State of Arizona
Department of Transportation
Motor Vehicle Division

Arizona Mandatory Insurance Reporting System

Guide for Insurance Companies

Version 2.7
February 2016

1. Introduction to the Arizona Mandatory Insurance Reporting System (AMIRS)

1.1. AMIRS Guide for Insurance Companies Purpose

The purpose of this guide is to provide reporting entities with the information necessary to implement the required reporting of insurance policy information to the Arizona Department of Transportation (ADOT) Motor Vehicle Division (MVD) Arizona Mandatory Insurance Reporting System (AMIRS).

This guide provides a mix of business and technical information to define when and how insurance information must be transmitted between the Arizona Department of Transportation Motor Vehicle Division and the company.

The most current version of this guide will be posted on our web site at:

http://www.azdot.gov/docs/default-source/mvd-services/arizona-mandatory-insurance-reporting-system---guide-for-insurance-companies_082012.pdf?sfvrsn=2

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1.2. AMIRS Goal and Authorization

ADOT MVD is dedicated to facilitating licensing, safety programs and compliance with motor vehicle laws. AMIRS takes advantage of current technology to communicate and partner with the insurance industry, and/or service bureaus, through a policy reporting system which reduces the need for vehicle owners and drivers to submit proof of insurance coverage.

AMIRS is operated by ADOT MVD and the reported information is stored in a database maintained internally on our mainframe computer. The operation of this system is not contracted with any outside entity.

Arizona Revised Statutes Title 28, Chapter 9, Section 4148 requires that each company report *at least every seven days*. Copies of the statute may be found at:

http://www.azleg.state.az.us/ars/28/04148.htm

1.3. AMIRS Data Transmission

AMIRS requires the transmission of data through Electronic Data Interchange (EDI) using a standardized format. Data must be formatted in accordance with the specifications in this guide, which is an implementation of the 811 transaction set format as defined by the American National Standards Institute (ANSI), Accredited Standards Committee (ASC) X12N.

There are three (3) transmission methods available:

1. Information Exchange (IE)
2. File Transfer Protocol (FTP) with Pretty Good Privacy (PGP) file encryption
3. File Transfer Protocol with SSL supported communication (FTPS) with Pretty Good Privacy (PGP) file encryption.

1.4. AMIRS Reportable Activity

Insurance companies are required to report activity for both vehicle specific and non-vehicle specific policies. Reportable activity includes:

- Policy cancellation
- Policy non-renewal
- New policy issue
- Policy reinstatement
- Vehicle added to a vehicle specific policy
- Vehicle deleted from a vehicle specific policy
- Commercial coverage renewals reported **at least annually**

Currently, AMIRS receives and processes about 725,000 EDI policy report transactions every month, from about 500 NAICs, submitted by over 200 reporting entities.

1.5. Policy Report Process

Reportable policy types are vehicle specific, driver specific and non-vehicle specific.

Vehicle specific policies are the most common and are matched to vehicle records in the ADOT MVD Title and Registration database using the vehicle identification number (VIN).

Driver specific policies are the SR22 and SR26 policy types. These are matched to driver license records in the ADOT MVD driver license database. Driver license data is linked to the title and registration database using the primary owner's driver license number. This policy type will link to vehicles where the SR policyholder is the primary owner. If the SR policyholder is not the primary vehicle owner, the SR policy coverage will not be linked to a vehicle record.

Non-vehicle specific policies are generally referred to as "all owned" or "blanket policies". These are issued to organizational entities for a specific coverage amount insuring all of that organization's vehicles at any given time. With this type of policy, the organizations do not provide the insurance company with their vehicles' information. These reports are linked to vehicles through a customer number in the ADOT MVD customer database. The customer number may be the organization's FEIN or an MVD issued customer number. ***ADOT MVD does not have many of the organizational FEINs in our customer database. This means that the majority of non-specific reports with FEIN will not find a match and will be returned as customer not found (E170) errors***. Due to this failure to match, some vehicle owners with this policy type will be sent notices requesting proof of insurance and their responses will be entered manually. For this reason we advise all organizations to report vehicle specific, whenever possible. In the case of "blanket" or "all owned" coverage where the insurance company does not know the VIN, we try to match non-specific reports to vehicles using the FEIN reported, but this method cannot be considered accurate. ***Non-vehicle specific reports will not be accepted for private passenger coverage using the policyholder's driver license number as the customer number.***

1.5.1. Vehicle Specific Update Process

An accurately coded VIN is essential to link policy coverage to the vehicle record. Our system is vehicle based, not policy based as it is in many insurance companies' systems. The VIN is the database key used to access the vehicle record. If the reported VIN does not match a VIN in Arizona's Title and Registration database, that policy transaction report cannot be applied. We receive many vehicle specific reports without an accurate VIN; those cannot access the appropriate vehicle record and are returned as VIN errors. A VIN error means that a vehicle record matching that VIN is not in Arizona's database. Insurance companies frequently inquire about errors on VINs that are valid according to VIN validation software. Even though it is a valid VIN, no vehicle record with that particular VIN was found. Most frequently this is because that particular vehicle is not registered in Arizona. Each vehicle record has its own policy record attached to it, and a policy report for one vehicle has no effect on policy records attached to other vehicles. Every vehicle (VIN) must be reported when coverage is added and cancelled. If one vehicle is being added and another dropped from a policy, then a new business report must be submitted for the vehicle being added and a cancellation report must be submitted for the vehicle being dropped. There is no master policy record; the policy number alone cannot be used to apply updates. Since each policy transaction is independent from others, a vehicle can be added to or cancelled from a policy, without affecting any other vehicle's coverage by the same policy.

The system first attempts to match the VIN on the policy report to an existing vehicle on the ADOT MVD title and registration database. If a successful VIN match is found, the policy report is compared to any existing policies already connected to that vehicle record by checking for exact matches to the insurance company code and policy number. If an exact match is found, the policy report information overlays and updates the policy record on the database. When an exact match is not found, the policy report is attached as a new policy record. New business policy reports that match to cancelled policies already on the system are rejected if the registration is in a suspended status. If a non-matching new business or cancelled policy is received for a vehicle with a suspended registration, the policy record is attached to that vehicle record, but it will have no effect on the registration suspension status.

Due to the insurance code and policy number matching process, it is very important that insurance companies consistently use the same insurance code and *policy number* for the same vehicle's coverage. If a company changes these values in any way, the system will not recognize a policy report as an update to an existing policy, but will instead insert it as a separate policy record. *If either the insurance code or policy number must be changed, report a cancellation using the original values and send a new business policy report with the new values.*

1.5.2. VIN Non-match Re-processing

A process is in place to give a vehicle specific policy transaction a “second chance” to make a successful VIN match. Policy reports are frequently received before the corresponding vehicle record is created. This occurs when vehicle owners inform their insurance company that they have moved to Arizona, but do not register their vehicles with MVD in a timely manner.

When a vehicle specific policy record does not match on a VIN, the reported VIN is validated through the following tests:

1. Pre-1981 model years:

   This test is designed to weed out policy reports with obvious VIN error values (e.g. “TBD”, “UNK”, “Unknown”, “To follow”, “99999”, “00000”, etc.). Policy reports that fail this validation are returned to the sender immediately.

2. 1981 and later model years:

   This test uses VINA software to validate the VIN as a valid, properly formed VIN. Policy reports that fail this validation are returned to the sender immediately.

3. Reprocessing:

   VINs that pass tests 1 and 2 above are written to a file for reprocessing. Every processing day for ninety calendar days, additional attempts are made to match the unmatched policy report to a vehicle record. If a matching vehicle record is registered at MVD within the ninety day period, the policy record will attach to the vehicle record; otherwise, the policy report is written to an error record and returned to the insurance company. This process results in several hundred additional matches every week. One disadvantage to this method is that the insurance company isn’t notified of most VIN errors for ninety days.

1.5.3. Error Process

AMIRS returns all policy report errors to the submitting entity, unless such reports are exempt from Arizona’s mandatory insurance legislative requirements. Some states have “hard” and “soft” errors where policy reports with hard errors are not applied and those with soft errors are applied, but require a subsequent correction. Any error returned from AMIRS is a “hard” error; that policy report transaction was not applied as a policy update and is not retained by AMIRS.

Returned error records must be corrected and resubmitted as soon as possible. Correction of unmatched policy records is essential to prevent unnecessary notices and enforcement actions being taken against the vehicle owner/policyholder. Currently AMIRS returns over 17,000 VIN errors every month. Policy reports with unmatched VINs and other errors result in problems and extra work for the vehicle owner/policyholder, the insurance company, and MVD. Reduction in the number of

reported errors and timely resolution of these errors is essential. The MI Reporting Coordinator can assist with the resolution of errors, when necessary.

Error files may be returned *at any time* from AMIRS, therefore insurance companies must check for error files every night, even if no files were sent to AMIRS. Timely resolution of errors on the part of insurance companies aids in researching and solving reporting issues, and prevents needless enforcement actions against our mutual customers.

Note that due to our VIN reprocessing to match policy reports with vehicles registered in Arizona, most VIN errors will be returned ninety days after the policy was reported.

Do not send acknowledgements (997 files) of error files that ADOT returns.

1.6. Insurance Verification Overview

Policy reports received from both insurance companies and vehicle owners update the MVD title and registration databases. Every week all currently registered vehicles on the databases are checked for active insurance coverage.

If active coverage is not found, the registered owner is sent a verification notice requesting that evidence of insurance coverage be provided to ADOT MVD within 15 days. Proof of coverage submitted in response to the notice is recorded in the appropriate insurance database. Failure to provide evidence in this time period results in that vehicle's registration being suspended.

During the time a vehicle registration is in suspension status, AMIRS will no longer accept active coverage updates to policies already on file for that vehicle. At this point, it is the vehicle owner's responsibility to prove that they did not let their coverage lapse. If insurance was not in effect, then the owner/owners of the vehicle will need to obtain coverage from a valid insurance company and pay a reinstatement fee of $50.

It is in the best interest of both ADOT MVD and the insurance industry to ensure AMIRS is as accurate as possible to avoid sending unnecessary notices and generating invalid suspension actions against our joint customers.

1.7. Nightly Processing cut-off

AMIRS processing begins at 6:30pm MST M-F and at 4:30pm MST Saturdays. If a file submission from an insurance company misses this cut-off time, the file will be processed during the next scheduled execution.

1.8. Prohibition on Emailing Data

Because email is an inherently insecure communication medium, personally identifiable information *must never* be emailed to ADOT. This includes, but is not limited to, customer name, address, SSN, driver's license, and date of birth. Generally only two data items may be emailed to assist with researching an issue: VIN and/or policy number, though VIN is the most reliable item.

Data files also must never be emailed; secure communication channels have been established for insurance companies to submit data to ADOT. Only these established connections may be used.

2. Electronic Data Interchange Overview

2.1. EDI Background

Electronic Data Interchange, commonly referred to as EDI, is computer-to-computer transmission of business data using a standardized computer readable format. Any amount of data can be exchanged with message acknowledgments validating delivery. Large numbers of trading partners are easily managed by commercial EDI software.

Becoming an EDI trading partner requires a computer (PC, mid-range or mainframe) and the following:

- Communications hardware
- Communications software
- X12 translation software

There are many companies marketing EDI software and hardware. There are packages for all sizes of computers and most operating systems. Prices vary widely, usually based on the processing capacity of the computer.

There are also service bureaus that submit EDI X12 reports on behalf of insurance companies. Some of these are listed in section 7.3 of this document.

Sources for obtaining more information on X12 translation software include:

- http://www.disa.org/
- EDI trade shows
- Insurance trade organizations
- Review of the ANSI X12 Set 811, Release 003050 Version 3.0 implementation guide.

2.2. Data Connectivity

Reporting entities have the choice of using one of three (3) different connectivity methods:

1. Value added network (VAN) which connects to Information Exchange (IE)
2. File Transfer Protocol (FTP) with PGP file encryption
3. File Transfer Protocol with SSL supported communication (FTPS) with PGP file encryption

2.2.1. Information Exchange

ADOT MVD has selected Information Exchange (IE) to provide one method of data connectivity between reporting entities and AMIRS. IE services usually are billed as a one-time set up fee, a monthly charge, and a usage charge. IVANS is a re-marketer of IE services for the insurance industry

If a company desires IE connectivity, it must obtain an account and electronic mailbox.

2.2.1.1. Electronic Mailbox

An electronic mailbox is a unique “address” that provides a company with the ability to send and receive information between trading partners. It packages data inside an ‘electronic envelope’ containing the address of the sender and receiver. When an envelope is received, it is opened, the contents are handled, it is re-packaged, and both acknowledgements and error data are returned back through the same mailbox.

2.2.2. File Transfer Protocol

Reporting entities may also use either FTP with PGP file encryption or FTPS with PGP file encryption as a connectivity method. An account directory for the company is set up on an ADOT FTPS server. Within this account directory are two sub-directories, one for sending data (toadot) and one for retrieving data (fromadot) (i.e. functional acknowledgments and any error files). You will place all files that you send to us in the “toadot” subdirectory. After AMIRS successfully extracts the data received, it is deleted from the “toadot” directory. We will place all 997 Functional Acknowledgements and 811 Error Files in the “fromadot” subdirectory. The reporting entity is responsible for deleting the files in the ‘fromadot’ directory after downloading and processing them in their system. This indicates to each of us that the other has successfully extracted the data sent to them.

Reporting entities must obtain their own Internet service provider and communications hardware and software.

ADOT MVD has endeavored to make the process as secure as possible through the exchange of PGP encryption keys and signatures.

The server is FTPS.AZDOT.GOV. Companies may use either FTP or FTP using SSL supported communication, both on port 21 PASV, but PGP file encryption is required for either method. FTP will be used throughout the remainder of this document to refer to both FTP and FTPS connections.

When sending a file via FTP, the file name:

- Must have a maximum length of 8 characters
- Must contain only uppercase letters and numbers
- Must not have a file extension
- Must begin with the FTP account name
- Must vary from one transmission to the next. This prevents overlaying any previous data in case of a delay with our normal extract process. Our process will extract all files in the directory at run time. Time stamps as part of the name are discouraged; a simple sequence number (ABCD0001, ABCD0002, ABCD0003, etc.) ensures correct processing order.

When retrieving a file via FTP, the file name will follow one of the patterns below:

- Error files: A811MMDD, where MM is the month and DD is the day of processing.
- Acknowledgment files: A997MMDD, where MM is the month and DD is the day of processing.

If your FTP account is ABCD, ABCD0001 is an example of a valid file name. If you send liability and SR policies in separate files, then ABCD0001 and ABCDS001 are valid file names.

The file format:

- Must have an 80 byte record length
- Must be padded with spaces to 80 bytes where necessary
- Must split the ISA segment between 2 records, so that byte 81 of the ISA begins in position 1 of the next record
- Must have only one segment per line
- Must terminate each record with CR/LF
- Must be sent as ASCII text
- Must be PGP encrypted *and* signed in a single pass

We also have a requirement for the ISA06 element. The FTP account name must be repeated twice, with at least 1 space between the two occurrences, in all uppercase characters. The example below uses the value “FTPACCT” as a substitute for the FTP account name that will be assigned to your organization; you will use the actual account name assigned to you. Per the ANSI standard, the ISA06 must be exactly 15 characters counting spaces. Your ISA segment should look similar to the following:

```
ISA.00. .00. .ZZ.FTPACCT  FTPACCT.ZZ.AZMV AZMVIE4 .030731.113
0.U.00305.000000214.0.P...
```

Your GS segment will be similar to this:

```
GS.CI.FTPACCT FTPACCT.AZMV AZMVIE4.030731.1130.214.X.003050.
```

2.3. ANSI ASC X12.39 TS 811

Policy reports sent to AMIRS must be in the nationally standardized format as defined by the American National Standards Institute (ANSI), Accredited Standards Committee (ASC) X12N. This standard is known as the ANSI ASC X12.39, Transaction Set 811, Consolidated Service Invoice Statement, Version: 003050. The insurance industry subcommittee of ANSI has defined the business usage of this transaction set to be for notification to state agencies within the U.S. of insurance coverage on a motor vehicle.

Reporting entities planning to report electronically *must* obtain a copy of the ALIR Implementation Guide, Version 3.0. It will be used as a reference manual for identifying the ANSI standards currently used. This document provides information necessary to facilitate an implementation of EDI. This ALIR Implementation Guide enables the use of EDI for the notification of the status of insurance coverage.

In this guide for insurance companies, AMIRS has identified specific data segments and data elements out of the ANSI ALIR implementation guide, Version 3.0.

A complete copy of the ALIR Implementation Guide, Version 3.0 is available by contacting Washington Publishing at 425-562-2245 or at their web site at

http://www.wpc-edi.com/products/property-and-casualty/

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2.4. Electronic Reporting Process

The following steps describe an overview of how insurance information is received and processed via X12 (TS 811).

1. Reporting entities package their policy report into a document.
    a. VAN customers place this document into an electronic envelope and transmit it to the AMIRS electronic mailbox.
    b. FTP customers sign onto the ADOT server and put their PGP encrypted and signed policy report onto the AMIRS FTP server.

2. The EDI software retrieves the electronic envelope, removes the document and translates the information into individual records in the application's data format. A Functional Acknowledgment document (ASC X12 TS 997) is prepared for returning to the sender. The translator checks to insure that the document follows the rules of the 811 ALIR standard and the AMIRS implementation. Certain translator errors will be identified in the 997 acknowledgments.

3. The 997 acknowledgment transaction is sent to the reporting entity's electronic mailbox, or encrypted *and* signed (in a single pass) before being put on the AMIRS FTP server. A 997 file is *always* sent to acknowledge receipt, whether or not any translation errors were detected. Insurance companies *must* process these acknowledgments to confirm that the policy report was received. If an acknowledgment is not received within one business day, the AMIRS technical contact *must* be contacted for resolution.

4. The data is validated for content errors. Validation errors are described in section 5.4.2 of this guide. Records that do not pass validation are written to a file for subsequent error processing. Valid records are passed on for matching.

5. Validated records are matched either by VIN or customer number, depending on their specific reporting type. Matched records are used to update the insurance databases.

6. Error records are immediately translated back to an 811 document, placed in an electronic envelope and returned to the reporting entity's electronic mailbox or FTP account's sub-directory. Most VIN mismatched records are retained in a reprocessing file for ninety calendar days for rematch attempts. If there are no error records, *only* the TS997 acknowledgement transaction is returned. Insurance companies *must* process these error files to resolve the errors and send corrected reports.

7. Daily statistical reports regarding each insurance company's policy reports are generated for the MI Reporting Coordinator.

3. Business Reporting Specifications

3.1. Insurance Business Contact and Set Up

In order to implement the EDI process for submitting insurance information, each reporting entity must contact the MI reporting coordinator and provide the following information:

1. The project managers and technical contacts during development and implementation. Include names, titles, addresses, phone numbers, e-mail addresses, etc. Also, identify the on-going contact person, if different.

2. The transmission method of choice (IE, or PGP encrypted file via FTP) based on reporting specifications found in this section and Section 2. If reporting by IE, provide the account information necessary to access the electronic mailbox.

3. As ADOT MVD is limited in the number of companies that can be converted at any given time, requests for starting dates will be on first request basis. Failure to report may result in a non-compliance report being filed with the Arizona Department of Insurance (DOI). The DOI may impose sanctions on the insurance company, including fines and suspension of license.

Once the Reporting Coordinator receives this information, the company will be instructed concerning the testing process.

3.2. On-going Reporting of Insurance Information

The following list addresses some of the on-going insurance information reporting requirements:

- Insurance companies must report at least once every seven days. If there was no reportable activity for the period, a no activity report is required.

- Reportable activity is:

  - A policy cancellation.
  - A policy non-renewal.
  - A new policy issue.
  - A vehicle added to a vehicle specific policy.
  - A vehicle deleted from a vehicle specific policy.
  - Commercial coverage renewals reported at least annually

- Both vehicle specific and non-vehicle specific policies must be reported. Vehicle specific policies must have a valid VIN and non-vehicle specific policies must have a valid Arizona customer number.

- Both private passenger and commercial policies must be reported; please note the annual renewal requirement for commercial coverage.

Reports must be made in accordance with the X12 EDI specifications outlined in this guide

4. EDI Technical Specifications

4.1. X12 811 Information

Reporting entity's programming must include the ability to send a (TS811) policy report to AMIRS and to receive both (TS811) error transactions and (TS997) functional acknowledgments from AMIRS. If possible, do not return a (TS997) functional acknowledgment in response to the error records that are returned from AMIRS.

Translation errors can be avoided if a sender ensures that the transaction set is in compliance with the ANSI standard. **A copy of the ANSI standard document**, **along with this implementation guide, is essential** for a successful implementation. The following are examples of EDI data standards:

- Dates are all number characters and are valid according to a calendar.
- Alphanumeric data elements contain only uppercase letters, numbers, spaces and certain special characters.
- Related elements are either all populated or all omitted.

ADOT MVD recommends that the following commonly used data delimiters be used in EDI transaction sets:

Data element delimiter:	hexadecimal 1D
Segment delimiter:	hexadecimal 1C
Sub-element delimiter:	hexadecimal 1F

4.2. Information Exchange Information

AMIRS Account Number:	AZMV
AMIRS User id:	AZMVIE4
Test Message Class:	MIX12T
Production Message Class	MIX12P

5. Data Element Specifications

5.1. 811 AMIRS Policy Receipt

This is the Arizona adaptation of the X12 (TS811) Version 3050. The segments and data elements defined in this section specify the data required by Arizona with most of the values required for a valid 811 transaction. The inclusion of additional data is optional to the sender, but cannot be returned on the error records.

5.1.1. Table 1 – Header Level

811 Header
Segment: ST – Transaction Set Header

Seq. No.	X12 Name	Value To Be Used	Min/Max
ST01	Transaction Set Identifier Code	811	3/3
ST02	Transaction Set Control Number	Unique control number, assigned by sender	4/9

Date Insurance Entity Created File
Segment: BIG - Beginning Segment for Invoice

Seq. No.	X12 Name	Value To Be Used	Min/Max
BIG01	Date	Creation date (YYMMDD)	6/6
BIG02	Invoice Number	"1"	1/1

Sender's Name and Identification Number
Loop ID: N1 - Sender's Name and Identification Number
Segment: N1 - Name

Seq. No.	X12 Name	Value To Be Used	Min/Max
N101	Entity ID Code	"IN" (Insurer) "SQ" (Service Bureau)	2/2
N102	Name	Sender's name	1/35
N103	ID Code Qualifier	"NI" (NAIC code) or "FI" (Federal Tax ID number)	2/2
N104	ID Code	NAIC Code or Federal Tax ID number	5/9

Receiver's Name and Identification Number
Loop ID: N1 - Receiver's Name and Identification Number
Segment: N1 - Name

Seq. No.	X12 Name	Value To Be Used	Min/Max
N101	Entity ID Code	"2F" (State)	2/2
N102	Name	"ARIZONA MVD MI"	14/14

5.1.2. Table 2 – Detail Level

5.1.2.1. Hierarchical Level 1: Insurer

Insurance Entity Level
Loop ID: HL – Insurance Entity Loop
Segment: HL - Hierarchical Level (Level 1: Insurer)

Seq. No.	X12 Name	Value To Be Used	Min/Max
HL01	Hierarchical ID Number	HL Identifier	1/4
HL02	Hierarchical Parent ID	Not used	0/0
HL03	Hierarchical Level Code	"1"	1/1
HL04	Hierarchical Child Code	"1"	1/1

Insurance Entity's Name and NAIC Code
Loop ID: HL/NM1
Segment: NM1 - Individual or Organization Name

Seq. No.	X12 Name	Value To Be Used	Min/Max
NM101	Entity ID Code	"IN" (Insurer)	2/2
NM102	Entity Type Qualifier	"2" (Non-person)	1/1
NM103	Last Name or Organization Name	Organization name	1/35
NM108	Identification Code Qualifier	"NI" (NAIC Code)	2/2
NM109	ID Code	NAIC Code	5/5

Insurer Reporting Information
Loop ID: HL/IT1
Segment: IT1 Loop - Baseline Item Data

Seq. No.	X12 Name	Value To Be Used	Min/Max
IT102	Quantity Invoiced	"1"	1/1
IT103	Unit	"IP"	2/2
IT104	Unit Price	"0"	1/1

Submission Date
Loop ID: HL/IT1
Segment: DTM - Date/Time/Reference

Seq. No.	X12 Name	Value To Be Used	Min/Max
DTM01	Date/Time Qualifier	"368"	3/3
DTM02	Date	Date submitted	6/6
DTM05	Century	Century of submittal date	2/2

5.1.2.2. Hierarchical Level 2: State

State Level
Loop ID: HL
Segment: HL - Hierarchical Level (Level 2: Occurs once for the state)

Seq. No.	X12 Name	Value To Be Used	Min/Max
HL01	Hierarchical ID Number	HL identifier	1/4
HL02	Hierarchical Parent ID	"1"	1/1
HL03	Hierarchical Level Code	"2"	1/1
HL04	Hierarchical Child Code	"1"	1/1

State Name
Loop ID: HL/NM1
Segment: NM1 - Individual or Organization Name

Seq. No.	X12 Name	Value To Be Used	Min/Max
NM101	Entity ID Code	"2F"	2/2
NM102	Entity Type Qualifier	"2"	1/1
NM103	Last Name or Organization Name	"AZ"	2/2

5.1.2.3. Hierarchical Level 4: Policy

Loop ID: HL
Segment: HL - Hierarchical Level

Seq. No.	X12 Name	Value To Be Used	Min/Max
HL01	Hierarchical ID Number	HL Identifier	1/4
HL02	Hierarchical Parent ID	Parent ID number	1/4
HL03	Hierarchical Level Code	"4"	1/1
HL04	Hierarchical Child Code	"1" (level 5 loops present) or "0" (no level 5 loops present)	1/1

Insured Name
Loop ID: HL/NM1
Segment: NM1 - Individual or Organization Name

Seq. No.	X12 Name	Value To Be Used	Min/Max
NM101	Entity ID Code	"IL"	2/2
NM102	Entity Type Qualifier	"1" (person) or "2" (non-person entity)	1/1
NM103	Last name or organization name	Insured last name or organization name	1/35
NM104	Name First	Insured first name	1/25
NM105	Name Middle	Insured middle initial	1/1
NM108	Identification Code Qualifier	"N" (Insured DL No) or "FI" (Federal Tax ID No) or Blank (NM109 not used)	0/2
NM109	ID Code	Insured Driver License Number or Non Person entity's FEIN	0/9

Insured Address
Loop ID: HL/NM1
Segment: N3 - Address Information

Seq. No.	X12 Name	Value To Be Used	Min/Max
N301	Address Information	Insured mailing address	1/35

Insured City, State, Zip
Loop ID: HL/NM1
Segment: N4 - Geographic Location

Seq. No.	X12 Name	Value To Be Used	Min/Max
N401	City Name	Insured city	1/25
N402	State or Province Code	Insured state	2/2
N403	Postal Code	Insured zip	5/9

Policy Information
Loop ID: HL/IT1
Segment: IT1 - Baseline Item Data

Seq. No.	X12 Name	Value To Be Used	Min/Max
IT102	Quantity Invoiced	"1"	1/1
IT103	Unit	"IP"	2/2
IT104	Unit Price	"0"	1/1

Transaction Purpose
Loop ID: HL/IT1
Segment: SI - Service Characteristic Identification

Seq. No.	X12 Name	Value To Be Used	Min/Max
SI01	Agency Qualifier Code	"ZZ"	2/2
SI02	Service Characteristic Qualifier	"11"	2/2
SI03	Product/Service ID	Transaction Type: "NBS" – (New business) or "XLC" – (Cancellation) or "S22" – (SR22) or "S26" – (SR26)	3/3

Policy Number
Loop ID: HL/IT1
Segment: REF - Reference Number

Seq. No.	X12 Name	Value To Be Used	Min/Max
REF01	Reference No. Qualifier	"IG"	2/2
REF02	Reference Number	Policy number	1/30
REF03	Description	"1" – personal or "2" – commercial or "3" – collectible/classic	1/1

Issuer of Operator's Driver License
Loop ID: HL/IT1
Segment: REF - Reference Number

Seq. No.	X12 Name	Value To Be Used	Min/Max
REF01	Reference No. Qualifier	"XM"	2/2
REF03	Description	State or province code of jurisdiction issuing driver license	2/2

Vehicle Specification Information
Loop ID: HL/IT1
Segment: REF - Reference Number

Seq. No.	X12 Name	Value To Be Used	Min/Max
REF01	Reference No. Qualifier	"S3"	2/2
REF02	Reference Number	"V" – Vehicle specific or "NS" – Not vehicle specific	1 /2

Insurance Company Information (Optional Segment)
Loop ID: HL/IT1
Segment: REF - Reference Number

Seq. No.	X12 Name	Value To Be Used	Min/Max
REF01	Reference No. Qualifier	"DD"	0/2
REF03	Description	Identifying information used by Insurance Co. which will be returned on error records	0/9

Insured Date of Birth
Loop ID: HL/IT1
Segment: DTM - Date/Time/Reference

Seq. No.	X12 Name	Value To Be Used	Min/Max
DTM01	Date/Time Qualifier	"222"	3/3
DTM02	Date	Insured date of birth	6/6
DTM05	Century	Insured century of birth	2/2

Policy Effective Date
Loop ID: HL/IT1
Segment: DTM - Date/Time/Reference

Seq. No.	X12 Name	Value To Be Used	Min/Max
DTM01	Date/Time Qualifier	"007"	3/3
DTM02	Date	Policy effective date	6/6
DTM05	Century	Century of policy effective date	2/2

Policy Cancellation Date
Loop ID: HL/IT1
Segment: DTM - Date/Time/Reference

Seq. No.	X12 Name	Value To Be Used	Min/Max
DTM01	Date/Time Qualifier	"036"	3/3
DTM02	Date	Policy cancellation date or required policy expiration date if a commercial policy	6/6
DTM05	Century	Century of policy cancellation date	2/2

SR Policy Certification Date – (Optional, SR22 or SR26 reports only)
Loop ID: HL/IT1
Segment: DTM - Date/Time/Reference

Seq. No.	X12 Name	Value To Be Used	Min/Max
DTM01	Date/Time Qualifier	"458"	3/3
DTM02	Date	SR Certification date	6/6
DTM05	Century	Century of certification date	2/2

5.1.2.4. Hierarchical Level 5: Vehicle

Vehicle Level
Loop ID: HL
Segment: HL - Hierarchical Level

Seq. No.	X12 Name	Value To Be Used	Min/Max
HL01	Hierarchical ID Number	HL identifier	1 /4
HL02	Hierarchical Parent ID	Parent identifier	1 /4
HL03	Hierarchical Level Code	"5"	1/1

Section Separator – Vehicle Level
Loop ID: HL/LX
Segment: LX - Assigned Number

Seq. No.	X12 Name	Value To Be Used	Min/Max
LX01	Assigned Number	"1"	1/1

Vehicle Information
Loop ID: HL/LX
Segment: VEH –Vehicle Information

Seq. No.	X12 Name	Value To Be Used	Min/Max
VEH02	Vehicle ID Number	Vehicle Identification Number (VIN)	1/25
VEH03	Century	Century vehicle was made	2/2
VEH04	Year within Century	Year vehicle was made	2/2
VEH05	Agency Qualifier Code	"NA"	2/2
VEH06	Product Description Code	Vehicle make	1/5

Vehicle License Plate Number – (Optional)
Loop ID: HL/LX
Segment: REF - Reference Number

Seq. No.	X12 Name	Value To Be Used	Min/Max
REF01	Reference No. Qualifier	"LV"	1/2
REF02	Reference Number	Vehicle license plate number	1/8

5.1.3. Table 3 – Summary Level

Section Separator – Summary Level
Segment: TDS - Total Monetary Value Summary

Seq. No.	X12 Name	Value To Be Used	Min/Max
TDS01	Total Invoice Amount	"1"	1/1

Segment: CTT - Transaction Totals

Seq. No	X12 Name	Value To Be Used	Min/Max
CTT01	Number of Line Items	Total no of insurance policy transactions in this transaction set	1/4

5.2. 811 AMIRS Error Return

The following is the Arizona adaptation of the X12 (TS811) Version 3050, for error return. The segments and data elements identified are the data returned to the reporting entity from AMIRS.

5.2.1. Table 1 – Header Level

811 Header
Segment: ST – Transaction Set Header

Seq. No.	X12 Name	Value To Be Used	Min/Max
ST01	Transaction Set Identifier Code	811	3/3
ST02	Transaction Set Control Number	Unique control number, assigned by sender	4/9

Date Insurance Entity Created File
Segment: BIG - Beginning Segment for Invoice

Seq. No.	X12 Name	Value To Be Used	Min/Max
BIG01	Date	Creation date (YYMMDD)	6/6
BIG02	Invoice Number	"1"	1/1

Sender's Name and Identification Number
Loop ID: N1 – Sender's Name and Identification Number
Segment: N1 - Name

Seq. No.	X12 Name	Value To Be Used	Min/Max
N101	Entity ID Code	"2F" (State)	2/2
N102	Name	"ARIZONA MVD MI"	14/14

Receiver's Name and Identification Number
Loop ID: N1 - Receiver's Name and Identification Number
Segment: N1 - Name

Seq. No.	X12 Name	Value To Be Used	Min/Max
N101	Entity ID Code	"IN" (Insurer)	2/2
N102	Name	Receiver's name	1/35
N103	ID Code Qualifier	"NI" (NAIC code) or "FI" (Tax ID number)	2/2
N104	ID Code	NAIC Code or Federal Tax ID number	5/9

5.2.2. Table 2 – Detail Level

5.2.2.1. Hierarchical Level 1: Insurer

Insurance Entity Level
Loop ID: HL – Insurance Entity Loop
Segment: HL - Hierarchical Level (Level 1: Insurer)

Seq. No.	X12 Name	Value To Be Used	Min/Max
HL01	Hierarchical ID Number	HL Identifier	1/4
HL02	Hierarchical Parent ID	Not used	0/0
HL03	Hierarchical Level Code	"1"	1/1
HL04	Hierarchical Child Code	"1"	1/1

Insurance Entity's Name and NAIC Code
Loop ID: HL/NM1
Segment: NM1 - Individual or Organization Name

Seq. No.	X12 Name	Value To Be Used	Min/Max
NM101	Entity ID Code	"IN" (Insurer)	2/2
NM102	Entity Type Qualifier	"2" (Non-person)	1/1
NM103	Last Name or Organization Name	Organization name	1/35
NM108	Identification Code Qualifier	"NI" (NAIC Code)	2/2
NM109	ID Code	NAIC Code	5/5

Insurer Reporting Information
Loop ID: HL/IT1
Segment: IT1 Loop - Baseline Item Data

Seq. No.	X12 Name	Value To Be Used	Min/Max
IT102	Quantity Invoiced	"1"	1/1
IT103	Unit	"IP"	2/2
IT104	Unit Price	"0"	1/1

Submission Date
Loop ID: HL/IT1
Segment: DTM - Date/Time/Reference

Seq. No.	X12 Name	Value To Be Used	Min/Max
DTM01	Date/Time Qualifier	"368"	3/3
DTM02	Date	Date submitted	6/6
DTM05	Century	Century of submittal date	2/2

5.2.2.2. Hierarchical Level 2: State

State Level
Loop ID: HL
Segment: HL - Hierarchical Level (Level 2: Occurs once for the state)

Seq. No.	X12 Name	Value To Be Used	Min/Max
HL01	Hierarchical ID Number	HL identifier	1/4
HL02	Hierarchical Parent ID	"1"	1/1
HL03	Hierarchical Level Code	"2"	1/1
HL04	Hierarchical Child Code	"1"	1/1

State Name
Loop ID: HL/NM1
Segment: NM1 - Individual or Organization Name

Seq. No.	X12 Name	Value To Be Used	Min/Max
NM101	Entity ID Code	"2F"	2/2
NM102	Entity Type Qualifier	"2"	1/1
NM103	Last Name or Organization Name	"ARIZONA MVD MI"	14/14

5.2.2.3. Hierarchical Level 4: Policy

Loop ID: HL
Segment: HL - Hierarchical Level

Seq. No.	X12 Name	Value To Be Used	Min/Max
HL01	Hierarchical ID Number	HL Identifier	1 /4
HL02	Hierarchical Parent ID	Parent ID number	1 /4
HL03	Hierarchical Level Code	"4"	1/1
HL04	Hierarchical Child Code	"1" (level 5 loops present) or "0" (no level 5 loops present)	1/1

Section Separator
Loop ID: HL/LX
Segment: LX – Assigned Number

Seq. No.	X12 Name	Value To Be Used	Min/Max
LX01	Assigned Number	"1"	1/1

Error Identification
Loop ID: HL/LX
Segment: REF – Reference Numbers

Seq. No.	X12 Name	Value To Be Used	Min/Max
REF01	Reference No. Qualifier	Value is "1Q"	2/2
REF02	Reference Number	Error code	4/4

Insured Name
Loop ID: HL/NM1
Segment: NM1 - Individual or Organization Name

Seq. No.	X12 Name	Value To Be Used	Min/Max
NM101	Entity ID Code	"IL"	2/2
NM102	Entity Type Qualifier	"1" (person) or "2" (non-person entity)	1/1
NM103	Last name or organization name	Insured last name or organization name	1/35
NM104	Name First	Insured first name	1/25
NM105	Name Middle	Insured middle initial	1/1
NM108	Identification Code Qualifier	"N" (Insured DL No) or "FI" (Federal Tax ID No) or Blank (NM109 no used)	0/2
NM109	ID Code	Insured Driver License Number or Non Person entity's FEIN	0/9

Insured Address
Loop ID: HL/NM1
Segment: N3 - Address Information

Seq. No.	X12 Name	Value To Be Used	Min/Max
N301	Address Information	Insured mailing address	1/35

Insured City, State, Zip
Loop ID: HL/NM1
Segment: N4 - Geographic Location

Seq. No.	X12 Name	Value To Be Used	Min/Max
N401	City Name	Insured city	1/25
N402	State or Province Code	Insured state	2/2
N403	Postal Code	Insured zip	5/9

Policy Information
Loop ID: HL/IT1
Segment: IT1 - Baseline Item Data

Seq. No.	X12 Name	Value To Be Used	Min/Max
IT102	Quantity Invoiced	"1"	1/1
IT103	Unit	"IP"	2/2
IT104	Unit Price	"0"	1/1

Transaction Purpose
Loop ID: HL/IT1
Segment: SI - Service Characteristic Identification

Seq. No.	X12 Name	Value To Be Used	Min/Max
SI01	Agency Qualifier Code	"ZZ"	2/2
SI02	Service Characteristic Qualifier	"11"	2/2
SI03	Product/Service ID	Transaction Type: "NBS" - (New business) or "XLC" – (Cancellation) or "S22" – (SR22) or "S26" – (SR26)	3/3

Policy Number
Loop ID: HL/IT1
Segment: REF - Reference Number

Seq. No.	X12 Name	Value To Be Used	Min/Max
REF01	Reference No. Qualifier	"IG"	2/2
REF02	Reference Number	Policy number	1/30
REF03	Description	"1" – personal or "2" – commercial "3" – collectible/classic	1/1

Issuer of Operator's Driver License
Loop ID: HL/IT1
Segment: REF - Reference Number

Seq. No.	X12 Name	Value To Be Used	Min/Max
REF01	Reference No. Qualifier	"XM"	2/2
REF03	Description	State or province code of jurisdiction issuing driver license	2/2

Vehicle Specification Information
Loop ID: HL/IT1
Segment: REF - Reference Number

Seq. No.	X12 Name	Value To Be Used	Min/Max
REF01	Reference No. Qualifier	"S3"	2/2
REF02	Reference Number	"V" – Vehicle specific or "NS" – Not vehicle specific	1/2

Insurance Company Information - (Optional)
Loop ID: HL/IT1
Segment: REF - Reference Number

Seq. No.	X12 Name	Value To Be Used	Min/Max
REF01	Reference No. Qualifier	"DD"	0/2
REF03	Description	Identifying information used by Insurance Co. which will be returned on error records	0/9

Insured Date of Birth
Loop ID: HL/IT1
Segment: DTM - Date/Time/Reference

Seq. No.	X12 Name	Value To Be Used	Min/Max
DTM01	Date/Time Qualifier	"222"	3/3
DTM02	Date	Insured date of birth	6/6
DTM05	Century	Insured century of birth	2/2

Policy Effective Date
Loop ID: HL/IT1
Segment: DTM - Date/Time/Reference

Seq. No.	X12 Name	Value To Be Used	Min/Max
DTM01	Date/Time Qualifier	"007"	3/3
DTM02	Date	Policy effective date	6/6
DTM05	Century	Century of policy effective. date	2/2

Policy Cancellation Date
Loop ID: HL/IT1
Segment: DTM - Date/Time/Reference

Seq. No.	X12 Name	Value To Be Used	Min/Max
DTM01	Date/Time Qualifier	"036"	3/3
DTM02	Date	Policy cancellation date	6/6
DTM05	Century	Century of policy cancellation date	2/2

SR Policy Certification Date — (Optional, SR22 or SR26 reports only)
Loop ID: HL/IT1
Segment: DTM - Date/Time/Reference

Seq. No.	X12 Name	Value To Be Used	Min/Max
DTM01	Date/Time Qualifier	"458"	3/3
DTM02	Date	SR Certification date	6/6
DTM05	Century	Century of certification date	2/2

5.2.2.4. Hierarchical Level 5: Vehicle

Loop ID: HL
Segment: HL - Hierarchical Level

Seq. No.	X12 Name	Value To Be Used	Min/Max
HL01	Hierarchical ID Number	HL identifier	1/4
HL02	Hierarchical Parent ID	Parent identifier	1/4
HL03	Hierarchical Level Code	"5"	1/1

Section Separator
Loop ID: HL/LX
Segment: LX - Assigned Number

Seq. No.	X12 Name	Value To Be Used	Min/Max
LX01	Assigned Number	"1"	1/1

Vehicle Information
Loop ID: HL/LX
Segment: VEH –Vehicle Information

Seq. No.	X12 Name	Value To Be Used	Min/Max
VEH02	Vehicle ID Number	Vehicle Identification Number (VIN)	1/25
VEH03	Century	Century vehicle was made	2/2
VEH04	Year within Century	Year vehicle was made	2/2
VEH05	Agency Qualifier Code	"NA"	2/2
VEH06	Product Description Code	Vehicle make	1/5

Vehicle License Plate Number - (Optional)
Loop ID: HL/LX
Segment: REF - Reference Number

Seq. No.	X12 Name	Value To Be Used	Min/Max
REF01	Reference No. Qualifier	"LV"	1 /2
REF02	Reference Number	Vehicle license plate number	1/8

Error Identification
Loop ID: HL/LX
Segment: REF – Reference Numbers

Seq. No.	X12 Name	Value To Be Used	Min/Max
REF01	Reference No. Qualifier	Value is "1Q"	2/2
REF02	Reference Number	Error code	4/4

5.2.3. Table 3 – Summary Level

Section Separator – Summary Level
Segment: TDS - Total Monetary Value Summary

Seq. No.	X12 Name	Value To Be Used	Min/Max
TDS01	Total Invoice Amount	"1"	1/4

Segment: CTT - Transaction Totals

Seq. No	X12 Name	Value To Be Used	Min/Max
CTT01	Number of Line Items	Total no of insurance policy transactions in this transaction set	1/4

5.3. 811 AMIRS No Activity Report

This is the Arizona adaptation of the X12 (TS811) Version 3050. The segments and data elements defined in this section specify the data required by Arizona for a "No Activity" report using a valid 811 transaction. This report is required when there is no policy activity to be reported for a NAIC number during the seven (7) day reporting period.

5.3.1. Table 1 – Header Level

811 Header
Segment: ST – Transaction Set Header

Seq. No.	X12 Name	Value To Be Used	Min/Max
ST01	Transaction Set Identifier Code	811	3/3
ST02	Transaction Set Control Number	Unique control number, assigned by sender	4/9

Date Insurance Entity Created File
Segment: BIG - Beginning Segment for Invoice

Seq. No.	X12 Name	Value To Be Used	Min/Max
BIG01	Date	Creation date (YYMMDD)	6/6
BIG02	Invoice Number	"1"	1/1

Sender's Name and Identification Number
Loop ID: N1 - Sender's Name and Identification Number
Segment: N1 - Name

Seq. No.	X12 Name	Value To Be Used	Min/Max
N101	Entity ID Code	"IN" (Insurer)	2/2
N102	Name	Sender's name	1/35
N103	ID Code Qualifier	"NI" (NAIC code) or "FI" (Tax ID number)	2/2
N104	ID Code	NAIC Code or Federal Tax ID number	5/9

Receiver's Name and Identification Number
Loop ID: N1 - Receiver's Name and Identification Number
Segment: N1 - Name

Seq. No.	X12 Name	Value To Be Used	Min/Max
N101	Entity ID Code	"2F" (State)	2/2
N102	Name	"ARIZONA MVD MI"	14/14

5.3.2. Table 2 – Detail Level

5.3.2.1. Hierarchical Level 1 - Insurer

Loop ID: HL – Insurance Entity Loop
Segment: HL - Hierarchical Level (Level 1: Insurer)

Seq. No.	X12 Name	Value To Be Used	Min/Max
HL01	Hierarchical ID Number	HL Identifier	1/4
HL02	Hierarchical Parent ID	Not used	0/0
HL03	Hierarchical Level Code	"1"	1/1
HL04	Hierarchical Child Code	"1"	1/1

Insurance Entity's Name and NAIC Code
Loop ID: HL/NM1
Segment: NM1 - Individual or Organization Name

Seq. No.	X12 Name	Value To Be Used	Min/Max
NM101	Entity ID Code	"IN" (Insurer)	2/2
NM102	Entity Type Qualifier	"2" (Non-person)	1/1
NM103	Last Name or Organization Name	Organization name	1/35
NM108	Identification Code Qualifier	"NI" (NAIC Code)	2/2
NM109	ID Code	NAIC Code	5/5

Insurer Reporting Information
Loop ID: HL/IT1
Segment: IT1 Loop - Baseline Item Data

Seq. No.	X12 Name	Value To Be Used	Min/Max
IT102	Quantity Invoiced	"1"	1/1
IT103	Unit	"IP"	2/2
IT104	Unit Price	"0"	1/1

Submission Date
Loop ID: HL/IT1
Segment: DTM - Date/Time/Reference

Seq. No.	X12 Name	Value To Be Used	Min/Max
DTM01	Date/Time Qualifier	"368"	3/3
DTM02	Date	Date submitted	6/6
DTM05	Century	Century of submittal date	2/2

5.3.2.2. Hierarchical Level 2: State

Loop ID: HL
Segment: HL - Hierarchical Level (Level 2: Occurs once for the state)

Seq. No.	X12 Name	Value To Be Used	Min/Max
HL01	Hierarchical ID Number	HL identifier	1/4
HL02	Hierarchical Parent ID	"1"	1/1
HL03	Hierarchical Level Code	"2"	1/1
HL04	Hierarchical Child Code	"1"	1/1

State Name
Loop ID: HL/NM1
Segment: NM1 - Individual or Organization Name

Seq. No.	X12 Name	Value To Be Used	Min/Max
NM101	Entity ID Code	"2F"	2/2
NM102	Entity Type Qualifier	"2"	1/1
NM103	Last Name or Organization Name	"AZ"	2/2

5.3.2.3. Hierarchical Level 4: Policy

Policy Level
Loop ID: HL
Segment: HL - Hierarchical Level

Seq. No.	X12 Name	Value To Be Used	Min/Max
HL01	Hierarchical ID Number	HL Identifier	1/4
HL02	Hierarchical Parent ID	Parent ID number	1/4
HL03	Hierarchical Level Code	"4"	1/1
HL04	Hierarchical Child Code	"0"	1/1

Insured Name
Loop ID: HL/NM1
Segment: NM1 - Individual or Organization Name

Seq. No.	X12 Name	Value To Be Used	Min/Max
NM101	Entity ID Code	"IL"	2/2
NM102	Entity Type Qualifier	"1" (person) or "2" (non-person entity)	1/1
NM103	Last name or organization name	Value "NO ACTIVITY"	11/11

Policy Information
Loop ID: HL/IT1
Segment: IT1 - Baseline Item Data

Seq. No.	X12 Name	Value To Be Used	Min/Max
IT102	Quantity Invoiced	"1"	1/1
IT103	Unit	"IP"	2/2
IT104	Unit Price	"0"	1/1

Transaction Purpose
Loop ID: HL/IT1
Segment: SI - Service Characteristic Identification

Seq. No.	X12 Name	Value To Be Used	Min/Max
SI01	Agency Qualifier Code	"ZZ"	2/2
SI02	Service Characteristic Qualifier	"11"	2/2
SI03	Product/Service ID	Transaction Type: "OTH" - (Other)"	3/3

Vehicle Specification Information
Loop ID: HL/IT1
Segment: REF - Reference Number

Seq. No.	X12 Name	Value To Be Used	Min/Max
REF01	Reference No. Qualifier	"S3"	2/2
REF02	Reference Number	"NS" – Not vehicle specific	2/2

5.3.3. Table 3 – Summary Level

Section Separator – Summary Level
Segment: TDS - Total Monetary Value Summary

Seq. No.	X12 Name	Value To Be Used	Min/Max
TDS01	Total Invoice Amount	"1"	1/1

Segment: CTT - Transaction Totals

Seq. No	X12 Name	Value To Be Used	Min/Max
CTT01	Number of Line Items	Total no of insurance policies reported in this transaction set	1/4

5.4. Criteria for Editing AMIRS Data

5.4.1. Translation Errors

The translation software will reject the entire interchange if it does not conform to the ANSI standard. Interchange rejection requires the reporting entity to correct the interchange and resubmit. Translated data is processed by the AMIRS application validation software.

5.4.2. AMIRS Data Validation Error Codes

The following table lists the error codes that are used to notify the reporting entity of a problem in the data. Error reporting returns the original data record as sent by the reporting entity along with a segment including an error code. Policy reports returned in error records are not retained and will not be included in any subsequent processing. These edit errors are due to missing or invalid information in one or more of the data fields. Error records that are returned to the insurer *have not been recorded* in the AMIRS database. Records that are exempt from insurance legislation are *neither recorded* nor *returned* to the reporting entity.

Error Entity Values				
Table	**Level**	**Error Type**	**Error Code**	**Description**
2	1	E	011	NAIC not active
2	4	E	020	Insured last name
2	4	E	045	Insured driver license number for SR22/SR26
2	4	E	075	Transaction type code
2	4	E	085	Missing policy number or a non-commercial policy report received on a taxi or livery vehicle
2	4	E	107	Vehicle specific information
2	4	E	115	Policy effective date or registration suspended
2	4	E	125	Policy expiration date
2	4	E	170	Organizational Customer Number
2	5	E	200	Vehicle identification number

5.4.3. AMIRS Data Validation Action

This chart identifies specific data elements where edits occur in the AMIRS validation programs. Notice that some elements are conditional (X).

Error Code	Data Element	(M)andatory (O)ptional (X)Conditional	Edit Criteria	Error Type	MVD Action (if data does not meet edit criteria)	Reporting Entity's Action
011	NAIC	M	Present	E	Transaction set rejected	Contact MI reporting coordinator
020	Insured Last Name	M	Present	E	Record rejected	Correct data element and resubmit
045	Insured Driver License Number	X	Present if SR filing, preferred for others	E	Record rejected if SR filing	Correct data element and resubmit
075	Transaction type code	M	Valid codes from data element specifications	E	Record rejected	Correct data element and resubmit
085	Policy Number	M	Present	E	Record rejected	Correct data element and resubmit May be invalid policy type for given vehicle registration (i.e. type = 3 when it should be type = 2).
107	Vehicle Specific Information	M	Valid codes from data element specifications	E	Record rejected	Correct data element and resubmit
115	Policy Effective Date	X	Present if transaction	E	Record rejected	On 'NBS' it normally indicates a vehicle registration suspension. Vehicle

Error Code	Data Element	(M)andatory (O)ptional (X)Conditional	Edit Criteria	Error Type	MVD Action (if data does not meet edit criteria)	Reporting Entity's Action
			type equals 'NBS' or 'S22' or 'S26'			owner must take action to clear this suspension. On SR22 it indicates that a SR22 currently on file has an effective date equal to or more recent than this effective date. Correct data element and resubmit. On SR22 may indicate future effective dates. Future effective dates are invalid for SR22 policies. Correct data element and resubmit. On SR26 it indicates a missing effective date of the SR22 it is canceling. Correct data element and resubmit.
125	Policy Expiration Date	X	Present if transaction type equals 'XLC' or 'S22' or 'S26'	E	Record rejected	Correct data element and resubmit
170	Organizational Customer Number	M	Present if policy type equals '2'	E	Record rejected if commercial policy	Correct data element and resubmit
200	VIN	M	Present if Policy Type equals 'V' Not present if Policy type is "NS".	E	Record rejected	Verify VIN on the most current AZ issued Title or Registration Document, correct record and resubmit. Most likely vehicle is not registered in Arizona.

6. EDI Testing

6.1. General Provisions

A reporting entity sending insurance information through EDI is known as a trading partner.

To become a trading partner, a reporting entity must meet system requirements, along with successfully completing the testing defined in this section.

Three (3) levels of testing must be completed:

- Connectivity testing— sending and receiving messages electronically.
- Transaction set testing— translating the 811 transactions and the ability to receive 997 acknowledgments and 811 errors.
- Validation testing— testing the data for content errors.

Once testing has begun the trading partners must agree to respond to the test files and requests for revisions in a timely manner. Failure to remain in contact with the MI reporting coordinator during the testing process may result in a non-compliance report being filed with the Arizona Department of Insurance (DOI). The DOI may, after a hearing, impose sanctions on the insurance company, including fines and suspension of license.

6.2. Connectivity Testing

6.2.1. FTP

Accounts, passwords, and directories are set up for trading partners on the ADOT FTP server. Encryption keys are exchanged between AMIRS and the reporting entity. The reporting entity will log onto the server and test uploading and downloading sample files to verify the FTP account is functioning properly. Upon verification of functioning FTP services, PGP encryption will be tested by exchanging encrypted test files. AMIRS will then execute processes to extract the policy reports file from the server and write error records back to the server for the company's extraction.

6.2.2. IE

The reporting entity provides the account information needed to provide access to their electronic mailbox. The reporting entity must authorize AMIRS to send to their account/user id. Once the mailbox setup is complete, sample files are sent to the electronic mailbox and the programmer is notified. AMIRS will execute processes to extract the reporting entity's file from the electronic mailbox and write error records back to the electronic mailbox for the company's extraction.

6.3. Transaction Set Testing

Transaction set testing is between the reporting entity and AMIRS to determine that the 811 documents are formatted correctly. For testing purposes, AMIRS may modify some of the records sent in the 811 transaction set to create error records. These records will be returned to the reporting entity in order to test the error return process.

The following lists the basic transaction steps:

- The reporting entity sends a small test 811 document (6-10 records, including both NBS and XLC records) to AMIRS.
- AMIRS sends back the 997 Functional Acknowledgment to the reporting entity.
- AMIRS sends a policy error 811 to the reporting entity.
- The process is repeated with a test 811 document of a size representing a "typical" weekly report for that company.

The reporting entity will also send a No Activity Report as part of testing.

6.4. Validation Test

AMIRS will process the 811 documents sent by the reporting entity that have passed the transaction set testing. ADOT MVD will review the results of the file processing and determine whether the level of accepted records is sufficient. Validation testing will continue until both parties are satisfied with the level of accepted records.

7. AMIRS Contacts and Information

7.1. ADOT MVD AMIRS Contacts

Questions and issues regarding insurance coverage, verification and suspension letters received by insureds, adding new companies, changing companies' contact information, system functionality, and other business related items must be directed to the Business Contact listed below.

Business Contact:
Mandatory Insurance
Reporting Coordinator
MVD
PO Box 2100, Mail Drop 535M
Phoenix, AZ 85001-2100
mailto: AMIRS@azdot.gov
Phone – (602) 712-8308
Fax – (602) 712-3288

Questions and issues regarding missing file acknowledgements (997 files), processing delays, PGP encryption, and other technical issues may be directed to the Technical Contact listed below.

Technical Contact
Terry Aydelott
ALIR Programmer
ADOT
2739 E. Washington St
Phoenix, AZ 85034
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Phone – (602) 712-6982

7.2. ADOT MVD Information on the Internet

The ADOT MVD web site is http://www.azdot.gov/mvd/index.asp

7.3. Service Bureau contacts

There are service bureaus that submit EDI X12 policy reports on behalf of insurance companies. The following list includes some of these service bureaus, but is not an all-inclusive list of all service bureau companies

AITE
Rajani Konduru
Rajani.Konduru@aig.com
(973) 503-5225

Insurity, a LexisNexis Company
Eslyn R. Hazel
Eslyn.Hazel@lexisnexis.com
Phone:770.619.8692
Fax: 770.619.8686

Insurance Information Exchange
Pamela Drewery
CV-ALIR Product Analyst
pldrewery@iso.com
(800) 299-7099 ext. 88481

IVANS, Inc.
Allison Bucker
ALIR Project Manager
allison.buckner@ivansinsurance.com
Phone: (813) 288 -3247
Fax: (203) 601 - 3842

8. Glossary

The following is a list of definitions and acronyms used throughout Arizona's MI X12 implementation guide. These definitions are intended to help clarify the terms used.

ADOT: Arizona Department of Transportation.

ALIR: Automobile Liability Insurance Reporting.

AMIRS: Arizona's Mandatory Insurance Reporting System.

ANSI ASC X12: The American National Standards Institute (ANSI), Accredited Standards Committee (ASC) X12. These are universal standards to enable all organizations to use a single agency (X12) to develop and maintain transaction sets.

Data Element: Fields used in X12 segments.

Date of Birth: Date of birth (month, day, and year) of the policyholder.

Document: Refers to a single vehicle or non-vehicle specific policy.

EDI: Electronic Data Interchange is inter-company, computer-to-computer transmission of business data in a standard format.

Effective Date: Inception date of the policy. This value must be provided for new business and SR26 reports.

Expiration Date: This is the date that the insurance coverage is no longer effective. It must be provided in the following instances:

1) Liability cancellation records. A liability policy will be considered valid until a cancellation record is received.
2) SR26 reports. SR22 policies are considered open for 3 years, or until a matching SR26 report is received.
3) Commercial policy reports. Expiration date must be reported for all commercial policy reports (new business and cancellation).

Hard Error: An error that signifies a rejected policy report record or transaction set. The error must be corrected and the document or transaction resubmitted.

Information Exchange Mailbox (IE): A unique "address" that provides a reporting entity with the ability to send and receive information to and from trading partners.

Make: This is the manufacturer of the vehicle. If the policy type is vehicle specific, this value should be present. Likewise, if the vehicle make is present, then the policy type must be vehicle specific.

Match: A match occurs when the insurance record corresponds to a vehicle record or customer record.

Message: A data file transmitted through EDI.

MI: Mandatory Insurance program.

MVD: Motor Vehicle Division.

NAIC: The National Association of Insurance Commissioners.

No Match: A "no match" occurs when a vehicle record or customer record cannot be found on the ADOT MVD databases.

Owner Type: A single character code used to describe the type of owner that is being reported. This will represent either an individual or an organization.

"1"—Individual
"2"—Organization

PGP Encryption: A data encryption and decryption computer program that provides cryptographic privacy and authentication for data communication. PGP is used by ADOT MVD for signing, encrypting and decrypting files sent via FTP.

Policy: Motor vehicle liability coverage issued by an insurer. It is identified as a vehicle specific policy, or a non-vehicle specific policy.

Policy Number: This is the insurance policy number. It must be included with each submitted record and must match the policy number as shown on either the customer's proof of insurance card or certificate of liability. *If a policy number changes, it must be reported as a cancellation using the existing policy number, and then a new business record must be submitted with the new policy number.*

Policy record: Record submitted by insurance companies to MVD to report changes to insurance coverage and to correct errors associated with records previously submitted.

Policy Type: Type of policy being reported. The three possible values are:

"1"—Personal/passenger coverage
"2"—Commercial coverage
"3"—Collectible/Classic coverage

Record Reject: Insufficient, or inconclusive, insurance information received by AMIRS and is returned to the reporting entity as an error.

Transaction: Sometimes referred to as transaction set. A transaction contains all of the data sent or received at one time. It can contain more than one document.

Transaction type: This field indicates the type of processing that will be done against the record. The four possible values are:

"XLC"—Cancellation
"NBS"—New Business
"S22"—SR22 New Business
"S26"—SR26 Cancellation

VAN: Value Added Network. Provides links among trading partners required by electronic communication functions such as EDI or e-mail.

Vehicle Specific/Non Vehicle Specific: Type of policy coverage being reported. The two possible values are:

"V"—Vehicle specific records with a specific vehicle ID.
"NS"—Non-vehicle specific does not list a specific vehicle's ID; that information is maintained by MVD. Any changes to a non-vehicle specific policy (cancellations, etc.) will affect all vehicles on file for that customer number.

VIN (Vehicle Identification Number): The vehicle identification number. If the policy is vehicle specific, this data element is required or the record is rejected. If the policy is non-vehicle specific, then this field must be left blank. Include the full 17 characters of the VIN for vehicles with vehicle year 1981 and newer.

Year: Model year of the vehicle.

9. Frequently Asked Questions

Which companies must report?

The statute states “each insurer who cancels or becomes aware of the cancellation or nonrenewal of or failure to renew or issuance of a motor vehicle liability insurance policy issued on a vehicle in this state shall provide the department all cancellations, nonrenewals or new issues . . .” This has been interpreted as any company that is licensed to write policies in Arizona.

What if we have written no policies in Arizona?

Contact the Reporting Coordinator to be placed in “inactive” status. While in this status your company does not need to report. However, you are required to notify the Reporting Coordinator prior to writing any business in Arizona to have the status removed and arrange to begin reporting.

Our system will reject policy reports from companies that are in an “inactive” state.

We write only commercial policies, do we need to report?

Yes, both private passenger and commercial policies must be reported.

Can you process with partial VINs?

No, the full VIN must be provided for vehicle specific policies.

What is the Arizona customer number required for non-vehicle specific policies?

A unique number known as the customer number identifies each person and organization in our database. For individuals it is their driver license number. For organizations it is their Federal Employer Identification Number (FEIN), if provided to AMIRS, or a system-generated number. Contact your customer to obtain this information if needed.

Can you access an insurance record by policy number?

No, insurance records are only accessed by VIN or customer number.

Are there vehicle types, such as non-motorized trailers, that are exempt from reporting?

Arizona Revised Statue Title 28, Chapter 9, Section 4132 lists the vehicles that are exempt from the mandatory insurance requirements. A copy of the statute may be found at:

http://www.azleg.state.az.us/ars/28/04132.htm

Is there a standard form to submit the required set up information?

No, the information required by Section 3.1 of this guide may be submitted to the Reporting Coordinator by phone, fax, e-mail, or in writing.

Can we report more often than once a week?
Yes. Reporting is required *at least* once every seven days.

We have multiple locations (private passenger and commercial). Can each report separately using the same insurance code?

Yes, multiple reports for the same NAIC may be made.

We have a fourteen (14) day waiting period built into our system before a policy is considered cancelled, but we have to report to you every seven (7) days. How should this be handled?

Report only after you consider the cancellation final.

Do we have to report even if there is no activity during the prior week?

Yes, a "no activity" report must be submitted to be considered in compliance with state statute.

Can multiple insurance codes be included in the same report?

Yes, however only one code can appear in the header (sender) information.

Do you expect a book of business after testing is completed?

No book of business is required at this time.

Can we report transactions with future dates or should we wait until they become effective?

Wait until they become effective before reporting.

Do we report policies that are "flat cancelled," i.e., cancelled before they went into effect?

You would only report a cancellation if you have previously reported the policy as new business.

How does an insurance company register with the Arizona MVD?

The insurance company provides their NAIC (National Association of Insurance Commissioners) number on a Certificate of Authority to MVD. The Certificate of Authority, provided to the company by the Department of Insurance, is the company's authorization to do business in Arizona. Contact the Mandatory Insurance Reporting Coordinator at 602-712-8308.

How often should the insurance company report policies?

All new business, cancellations and reinstatements must be reported at least every (7) days, by X12 (TS 811) submissions.

What if there is a mistake on the vehicle identification number?

The error is returned to the company for correction and the corrected policy report must be reported to AMIRS as soon as possible.

What if the error is not corrected?

If no proof is provided or received from the owner or insurance company, the vehicle's registration and plates will be suspended.

After a policy is canceled when does it get reported to MVD?

Once the cancellation is considered finalized, it must be submitted in the company's next report. Many companies make daily submissions, while others report weekly.

What if a notice is generated on a cancellation, but the policy is reinstated?

Once the company receives a reinstatement and notifies MVD, and if the vehicle's registration has not been suspended, the 'NBS' policy report reactivates the record of policy coverage and no further verification is needed.

Are faxed insurance verifications necessary once the company has reinstated the policy?

No. Once the reinstatement has been electronically resubmitted, then it is not necessary for the agents to send faxes to MVD.

What if a vehicle is suspended for no proof of insurance, but its insurance was valid?

The registered owner needs to provide proof of insurance coverage on the date of suspension, in person, at the nearest MVD office. This will insure that the suspension is lifted and the plates and registration are active.

The agent for the insured may fax verification for **suspended registrations** if the proof of coverage is valid.

If insurance was not in effect, then the owner/owners of the vehicle will need to obtain coverage from a valid insurance company and pay a reinstatement fee of $50.

Is an ADOT code mandatory on the insurance verification?

The code is no longer mandatory. What needs to be provided is the name of the company that is providing coverage and that company's NAIC.

Since so many companies provide varied forms of coverage, and have different NAIC codes for each branch of their companies, a specific code is useful in determining the correct company that is providing the coverage.

What is the correct policy number to be reported?

The policy number that appears on the insurance certificate, insurance card, or policy certificate must be consistent on all documents and reports. This avoids any confusion for the vehicle record and inconvenience for our mutual customers.

If a policy is reinstated with a different number, or the policy number changes, should it be reported as a new policy?

Yes. When a policy number is changed, for any reason, the old policy number must be reported as a cancellation transaction and the new policy number must be reported as a new business transaction.

We often receive subsequent policy reports where the policy number differs from the originally reported policy number by a suffix (e.g. ABC01234 vs. ABC01234**01** or ABC01234**-01**). If ABC01234 was the original policy, ABC01234 *must always* be reported, unless first cancelled and the new policy number then reported. This also applies to policy prefixes (e.g. ABC01234 vs. **01**ABC01234 or **01-**ABC01234).

Are SR22 and SR26's reported electronically?

Yes.

How soon should verification be submitted to MVD after the purchase of a new vehicle?

Once the vehicle is registered with MVD, it needs to have proof of coverage on record. If it is not provided or found, then the first notice is mailed to the registered owner(s). The policy input process searches for the registration VIN and will attach the policy to the vehicle record if a match is located. If coverage is not applied to the vehicle record, then a suspension notice is generated and the plates and registration are suspended, until current proof of insurance is received.

Why is policy expiration date required for commercial policies?

Arizona statute requires that commercial policies be reported annually. To enforce this requirement, the policy expiration date is required with new policies and with each subsequent renewal, as well as cancellation transactions.

Policy dates (inception and expiration) must match those dates as printed on the insured's proof of insurance card or certificate.

How do I report commercial trusts?

Commercial trusts *must* be reported as VIN specific and follow all other requirements for commercial policy reporting.

I'm an agent (or a brokerage). How do I send policy reports?

Neither agents nor brokerages may send policy reports. Insurance policy reporting is the responsibility of insurance companies and is a requirement for being authorized to conduct business in Arizona.

My company is merging/has merged with another company operating in Arizona. How do we report that?

Companies merging operations with another company operating in Arizona must cancel their book of business if policy numbers from the old company will not continue in force. This can be done by sending cancelation transactions for every policy or vehicle insured by the company being purchased.

My company is ceasing operations in Arizona. How do we report that?

Companies terminating operations in Arizona must cancel their book of business. This can be done by sending cancelation transactions for every policy or vehicle insured by the company ceasing operations.

What current security is supported for FTPS?

We currently support TLS v1.1 and TLS v1.2

10. Sample X12 811 Transaction Set Policy Report

The following example is for illustration purposes only; it is not intended to represent completely accurate X12 structure and does not properly reflect the non-printable characters contained in a transaction set.

```
ISA00          00          ZZBBB1   BABAB   ZZAZMV   AZMVIE4 000622162
4U003050200006221T
GSCIBBB1 BABABAZMV AZMVIE400062216242000622X003050
ST8110001
BIG0006221
N1INSENDER'S NAMENI11111
N12FARIZONA MVD MI
HL111
NM1IN2INSURANCE COMPANY NAMENI22222
IT11IP0
DTM36800062220
HL2121
NM12F2AZ
HL3241
NM1IL1BOLDERCURTISN443222222
N38820 W PERSHING AVE
N4PEORIAAZ85381
IT11IP0
SIZZ11NBS
REFIG1102SL22203
REFXMAZ
REFS3V
DTM22257060519
DTM00700063020
HL4350
LX1
VEH12G4WB52M3S88477781995NABUIC
HL5350
LX1
VEH2JN1EJ01F9NT1444441992NANISS
TDS1
CTT0001
SE000300001
GE120000622
IEA1020000622
```

11. Sample X12 811 Transaction Set No Activity Report

The following example is for illustration purposes only; it is not intended to represent completely accurate X12 structure and does not properly reflect the non-printable characters contained in a transaction set.

```
ISA00          00          ZZALIR   ALIR000 ZZAZMV    AZMVIE4
0102051326U003050000000071P
GSCIALIR   ALIR000AZMV   AZMVIE401020513267X003050
ST8110007
BIG0102051
N1INSENDER'S NAMENI12345
N12FARIZONA MVD MI
HL111
NM1IN2INSURANCE COMPANY NAMENI12345
IT11IP0
DTM36801020520
HL2121
NM12F2AZ
HL3240
NM1IL3NO ACTIVITY
IT11IP0
SIZZ11OTH
REFS3NS
TDS1
CTT1
SE180007
GE17
IEA1000000007
```

12. Hierarchical Levels in 811 transaction sets

An X12 811 transaction set is hierarchical with parent and children relationships. The HL segment type identifies a segment as a hierarchical level. Each HL segment has a unique identifier in the HL01 element. If an HL segment is a child, then its parent's ID is identified in the HL02 element. The HL03 element identifies the level (1, 2, 4, or 5). Level (1) is the insurance company identifier and is the first level. The next level (2) identifies the State and it is linked as a child to the most recent level (1) that precedes it. There is no level (3); it skips to the level (4) policy level. The parent of the level (4) is the most recent level (2). The next level (5) is the vehicle level which is a child of the most recent level (4) level that precedes it.

HL 1 level - (first) insurance company

HL 2 level - identifies the state being reported to for the preceding (first) HL 1 level

HL 4 level - identifies the policy information for the preceding (first) HL 1/HL 2 level

HL 5 level - identifies the vehicle(s) information for the preceding (first) HL 1/HL 2/HL 4 level

HL 4 level - identifies the policy information for the preceding (first) HL1/HL 2 level

HL 5 level - identifies the vehicle(s) information for the preceding (first) HL 1/HL 2/HL 4 level (1 to many HL 5s depending on how many vehicles are on a policy)

HL 5 level - identifies the vehicle(s) information for the preceding (first) HL 1/HL 2/HL 4 level

HL 4 level - identifies the policy information for the preceding (first) HL 1/HL 2 level

HL 5 level - identifies the vehicle(s) information for the preceding (first) HL 1/HL 2/HL 4 level

Levels 4 and 5 are repeated until the end of the transaction set, or until another insurance company is identified by another level (1) level.