. The file will be named *DE_NAIC_DatetimeStamp.pgp* (e.g. *DE_12345_20110806121501.pgp*).

3. Reject File: This file will be generated if LAIVS cannot read the file or if the file is improperly formatted and the whole file is being rejected. The file may be rejected for the following reasons:

- a. File is not formatted properly.
- b. Trailer has a non-zero record count but detail records of the file are missing.
- c. Length of each record (line) is not up to the length specified in this guide.
- d. End of a record missing carriage return and line feed (Hexadecimal '0D 0A').
- e. The reject file will contain the description of the error at the top followed by the contents of the file.

f. The reject file can be identified based on the file name prefix REJ. File will be named *REJ_NAIC_DatetimeStamp* (e.g. *REJ_12345_20110806121501.pgp*).

4. Row Error File: Row error files are generated when the overall file format sent by the insurance provider is okay but some of the rows have errors including:

a. Mandatory fields missing.

b. Invalid field formats.

c. The row error file will contain only the records that are in error. The remaining records sent with the original file will be processed by LAIVS and will not appear in the file. Each error record will have the original row sent by the insurance provider followed by a 3 digit Error Code. The format of the Error Code will be E followed by the Field ID of the invalid/missing field. For example, the Error Code for a row with an invalid NAIC number will be "E02". A complete list of Error Codes is provided in Appendix D.

d. The Row Error file can be identified based on the file name prefix ERR. File will be named *ERR_ NAIC_ DatetimeStamp* (e.g. *ERR_12345_20110806121501.pgp*).

5. VIN No-Match File: The VIN No-Match files are generated if any of the VINs submitted by the insurance provider do not match VINs of vehicles registered in LA. The VIN No-Match file will include all the records where the VIN did not match. Each record will have the original row sent by the insurance provider followed by "E05", the 3 digit Error Code indicating VIN mismatch. VIN No-Match files are sent to insurance providers for informational purposes and insurance providers are not required to take action based on these files.

a. The VIN No-Match file can be identified based on the file name prefix VIN. File will be named *VIN_ NAIC_ DatetimeStamp* (e.g. *VIN_12345_20110806121501.pgp*).

F. FTP Accounts and PGP Encryption. Insurance providers must send text files to LAIVS using File Transfer Protocol (FTP). FTP accounts will be created for each insurance provider after registering with LAIVS. If the insurance provider prefers, the same FTP account can be shared by providers with different NAIC numbers that are under the same insurance group. Login information and the IP addresses of the FTP servers will be provided after registration.

1. Each FTP account will have the following folders:

a. BOB_Inbound

b. BOB_Outbound

2. All files exchanged between LAIVS and insurance providers will be encrypted by the Pretty Good Privacy (PGP) digital data encryption program. Public PGP keys will be exchanged with the LAIVS Help Desk prior to exchanging insurance data. In addition, insurance providers will have the option to use SFTP (Secure File Transfer Protocol using SSH) instead of FTP for transmission layer security.

G. BOB File Testing Process. Before testing begins, each insurance provider participating in LAIVS must register on the LAIVS website as described in Section 5. After completing registration, insurance providers will be contacted by the LAIVS team to schedule a conference call to discuss the testing process and address any questions about the LAIVS reporting requirements. FTP User IDs and passwords will be provided and public PGP keys will be exchanged. The testing process includes the following:

1. Connectivity Testing: The insurance provider should be able to connect to the designated LAIVS FTP server, log in to the insurance provider's FTP account, and transfer files to the appropriate folders. The insurance provider should be able to retrieve LAIVS return files.
2. Decryption: LAIVS should be able to successfully decrypt files. The insurance provider should be able to successfully decrypt LAIVS return files.
3. File Format: The insurance provider files should be formatted according to LAIVS requirements.
4. File Content: The insurance provider file should contain valid test data and the data elements should meet the LAIVS rules. During testing, it is not necessary to provide production data (in force policies).
5. Insurance providers must pass the above tests before submitting production data. The LAIVS team will work with insurance providers and provide information to assist in resolution of any errors.

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 41X:XXXX (December 2015)

§1768. Insurance Provider Web Services

A. All insurance providers, except those granted an exemption, are required to implement web services capable of correctly verifying the existence of mandatory insurance for vehicles registered in LA. Insurance providers covering less than 500 vehicles registered in LA are encouraged, but are not required, to provide a web service.

B. Web Service Structure. The LAIVS Online Verification client is based upon the model developed by the IICMVA that allows a jurisdiction to use web services hosted by insurance providers to verify insurance. This section describes the overall structure of the web services to be hosted by the insurance providers.

1. Web Services Description Language (WSDL) File. A WSDL file is an XML file that describes the public interface to a web service. The IICMVA has created WSDL files for Java, .Net, and Universal web service implementations. To make the verification process as fast as possible, LAIVS uses these WSDL files and does not attempt to read the WSDL file at each web service every time a verification request is initiated. LAIVS manages the endpoints, which are Uniform Resource Locators (URLs), from a local configuration file.

2. Schema. An XML schema describes the structure of an XML message. LAIVS currently supports the ANSI ASC X12 Insurance Committee's XML Schema for Online Insurance Verification. Case is not specified in the schema. If an insurance provider has particular requirements for upper or lower case, the message payload must be converted to the required case. Also, the policy number must be converted to the required format.

3. Extensible Markup Language (XML) Messages. The XML messages for the insurance verification request and response are derived from the schema. Appendix A contains a sample verification request message and a sample verification response message.

4. Simple Object Access Protocol (SOAP) SOAP is an XML based protocol that is used by web services to wrap around the XML messages making them platform and language independent. SOAP 1.1 is required.

5. Hypertext Transfer Protocol (HTTP) over Transmission Control Protocol/Internet Protocol (TCP/IP). The XML messages will be transported over the internet via HTTP. Verification requests will utilize HTTP 1.1 and it is strongly suggested that it be used for the verification responses as well.

6. Security. The XML messages will be encrypted via the Secure Sockets Layer (SSL). LAIVS will maintain Class 3 X.509 certificates identifying both the test and production environments. The certificate will be presented in each connection handshake so that the insurance provider can authenticate the client.

C. Expected Level of Service.

1. Insurance providers' web services are required to respond to verification requests on a 24/7/365 basis. Although a reasonable amount of downtime to maintain and upgrade systems may occur, the web service availability, measured on a monthly basis, shall be at least 99%.

2. Scheduled downtime must be reported via e-mail to support@LAIVS.org as early as possible, describing the reason for the downtime, the time the web service will become unavailable, and the time it is expected to become available again.

3. Unscheduled downtime must be reported via e-mail to support@LAIVS.org immediately, describing the reason for the downtime, the time the web service became unavailable, and the estimated time it will become available again.

4. Each online LAIVS transaction should take no more than 5 seconds from the time that the verification request message is initiated by the user's system until the response reaches the user's system. In order to achieve the overall 5 second response time, each insurance provider should

design its web service to provide a response within 2 seconds of receipt of an inquiry. Contributing factors to slow responses outside the control of the insurance providers, such as Internet response time, will be taken into account. Responses not received in a timely manner will be logged and used for evaluating the insurance provider's web services performance.

5. Accuracy is critical to the success of the program. Therefore, each insurance provider's web service must provide the correct response to an inquiry. Each web service will be monitored and tested for accurate responses, including testing for false confirmations.

D. The Verification Request and Response.

1. LAIVS supports the current and previous versions of the IICMVA specifications and plans to include future versions as they are issued. Prior to implementation of a schema, a WSDL created from the schema must be tested and approved.

2. The Verification Request.

a. The verification request is sent to the appropriate insurance provider by LAIVS in the XML message format that is valid for the schema employed by the insurance provider's web service. Verification that the request is from an authorized entity can be established from the certificate that LAIVS will present when the connection is initiated.

b. The following data elements will be in the verification request message:

- i. Tracking/Reference Number (ties the request to the response)
- ii. National Association of Insurance Commissioners (NAIC) Code

(identifies insurance provider)

iii. Vehicle Identification Number (VIN)

iv. Policy Number ("UNKNOWN" will be provided, if not available)

v. Verification Date. The Verification Date may be the current date or a date in the past. Insurance providers are required to maintain at least six months history. When a data element is required by the schema, if that data element is not available, LAIVS will send the following default value:

(a). "UNKNOWN" in any mandatory field where text is expected.

(b). Zeroes in any mandatory field where numbers are expected.

3. The Verification Response.

a. For each verification request sent by LAIVS, a verification response is issued by the insurance provider's web service. Because of front end edits, LAIVS will not send inquiries that would result in a response from the insurance provider that the request was invalid.

b. If minimum financial responsibility coverage is present and the policy is active on the requested verification date, the insurance provider responds with the following coverage confirmation result: CONFIRMED.

c. If minimum financial responsibility coverage is not present or the policy is not active on the requested verification date, the insurance provider responds with the following coverage confirmation result: UNCONFIRMED.

d. The required data element in a verification response is:

i. ResponseCode

e. We also recommend including the following data elements. However, these data elements are not mandatory.

i. UnconfirmedReasonCode

ii. TrackingNumber (return the number received in the verification request)

iii. NAIC

iv. VerificationDate

v. UniqueKey (policy number)

vi. PolicyState

E. Web Service Testing.

1. Before testing begins, each insurance provider will have to register on the LAIVS website as described in Section 5. After registration is complete, the insurance provider will be contacted by the LAIVS team to schedule a conference call to discuss the testing process and address any questions about the LAIVS requirements. The following information will be collected during the call:
 - a. NAIC codes and the corresponding names of the underwriting insurance providers that will be responding to verification requests through the web service
 - b. The web service URL(s)
 - c. A time frame during which insurance providers would like to conduct the testing
2. Following the call, the insurance provider will be sent the following:
 - a. The SSL certificates that identify the LAIVS Web Service Client
 - b. The IP addresses that identify the source of the verification requests
3. Although it is not required, the insurance provider can also send its SSL certificate for installation in the LAIVS trust store.
4. The testing will consist of the following steps:
 - a. Basic connectivity test. Connectivity between endpoints is tested via “ping” to ensure that endpoints are reachable.
 - b. Test ability to send and receive messages. Test verification requests and responses formatted in XML and wrapped in SOAP are exchanged.
 - c. Testing with security. The SSL encryption and authentication via the X.509 certificates will be enabled. Testing will be done to ensure that the functionality is not impacted. To properly authenticate the certificate from the jurisdiction, each insurance provider must install the public key from the jurisdiction’s certificate and the root certificate from the issuing certificate authority.
 - d. Test Cases and Data. LAIVS will run the Insurance provider’s Web service through a set of test cases. If required, the insurance provider will provide the data necessary for these test cases. After all the above testing has been completed, the insurance provider can make their production Web Services available to LAIVS for insurance verification.

F. VIN Broadcasting

1. If the VIN in the verification request message matches an insured vehicle but the policy number in the request does not match the insurance policy number, then the insurance provider’s web service should be able to indicate that the vehicle is covered (this is known as “VIN Broadcasting” or “Unknown Carrier Request”). The insurance provider can indicate that the vehicle is covered in one of the following ways:
 - a. Returning a value of “UNCONFIRMED” in the ResponseCode field and a value of “10” or “VIN3” in the UnconfirmedReasonCode field of the CoverageResponse document.
 - b. Returning a value of “CONFIRMED” in the ResponseCode field of the CoverageResponse document.
2. It is recommended that insurance provider web services support VIN broadcasting. If an insurance provider web service does not support VIN broadcasting, then they are required to provide BOB data on a weekly basis.

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 41X:XXXX (December 2015)

§ 1770. Reporting By Smaller Insurance Providers

A. Smaller insurance providers providing coverage for less than 500 vehicles are not required to host insurance verification web services and report BOB files via FTP. If the smaller insurance providers are not reporting BOB files by FTP, these providers shall perform a one-time entry of all policies via the LAIVS website. After the initial entry, these insurance providers will only be required to update their policies on the LAIVS website whenever a policy is added, modified or cancelled/expired. If there is no update to their policies, these insurance providers are required to indicate this on the LAIVS website every week.

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 41X:XXXX (December 2015)

§ 1772. Registration Process

A. Insurance providers must register on the LAIVS website before testing with LAIVS. The LAIVS website can be accessed at <https://www.LAIVS.org>. Cookies should be enabled for the website to properly function after the user has logged in. The LAIVS website is used for user registration, account management, reporting, user management, and providing help to insurance providers.

B. Insurance Provider Registration. To register, go to the LAIVS website home page and click on the "Register" link in the menu on the left side. Self-registration is only available to insurance providers that are licensed in LA. Please follow the instructions below:

1. Fill in all the insurance provider information and functional contact details.
2. Fill in the technical contact details.
3. Fill in the compliance contact details. The compliance contact is used to verify insurance by the LAIVS Help Desk.
4. Provide the password in the Web Login Section.
5. Provide a secret question and answer which will be used with the Forgot Password functionality.

C. After the insurance provider submits the registration request, the web account is created and the LAIVS team will review and verify it. If the registration requirements are not met, the contact information submitted during registration will be used to notify the registrant and collect any missing/incorrect information. Once verification is complete, the insurance provider will be contacted by a LAIVS representative to start the testing process.

D. Accessing Help. The LAIVS website help function is available to users at all times and does not require the user to log in to the website. In order to get help, click on the "Help" link from the left menu on any screen. The following information is available through the help function:

1. Users can download the latest version of the LAIVS Implementation Guide that provides detailed information on interacting with LAIVS.
2. A Frequently Asked Questions section will be populated based on queries that the LAIVS Help Desk receives most often.
3. If these sources listed above are not sufficient, click on the "Contact" link to write an email to the LAIVS Help Desk. The LAIVS Help Desk can be contacted directly at support@LAIVS.org.

E. Login for Registered and Approved Insurance Provider Users. The insurance provider must be registered with the LAIVS website and the account must be activated before a user can log in. To log in, enter the user name and password on the LAIVS website home page and then click the Login button.

F. Insurance Provider Profile Management. Once logged in, the User can click on the Account Information link to access the provider profile information. The User can change the address, contact, and password information.

G. Insurance Provider Reports. This section will provide reports that will allow the insurance providers to determine the processing status of the files that were submitted. Users will be able to sort and search by the various fields in the reports, and will also be able to export data to Microsoft Excel.

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 41X:XXXX (December 2015)

§ 1774 Support

A. Insurance providers with questions about LAIVS or needing any clarification about information provided in this guide should send an email to support@LAIVS.org.

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 41X:XXXX (December 2015)

§ 1776 Appendix A - Sample Verification Request and Response Messages

A. Please Note: The sample request and response messages included in this guide are for illustrative purposes and do not necessarily reflect the latest version. Prior to implementation of a schema, a WSDL created from the IICMVA schema must be tested and approved.

1. Sample Verification Request Message

```
<?xml version="1.0" encoding="UTF-8"?>
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:xsd="http://www.w3.org/2001/XMLSchema" xmlns:xsi="http://www.w3.org/2001/XMLSchema-
instance">
  <soapenv:Body>
    <CoverageRequest xmlns="http://www.iicmva.com/CoverageVerification/"
PublicationVersion="00200809" PublicationDate="2008-11-05">
      <RequestorInformation>
        <Organization>
          <Name>LAIVS</Name>
        </Organization>
        <ReasonDetails>
          <ReasonCode>BIVER</ReasonCode>
          <TrackingNumber>CTTRK-150219-144041-4-31-101-85-1</TrackingNumber>
        </ReasonDetails>
      </RequestorInformation>
      <Detail>
        <PolicyInformation>
          <OrganizationDetails>
            <NAIC>12345</NAIC>
          </OrganizationDetails>
          <PolicyDetails>
            <VerificationDate>2015-02-19T00:00:00.000</VerificationDate>
            <PolicyKey>UNKNOWN</PolicyKey>
            <PolicyState>CT</PolicyState>
          </PolicyDetails>
        </PolicyInformation>
        <VehicleInformation>
          <VehicleDetails>
            <VIN>VINTEST123</VIN>
          </VehicleDetails>
        </VehicleInformation>
      </Detail>
    </CoverageRequest>
  </soapenv:Body>
</soapenv:Envelope>
```

2. Sample Verification Response Message

```
<?xml version="1.0" encoding="UTF-8"?>
<SOAP-ENV:Envelope xmlns:xsd="http://www.w3.org/2001/XMLSchema" xmlns:SOAP-
ENV="http://schemas.xmlsoap.org/soap/envelope/" xmlns:xsi="http://www.w3.org/2001/XMLSchema-
instance" xmlns:SOAP-ENC="http://schemas.xmlsoap.org/soap/encoding/">
  <SOAP-ENV:Body>
    <CoverageResponseDocument PublicationVersion="00200809" PublicationDate="2008-11-05"
xmlns="http://www.iicmva.com/CoverageVerification/">
      <RequestorInformation>
        <!-- this section can be echoed from the request -->
        <Organization>
          <Name>LAIVS</Name>
        </Organization>
        <ReasonDetails>
          <ReasonCode>BIVER</ReasonCode>
          <TrackingNumber>CTTRK-150219-144041-4-31-101-85-1</TrackingNumber>
        </ReasonDetails>
      </RequestorInformation>
      <Detail>
        <PolicyInformation>
          <CoverageStatus>
            <ResponseDetails>
              <ResponseCode>Unconfirmed</ResponseCode>
              <UnconfirmedReasonCode>VIN1</UnconfirmedReasonCode>
            </ResponseDetails>
          </CoverageStatus>
          <OrganizationDetails>
            <NAIC>12345</NAIC>
            <!-- this can be echoed from the request or provide the actual NAIC that has evidence of coverage -->
          </OrganizationDetails>
          <PolicyDetails>
            <!-- this section can be echoed from the request -->
            <VerificationDate>2015-02-19T00:00:00.000</VerificationDate>
            <PolicyKey>UNKNOWN</PolicyKey>
            <PolicyState>CT</PolicyState>
          </PolicyDetails>
        </PolicyInformation>
      </Detail>
    </CoverageResponseDocument>
  </SOAP-ENV:Body>
</SOAP-ENV:Envelope>
```

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 41X:XXXX (December 2015)

§ 1778. Appendix B: Unconfirmed Reason Codes

A. Original Unconfirmed Reason Codes from ASC X12 Schema

1	Incorrect Data Format
2	Missing Unique Key
3	Missing NAIC Code
4	Missing VIN
5	Missing Verification Date
6	Unauthorized Requestor
7	System Cannot Locate Unique Key Information
8	System Found Unique Key - No Coverage on Date
9	System Found Unique Key - VIN Cannot Be Verified
10	System Found VIN - Unique Key Cannot Be Verified
11	System Cannot Locate Policy Information - Manual Search In Progress
12	System Unavailable

B. Newer Unconfirmed Reason Codes from ASC X12 Schema 00200706 and later

IDF	Incorrect Data Format
SYSU	System Unavailable
UREQ	Unauthorized Requestor
NAIC1	NAIC Code Not Submitted
NAIC2	System Cannot Locate NAIC
PKEY1	Policy Key Not Submitted
PKEY2	System Cannot Locate Policy Key Information
PKEY3	System Found Policy Key - Coverage on Verification Date Cannot Be Confirmed
PKEY4	System Found Policy Key - VIN Cannot Be Verified
POL1	System Cannot Locate Policy Information - Manual Search in Progress
VDT1	Coverage on Verification Date Cannot Be Confirmed
VDT2	Verification Date Not Submitted
VIN1	System Cannot Locate VIN
VIN2	System Found VIN - Coverage on Verification Date Cannot Be Confirmed
VIN3	System Found VIN - Policy Key Cannot Be Verified
VIN4	VIN Not Submitted

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 41X:XXXX (December 2015)

§ 1780. Appendix C: Vehicle Types To Be Reported

Vehicle Type	Should be reported to LAIVS?
Antique	Yes
ATV	No
Boat	No
Bus	Yes
Golf Cart	Yes
Mini Truck	Yes
Mobile Home/ House Trailer	No
Motorcycle	Yes
Motor Home	Yes
Passenger	Yes
Semi-Trailer	No
Trailer	No
Truck	Yes
Truck Tractor	Yes
Trike	Yes
Van	Yes

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 41X:XXXX (December 2015)

§ 1782. Appendix D: Error Codes in Row Error Files

Error Code	Field Id	Field Name
E01	1	POLICY TYPE
E02	2	NAIC
E03	3	POLICY NUMBER
E04	4	EFFECTIVE DATE
E05	5	VIN
E06	6	LAST NAME or ORGANIZATION
E07	7	PREFIX NAME ABBR
E08	8	MIDDLE NAME
E09	9	FIRST NAME
E10	10	SUFFIX NAME
E11	11	FEIN
E12	12	ADDRESS
E13	13	CITY
E14	14	STATE
E15	15	ZIP

E16	16	COMMERCIAL INDICATOR
E18	18	POLICY EXPIRATION DATE

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 41X:XXXX (December 2015)

§ 1784. Appendix E: Definitions

Book of Business (BOB): A file that must be submitted to LAIVS at least once a calendar month that includes specified policy, vehicle, and customer information for all active policies with minimum liability coverage. Insurance providers who are not hosting a web service or whose web services do not support VIN broadcasting must provide BOB data on a weekly basis.

Decryption Error File: This file will be generated if a PGP decryption error occurs. Decryption errors can happen for the following reasons: the file sent by insurance provider was not encrypted, the file sent by insurance provider was improperly encrypted, or the file sent by insurance provider was encrypted using the wrong PGP key.

DPS: Louisiana Department of Public Safety.

Fleet Policy: A policy insuring a business with a fleet of five or more vehicles registered in Louisiana for which VIN information is not maintained on each vehicle. However, if the insurance provider does maintain the VIN of each vehicle within the fleet, the filing must be reported on a vehicle-by-vehicle basis.

FTP: File Transfer Protocol - standard network protocol used to transfer computer files from one host to another host over a TCP-based network.

IICMVA: Insurance Industry Committee on Motor Vehicle Administration.

LSP: Louisiana State Police.

NAIC Number: The Number issued by the National Association of Insurance Commissioners to licensed and affiliated insurance providers across the U.S.

OK file: If there are no errors in the BOB file submitted by the insurance provider, an OK file will be generated.

OMV: Louisiana Office of Motor Vehicles.

Reject File: This file will be generated if LAIVS cannot read the file or if the file is improperly formatted and the whole file is being rejected. The file may be rejected for the following reasons: the file is not formatted properly, the trailer has a non-zero record count but detail records of the file are missing, the length of each record (line) is not up to the length specified in the guide, the end of a record missing carriage return and line feed (Hexadecimal '0D 0A').

Row Error File: Row error files are generated when the overall file format sent by the insurance provider is okay but some of the rows have errors including mandatory fields missing and invalid field formats. The row error file will contain only the records that are in error. The remaining records sent with the original file will be processed by LAIVS and will not appear in the file. Each error record will have the original row sent by the insurance provider followed by a 3 digit Error Code. The format of the Error Code will be E followed by the Field ID of the invalid/missing field. For example, the Error Code for a row with an invalid NAIC number will be "E02".

VIN Broadcasting: If the VIN in the verification request message matches an insured vehicle but the policy number in the request does not match the insurance policy number, then the insurance provider's web service should be able to indicate that the vehicle is covered. This is known as "VIN Broadcasting" or "Unknown Carrier Request".

VIN No-Match File: The VIN No-Match files are generated if any of the VINs submitted by the insurance provider do not match VINs of vehicles registered in LA. The VIN No-Match file will include all the records where the VIN did not match. Each record will have the original row sent by the insurance provider followed by "E05", the 3 digit Error Code indicating VIN mismatch.

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 41X:XXXX (December 2015)

§1786. Model User Guide for Implementing Online Insurance Verification

A. The Department of Public Safety and Corrections, Office of Motor Vehicles, hereby adopts by reference, the *Model User Guide for Implementing Online Insurance Verification - Using Web Services to verify evidence of auto liability insurance - Version 5.0 April 18, 2012* - by the Insurance Industry Committee on Motor Vehicle Administration *Effective Date: August 20 2015*, hereinafter referred to as the model user guide.

B. A copy of the model user guide shall be on file at the Office of State Register, Divisions of Administration, 3rd Street, Baton Rouge, La. 7080X, and copies are available at the Office of Motor Vehicles Headquarters, 7979 Independence Blvd., Ste. 301, Baton Rouge, La. 70806 or P.O. Box 64886, Baton Rouge, LA . 70896. A copy is also available at the following link:

http://ola.dps.louisiana.gov/News_PDFs/Financial%20Responsibility%20Model%20UserGuide%20V1.pdf

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 41:XXXX (December 2015)

§1788. Invalid Vehicle Type-Use Repealed

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 30:2856 (December 2004); repealed LR 41:XXXX (December 2015).

§1789. Declaratory Orders and Rulings Readopted as § 1757

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 24:1780 (September 1998), repromulgated LR 30:2856 (December 2004); readopted as §1764 LR 41:XXXX (December 2015).

§1790. Identification Card Specifications Repealed

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 30:2856 (December 2004); repealed LR 41:XXXX (December 2015).

§1792. Proof of Liability Security Repealed

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:863.2.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 30:2858 (December 2004); repealed LR 41:XXXX (December 2015).

Family Impact Statement

The proposed Rule will not have any known or foreseeable impact on any family as defined by R.S. 49:972 D or on family formation, stability and autonomy. Specifically there should be no known or foreseeable effect on:

- 1.The stability of the family;
- 2.The authority and rights of parents regarding the education and supervision of their children;
- 3.The functioning of the family;
- 4.Family earnings and family budget;
- 5.The behavior and personal responsibility of the children.

Local governmental entities have the ability to perform the enforcement of the action proposed in accordance with R.S. 40:1730.23.

Small Business Impact Statement

The impact of the proposed Rule on small businesses has been considered and it is estimated that the proposed action is not expected to have a significant adverse impact on small businesses as defined in the Regulatory Flexibility Act. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on small businesses.

Poverty Impact Statement

The proposed Rule amends LAC 55:III.325. These Rule changes should not have any known or foreseeable impact on any child, individual or family as defined by R.S. 49:973.B. In particular, there should be no known or foreseeable effect on:

1. The effect on household income, assets, and financial security;
2. The effect on early childhood development and preschool through postsecondary education development;
3. The effect on employment and workforce development;
4. The effect on taxes and tax credits;
5. The effect on child and dependent care, housing, health care, nutrition, transportation, and utilities assistance.

Provider Impact Statement

The proposed rules do not impact or affect a "Provider." "Provider" means an organization that provides services for individuals with developmental disabilities as defined in HCR 170 of the 2014 Regular Session of the Legislature. In particular, the proposed rules have no effect or impact on a "Provider" in regards to:

- (1) The staffing level requirements or qualifications required to provide the same level of service.
- (2) The cost to the provider to provide the same level of service.
- (3) The ability of the provider to provide the same level of service

Interested Persons

All interested persons are invited to submit written comments on the proposed regulation. Such comments should be submitted no later than October 15, 2015, at 4:30 p.m. to Stephen A. Quidd, P.O. Box 66614, Baton Rouge, La. 70896, (225) 925-6103, Fax:(225) 925-3974, or stephen.quidd@la.gov . A public hearing is scheduled for October 23, 2015 at 10:00 a.m. at 7979 Independence Blvd. Suite 301, Baton Rouge, LA 70806. Please call or e-mail in advance to confirm the time and place of meeting, as the meeting will be cancelled if the requisite number of comments is not received.

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES**

Person Preparing Statement: Stephen Quidd Dept.: Department of Public Safety and Corrections
Phone: (225) 925-6736, 925-6103 Office: Office of Motor Vehicles
Return Address: Office of Motor Vehicles Rule Title 55 PUBLIC SAFETY
P.O. Box 64886 Title: Part III. Chapter 17 Subchapter B,
Baton Rouge LA 70896 Compulsory Insurance Enforcement
Date Rule Takes Effect: December 2015
SUMMARY
(Use complete sentences)

In accordance with Section 953 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a fiscal and economic impact statement on the rule proposed for adoption, repeal or amendment. THE FOLLOWING STATEMENTS SUMMARIZE ATTACHED WORKSHEETS, I THROUGH IV AND WILL BE PUBLISHED IN THE LOUISIANA REGISTER WITH THE PROPOSED AGENCY RULE.

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There are no estimated implementation costs or savings to state or local governmental units as a result of the proposed rule change. The rule change is a result of Act 641 of 2014, which created the real-time insurance database. The rule change codifies the Specifications for Notification of Initiation, Termination or Modification of Liability Security and the Louisiana Insurance Verification System (LAIVS), Implementation Guide for Insurance Providers. The rule change adopts the Model User Guide for Implementing Online Insurance Verification - Using Web Services to verify evidence of auto liability insurance - Version 5.0 April 18, 2012.

The rule change makes technical changes to Specifications for Notification of Initiation, Termination or Modification of Liability Security regarding the electronic notification requirement. This most recent version replaces the current specification in LAC 55 Part III, Chapter 17, Subchapter B, §1750 through §1792. This is an existing program utilized by the Department and there should be no costs or saving to implement these technical changes. Local governmental units do not participate in this program.

The rule change codifies the Louisiana Insurance Verification System (LAIVS), Implementation Guide for Insurance Providers that was established by the Department of Public Safety into rule. Local governmental units are not establishing this system, but it will be available to local law enforcement through internet connections and the Law Enforcement Message Switch (LEMS). The enabling legislation to create the system of real time insurance inquiries was included in Act 641 of 2014. The system was funded through Act 15 of 2014, the general appropriations bill.

Finally, the rule change adopts The Model User Guide for Implementing Online Insurance Verification - Using Web Services to verify evidence of auto liability insurance - Version 5.0 April 18, 2012. This is the platform on which the LAIVS is based and was adopted by the Insurance Industry Committee on Motor Vehicle Administration.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

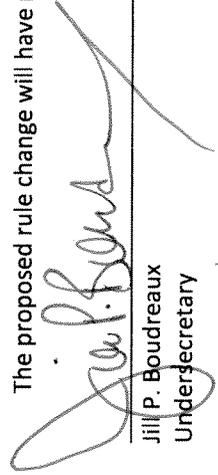
The proposed rule change will have no effect on revenue collections by state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR GOVERNMENTAL GROUPS (Summary) NON-

The proposed rule change may result in minimal costs or economic benefit to the insurance industry as most major insurance companies are already reporting real time insurance information to other states. Small insurance companies with less than 500 vehicles are not required to participate, however, they can if they choose to do so.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change will have no effect on competition and employment.


Jill P. Boudreaux
Undersecretary

Legislative Fiscal Officer or Designee

9/10/15

Date of Signature

Date of Signature