POLICY IN FORCE STANDARDIZED DATA REQUEST
Travel Line of Business

Content: This file should be downloaded from company system(s) and contain one record for each policy or contract that the company issued which provided coverage to [applicable state] residents 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 of Travel insurance policies or contracts in [applicable state] within the scope of the examination:

- Cross-reference with the claims data file to ensure completeness of exam data submitted; 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
CoName	6	64	A		Company name
CoAddr	70	100	A		Company street address
CoCity	170	20	A		Company city
CoSt	190	2	A		Company state
CoZip	192	5	A		Company ZIP code
PolAdmin	197	50	A		Entity that administers policy
PolAdNPN	247	6	A		Policy administrator's national producer number (if applicable)
InsFein	253	10	A		Insured/employer Federal Employer Identification Number
PolForm	263	10	A		Policy form number as filed with the insurance department
PolPre	293	3	A		Policy prefix (**Blank if NONE)**
PolNo	273	20	A		Policy number
PolSuf	296	3	A		Policy suffix (**Blank if NONE)**
PolSrfNo	299	15	A		Policy SERFF filing reference
ProdNo	314	10	A		Product number that distinguishes different policies

DRAFT

© 2022 National Association of Insurance Commissioners

Field Name	Start	Length	Type	Decimals	Description
PlanCode	324	6	A		System plan code **Please provide a list of system plan codes and their descriptions**
PolTyp	330	25	A		Type of policy (i.e., life, medical, trip cancellation, evacuation, package, comprehensive, etc.) **Please provide a list to explain any codes used**
PolDes	355	25	A		Coverage description, repeat as necessary (i.e., Travel Gold, Travel Silver, Travel Bronze)
CovType	380	25	A		Type of coverage purchased (i.e., trip cancellation, baggage delay, rental car, etc.) **Please provide a list to explain any codes used**
CvgLmt	405	10	N	2	Limit of coverage associated with each coverage type identified above
PXWaiv	415	1	A		Is there a pre-existing conditions waiver on the policy? **(Y/N)**
PolPuDt	416	10	D		Purchase date of policy [MM/DD/YYYY]
PremPdDt	426	10	D		Date premium was actually paid if different from purchase date [MM/DD/YYYY]
PremTot	436	10	N	2	Total insurance policy premium collected
AmtChrg	446	10	N	2	Total amount charged to insured per proof of payment (i.e., credit card receipt, check, money order, wire transfer, etc.) The total amount includes but is not limited to insurance premium, fees, concierge/non-insurance services, commission, etc. combined per proof of payment (i.e., credit card, check, money order, etc.)
Ded	456	10	N	2	Deductible amount (repeat field for any deductibles per coverage)
PremAloc	466	2	A		State where premium is allocated
PremRpt	468	2	A		State where premium is reported
PremSurc	470	10	N	2	Premium surcharge amount
ReasSurc	480	25	A		Reason for the surcharge **Please provide a list to explain any codes used**
PremTax	505	10	N	2	State premium tax paid

DRAFT

© 2022 National Association of Insurance Commissioners

Field Name	Start	Length	Type	Decimals	Description
OptOut	515	1	A		Was this policy sold under an opt-out approach (**Y/N**)
OtrSvc	516	1	A		Did this policy include other services, such as assistance services, concierge, or non-insurance services **(Y/N)**
OtrChg	517	10	N	2	Amount charged for other services (i.e., assistance services, concierge, or non-insurance services)
EndorLst	527	25	A		List endorsements attached to the policy **Please provide a list to explain any codes used**
EndFrmNo	552	10	A		Endorsement form number
EndSrfNo	562	15	A		Endorsement SERFF filing reference, if applicable
EndTyp	577	25	A		Endorsement type (i.e., life, medical, trip cancellation, evacuation, package, comprehensive, etc.)
EndLmt	602	10	N	2	Policy endorsement limits
PremEnd	612	10	N	2	Endorsement premium amount
InsID	622	10	A		Insured ID number if different from policy number
InsFirst	632	15	A		Insured first name
InsMid	647	15	A		Insured middle name
InsLast	662	20	A		Insured last name
InsAddr	682	100	A		Insured street address
InsCity	782	20	A		Insured city
InsSt	802	2	A		Insured state
InsZip	804	5	A		Insured ZIP code
InceptDt	809	10	D		Inception date of the policy [MM/DD/YYYY]
DtEff	819	10	D		Effective date of coverage [MM/DD/YYYY]
PolEpDt	829	10	D		Date policy will expire [MM/DD/YYYY]
CertNo	839	10	A		Certificate number assigned to applicant or insured
CertFirst	849	15	A		Certificate holder first name

DRAFT

© 2022 National Association of Insurance Commissioners

Field Name	Start	Length	Type	Decimals	Description
CertMid	864	15	A		Certificate holder middle name
CertLast	879	20	A		Certificate holder last name
CertAddr	899	100	A		Certificate holder street address
CertCity	999	20	A		Certificate holder city
CertSt	1019	2	A		Certificate holder state
CertZip	1021	5	A		Certificate holder ZIP code
CertPuDt	1026	10	D		Purchase date of certificate [MM/DD/YYYY]
CertEpDt	1036	10	D		Date certificate will expire [MM/DD/YYYY]
TermStat	1046	2	A		Termination status: **C=Cancellation, NR=Nonrenewed, D=Declined, R=Rescinded, RW=Rewritten, IR=Insured's Request, NP=Premium Nonpayment, O=Other** Please provide a description if designated as 'Other'. Please provide a description in a separate field, if designated as 'Other'
CanTerRs	1048	64	A		Reason for cancellation/termination of coverage **If codes are used, please provide a list of cancellation codes and their meanings**
CanTerDt	1112	10	D		Date policy cancelled/terminated (i.e., lapse, insured request, company cancellation) **If codes are used, provide a list of codes along with their meanings** [MM/DD/YYYY]
CanTerNt	1122	10	D		Date the cancellation/termination notice was mailed [MM/DD/YYYY]
PremRef	1132	10	N	2	Amount of premium refunded to the insured
RateFact	1142	10	N	5	Pro rate or short rate factor applied to premium refund
AdvDesc	1152	50	A		Advertisement description
AdvTp	1202	15	A		Type of advertisement (i.e., radio script, TV script, website, leaflet, etc.)
DistMthd	1217	15	A		Distribution method: (i.e., wholesale, group, retail) **Please provide a list to explain any codes used**
AgyIntNo	1232	6	A		Travel agency internal agency number

DRAFT

© 2022 National Association of Insurance Commissioners

Field Name	Start	Length	Type	Decimals	Description
AgyStStID	1238	6	A		Travel agency state licensing number
AgyNPN	1244	6	A		Travel agency NPN
AgyFEIN	1250	10	A		Travel agency FEIN
AgyName	1260	64	A		Travel agency name
AgyAddr	1324	100	A		Travel agency street address
AgySt	1424	2	A		Travel agency state
AgyCity	1426	20	A		Travel agency city
AgyZip	1446	5	A		Travel agency ZIP code
AgyCmsn	1451	10	N	2	Commission amount paid to travel agency
AgFlag	1461	1	A		Aggregator involved in sale (Y/N)
AgNPN	1462	6	A		Aggregator NPN
AgName	1468	64	A		Name of aggregator involved in sale
PrCode	1532	6	A		Company internal producer, CSR or business entity producer identification code **Please provide a list to explain any codes used**
PrStId	1538	6	A		Producer state licensing number
PrNPN	1544	6	A		Producer NPN
PrFirst	1550	15	A		Producer first name
PrMid	1565	15	A		Producer middle name
PrLast	1580	20	A		Producer last name
PrAddr	1600	100	A		Producer street address
PrStId	1700	2	A		Producer state
PrCity	1702	20	A		Producer city
PrZip	1722	5	A		Producer ZIP code
PrCmsn	1727	10	N	2	Commission amount paid to the producer
TrOpCode	1737	6	A		Tour operator internal agency number
TrOpStId	1743	6	A		Tour operator state licensing number

DRAFT

© 2022 National Association of Insurance Commissioners

Field Name	Start	Length	Type	Decimals	Description
TrOpNPN	1749	6	A		Tour operator NPN
TourFEIN	1755	10	A		Tour operator FEIN
TrOpName	1765	64	A		Tour operator name
TrOpAddr	1829	100	A		Tour operator street address
TrOpSt	1929	2	A		Tour operator state
TrOpCity	1931	20	A		Tour operator city
TrOpZip	1951	5	A		Tour operator ZIP code
TrOpCmsn	1956	10	N	2	Commission amount paid to tour operator
WSIntNo	1966	6	A		Wholesaler internal agency number
WSStID	1972	6	A		Wholesaler state licensing number
WSNPN	1978	6	A		Wholesaler NPN
WSFEIN	1984	10	A		Wholesaler FEIN
WSName	1994	64	A		Wholesaler name
WSAddr	2058	100	A		Wholesaler street address
WSSt	2158	2	A		Wholesaler state
WSCity	2160	20	A		Wholesaler city
WSZip	2180	5	A		Wholesaler ZIP code
WSCmsn	2185	10	N	2	Commission amount paid to tour wholesaler
TSIntNo	2195	6	A		Travel supplier internal agency number
TSStID	2201	6	A		Travel supplier state licensing number
TSNPN	2207	6	A		Travel supplier NPN
TSName	2213	64	A		Travel supplier name
TSAddr	2277	100	A		Travel supplier street address
TSSt	2377	2	A		Travel supplier state
TSCity	2379	20	A		Travel supplier city
TSZip	2399	5	A		Travel supplier ZIP code

DRAFT

© 2022 National Association of Insurance Commissioners

Field Name	Start	Length	Type	Decimals	Description
TSCmsn	2404	10	N	2	Commission amount paid to travel supplier
GrpIntNo	2414	6	A		Group internal agency number
GrpStID	2420	6	A		Group state licensing number
GrpNPN	2426	6	A		Group NPN
GrpID	2432	6	A		Group ID number
GrpName	2438	64	A		Group name
GrpCnt	2502	64	A		Name of group contact
GrpAddr	2566	100	A		Group street address
GrpSt	2666	2	A		Group state
GrpCity	2668	20	A		Group city
GrpZip	2688	5	A		Group ZIP code
GrpCmsn	2693	10	N	2	Commission amount paid to group
MTIntNo	2703	6	A		MGA/TPA internal agency number
MTStID	2709	6	A		MGA/TPA state licensing number
MTNPN	2715	6	A		MGA/TPA NPN
MTFEIN	2721	10	A		MGA/TPA FEIN
MTName	2731	64	A		MGA/TPA name
MTAddr	2795	100	A		MGA/TPA street address
MTCity	2895	20	A		MGA/TPA city
MTSt	2915	2	A		MGA/TPA state
MTZip	2917	5	A		MGA/TPA ZIP code
MTCmsn	2922	10	N	2	Commission amount paid to MGA/TPA
OtrIntNo	2932	6	A		Other marketing entity internal agency number
OtrStID	2938	6	A		Other marketing entity state licensing number
OtrCoNPN	2944	6	A		Other marketing entity NPN
OtrName	2950	64	A		Other marketing entity name

DRAFT

© 2022 National Association of Insurance Commissioners

Field Name	Start	Length	Type	Decimals	Description
OtrAddr	3014	100	A		Other marketing entity street address
OtrCity	3114	20	A		Other marketing entity city
OtrSt	3134	2	A		Other marketing entity state
OtrZip	3136	5	A		Other marketing entity ZIP code
OtrCmsn	3141	10	N	2	Commission amount paid to other marketing entity
LPS	3151	64	A		Last point of sale - should match an entity in the sales chain (i.e., tour operator, MGA/TPA, Internet site, travel agent, group, company, etc.)
AppSrc	3215	25	A		Initial source of application: (i.e., company direct, MGA/TPA, tour operator, travel agency, travel agent, travel supplier, other, etc.) **Please provide a list to explain any codes used**
AppDt	3240	10	D		Date application was signed [MM/DD/YYYY]
ProgType	3250	25	A		Program type or affinity/association (i.e., AARP, Rotary Club, etc.)
RateStruc	3275	25	A		Code for rating method **Please provide a description of each code/rating method (i.e., age-banded, aggregated, etc.)**
ReCoCode	3300	5	A		Reinsuring company NAIC code
RWCd	3305	5	A		Rewrite code designating coverage rewritten in another affiliate
TxFee	3310	10	N	2	Any monies charged in addition to the normal premium computed from the rate filing that MGA, TPA or any other sales entity charges to administer the travel insurance policy (list as separate fields, repeat field as necessary and include a revised file layout) at each POS (point of sale)
TxFeeDes	3320	25	A		Description of monies charged in addition to the normal premium computed from the rate filing marketing entities charges to the insured associated with purchase of travel insurance (list as separate fields, repeat field as necessary and include a revised file layout)
UWEntity	3345	64	A		Underwriting entity, if different than CoCode listed above
IndDest	3409	64	A		Insured's destination

DRAFT

© 2022 National Association of Insurance Commissioners

Field Name	Start	Length	Type	Decimals	Description
TrvlTyp	3473	2	A		Travel type description **I=Inbound, O=Outbound, RI=Round Trip**
TripCost	3475	10	N	2	Cost of trip if different from coverage amount
DtDepart	3485	10	D		Departure date of trip [MM/DD/YYYY]
DtReturn	3495	10	D		Return date [MM/DD/YYYY]
EndRec	3505	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.

DRAFT

© 2022 National Association of Insurance Commissioners