

**POLICY IN FORCE STANDARDIZED DATA REQUEST**  
**Property/Casualty Line of Business**  
**Inland Marine**

Contents: This file should be downloaded from the company system(s) and contain one record for each inland marine policy issued in [applicable state] which was in force at any time during the examination period.

For any fields where there are multiple entries, please repeat field as necessary.

Uses: Data will be used to determine if the company follows appropriate procedures with respect to the issuance and/or termination of inland marine policies in [applicable state] within the scope of the examination.

- Cross-reference with the claims data file to validate the completeness of the in force file; and
- Cross-reference to state (s) licensing information to ensure proper producer licensure

Field Name	Start	Length	Type	Decimals	Description
CoCode	1	5	A		NAIC company code
PolPre	6	3	A		Policy prefix ( <b>Blank if NONE</b> )
PolNo	9	20	A		Policy number
PolSuf	29	3	A		Policy suffix ( <b>Blank if NONE</b> )
PolStTyp	32	3	A		Policy status type for the record (i.e., new or renewal) <b>Please provide a list to explain any codes used</b>
PolTyp	35	5	A		Type of policy <b>Please provide a list to explain any codes used</b>
PolForm	40	10	A		Policy form number as filed with the insurance department
ComPrs	50	1	A		Identify if commercial or personal policy <b>C=Commercial or P=Personal</b>
PrCode	51	6	A		Company internal producer, CSR, or business entity producer identification code <b>Please provide a list to explain any codes used</b>
NPN	57	6	A		National producer number
InsFirst	63	15	A		First name of first named insured
InsMid	78	15	A		Middle name of first named insured
InsLast	93	20	A		Last name of first named insured or business name
InsAddr	113	64	A		Insured street address (location)
InsCity	177	20	A		Insured city (location)
InsSt	197	2	A		Insured resident state (location)
InsZip	199	5	A		Insured ZIP code (location)
RiskTyp	204	15	A		Type of risk covered <b>Please provide a list to explain any codes used</b>
RTCovLmt	219	11	N	2	Risk type coverage limit (By type of risk covered)
DedTyp	230	10	A		Deductible type (By policy or risk type) <b>If codes are used, provide a list of codes along with their meanings</b>

Field Name	Start	Length	Type	Decimals	Description
DedAmt	240	11	N	2	Deductible amount or percentage, if any
PolPrem	251	11	N	2	Total policy premium amount (sum of all premium for the policy, involving all premium, fees, etc.)
AppRecDt	262	10	D		Date application received [MM/DD/YYYY]
AppProDt	272	10	D		Date application processed [MM/DD/YYYY]
InceptDt	282	10	D		Inception date of the policy [MM/DD/YYYY]
EffDt	292	10	D		Policy effective date [MM/DD/YYYY]
ExpDt	302	10	D		Policy expiration date [MM/DD/YYYY]
PdDt	312	10	D		Date policy was paid to before cancellation [MM/DD/YYYY]
CanTerDt	322	10	D		Date policy cancelled/terminated [MM/DD/YYYY]
CanReqDt	332	10	D		Date cancellation requested, if applicable [MM/DD/YYYY]
CanTer	342	1	A		Who cancelled the coverage <b>C=Consumer or I=Insurer</b>
CanTerRs	406	64	A		Reason for cancellation/termination of coverage (i.e., lapse, underwriting reasons, change of risk, nonpayment) <b>If codes are used, provide a list of codes along with their meanings</b>
CanTerNt	407	10	D		Date the cancellation/termination notice was mailed [MM/DD/YYYY]
PremRef	417	11	N	2	Amount of premium refunded to the insured
RfndDt	428	10	D		Date premium refund mailed [MM/DD/YYYY]
RefMthd	438	15	A		Refund method (i.e. 90%, prorata, etc.) <b>If codes are used, provide a list of codes along with their meanings</b>
EndRec	453	1	A		End of record marker. Please place an asterisk in this field to indicate the end of the record. This must be in the same character position for every record in this table.

G:\MKTREG\DATA\D Working Groups\D WG 2020 MCES (PCW)\Docs\_WG Calls 2020\SDRs\Current Drafts\Inland Marine In Force 02-24-20.docx