

CLAIMS STANDARDIZED DATA REQUEST

Travel Line of Business

Content: 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. Do not include expense payments to vendors.

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 handling of Travel insurance claims within the scope of the examination:

- Cross-reference with the in-force data file to ensure completeness of exam data submitted; and
- Cross-reference to state(s) licensing information to ensure proper adjuster licensure.

Field Name	Start	Length	Type	Decimals	Description
CoCode	1	5	A		NAIC company code
GrpID	6	5	A		Group ID number
GrpName	11	64	A		Group name
PolPre	75	3	A		Policy prefix (Blank if NONE)
PolNo	78	20	A		Policy number
PolSuf	98	3	A		Policy suffix (Blank if NONE)
PolForm	101	10	A		Policy form number
PXWaiv	111	1	A		Is there a pre-existing conditions waiver on the policy? (Y/N)
TSupp	112	64	A		Name of travel supplier (wholesaler, tour operator, cruise line, website, etc)
TAgency	176	64	A		Name of travel agency
InsFirst	240	15	A		First name of insured
InsMid	255	15	A		Middle name of insured
InsLast	270	20	A		Last name of insured
InsIDNo	290	10	A		Number assigned to individual insured by the company

Field Name	Start	Length	Type	Decimals	Description
InsAddr	300	25	A		Insured street address
InsCity	325	20	A		Insured city
InsSt	345	2	A		Insured state
InsZip	347	5	A		Insured ZIP code
ClmNo	352	10	A		Claim number
ClmPre	362	3	A		Claim number prefix (Blank if NONE)
ClmSuf	365	3	A		Claim number suffix (Blank if NONE)
AmtSub	368	10	N	2	Amount of claim submitted
PmtCvg	378	15	A		Coverage under which claim was paid/denied (i.e., life, medical, trip cancellation, evacuation, car rental, etc.)
PdClmAmt	393	10	N	2	Total amount of claim paid
ClmPdDt	403	10	D		Claim paid date [MM/DD/YYYY]
ChkNo	413	10	A		Claim payment check number(s)
ClmPay	423	50	A		Claim payee
CmtFirst	473	15	A		First name of claimant
CmtMid	488	15	A		Middle name of claimant
CmtLast	503	20	A		Last name of claimant
CmtAddr	523	25	A		Claimant street address
CmtCity	548	20	A		Claimant city
CmtSt	568	2	A		Claimant state
CmtZip	570	5	A		Claimant ZIP code
DedAmt	575	10	N	2	Amount of deductible (dollar amount or percentage amount)
EffDt	585	10	D		Policy effective date [MM/DD/YYYY]
MGU	595	64	A		Name of third-party administrator or managing general underwriter authorized to adjudicate claims
NPN	659	6	A		Adjuster NPN (National (adjuster) number)

Field Name	Start	Length	Type	Decimals	Description
LossDt	665	10	D		Date loss occurred [MM/DD/YYYY]
RcvdDt	675	10	D		First notice of loss [MM/DD/YYYY]
ClmAckDt	685	10	D		Date company or its producer acknowledged claim to claimant [MM/DD/YYYY]
DtInvs	695	10	D		Date claim investigation was completed [MM/DD/YYYY]
NtcInvDt	705	10	D		Date of written notice to insured/claimant regarding incomplete investigation [MM/DD/YYYY]
DtClsd	715	10	D		Date claim was closed [MM/DD/YYYY]
RsnClsd	725	25	A		Reason claim was closed. Please provide a separate list with a description of the codes, i.e. paid, closed-no response, denied, partially denied, withdrawn (by insured), etc.
AmtDen	750	10	N	2	Amount of claim ineligible or denied
ClmDnyDt	760	10	D		Date claim was denied (blank if not denied) [MM/DD/YYYY]
ClmDenRsn	770	25	A		Reason for claim denial Please provide a list to explain any codes used
EndRec	795	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.