CLAIMS STANDARDIZED DATA REQUEST
Title Line of Business

Contents: This file should be downloaded from company system(s) and contain one record for each claim transaction (i.e. paid/denied/pending/closed w/o payment) that the company processed within the scope of the examination. Include all claims open during the examination period. Do not include expense payments to vendors.

Uses: Data will be used to determine if the company follows appropriate procedures with respect to the handling of Title claims within the scope of the examination.
- Cross-reference to annual statement claims data (amount) to ensure completeness of exam data submitted.

Field Name	Start	Length	Type	Decimals	Description
CoCode	1	5	A		NAIC company code
ClmNo	6	15	A		Claim number
ClmPre	21	3	A		Claim number prefix (**Blank if NONE**)
ClmSuf	24	3	A		Claim number suffix (**Blank if NONE**)
PolNo	27	20	A		Policy number
PolTyp	47	1	A		Type of policy (Presumably an alphabetic character such as O, M, L, S) **Please provide a list to explain any codes used**
ClsFilNo	48	10	A		Closing file number
ClmName	58	50	A		Claimant name
LendName	108	50	A		Full name of lender insured by policy (if applicable)
OwnFirst	158	15	A		First name of owner insured by policy (if applicable)
OwnMid	173	15	A		Middle initial of owner insured by policy (if applicable)
OwnLast	188	20	A		Last name of owner insured by policy (if applicable)
Litig	208	2	A		Is claim currently in litigation (Y/N)
RcvdDt	210	10	D		First notice of loss [MM/DD/YYYY]
ClmOpnDt	220	10	D		Date claim opened [MM/DD/YYYY]
ClmDnyDt	230	10	D		Date claim was denied [MM/DD/YYYY]
ClmAckDt	240	10	D		Date company or its producer acknowledged the claim [MM/DD/YYYY]
ResEstDt	250	10	D		Date reserves established for claim, if applicable [MM/DD/YYYY]
NtcInvDt	260	10	D		Date of written notice to insured/claimant regarding incomplete investigation [MM/DD/YYYY]
ClmClDt	270	10	D		Date claim closed [MM/DD/YYYY]
ClmPdDt	280	10	D		Claim paid date [MM/DD/YYYY]
RefDt	290	10	D		Date referred for legal counsel [MM/DD/YYYY]

Field Name	Start	Length	Type	Decimals	Description
OutCnsl	300	1	A		Claim referred to outside counsel (Y/N)
AggResAm	301	10	N	2	Aggregate amount of reserves established for claim
AggClmEx	311	10	N	2	Aggregate amount of claim expenses (litigation, research fees, etc.)
ClmAmtPd	321	10	N	2	Claim payment amount
ClmStat	331	1	A		Claim status P = Paid, D = Denied, N = Pending, H = Partial Payment, C = Closed Without Payment, R = Rescinded
EndRec	332	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.