

Pages 11, 35 and 37 of the ALIR Reporting Instruction Manual have been modified to include updated data information (updated August 2010). Below are the updated pages.

7. The following table describes the diskette data record format for reporting on diskettes.

| Seq | Data Element | Field Name | Type | Size |
|-----|--|------------|------|------|
| 1 | Record ID ("OALIR") | RecordID | AN | 5 |
| 2 | Insurer's NAIC code | NAICcode | N | 20 |
| 3 | Submission date century | SubCC | N | 2 |
| 4 | Submission date year | SubYear | N | 2 |
| 5 | Submission date month | SubMonth | N | 2 |
| 6 | Submission date day | SubDay | N | 2 |
| 7 | Sender ID | SenderID | AN | 20 |
| 8 | Sender type (for non-EDI companies, will always be 'IN') | SenderType | A | 2 |
| 9 | Policy type | PolicyType | A | 2 |
| 10 | Transaction type | TransType | A | 3 |
| 11 | Policy number | PolicyNum | AN | 30 |
| 12 | Effective date century | EffCC | N | 2 |
| 13 | Effective date year | EffYear | N | 2 |
| 14 | Effective date month | EffMonth | N | 2 |
| 15 | Effective date day | EffDay | N | 2 |
| 16 | Termination date century | TermCC | N | 2 |
| 17 | Termination date year | TermYear | N | 2 |
| 18 | Termination date month | TermMonth | N | 2 |
| 19 | Termination date day | TermDay | N | 2 |
| 20 | Insured DOB century | DOBCC | N | 2 |
| 21 | Insured DOB year | DOBYear | N | 2 |
| 22 | Insured DOB month | DOBMonth | N | 2 |
| 23 | Insured DOB day | DOBDay | N | 2 |
| 24 | Person or Organization | PersonOrg | N | 1 |
| 25 | Insured's last name or Organization name | LastName | AN | 36 |
| 26 | Insured's first name | FirstName | AN | 20 |
| 27 | Insured's middle name | MidName | AN | 20 |
| 28 | Insured's customer ID | CustID | AN | 20 |
| 29 | Customer ID jurisdiction | CustJuris | AN | 2 |
| 30 | Insured's address | Address | AN | 36 |
| 31 | Insured's city | City | AN | 30 |
| 32 | Insured's state | State | A | 2 |
| 33 | Insured's ZIP code | Zip | AN | 5 |
| 34 | Vehicle Identification Number (VIN) | VIN | AN | 20 |
| 35 | Vehicle year (CCYY) | VehYear | N | 4 |
| 36 | Vehicle make | VehMake | AN | 5 |
| 37 | Vehicle plate | VehPlate | AN | 7 |

| FE4.6.51 - Policy Entity | | | | X12-811 | Level 4 |
|---|---|----|----|----------------|--------------------------|
| Policy Type (Owner, Operator) | M | AN | 2 | REF03 (AN, S3) | O |
| Transaction Type (new, term) | M | AN | 3 | SI03 | M |
| Policy Number reference | M | AN | 2 | REF01 (S3, IG) | M |
| Policy Number | M | AN | 30 | REF02 (S3, IG) | X |
| Policy Effective Date CC | X | DT | 2 | DTM05 (007) | O |
| Policy Effective Date YYMMDD | X | DT | 6 | DTM02 (007) | O |
| Policy Termination Date CC | X | DT | 2 | DTM05 (036) | O |
| Policy Termination Date YYMMDD | X | DT | 6 | DTM02 (036) | O |
| FE4.6.52 - Vehicle Entity Present for vehicle specific policies) | | | | X12-811 | Level 5 |
| Date of Birth (Insured's) CC | X | DT | 2 | DTM05 (222) | O |
| Date of Birth (Insured's) YYMMDD | O | DT | 6 | DTM02 (222) | O |
| Person / Organization indicator (new) | M | AN | 1 | NM102 | M |
| Last Name (or Company name) | M | AN | 36 | NM103 | M |
| First Name | O | A | 20 | NM104 | O |
| Middle Initial | O | A | 20 | NM105 | O |
| Customer ID # (ODL#, ID Card#.) | X | AN | 20 | NM109 | O |
| Customer ID # Jurisdiction | X | A | 2 | REF03 | O |
| Address | M | AN | 36 | N301 | M |
| City | M | AN | 30 | N401 | M |
| State | M | AN | 2 | N402 | M |
| Zip Code | O | AN | 5 | N403 | O |
| FE4.6.53 - Vehicle Entity | | | | X12-811 | Table 1 Level 1-2 |
| VIN (entire alphanumeric) | M | AN | 20 | VEH02 | M |
| Vehicle Year CC | M | N2 | 2 | VEH04 | O |
| Vehicle Year YY | M | N2 | 2 | VEH03 | M |
| Vehicle Make | M | AN | 5 | VEH06 | M |
| Vehicle Plate | O | AN | 7 | REF02 | O |

* M=mandatory, O=optional, X=dependent upon the presence of another data element

| Description | M/O/X | Type | Length | Segment | M/O/X |
|--|-------|------|--------|----------------|---------|
| FE4.6.54 - Error Segment For Insured Entity | | | | X12-811 | Level 4 |
| Table, Level Number & Segment Type ⁴ | M | AN | 5 | NA | NA |
| Date of Birth (Insured's) CC | X | DT | 2 | DTM05 (222) | O |
| Date of Birth (Insured's) YYMMDD | O | DT | 6 | DTM02 (222) | O |
| Person / Organization indicator (new) | M | AN | 2 | NM102 | M |
| Last Name (or Company name) | M | AN | 36 | NM103 | M |
| First Name | O | A | 20 | NM104 | O |
| Middle Initial | O | A | 20 | NM105 | O |

* M=mandatory, O=optional, X=dependent upon the presence of another data element

| | | | | | |
|---|---|----|----|----------------|---------|
| Customer ID # (ODL#, ID Card#.) | O | AN | 20 | NM109 | O |
| Customer ID # Jurisdiction | O | A | 2 | REF03 | O |
| Address | M | AN | 36 | N301 | M |
| City | M | AN | 30 | N401 | M |
| Zip Code | O | AN | 5 | N403 | O |
| State | M | AN | 2 | N402 | M |
| FE4.6.54 - Error Segment For Vehicle- Entity | | | | X12-811 | Level 5 |
| Table, Level Number & Segment Type ⁵ | M | AN | 5 | NA | NA |
| VIN (entire alphanumeric) | M | AN | 20 | VEH02 | M |
| Vehicle Year CC | M | N2 | 2 | VEH04 | O |
| Vehicle Year YY | M | N2 | 2 | VEH03 | M |
| Vehicle Make | M | AN | 5 | VEH06 | M |
| Vehicle Plate | O | AN | 7 | REF02 | O |

* M=mandatory, O=optional, X=dependent upon the presence of another data element

⁴ Valid code is T2L4I.

⁵ Valid code is T2L5V.