

**UNIFORM DATA STANDARD**  
**B RECORD – RECEIVER TO FUND – UNEARNED PREMIUM VERSION 2.1**  
**OVERVIEW**

In June 2006, the UDS Technical Support Group formed a subcommittee to review and update the UDS “B” Record for Unearned Premium (“UEP”). This subcommittee addressed all issues regarding UEP bringing the format for the “B Record – Receiver to Fund – Unearned Premium” up to date for UDS Version 2. The revisions were presented by the subcommittee via teleconference in November 2006 to the Technical Support Group and again at a meeting of the Technical Support Group in March 2007. The revisions were again presented and unanimously approved during a teleconference of the UDS Technical Support Group on May 8, 2007.

The changes that have been incorporated into the B Record format are adding field numbers 33 to 40. These new fields have been added to permit the Receiver to provide claimant information to the Fund for UEP claims. This information is conditional. If the Receiver knows who the claimant is (Insured, Finance Company or both, etc), this information should be provided. The revised format is attached for your consideration.

If there are questions regarding the specifics of these changes, we will be glad to provide responses at you convenience.

Respectfully Submitted,

UDS Technical Support Group  
May 11, 2007

## “B” Record – Receiver to Fund – Unearned Premium

No.	Field Name	Req	Type	Size	Pos	Short Description
1	RECORD TYPE	R	A	1	1	The value of this field must be “B”.
2	INSOLVENT COMPANY	R	N	5	2-6	The unique number assigned by the NAIC to the insolvent company for data tracking purposes. Shorter values are right justified and padded with zeroes.
3	FILE LOCATION STATE	R	A	2	7-8	The two-digit code used by the U.S. Post Office to identify each state. (i.e., Montana – MT)
4	FILE LOCATION CODE	R	N	2	9-10	The identifier assigned to establish the specific location of the file. <a href="#">See Location Code table</a>
5	COVERAGE CODE	R	N	6	11-16	Defines the category of coverage that provided protection for the loss. <a href="#">See Coverage Code Table,</a>
6	POLICY NUMBER	R	A	20	17-36	The unique number that the insolvent insurance company assigned to specific policies of insurance that they issued. Shorter values are left justified and padded with blanks.
7	RECEIVER CLAIM NUMBER	C	A	20	37-56	The unique number that Receivers assign to identify a specific claim against an insolvent company. Shorter values are left justified and padded with blanks.
8	INSURED’S NAME LINE #1	R	A	30	57-86	If the insured is a(n): <u>Individual</u> : The last name only should be entered here. <u>Business</u> : Name of business should be entered here.
9	INSURED’S NAME LINE #2	C	A	30	87-116	If the insured is a(n): <u>Individual</u> : The first name, middle initial and any suffixes should be entered here. <u>Business</u> : This field should be blank. Notes see i.) Exceptions to the above preferred field lay-out are as follows: If your system cannot separate an individual’s last name from the name, the entire name may be placed in “Insured’s Name Line #1.” Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.
10	INSURED’S ADDRESS #1	C	A	30	117-146	The following are acceptable entries in the first address field: 1) Entire street address of insured. 2) Suite or apartment number only, if entire address does not fit in this field.3) C/O name.

11	INSURED'S ADDRESS #2	C	A	30	147-176	The following are acceptable entries in the second address field: 1) Blank if address is in "Insured's Address Line #1". 2) Street address if the suite or apartment number is in "Insured's Address Line #1." 3) Entire street address if a "C/O" name is in "Insured's Address Line # 1"
12	INSURED'S CITY	C	A	25	177-201	City of the insured's address.
13	INSURED'S STATE	C	A	2	202-203	The two digit code used by the U.S. Post Office to identify each state.
14	INSURED'S ZIP CODE	C	A	9	204-212	The standard zip code used by the U.S. Post Office. Shorter values should be left justified and padded with zeroes. May be used for foreign address codes.
15	DATE OF LOSS (Liquidation Date)	R	N	8	213-220	The date of entry of an Order of Liquidation is to be reflected in this field. The format is YYYYMMDD.
16	CLAIMANT NUMBER	R	N	5	221-225	The sequential number that has been assigned by the Receiver. The first claimant number will always be 00001; the next claimant number will be 00002 and each additional claimant is incremented sequentially.
17	PAYEE INDICATOR	C	A	1	226	F = Federal ID, S = Social Security number
18	PAYEE ID	C	N	9	227-235	Federal ID number or Social Security number.
19	POLICY EFFECTIVE DATE	R	N	8	236-243	The effective date of the policy covering the referenced claim. The format is YYYYMMDD.
20	POLICY EXPIRATION DATE	R	N	8	244-251	The expiration date of the policy covering the referenced claim. The format is YYYYMMDD.
21	CANCELLATION DATE	R	N	8	252-259	The cancellation date of the policy used by the Receiver based on the Court Order or prior cancellation date. The format is YYYYMMDD.
22	CANCELLATION TYPE	R	A	1	260	Code that identifies the type of policy cancellation. <a href="#">See Cancellation Type Table</a>
23	TRANSACTION CODE	R	N	3	261-263	A three-digit code that identifies the type of transaction for this record. <a href="#">See Transaction Code Table</a>
24	TOTAL WRITTEN POLICY PREMIUM	C	N	10 [(8).XX]	264-273	Total premium billed, including endorsements. (Excluding final audit and policy fees.) Right justified, decimal implied, and zero filled to the left.
25	TOTAL INFORCE POLICY PREMIUM	C	N	10 [8].XX]	274-283	Total in-force policy premium. Endorsements are annualized. (Excluding final audit and policy fees.) Right justified, decimal implied, and zero filled to the left.
26	FINAL AUDIT INDICATOR	R	A	1	284	Y/N indicator to identify if policy is to be audited. Indicator must be <u>N</u> if Return Premium Amount field is other than zero.

27	RETURN PREMIUM AMOUNT (Amount Owed The Insured/Claimant)	C	N	10 [(7).XX-]	285-294	Return premium as calculated by the Receiver or from final audit report. The Receiver's calculation includes any unpaid premium amounts. The field value should be right justified, with the decimal implied and the positive/negative indicator at the end of the field. The field is zero filled to the left.
28	UNPAID PREMIUM AMOUNT	C	N	10 [(7).XX-]	295-304	Amount owed the insolvent company on current year's premium. Same format as total written policy premium. The field values should be right justified, with the decimal implied and the positive/negative indicator at the end of the field. The field is zero filled to the left.
29	FINANCE COMPANY CODE	C	A	5	305-309	Code for the premium finance company, if any. Table of codes must be provided by Receiver.
30	AGENT CODE	C	A	10	310-319	Code for the identification of the agent. Table of codes must be provided by Receiver.
31	AGENT'S COMMISSION RATE	C	N	5 [(3).XX]	320-324	Percent commission company paid agent. Right justified, decimal implied and zero filled to left. Example: 2% commission - 2.00
32	BILLING MODE	C	A	1	325	A = Agency billed. D – Direct billed.
33	CLAIMANT'S NAME #1	C	A	30 0		If the claimant is a(n): <u>Individual</u> : The last name only should be entered here. <u>Business</u> : Name of business should be entered here.
34	CLAIMANT'S NAME #2	C	A	30		If the claimant is a(n): <u>Individual</u> : The first name, middle initial and any suffixes should be entered here. <u>Business</u> : This field should be blank. Notes see i.) Exceptions to the above preferred field lay-out are as follows: If your system cannot separate an individual's last name from the name, the entire name may be placed in "Claimant's Name Line #1." Use a space to separate the parts of the name; DO NOT USE COMMAS OR APOSTROPHES. Layout preference: last name, first name, middle initial, suffix.
35	CLAIMANT'S ADDRESS #1	C	A	30		The following are acceptable entries in the first address field: 1) Entire street address of Claimant; 2) Suite or apartment number only, if entire address does not fit in this field. 3) C/O name.

36	CLAIMANT'S ADDRESS #2	C	A	30		The following are acceptable entries in the second address field: 1) Blank if address is in "Claimant's" Address Line #1". 2) Street address if the suite or apartment number is in "Claimant's" Address Line #1." 3) Entire street address if a "C/O" name is in "Claimant's" Address Line # 1"
37	CLAIMANT'S CITY	C	A	25		City of the Claimant's address.
38	CLAIMANT'S STATE	C	A	2		The two digit code used by the U.S. Post Office to identify each state.
39	CLAIMANT'S ZIP CODE	C	A	9		The standard zip code used by the U.S. Post Office. Shorter values should be left justified and padded with zeroes. May be used for foreign address codes.
40	CLAIMANT'S PHONE #	C	A	20		Claimant's Area Code and Phone Number