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
InsFein	197	10	A		Insured/employer Federal Employer Identification Number
PolForm	207	10	A		Policy form number as filed with the insurance department
PolPre	217	3	A		Policy prefix (**Blank if NONE**)
PolNo	220	20	A		Policy number
PolSuf	240	3	A		Policy suffix (**Blank if NONE**)
SrfNo	243	15	A		SERFF filing reference (Repeat field as necessary)
SrfSt	258	2	A		State related to SERFF filing reference (Repeat field as necessary)
ProdNo	260	10	A		Product number that distinguishes different products
PlanCode	270	6	A		System plan code **Please provide a list of system plan codes and their descriptions**

Field Name	Start	Length	Type	Decimals	Description
PolTyp	276	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	301	25	A		Coverage description, repeat as necessary (i.e., Travel Gold, Travel Silver, Travel Bronze)
CovTyp	326	25	A		Type of coverage purchased (i.e., trip cancellation, baggage delay, rental car, etc.) **Please provide a list to explain any codes used** (Repeat field as necessary)
CovLmt	351	10	N	2	Limit of coverage associated with each coverage type identified above (Repeat field as necessary)
PXWaiv	361	1	A		Is there a pre-existing conditions waiver on the policy? **(Y/N)**
PolPuDt	362	10	D		Purchase date of policy [MM/DD/YYYY]
PremPdDt	372	10	D		Date premium was actually paid if different from purchase date [MM/DD/YYYY]
StndAln	382	1	A		Stand-alone travel insurance or part of travel protection plan **[I=Insurance only, C=Travel Protection Plan]**
IndGrp	383	1	A		Individual or group coverage [**I=Individual, G=Group**]
PremTot	384	10	N	2	Total insurance policy premium collected
AmtChrg	394	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.)
TxFee *This field was moved to this location. It was previously on page 8 at line 3310 in the 8/17/22 draft*	404	10	N	2	Any monies charged in addition to the normal premium computed from the rate filing that the travel administrator 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 *This field was moved to*	414	25	A		Description of monies charged in addition to the normal premium computed from the rate filing. Include any other charges to the insured

Field Name	Start	Length	Type	Decimals	Description
this location. It was previously on page 8 at line 3320 in the 8/17/22 draft					associated with the purchase of travel insurance (list as separate fields, repeat field as necessary and include a revised file layout)
DedAmt	439	10	N	2	Amount of deductible (dollar amount or percentage amount) (repeat field for any deductibles per coverage)
PremRpt	449	2	A		State where premium is reported
PremSur	451	10	N	2	Premium surcharge amount
ReasSur	461	25	A		Reason for the surcharge **Please provide a list to explain any codes used**
PremTax	486	10	N	2	State premium tax paid
TxStPd	496	2	A		State to which the premium tax was paid
OptOut	498	1	A		Was this policy sold under an opt-out approach **(Y/N)**
OtrSvc	499	1	A		Did this policy include other services, such as assistance services, concierge, or non-insurance services **(Y/N)**
OtrChg	500	10	N	2	Amount charged for other services (i.e., assistance services, concierge, or non-insurance services)
EndorLst	510	25	A		List endorsements attached to the policy **Please provide a list to explain any codes used**
EndFrmNo	535	10	A		Endorsement form number
EndSrfNo	545	15	A		Endorsement SERFF filing reference, if applicable
EndTyp	560	25	A		Endorsement type (i.e., life, medical, trip cancellation, evacuation, package, comprehensive, etc.)
EndLmt	585	10	N	2	Policy endorsement limits
PremEnd	595	10	N	2	Endorsement premium amount
InsIDNo	605	10	A		Insured ID number, if different from policy number or certificate number
InsFirst	615	15	A		Insured first name
InsMid	630	15	A		Insured middle name
InsLast	645	20	A		Insured last name
InsAddr	665	100	A		Insured street address

Field Name	Start	Length	Type	Decimals	Description
InsCity	765	20	A		Insured city
InsSt	785	2	A		Insured state
InsZip	787	5	A		Insured ZIP code
DtEff	792	10	D		Date the coverage begins [MM/DD/YYYY]
PolEpDt	802	10	D		Date the coverage ends [MM/DD/YYYY]
CertNo	812	10	A		Certificate number assigned to applicant or insured
CertFirst	822	15	A		Certificate holder first name
CertMid	837	15	A		Certificate holder middle name
CertLast	852	20	A		Certificate holder last name
CertAddr	872	100	A		Certificate holder street address
CertCity	972	20	A		Certificate holder city
CertSt	992	2	A		Certificate holder state
CertZip	994	5	A		Certificate holder ZIP code
CertPuDt	999	10	D		Purchase date of certificate [MM/DD/YYYY]
CertEpDt	1009	10	D		Date certificate will expire [MM/DD/YYYY]
TermStat	1019	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	1021	64	A		Reason for cancellation/termination of coverage (i.e., lapse, insured request, company cancellation) **If codes are used, please provide a list of cancellation codes and their meanings**
CanTerDt	1085	10	D		Date policy cancelled/terminated [MM/DD/YYYY]
CanTerNt	1095	10	D		Date the cancellation/termination notice was mailed [MM/DD/YYYY]
PremRef	1105	10	N	2	Amount of travel insurance premium refunded to the insured
RateFact	1115	10	N	5	Pro rate or short rate factor applied to premium refund
AdvTyp	1125	15	A		Type of advertisement (i.e., radio script, TV script, website, leaflet, etc.)

Field Name	Start	Length	Type	Decimals	Description
DistMthd	1140	15	A		Distribution method (i.e., wholesale, group, retail) **Please provide a list to explain any codes used**
AgFlag *This field was moved to this location. It was previously on page 5 at line 1461 in the 8/17/22 draft*	1155	1	A		Aggregator involved in sale **(Y/N)**
AgNPN *This field was moved to this location. It was previously on page 5 at line 1462 in the 8/17/22 draft*	1156	6	A		Aggregator NPN
AgName *This field was moved to this location. It was previously on page 5 at line 1468 in the 8/17/22 draft*	1162	64	A		Name of aggregator involved in sale
Repeat producer or limited lines producer fields (from field # to field # below), as necessary					
PrCode	1226	6	A		Company internal producer, CSR or business entity producer identification code **Please provide a list to explain any codes used**
PrFirst	1232	15	A		Producer first name
PrMid	1247	15	A		Producer middle name
PrLast	1262	20	A		Producer last name
PrStId *This field was moved to this location. It was previously on page*	1282	6	A		Producer state licensing number

Field Name	Start	Length	Type	Decimals	Description
5 at line 1538 in the 8/17/22 draft					
PrLcTyp	1288	1	A		Producer license type [F=Full, L=Limited]
PrNPN *This field was moved to this location. It was previously on page 5 at line 1544 in the 8/17/22 draft*	1289	6	A		Producer NPN
PrAddr	1295	100	A		Producer street address
PrSt	1395	2	A		Producer state
PrCity	1397	20	A		Producer city
PrZip	1417	5	A		Producer ZIP code
PrComm	1422	10	N	2	Commission amount paid to the producer
Repeat retailer fields (from field # to field # below) as necessary					
RtTyp	1432	2	A		Retailer type [**TR=Travel Retailer, WH=Wholesaler, TS=Travel Supplier, TA=Travel Agency, OT=Other**]
RtFirst	1434	15	A		Retailer first name (Includes travel retailer, wholesaler, travel supplier, travel agency, etc.)
RtMid	1449	15	A		Retailer middle name
RtLast	1464	20	A		Retailer last name
RtAddr	1484	100	A		Retailer street address
RtStId	1584	2	A		Retailer state
RtCity	1586	50	A		Retailer city
RtZip	1636	5	A		Retailer ZIP code
RtComm	1641	10	N	2	Commission amount paid to the retailer
GrpName *This field was moved to this location. It was previously on page*	1651	64	A		Eligible group name (Eligible groups, as defined by applicable state law)

Field Name	Start	Length	Type	Decimals	Description
7 at line 2438 in the 8/17/22 draft					
GrpIntNo	1715	6	A		Eligible group internal agency number
GrpStID	1721	6	A		Eligible group state licensing number
GrpNPN	1727	6	A		Eligible group NPN
GrpID	1733	6	A		Eligible group ID number
GrpCnt	1739	64	A		Name of eligible group contact
GrpAddr	1803	100	A		Eligible group street address
GrpSt	1903	2	A		Eligible group state
GrpCity	1905	20	A		Eligible group city
GrpZip	1925	5	A		Eligible group ZIP code
GrpComm	1930	10	N	2	Commission amount paid to eligible group
Repeat travel administrator fields (from field # to field # below) as necessary (Travel administrator, as defined by applicable state law)					
TAName	1940	64	A		Name of travel administrator
TAIntNo	2004	6	A		Travel administrator internal agency number
TAStID	2010	6	A		Travel administrator state licensing number
TANPN	2016	6	A		Travel administrator NPN
TAFEIN	2022	10	A		Travel administrator FEIN
TAAddr	2032	100	A		Travel administrator street address
TACity	2132	20	A		Travel administrator city
TASt	2152	2	A		Travel administrator state
TAZip	2154	5	A		Travel administrator ZIP code
TAComm	2159	10	N	2	Commission amount paid to travel administrator
LPS	2169	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	2233	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	2258	10	D		Date application was signed [MM/DD/YYYY]

Field Name	Start	Length	Type	Decimals	Description
ProgTyp	2268	25	A		Program type or affinity/association (i.e., AARP, Rotary Club, etc.)
RateMthd	2293	25	A		Code for rating method **Please provide a description of each code/rating method (i.e., age-banded, aggregated, etc.)**
ReCoCode	2318	5	A		Reinsuring company NAIC code
RWCd	2323	5	A		Rewrite code designating coverage rewritten in another affiliate
InsDest	2328	64	A		Insured's destination [**I=International, D=Domestic**]
TrvlTyp	2392	2	A		Travel type description [**I=Inbound, O=Outbound, RT=Round Trip**]
TrvlSeg	2394	1	A		Single segment of travel or multiple [**S=Single, M=Multiple**]
TripCost	2395	10	N	2	Cost of trip if different from coverage amount
DtDepart	2405	10	D		Departure date of trip [MM/DD/YYYY]
DtReturn	2415	10	D		Return date of trip [MM/DD/YYYY]
EndRec	2425	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.