Tyler Insurance Filings Insurance Web Service Specification

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Contents

Introduction *2*

Web Service Setup Process **3**

Initial Approach Details **3**

Tyler Insurance Filings: insertFiling Method **5**

Data Definition: General Fields 6
CA MCP 65 Data Definition 13
CA MCP 66 Data Definition 19
Form E, Form H, Form K Data Definition 20
SR22, SR26 Data Definition 24

Tyler Insurance Filings: getFiling and getFilings Methods **28**

getFiling and getFilings SOAP Requests 29
getFiling and getFilings SOAP Responses 31
Response Data Definition: General Fields 32
CA MCP 65 Data Definition 40
CA MCP 66 Data Definition 46
Form E, Form H, Form K Data Definition 47
SR22, SR26 Data Definition 51

Tyler Insurance Filings: getFilingPDF Method **55**

Code Samples 55
Data Definition 56

Tyler Insurance Filings: searchFilings Method **57**

Code Samples 57
Data Definition 62

Appendix 1: insertFiling Code Samples **63**

CA MCP 65 Request 63
CA MCP 66 Request 70
Form E Request 72
Form H Request 74
Form K Request 77
Form SR22 Request 79
Form SR26 Request 82
All Forms Response 85

Appendix 2: getFiling Code Samples **86**

All Forms Request 86
CA MCP 65 Response 87
CA MCP 66 Response 91
Form E Response 93
Form H Response 94
Form K Response 95
Form SR22 Response 97
Form SR26 Response 99

Appendix 3: Errors and Remediation **101**

Appendix 4: Agency-Specific Data Rules and Reference Information **120**

Introduction

This document describes the web service for Tyler Insurance Filings. It allows users to transmit and obtain filing data via a SOAP web service.

At a high-level, insurance company systems integrating with Tyler Insurance Filings use the insertFiling method to transmit insurance filing information to Tyler Insurance Filings for automatic forwarding to state agencies for review.

Next, the getFiling and getFilings methods can be used to retrieve individual filings or multiple filings respectively. Insurance companies can also use the getFilingPDF method to retrieve the associated PDF document that has been generated in the system for the filing. The fifth method in this document, searchFilings, searches for filings using various criteria.

Operation	Parameters	Return Value	Contract
Insert Filing	All data fields for the selected form type	Filing ID Error, if applicable	If data meets all validation rules, then Tyler Insurance Filings will forward the submitted information as a Filing Object to the state for review
Get Filing	Policy No or Filing ID	Filing Object Includes all filing data for the Filing ID	Returns one filing at a time
Get Filings	Policy number, State motor carrier ID, US DOT number, Motor carrier company name, Motor carrier DBA name	Filing Object(s). Includes all filing data that matches all criteria included in the Get Filings request.	Returns multiple filings.
Get Filing PDF	Filing ID and State Name	Filing PDF Object	Returns one filing PDF at a time
Search Filings	Filing Date, which can be limited by Filing Status	Array of Filing Objects matching the Date / Date - status	Can be used for historical filing lookups for all results that match the input criteria

Web Service Setup Process

If the insurance company is not an existing user of Tyler Insurance Filings, a participation agreement must be completed before web service integration can take place. If the insurance company staff already has login credentials for the application, then a participation agreement should already be on file. Contact Tyler Insurance Filings Customer Support at support@tylerinsurancefilings.com or 703-841-6374, Monday through Friday, 9 AM to 5 PM ET to get started on the steps below.

1. Tyler Insurance Filings staff sets up an account for your company in the Tyler Insurance Filings test environment and enables insurance administrator capabilities.
    a. Your company will provide an administrator name and email address to use as credentials for connecting your system to the test environment.
    b. Accessing the test environment may require adjustments to your firewalls. Consult your network team for assistance.
2. Tyler Insurance Filings shares Web Service Definition Language (WSDL) specification with the insurance company IT group. The WSDL, data definitions, and SOAP code samples are available for each web service method in the following pages of this document. Tyler Insurance Filings supports SOAP version 1.1.
3. The insurance company IT group uses the WSDL to develop a web service client to access the Tyler Insurance Filings web service. The web service client also delivers the data to the insurance company's back-end system.
    a. The insurance company develops and tests the web service client using test credentials provided by Tyler Insurance Filings. Sample code for each method is provided in this document.
    b. When the insurance company's testing is complete, Tyler Insurance Filings staff works with the insurance company production account administrator to complete a simple web service set up process. Web service will involve use of credentials (Login ID and password) designated only for data communications between Tyler Insurance Filings and the insurance company system.
    c. The insurance company web service client submits filings and pulls status updates from Tyler Insurance Filings automatically. The status updates are then applied in the insurance company's back-end system automatically.

Initial Approach Details

- The web service is available 24/7, except for maintenance windows that typically occur over the weekend and last a few hours.
- Web service is currently available for filing California forms MCP 65 and MCP 66, commercial Forms E, H, and K, and personal auto forms SR22 and SR26. See Filing Service Summary table below for list of states that accept filings via the Tyler Insurance Filings web service.
  Email support@tylerinsurancefilings.com if you are interested in using web service for other forms or states.

Filing Service Summary

Form Type	Participating States Accepting Form Type via Web Service*
Form E	Alabama, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Nebraska, New Mexico, New York, Oklahoma, Oregon, Pennsylvania, South Carolina, Washington
Form H	Alabama, Georgia, Illinois, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Nebraska, New Mexico, New York, Oklahoma, Oregon, Pennsylvania, South Carolina, Washington
Form K	Alabama, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Nebraska, New Mexico, New York, Oklahoma, Oregon, Pennsylvania, South Carolina, Washington
CA MCP 65, CA MCP 66	California
CA MCP 67	*This endorsement form is generated by the web service API for the insurer to provide to the policyholder.*
SR22, SR26	Maine

*Please note: Electronic filing of forms SR22, SR23, and SR26 to Iowa and Washington is currently available via the Tyler Insurance Filings web application, https://www.tylerinsurancefilings.com, only.

Tyler Insurance Filings: insertFiling Method

This section provides the Tyler Insurance Filings web service method and data content for the Insert Filings web service.

WSDL: https://mc-vapp-tst.cdc.nicusa.com/norstdataservice/searchReportData?wsdl

Call: https://mc-vapp-tst.cdc.nicusa.com:443/norstdataservice/searchReportData

The following sections contain data elements for the insertFiling method.

Data elements include general information required for all forms, and fields only required for specific forms.

Fields not mentioned in the data definition tables are populated by Tyler Insurance Filings. Filing ID numbers are system generated, and state agencies provide status update information upon review of filings, including new status updates, notes from the state agency, and filing review dates. This information is retrievable using the getFiling and getFilings methods and searchFiling method.

Use the links below to quickly navigate to Data Definition details for different field types:

- General Fields
- Form CA MCP 65, Endorsement CA MCP 67 Fields
- Form CA MCP 66 Fields
- Form E, Form H, Form K Fields
- Form SR22, Form SR26 Fields

SOAP code samples are available in Appendix 1.

Each insertFiling submission should be accompanied by an HTTP header providing two values:

1. Username (called “Login ID” in the Tyler Insurance Filings application)
2. Password

The user credentials are defined in the Tyler Insurance Filings system. The user has the Insurance Admin role. Reach out to your Tyler Insurance Filings point of contact for assistance with your credentials in the test and/or production environments.

Refer to Appendix 3 for more information about insertFiling error messages and remediation.

Data Definition: General Fields

Note:

1. The Min Value/Size column indicates the lower value range of the numeric data types, and the minimum length for string data types.
2. For the String data type, a minimum size of zero indicates that the field can be empty.

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
policyNo	The policy number provided by the insurer during the filing submission	1	25	String	Required
stateId	State abbreviation	2	2	String	Participating states include: AL, CA, GA, IA, IL, IN, KS, KY, LA, ME, MA, MI, MN, MS, NE, NM, NY, OK, OR, PA, SC, and WA
filer	The submitting insurance user's Login ID	1	25	String	This is the Tyler Insurance Filings user Login ID associated with each filing. This may be the web service admin user, or another user set up in the Tyler Insurance Filings web application. This user will receive email updates about the status of filings.
naic	NAIC number associated with the insurance company	5	5	String	Required for filings to CA, IA, OK, OR
insurerNo	State specific ID for an insurer	0	18	String	Requested, but not required, for IL and OR
usdot	U.S. DOT number	0	8	String	Required for filings to IA, IN, KS, and OR. Required for filings to OK unless PIN/Entity # is provided for stateMCId element. For GA filings, this data element is required if: • formType = K, • opstatussubtype includes IntrastateGIMC, AND

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
					• stateMCId is not provided. See Georgia Form E, H, and K data elements for more information about Georgia requirements.
motorCarrierCompany	Motor carrier company name	1	50	String	Required CA only: Motor carriers registered in a person's name should be submitted in the following order: last name, first name, middle initial, e.g., "Smith John X". Multiple last names should be entered without spaces or hyphens, e.g., submit "JonesSmith," do not submit "Jones-Smith" or "Jones Smith".
motorCarrierDBA	Motor carrier doing business as name	0	120	String	Optional
stateMCId	Motor carrier ID	1	CA filings: 10 Filings to other states: 20	String	Required for filings to CA, IL, NM, OR, and PA. Required for filing to OK if DOT number is not provided. See Appendix 4 for information about each state ID number and lookup options. -- For filings to GA, this data element is used for state ID numbers assigned to motor carriers registered for Georgia Intrastate Motor Carrier (GIMC) authority. This data element is required if opstatussubtype includes IntrastateGIMC and: • formType = Form E, OR • formType = Form K AND usdot value is not included. Value must begin with the letter "A".

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
					Learn more about GA <form> data elements.
stateMCId2	Georgia state ID number assigned to motor carriers registered for Household Goods authority.	1	7	String	**Business Rules:** Used for filings to GA only. Learn more about GA <form> data elements. This data element is required if opstatussubtype includes HouseholdGoods. Only numeric characters are acceptable. These numbers should be in the 9000s-10000s range.
stateMCId3	Georgia state ID number assigned to motor carriers registered for Passenger Carrier authority.	1	7	String	**Business Rules:** Used for filings to GA only. Learn more about GA <form> data elements. This data element is required if opstatussubtype includes PassengerCarrier or PassengerCarrierTenOrFewer. Only numeric characters are acceptable. These numbers should be in the 9000s-10000s range.
formType	Type of the form being submitted	1	51	String	**Fixed set of values**: Currently, insurance companies can insert or get filing information for eight forms: Form E Form H Form K Form DMV 65 MCP (For CA Only) Form DMV 66 MCP (For CA Only) Endorsement DMV 67 MCP Form SR22 Form SR26

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
					SR22 and SR26 filing service is available for Maine only.
mcCompAddr	Motor carrier company address	See table below titled "Address"	See table below titled "Address"	Complex XML element	The sub element details are defined in table below titled **"Address"**
effectiveDate	The date the policy becomes effective	10	10	String	Format: MM/DD/YYYY Alternative effective date fields apply to CA MCP 65 and CA MCP 66. See form-specific tables.
issuanceDate	The date a policy was issued	10	10	String	Format: MM/DD/YYYY This field is used when filing a Form K to Iowa only.
Reinstate	Reinstates the policy	0	1	String	Optional. Data is not required for submission. Include 'Y' to note the filing is a reinstatement.
Fhwa	The Federal Motor Carrier Safety Administration (formerly Federal Highway Administration) number	0	8	String	Optional. Data is not required for submission.
filingNotes	Notes from the filer to the state regarding an individual filing	0	2000	String	Optional. Data is not required for submission.
insuranceCompanyName	The insurance company's name	1	120	String	Required Names are case sensitive. Make sure the insurance company name submitted to Tyler Insurance Filings matches the record created in your Tyler Insurance Filings account.

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
insDBA	Insurance company doing business as name	0	120	String	Optional. Data is not required for submission.
insuranceCompanyAddress	The insurance company address	-NA-	-NA-	Complex XML element	N/A – If an insurance company was set up in the Tyler Insurance Filings application, then this information will be populated by Tyler Insurance Filings upon submission.
insurancePhone	The insurance company phone	0	10	String	Optional. Data is not required for submission.
surplusLineBrokerNumber	Number assigned by California to a licensed surplus line broker	0	10	String	Required for CA MCP 65, CA MCP 66, and CA MCP 67 submissions from non-admitted insurance companies. Per the California Department of Insurance Code, non-admitted insurance companies are required to use surplus line brokers in California. Learn more about surplus line insurers in California.
surplusLineBrokerName	Name of surplus line broker licensed in California	0	120	String	Required for CA MCP 65, CA MCP 66 and CA MCP 67 submissions from non-admitted insurance companies. Per the California Department of Insurance Code, non-admitted insurance companies are required to use surplus line brokers in California. Learn more about surplus line insurers in California.
authorizedSignatory	The authorized signatory for the insurance company	See table below titled "Signatory"	See table below titled "Signatory"	Complex XML element	The sub-element details are defined in the table titled "**Signatory**"
form	The form specific details for Form E, H, and K filings	See table below titled "Form"	See table below titled "Form"	Complex XML element	The sub-element details are defined in the table titled "**Form**"

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
formCA65	The form specific details for CA MCP 65 filings	See table below titled "Form CA MCP 65"	See table below titled "Form CA MCP 65"	Complex XML element	The sub-element details are defined in the table titled "**Form CA MCP 65 and Form CA MCP 67**"
formCA66	The form specific details for CA MCP 66 filings	See table below titled "Form CA MCP 66"	See table below titled "Form CA MCP 66"	Complex XML element	The sub-element details are defined in the table titled "**Form CA MCP 66**"
formCA67	The form specific details for CA MCP 67 filings	See table below titled "Form CA MCP 67"	See table below titled "Form CA MCP 67"	Complex XML element	The sub-element details are defined in the table titled "**Form CA MCP 65 and Form CA MCP 67**"
formSR22	The form specific details for this filing	-NA-	-NA-	Complex XML element	The sub-element details are defined in the table titled "**Form SR22 and SR26**"
formSR26	The form specific details for this filing	-NA-	-NA-	Complex XML element	The sub element details are defined in the table titled "**Form SR22 and SR26**"

Signatory

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
name	The name of the signatory (authorized representative)	1	64	String	Required Names are case sensitive. Make sure the signer name submitted to Tyler Insurance Filings matches the record created in your Tyler Insurance Filings account.

phAddr	The signatory's address	-NA-	-NA-	Complex XML element	If a signatory was set up in the Tyler Insurance Filings application, then information will be populated by Tyler Insurance Filings upon submission.

Address					
Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
addr1	Address Line 1	1	64	String	Required
addr2	Address Line 2	0	64	String	Optional. Data is not required for submission.
City	City	1	64	String	Required
state	State code	2	2	String	Required
zip	Zip code	5	10	String	Required Format: #####-####
country	Country code	0	3	String	Optional. Data is not required for submission.

CA MCP 65 and CA MCP 67 Data Definition

Form CA MCP 65 and Form CA MCP 67 <formCA65>, <formCA67>					
Element Name	Description/ Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information and Business Rules
Primary Liability Elements					
priLiability	Primary Liability selected	1	1	String	**Fixed set of values (required)**: Y or N 'Y' implies Primary Liability is selected 'N' implies Primary Liability is not selected **Business Rules:** If 'N,' then another type of liability must be populated as 'Y' (excLiability or wcStatutory)
priLiaPolicyNumber	Primary Liability Policy Number	1	25	String	**Business Rules:** Data required if prLiability = Y
priLiaEffectiveDate	Primary Liability Effective Date	10	10	String	**Format:** MM/DD/YYYY **Business Rules:** Data required if prLiability = Y Effective date must be after 01/01/1960

Form CA MCP 65 and Form CA MCP 67 <formCA65>, <formCA67>					
Element Name	Description/ Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information and Business Rules
priLiaCoverageLimit	Primary Liability Coverage Limit	5	5	String	**Fixed set of values**: BELOW or EQUAL 'BELOW' implies coverage below statutory minimum limits 'EQUAL' implies coverage equal to or exceeding statutory minimum limits **Business Rules:** Data required if prLiability = Y
priLiaCombinedSingleLimit	Primary Liability Combined Single Limit	1	6	Double	**Business Rules:** Values are multiplied by 1,000 in the actual filing Data is required if prLiability = Y and no data was provided for priLiaBodilyInjuryOrDeathOnePerson, priLiaBodilyInjuryOrDeathGroup, and priLiaPropertyDamage If this field is used, data cannot be submitted for priLiaBodilyInjuryOrDeathOnePerson, priLiaBodilyInjuryOrDeathGroup, or priLiaPropertyDamage
priLiaBodilyInjuryOrDeathOnePerson	Primary Liability Bodily Injury Or Death (One Person)	1	6	Double	**Business Rules:** Values are multiplied by 1,000 in the actual filing Data is required if prLiability = Y and no data was provided for priLiaCombinedSingleLimit

Form CA MCP 65 and Form CA MCP 67 <formCA65>, <formCA67>					
Element Name	Description/ Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information and Business Rules
priLiaBodilyInjuryOrDeathGroup	Primary Liability Bodily Injury Or Death (More Than One Person)	1	6	Double	**Business Rules:** Values are multiplied by 1,000 in the actual filing Data is required if prLiability = Y and no data was provided for priLiaCombinedSingleLimit
priLiaPropertyDamage	Primary Liability Property Damage	1	6	Double	**Business Rules:** Values are multiplied by 1,000 in the actual filing Data is required if prLiability = Y and no data was provided for priLiaCombinedSingleLimit
Excess Liability Elements					
excLiability	Excess Liability selected	1	1	String	**Fixed set of values**: Y or N 'Y' implies Excess Liability is selected 'N' implies Excess Liability is not selected **Business Rules:** If 'N,' then another type of liability must be populated as 'Y' (priLiability or wcStatutory)
excLiaPolicyNumber	Excess Liability Policy Number	1	25	String	**Business Rules:** Data is required if excLiability = Y

Form CA MCP 65 and Form CA MCP 67 <formCA65>, <formCA67>					
Element Name	Description/ Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information and Business Rules
excLiaEffectiveDate	Excess Liability Effective Date	10	10	String	**Format**: MM/DD/YYYY **Business Rules:** Data is required if excLiability = Y Effective date must be after 01/01/1960
excLiaCoverageLimit	Excess Liability Coverage Limit	5	5	String	**Fixed set of values**: ATORABOVE or BETWEEN 'ATORABOVE' implies coverage provided at or above statutory minimum limits 'BETWEEN' implies coverage between statutory minimum coverage and statutory minimum limits **Business Rules:** Data is required if excLiability = Y
excLiaCombinedSingleLimit	Excess Liability Combined Single Limit	1	6	Double	**Business Rules:** Values are multiplied by 1,000 Data is required if excLiability = Y and excLiaCombinedSingleLimitInExcessOf are completed
excLiaCombinedSingleLimitInExcessOf	Excess Liability Combined Single Limit In Excess Of	1	6	Double	**Business Rules:** Values are multiplied by 1,000 Data is required if excLiability = Y and excLiaCombinedSingleLimit are completed

Form CA MCP 65 and Form CA MCP 67 <formCA65>, <formCA67>					
Element Name	Description/ Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information and Business Rules
excLiaBodilyInjuryOrDeathOnePerson	Excess Liability Bodily Injury Or Death (One Person)	1	6	Double	**Business Rules:** Values are multiplied by 1,000 Data is required if excLiability = Y and all Bodily Injury and Property Damage fields are completed
excLiaBodilyInjuryOrDeathOnePersonInExcessOf	Excess Liability Bodily Injury Or Death In Excess Of (One Person)	1	6	Double	**Business Rules:** Values are multiplied by 1,000 Data is required if excLiability = Y and all Bodily Injury and Property Damage fields are completed
excLiaBodilyInjuryOrDeathGroup	Excess Liability Bodily Injury Or Death (More Than One Person)	1	6	Double	**Business Rules:** Values are multiplied by 1,000 Data is required if excLiability = Y and all Bodily Injury and Property Damage fields are completed
excLiaBodilyInjuryOrDeathGroupInExcessOf	Excess Liability Bodily Injury Or Death In Excess Of (More Than One Person)	1	6	Double	**Business Rules:** Values are multiplied by 1,000 Data is required if excLiability = Y and all Bodily Injury and Property Damage fields are completed
excLiaPropertyDamage	Excess Liability Property Damage	1	6	Double	**Business Rules:** Values are multiplied by 1,000 Data is required if excLiability = Y and all Bodily Injury and Property Damage fields are completed

Form CA MCP 65 and Form CA MCP 67 <formCA65>, <formCA67>					
Element Name	Description/ Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information and Business Rules
excLiaPropertyDamageInExcessOf	Excess Liability Property Damage In Excess Of	1	6	Double	**Business Rules:** Values are multiplied by 1,000 Data is required if excLiability = Y and all Bodily Injury and Property Damage fields are completed
Workers' Compensation (WC) Statutory Limits Elements - <formCA65> only					
wcStatutory	WC Statutory Limits selected	1	1	String	**Fixed set of values**: Y or N 'Y' implies WC Statutory Limits is selected 'N' implies WC Statutory Limits is not selected **Business Rules:** If 'N,' then another type of liability must be populated as 'Y' (priLiability or excLiability)
wcStatutoryPolicyNumber	WC Statutory Policy Number	1	25	String	**Business Rules:** Data is required if wcStatutory = Y
wcStatutoryEffectiveDate	WC Statutory Effective Date	10	10	String	**Format:** MM/DD/YYYY **Business Rules:** If 'N,' then another type of liability must be populated as 'Y' (priLiability or excLiability) Effective date must be after 01/01/1960

CA MCP 66 Data Definition

Form DMV MCP 66 (For CA Only) <formCA66>					
Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
originalCertificateIssuedDate	The date the original policy was issued	10	10	String	**Format:** MM/DD/YYYY
insuranceType	The type of insurance	1	1	String	**Fixed set of values**: B, E, or W 'B' implies Bodily Injury Liability and Property Damage Liability Insurance 'E' implies Excess Liability Insurance 'W' implies Workers' Compensation Insurance
cancellationDate	The date of cancellation	10	10	String	**Format:** MM/DD/YYYY **Business Rules:** Cancellation date cannot be before originalCertificateIssuedDate and cannot be more than 1 year in the future

Form E, Form H, Form K Data Definition

Form E, Form H, Form K <form>					
Element Name	**Description/Purpose**	**Min Value**	**Max Value**	**Data Type**	**Additional Information**
underlyingLimit	Records amount of underlying limit	1,000	1 Billion	Number	**Business Rules:** Optional. Used for Form E filings only. Values are multiplied by 1,000, e.g., value = 1 will be converted to an underlying limit of $1,000 on the Form E filing forwarded to the state.
liabilityLimit	Records amount of liability limit	1,000	1 Billion	Number	**Business Rules:** Required for Form E only Required for all state agencies except PA Values are multiplied by 1,000, e.g., value = 1 will be converted to an underlying limit of $1,000 on the Form E filing forwarded to the state.
contactEmail	Provide email address for state agency to follow up regarding a specific filing	1	120	String	**Business Rules:** Required for PA, not available for all other state agencies
authorityType	Motor carrier authority type (PA only) Refer to Georgia state-specific elements for information about authorityType requirements for filings to GA.	1	255	String	**Business Rules:** Required for Form E and Form H filings for PA only; data not accepted for filings to other state agencies. The following values are valid: • Airport • CallOrDemand • ContractCarrier • GroupAndPartyElevenToFifteen • GroupAndPartySixteenAndOver • Limousine • Paratransit • ScheduledRoute • TNC • TruckHouseholdGoodsInUse • TruckGeneralFreight

Form E, Form H, Form K <form>					
Element Name	Description/Purpose	Min Value	Max Value	Data Type	Additional Information
					See Appendix 4 for more information about these authority types.
cancelCargo	Cancel cargo insurance	0	1	String	**Business Rules:** Required if formType = K and cancelBIPD = N. Fixed Set: (Y, N) Use value "Y" if cancelling Cargo insurance.
cancelBIPD	Cancel Bodily Injury and Property Damage (BIPD) insurance	0	1	String	**Business Rules:** Required if formType = K and cancelCargo = N Fixed Set: (Y, N) Use value "Y" if cancelling BIPD insurance.
Georgia State-Specific data elements: the fields below are used only for filings to the Georgia Department of Public Safety (DPS). Motor carriers must register with the state of Georgia to obtain the information below before filings can be submitted to the DPS.					
Opstatustype	The location where the motor carrier is registered to operate.	1	10	String	**Business Rules:** Required for filings for GA only; data not accepted for filings to other state agencies. The following values are valid: • Interstate • Intrastate "Interstate" refers to carriers operating in two or more states, including Georgia. "Intrastate" refers to carriers operating exclusively within the borders of Georgia.

Form E, Form H, Form K <form>					
Element Name	Description/Purpose	Min Value	Max Value	Data Type	Additional Information
Opstatussubtype	The type of authority registered for the motor carrier in Georgia.	1	50	String	**Business Rules:** Required for filings for GA only; data not accepted for filings to other state agencies. The following values are valid: • IntrastateGIMC • HouseholdGoods • PassengerCarrier • PassengerCarrierTenOrFewer Different values are accepted based on formType and operationStatus: • If formType = E and opstatustype = Intrastate: o Filings may be submitted with IntrastateGIMC as the only opstatussubtype. HouseholdGoods and/or PassengerCarrier are valid optional values. o IntrastateGIMC is required if HouseholdGoods and/or PassengerCarrier is included. o If PassengerCarrierTenOrFewer is included, then no additional subtypes may be used. • If formType = E and opstatustype = Interstate, then Household Goods and/or PassengerCarrier are valid values. At least one of these values must be provided. • If formType = H, then HouseholdGoods is the only valid value. • If formType = K and opstatustype = Intrastate, then IntrastateGIMC, HouseholdGoods, PassengerCarrier, or PassengerCarrierTenOrFewer are valid values. At least one of these values must be provided. • If formType = K and opstatustype = Interstate, then HouseholdGoods and/or PassengerCarrier are valid values. At least one of these values must be provided.

Form E, Form H, Form K <form>					
Element Name	Description/Purpose	Min Value	Max Value	Data Type	Additional Information
authorityType	Type of Household Goods or Passenger Carrier authority registered for the motor carrier in Georgia. This data element is also used for Pennsylvania filings – see previous section.	0	255	String	**Business Rules:** This field is required if opstatussubtype data includes HouseholdGoods, PassengerCarrier, or PassengerCarrierTenOrFewer. This field is not required if opstatussubtype only includes IntrastateGIMC. If opstatussubtype includes HouseholdGoods, then the only valid authoritytype value is HouseholdGoodsTruckOnly. If opstatussubtype includes PassengerCarrier, then the filing must include at least one of the following authoritytype values and a maximum of three values: • AdultDayCarePassengerCarrier • ChildDayCarePassengerCarrier • HotelShuttle • HouseholdGoodsTruckOnly • LimoBus • MegaBus • MotorCoach • NonEmergencyMedical • PartyBus • PassengerCarrier • ShuttleBus • StretchLimo • ToursBus • TrolleyBus If opstatussubtype includes PassengerCarrierTenOrFewer, then the filing must include at least one of the following authoritytype values and a maximum of three values: • AdultDayCarePassengerCarrierTenOrFewer • ChildDayCarePassengerCarrierTenOrFewer • PassengerCarrierTenOrFewer Multiple values should be separated with semicolons.

SR22, SR26 Data Definition

Form SR22 and Form SR26 <formSR22>, <formSR26>					
Element Name	**Description/Purpose**	**Min Value/Size**	**Max Value/Size**	**Data Type**	**Additional Information**
birthdate	Insured driver's date of birth	10	10	String	Required **Format:** MM/DD/YYYY
caseNumber	Court case number associated with insured's requirement for an SR22	0	30	String	Optional
cancellationDate	Date the SR22 will be cancelled	10	10	String	Required for SR26 **Format:** MM/DD/YYYY
certEffDate	Date the SR22 certificate goes into effect	10	10	String	Required **Format:** MM/DD/YYYY
effectiveEndDate	Date the policy will stop being effective	10	10	String	Required for SR26 **Format:** MM/DD/YYYY
driversLicenseId	Insured's license number or state ID number	0	30	String	**Business Rules:** Either driversLicenseId or ssn must be provided. Both fields can be provided, but only one is required.
Ssn	Insured's social security number	0	9	String	Numeric characters only **Business Rules:** Either driversLicenseId or ssn must be provided. Both fields can be provided, but only one is required.
insuredAddr	Address of insured	See table below titled insuredAddr	See table below titled insuredAddr	Complex XML element	The sub-element details are defined in the table titled "insuredAddr".

Form SR22 and Form SR26 <formSR22>, <formSR26>					
Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
insuredNameFirst	First name of insured driver	1	40	String	Required
insuredNameMiddle	Middle name of insured driver	0	40	String	Optional
insuredNameLast	Last name of insured driver	1	40	String	Required
policyType	Type of insurance policy	1	20	String	**Fixed Set of Values:** Provide one of the following values: • Owners_Only, • Owners_Motorcycle, • Operators Definitions: • Owners only: Any and all vehicles owned and operated • Owners only – Motorcycles: Any and all motorcycles owned and operated • Operators: Applicable to any non-owned motor vehicle
vehicle	Vehicles covered by insurance policy referenced on the SR22	See table below titled vehicle	See table below titled vehicle	Complex XML element	The sub-element details are defined in the table titled "vehicle". Optional for Form SR22 filings, unavailable for Form SR26 filings

insuredAddr					
Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
addr1	Address Line 1	1	64	String	Required
addr2	Address Line 2	0	64	String	Optional. Data is not required for submission.
City	City	1	64	String	Required
state	State code	2	2	String	Required
zip	Zip code	5	10	String	Required Format : #####-####
country	Country code	0	3	String	Optional. Data is not required for submission.

Vehicle					
Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
year	Year vehicle was made	0	4	String	**Format**: YYYY **Business Rules:** formType = Form SR 22 only Filings can include vehicle information if policyType = Owners_Only or Owners_Motorcycle Vehicle information is optional. If filing includes a vehicle, then year, make, and vin elements all must contain data.
Make	Manufacturer/brand of vehicle	0	20	String	Alpha characters only **Business Rules:** formType = Form SR22 only Filings can include vehicle information if policyType = Owners_Only or Owners_Motorcycle

Vehicle					
Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
					Vehicle information is optional. If filing includes a vehicle, then year, make, and vin elements all must contain data.
Vin	Vehicle identification number	0	20	String	**Business Rules:** formType = Form SR22 only Filings can include vehicle information if policyType = Owners_Only or Owners_Motorcycle Vehicle information is optional. If filing includes a vehicle, then year, make, and vin elements all must contain data.

Tyler Insurance Filings: getFiling and getFilings Methods

This document provides the Tyler Insurance Filings web service methods and data content for the Get Filing and Get Filings web service methods. These methods allow users to pull data for any form types and elements supported by Tyler Insurance Filings.

WSDL: https://mc-vapp-tst.cdc.nicusa.com/norstdataservice/searchReportData?wsdl

Call: https://mc-vapp-tst.cdc.nicusa.com:443/norstdataservice/searchReportData

The following sections contain data elements for the getFiling and getFilings web service methods. These values are defined in the Tyler Insurance Filings system.

Each getFiling or getFilings submission should be accompanied by an HTTP header providing two values:

1. Username (called “Login ID” in the Tyler Insurance Filings application)
2. Password

Reach out to your Tyler Insurance Filings point of contact for assistance with your credentials in the test and/or production environments.

These methods pull data for filing objects based on the request criteria provided. Data elements include general information that may be populated for all forms, and fields only populated for specific forms.

The table below compares the getFiling and getFilings methods:

	getFiling	getFilings
Description	Returns one filing object per request.	Returns all filing objects that meet all request criteria.
Request criteria	• filingID • policyNo	• filingID • policyNo • stateMCId • usdot • motorCarrierCompany • motorCarrierDBA
Considerations	As a unique identifier, the filingID produces optimal results. Multiple filings may exist with the same policy number (policyNo field). Since the getFiling method returns only one filing per request, responses based on PolicyNo will not include multiple filings containing the same policy number.	Any combination of the above criteria may be used to obtain one or more filing objects that meet all criteria. Consider which data combination is most likely to produce the desired results for your company.

getFiling and getFilings SOAP Requests

getFiling SOAP Request: Returns one matching Filing Object. Either filingID or policyNo must be provided. The search criteria fields build a Boolean "AND" query, not an "OR" query.

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
filingId	Tyler Insurance Filings system defined unique ID for each filing	1	9999999999	INTEGER	Optional parameter. **Not required if policyNo is provided.** The filingId is the best unique identifier. For optimal results, provide the filingId instead of the policyNo whenever possible.
policyNo	The policy number provided by insurance carrier while submitting the	1	25	String	Optional parameter.

	filing through the Tyler Insurance Filings system				**Not required if filingId is provided.** For optimal results, do not provide the policyNo if the filingId is available.

getFilings SOAP Request: Returns all filing objects that match all request criteria. Any combination of the fields below may be used to pull a response. The search criteria fields build a Boolean "AND" query, not an "OR" query.

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
policyNo	The policy number provided by the insurance carrier while submitting the filing through the Tyler Insurance Filings system	1	25	String	Optional parameter. **Not required if filingId is provided.** For optimal results, do not provide the policyNo if the filingId is available.
stateMCId	Motor carrier ID assigned by a state agency	0	20	String	This element may be optional or required depending on each government agency's business rules in the Tyler Insurance Filings system. Filings may not be returned if stateMCId is/was optional and stateMCId data was not included in a filing.
Usdot	U.S. DOT number	0	8	String	This element may be optional or required

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
					depending on each government agency's business rules in the Tyler Insurance Filings system. Filings may not be returned if usdot is/was optional and usdot data was not included in a filing.
motorCarrierCompany	Motor carrier company name	1	50	String	Data will be returned for all filings except SR22 and SR26 forms.
motorCarrierDBA	Motor carrier doing business as name	0	120	String	This element is optional when filings are submitted. Filings may not be returned if motorCarrierDBA data was not included in a filing.

getFiling and getFilings SOAP Responses

The getFiling and getFilings methods use the same response fields. The getFiling method will return one matching filing object. GetFilings will return all filing objects matching the given search criteria. If no matching filing objects are found, then an error is returned.

All of the data elements below are available via the getFiling and getFilings methods; however, an insurance company can develop requests including only a subset of these fields if all data is not needed in the response.

Responses will exclude fields if the filing does not contain any corresponding data. For example, if a government agency does not require an insurer number and your insurance company did not include an insurer number with a filing, then the filing object will not include the field "insurerNo". See Additional

Information column in the table below for more information about required and optional data elements.

See Appendix 2 for request and response code samples for this method.

Use the links below to quickly navigate to Data Definition details for different field types:

- General Fields
- Form CA MCP 65 and CA MCP 67 Fields
- Form CA MCP 66 Fields
- Form E, Form H, Form K Fields
- Form SR22, Form SR26 Fields

Response Data Definition: General Fields

Note:

1. The Min Value/Size column indicates the lower value range of the numeric data types, and the minimum length for string data types.
2. For the String data type, a minimum size of zero indicates that the field can be empty.

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
filingId	Tyler Insurance Filings system defined unique ID for each filing	1	9999999999	Integer	Data will be returned for all filings.
policyNo	The policy number provided by the insurer during the filing submission	1	25	String	Data will be returned for all filings.
stateId	State abbreviation	2	2	String	Data will be returned for all filings. Participating states include: AL, CA, GA, IA, IL, IN, KS, KY, LA, ME, MA, MI, MN, MS, NE, NM, NY, OK, OR, PA, SC, and WA
filer	The submitting insurance user's Login ID	1	20	String	This is the Tyler Insurance Filings user Login ID associated with each filing. This may be the web service admin user, or another user set up in the Tyler Insurance Filings application. This user will receive

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
					email updates about the status of filings.
insurerNo	State specific ID for an insurer	0	18	String	This element is optional when filings are submitted for most states. No return data can be a valid response.
usdot	U.S. DOT number	0	8	String	This element is optional when filings are submitted for most states. No return data can be a valid response. For Georgia filings, this data element is optional unless the following conditions apply: • formType = K, • opstatussubtype includes IntrastateGIMC, AND • stateMCId is not provided. See Georgia Form E, H, and K <form> data elements for more information about Georgia requirements.
motorCarrierCompany	Motor carrier company name	1	50	String	Data will be returned for all filings except SR22 and SR26 forms.
motorCarrierDBA	Motor carrier doing business as name	0	120	String	This element is optional when filings are submitted. No return data can be a valid response.
stateMCId	Motor carrier ID	0	20	String	This element is optional when filings are submitted for most states. No return data can be a valid response. For Georgia filings, this data element is optional unless the following conditions apply: • opstatussubtype includes IntrastateGIMC • formType = Form E, OR • formType = Form K AND usdot value is not included. See Georgia Form E, H, and K <form> data elements for more

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
					information about Georgia requirements.
stateMCId2	Georgia state ID number assigned to motor carriers registered for Household Goods authority.	1	7	String	**Business Rules:** This data element will be returned if opstatussubtype includes HouseholdGoods. Only numeric characters will be included. These numbers should be in the 9000s-10000s range. See Georgia Form E, H, and K <form> data elements for more information about Georgia requirements.
stateMCId3	Georgia state ID number assigned to motor carriers registered for Passenger Carrier authority.	1	7	String	**Business Rules:** This data element will be returned if opstatussubtype includes PassengerCarrier. Only numeric characters will be included. These numbers should be in the 9000s-10000s range. See Georgia Form E, H, and K <form> data elements for more information about Georgia requirements.
status	Indicates the processing status of filing in the Tyler	3	3	String	**Fixed set of values**: REC: New Filing

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
	Insurance Filings system				PEN: Pending REJ: Rejected by state ACC: Accepted/Approved by state 'REC 'implies that the filing has been submitted by insurer and has not been reviewed by the state agency yet. The Iowa DOT does not submit status updates through Tyler Insurance Filings and will contact the motor carrier by mail if additional action is required. 'PEN' implies the state agency has moved the filing to a pending queue. In either of these statuses, the filing is open for acceptance or rejection by the state agency. To complete testing that involves filing status changes, contact support@tylerinsurancefilings.com for assistance.
formType	Type of the form submitted	1	51	String	**Fixed set of values**: Currently, insurance companies can only insert or get filing information for eight forms: CA MCP 65 (CA DMV only) CA MCP 66 (CA DMV only) Endorsement DMV 67 MCP Form E Form H Form K Form SR22 Form SR26 SR22 and SR26 service is available for Maine only at this time.
mcCompAddr	Motor carrier company address	-NA-	-NA-	Complex XML element	The sub element details are defined in table below titled **"Address"** Data not returned for SR22 or SR26 filings.

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
effectiveDate	The date the policy becomes effective	10	10	String	**Format:** MM/DD/YYYY Alternative effective date fields apply for CA MCP 65 and CA MCP 66. See form-specific tables.
filingDate	The date the form was filed	10	10	String	**Format:** MM/DD/YYYY
agencyRejectionDate	The date the policy was rejected by the state, if applicable	10	10	String	**Format:** MM/DD/YYYY Data will be returned if status = REJ.
rejectReason	A description of the reason the policy was rejected, if applicable. This information is entered in the Tyler Insurance Filings system by the state agency.	1	255	String	Data will be returned if status = REJ.
reinstate	Reinstates the policy	0	1	String	This element is optional when filings are submitted. No return data can be a valid response.
fhwa	The Federal Motor Carrier Safety Administration (formerly Federal Highway Administration) number	0	8	String	This element is optional when filings are submitted. No return data can be a valid response.
filingNotes	Notes provided by the filer	0	2000	String	This element is optional when filings are submitted. No return data can be a valid response.
insuranceCompanyName	The insurance company's name	1	120	String	Data will be returned for all filings.
insDBA	Insurance company doing business as name	1	120	String	This element is optional when filings are submitted. No return data can be a valid response.
insuranceCompanyAddress	The insurance company address	-NA-	-NA-	Complex XML element	The sub element details are defined in table below titled **"Address"**

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
insurancePhone	The insurance company phone	1	10	String	Data will be returned for all filings.
stateAgencyName	The name of the state agency to which the policy was filed	1	80	String	Data will be returned for all filings.
markedPendingDate	The date when the filing was marked as pending by the state	10	10	String	**Format:** MM/DD/YYYY Data will be returned if status = PEN.
surplusLineBrokerNumber	Number assigned by California to a licensed surplus line broker	0	10	String	Data will be returned for CA MCP 65 and CA MCP 66 submissions from non-admitted insurance companies. Per the California Department of Insurance Code, non-admitted insurance companies are required to use surplus line brokers in California. Learn more about surplus line insurers in California.
surplusLineBrokerName	Name of surplus line broker licensed in California	0	120	String	Data will be returned for CA MCP 65 and CA MCP 66 submissions from non-admitted insurance companies. Per the California Department of Insurance Code, non-admitted insurance companies are required to use surplus line brokers in California. Learn more about surplus line insurers in California.
pendingComments	Comments entered by the state in the Tyler Insurance Filings system when this filing was marked “Pending”	1	255	String	Data will be returned if status = PEN.
agencyAcceptanceDate	The date the policy was rejected by the state	10	10	String	**Format:** MM/DD/YYYY Data will be returned if status = ACC.

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
acceptanceComments	Comments entered by the state in the Tyler Insurance Filings system when this filing was accepted	1	255	String	Data will be returned if status = ACC.
pdfKey	An encrypted string that is sent as a request parameter to download a PDF			String	
authorizedSignatory	The authorized signatory for the insurance company	-NA-	-NA-	Complex XML element	The sub-element details are defined in the table titled "Signatory"
form	The form specific details for this filing	-NA-	-NA-	Complex XML element	The sub-element details are defined in the "Form" table below
formCA65	The form specific details for CA MCP 65 filings	See table below titled "Form CA MCP 65"	See table below titled "Form CA MCP 65"	Complex XML element	The sub-element details are defined in the table titled "Form CA MCP 65 and Form CA MCP 67"
formCA66	The form specific details for CA MCP 66 filings	See table below titled "Form CA MCP 66"	See table below titled "Form CA MCP 66"	Complex XML element	The sub-element details are defined in the table titled "Form CA MCP 66"
formCA67	The form specific details for CA MCP 67 filings	See table below titled "Form CA MCP 67"	See table below titled "Form CA MCP 67"	Complex XML element	The sub-element details are defined in the table titled "Form CA MCP 65 and Form CA MCP 67"
formSR22	The form specific details for this filing	-NA-	-NA-	Complex XML element	The sub-element details are defined in the table titled "Form SR22 and SR26"

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
formSR26	The form specific details for this filing	-NA-	-NA-	Complex XML element	The sub element details are defined in the table titled "Form SR22 and SR26"

Signatory					
Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
name	The name of the signatory (authorized representative)	1	64	String	
phAddr	The signatory's address	-NA-	-NA-	Complex XML element	The sub-element details are defined in the table titled "Address"

Address					
Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
addr1	Address Line 1	1	64	String	
addr2	Address Line 2	0	64	String	Optional. No return data can be a valid response.
city	City	1	64	String	
state	State code	2	2	String	Standard US state abbreviations
zip	Zip code	5	10	String	**Format:** #####-####
country	Country code	0	3	String	Optional. No return data can be a valid response.

CA MCP 65 and CA MCP 67 Data Definition

Form CA MCP 65 and CA MCP 67 <formCA65>, <formCA67>					
Element Name	Description/ Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Info and Business Rules
Primary Liability Elements					
priLiability	Primary Liability selected	1	1	String	**Fixed set of values**: Y or N 'Y' implies Primary Liability is selected 'N' implies Primary Liability is not selected **Business Rules:** If 'N,' then data for another type of liability must exist (excLiability or wcStatutory)
priLiaPolicyNumber	Primary Liability Policy Number	1	25	String	**Business Rules:** Required if prLiability = Y
priLiaEffectiveDate	Primary Liability Effective Date	10	10	String	**Format:** MM/DD/YYYY **Business Rules:** Required if prLiability = Y
priLiaCoverageLimit	Primary Liability Coverage Limit	5	5	String	**Fixed set of values**: BELOW or EQUAL 'BELOW' implies coverage below statutory minimum limits 'EQUAL' implies coverage equal to or exceeding statutory minimum limits **Business Rules:** Required if prLiability = Y

Form CA MCP 65 and CA MCP 67 <formCA65>, <formCA67>					
Element Name	Description/ Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Info and Business Rules
priLiaCombinedSingleLimit	Primary Liability Combined Single Limit	1	6	Double	**Business Rules:** Values are multiplied by 1,000 in the actual filing Data will exist if prLiability = Y and no data was provided for priLiaBodilyInjuryOrDeathOnePerson, priLiaBodilyInjuryOrDeathGroup, and priLiaPropertyDamage
priLiaBodilyInjuryOrDeathOnePerson	Primary Liability Bodily Injury Or Death (One Person)	1	6	Double	**Business Rules:** Values are multiplied by 1,000 in the actual filing Data will exist if prLiability = Y and no data was provided for priLiaCombinedSingleLimit
priLiaBodilyInjuryOrDeathGroup	Primary Liability Bodily Injury Or Death (More Than One Person)	1	6	Double	**Business Rules:** Values are multiplied by 1,000 in the actual filing Data will exist if prLiability = Y and no data was provided for priLiaCombinedSingleLimit
priLiaPropertyDamage	Primary Liability Property Damage	1	6	Double	**Business Rules:** Values are multiplied by 1,000 in the actual filing Data will exist if prLiability = Y and no data was provided for priLiaCombinedSingleLimit

Form CA MCP 65 and CA MCP 67 <formCA65>, <formCA67>					
Element Name	Description/ Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Info and Business Rules
Excess Liability elements					
excLiability	Excess Liability selected	1	1	String	**Fixed set of values**: Y or N 'Y' implies Excess Liability is selected 'N' implies Excess Liability is not selected **Business Rules:** If 'N,' then another type of liability must exist (priLiability or wcStatutory)
excLiaPolicyNumber	Excess Liability Policy Number	1	25	String	**Business Rules:** Data will be present if excLiability = Y
excLiaEffectiveDate	Excess Liability Effective Date	10	10	String	**Format:** MM/DD/YYYY **Business Rules:** Data will be present if excLiability = Y
excLiaCoverageLimit	Excess Liability Coverage Limit	5	5	String	**Fixed set of values**: ATORABOVE or BETWEEN 'ATORABOVE' implies coverage provided at or above statutory minimum limits 'BETWEEN' implies coverage between statutory minimum coverage and statutory minimum limits Required if Excess Liability is selected

Form CA MCP 65 and CA MCP 67 <formCA65>, <formCA67>					
Element Name	Description/ Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Info and Business Rules
					Business Rules: Data will be present if excLiability = Y
excLiaCombinedSingleLimit	Excess Liability Combined Single Limit	1	6	Double	**Business Rules:** Values are multiplied by 1,000 Data will be present if excLiability = Y and excLiaCombinedSingleLimitIn ExcessOf is populated
excLiaCombinedSingleLimitInExcessOf	Excess Liability Combined Single Limit In Excess Of	1	6	Double	**Business Rules:** Values are multiplied by 1,000 in the actual filing Data will be present if excLiability = Y and excLiaCombinedSingleLimitIn ExcessOf is populated
excLiaBodilyInjuryOrDeathOnePerson	Excess Liability Bodily Injury Or Death (One Person)	1	6	Double	**Business Rules:** Values are multiplied by 1,000 in the actual filing Data will be present if excLiability = Y and all Bodily Injury and Property Damage fields are populated
excLiaBodilyInjuryOrDeathOnePersonInExcessOf	Excess Liability Bodily Injury Or Death In Excess Of (One Person)	1	6	Double	**Business Rules:** Values are multiplied by 1,000 in the actual filing Data will be present if excLiability = Y and all Bodily Injury and Property Damage fields are completed

Form CA MCP 65 and CA MCP 67 <formCA65>, <formCA67>					
Element Name	Description/ Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Info and Business Rules
excLiaBodilyInjuryOrDeathGroup	Excess Liability Bodily Injury Or Death (More Than One Person)	1	6	Double	**Business Rules:** Values are multiplied by 1,000 in the actual filing Data will be present if excLiability = Y and all Bodily Injury and Property Damage fields are completed
excLiaBodilyInjuryOrDeathGroupInExcessOf	Excess Liability Bodily Injury Or Death In Excess Of (More Than One Person)	1	6	Double	**Business Rules:** Values are multiplied by 1,000 in the actual filing Data will be present if excLiability = Y and all Bodily Injury and Property Damage fields are completed
excLiaPropertyDamage	Excess Liability Property Damage	1	6	Double	**Business Rules:** Values are multiplied by 1,000 in the actual filing Data will be present if excLiability = Y and all Bodily Injury and Property Damage fields are completed
excLiaPropertyDamageInExcessOf	Excess Liability Property Damage In Excess Of	1	6	Double	**Business Rules:** Values are multiplied by 1,000 in the actual filing Data will be present if excLiability = Y and all Bodily Injury and Property Damage fields are completed

Form CA MCP 65 and CA MCP 67 <formCA65>, <formCA67>					
Element Name	Description/ Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Info and Business Rules
Workers Compensation (WC) Statutory Limit fields - <formCA65> only					
wcStatutory	WC Statutory Limits selected	1	1	String	**Fixed set of values**:Y or N 'Y' implies WC Statutory Limits is selected 'N' implies WC Statutory Limits is not selected. **Business Rules:** If 'N,' then another type of liability must be selected (priLiability or excLiability)
wcStatutoryPolicyNumber	WC Statutory Policy Number	1	25	String	**Business Rules:** Data will be present if wcStatutory = Y
wcStatutoryEffectiveDate	WC Statutory Effective Date	10	10	String	**Format:** MM/DD/YYYY **Business Rules:** Data will be present if wcStatutory = Y

CA MCP 66 Data Definition

CA MCP 66 <formCA66>					
Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
originalCertificateIssuedDate	The date the original policy was issued	10	10	String	**Format:** MM/DD/YYYY Data will be returned for all filings.
insuranceType	The type of insurance	1	1	String	**Fixed set of values**: B, E, or W 'B' implies Bodily Injury Liability and Property Damage Liability Insurance 'E' implies Excess Liability Insurance 'W' implies Workers' Compensation Insurance Data will be returned for all filings.
cancellationDate	The date of cancellation	10	10	String	**Format:** MM/DD/YYYY Data will be returned for all filings.

Form E, Form H, Form K Data Definition

Form E, Form H, Form K <form>					
Element Name	Description/Purpose	Min Value	Max Value	Data Type	Additional Information
underlyingLimit	Records amount of underlying limit	1,000	1 Billion	Number	Optional. Used for Form E filings only. Values are multiplied by 1,000 in the actual filing, e.g., value = 1 would have been converted to an underlying limit of $1,000 on the Form E filing forwarded to the state.
liabilityLimit	Records amount of liability limit	1,000	1 Billion	Number	Data will be returned only for Form E filings to all state agencies except PA Values are multiplied by 1,000 in the actual filing, e.g., value = 1 would have been converted to an underlying limit of $1,000 on the Form E filing forwarded to the state.
contactEmail	Provide email address for state agency to follow up regarding a specific filing	1	120	String	Required for PA, not available for all other state agencies. Data will be returned for filings to PA, but will not be returned for any other state agency.
authorityType (Pennsylvania)	Motor carrier authority type (PA only) Refer to Georgia state-specific elements for information about authorityType requirements for filings to GA.	1	255	String	Required for Form E and Form H filings for PA only; data not collected or returned for filings to other state agencies The following values are valid: • Airport • CallOrDemand • ContractCarrier • GroupAndPartyElevenToFifteen • GroupAndPartySixteenAndOver • Limousine • Paratransit • ScheduledRoute • TNC • TruckHouseholdGoodsInUse • TruckGeneralFreight
cancelCargo	Cancel cargo insurance	0	1	String	**Fixed Set:** (Y, N) Data collected and returned for Form K filings only.

Form E, Form H, Form K <form>					
Element Name	Description/Purpose	Min Value	Max Value	Data Type	Additional Information
					Value "Y" is returned if the filing cancelled Cargo insurance.
cancelBIPD	Cancel BIPD insurance	0	1	String	**Fixed Set:** (Y, N) Data collected and returned for Form K filings only. Value "Y" is returned if the filing cancelled BIPD insurance.
Georgia State-Specific data elements: the fields below are used only for filings to the Georgia Department of Public Safety (DPS). Responses for filings to other states will not include these data elements.					
opstatustype	The location(s) where the motor carrier is registered to operate.	10	10	String	**Business Rules:** One of the following values will be returned: • Interstate • Intrastate "Interstate" refers to carriers operating in two or more states, including Georgia. "Intrastate" refers to carriers operating exclusively within the borders of Georgia.
opstatussubtype	The type of authority registered for the motor carrier in Georgia.			String	**Business Rules:** One or more of the following values will be returned: • IntrastateGIMC • Household Goods • Passenger Carrier • PassengerCarrierTenOrFewer Different values will be returned based on formType and operationStatus: • If formType = E and OperationStatus = Intrastate: o Filings may include one or IntrastateGIMC as the only opstatussubtype. HouseholdGoods and/or PassengerCarrier may be included in addition to IntrastateGIMC.

Form E, Form H, Form K <form>					
Element Name	Description/Purpose	Min Value	Max Value	Data Type	Additional Information
					○ IntrastateGIMC is required if HouseholdGoods and/or PassengerCarrier is included. ○ If PassengerCarrier was included on a filing, it will contain no additional subtypes. • If formType = E and OperationStatus = Interstate, then Household Goods and/or Passenger Carrier are valid values. At least one of these values will be included in the filing. • If formType = H, then Household Goods is the only valid value and will be included in the filing. • If formType = K and opstatustype = Intrastate, then IntrastateGIMC, HouseholdGoods, PassengerCarrier, and/or PassengerCarrierTenOrFewer are valid values. At least one of these values will be included in the filing. • If formType = K and opstatustype = Interstate, then HouseholdGoods and/or PassengerCarrier are valid values. At least one of these values will be included in the filing.
authorityType	Type of Household Goods and/or Passenger Carrier authority registered for the motor carrier in Georgia.	0	255	String	**Business Rules:** Filings will include this data if opstatussubtype data includes HouseholdGoods, PassengerCarrier, or PassengerCarrierTenOrFewer. Filings will not include this data if opstatussubtype only includes IntrastateGIMC. If opstatussubtype includes HouseholdGoods, then the value will include HouseholdGoodsTruckOnly. If opstatussubtype includes PassengerCarrier, then the value will include at least one of the following values and a maximum of three of these values: • StretchLimo • LimoBus • PassengerCarrier • MotorCoach

Form E, Form H, Form K <form>					
Element Name	Description/Purpose	Min Value	Max Value	Data Type	Additional Information
					• PartyBus • ToursBus • AdultDayCarePassengerCarrier • ChildDayCarePassengerCarrier • NonEmergencyMedical • ShuttleBus • TrolleyBus • MegaBus • HotelShuttle If opstatussubtype includes PassengerCarrierTenOrFewer, then the value will include at least one of the following authoritytype values and a maximum of three values: • AdultDayCarePassengerCarrierTenOrFewer • ChildDayCarePassengerCarrierTenOrFewer • PassengerCarrierTenOrFewer

SR22, SR26 Data Definition

Form SR22 and Form SR26 <formSR22>, <formSR26>					
Element Name	**Description/Purpose**	**Min Value/Size**	**Max Value/Size**	**Data Type**	**Additional Information**
birthDate	Insured driver's date of birth	10	10	String	Data will be returned for all filings. **Format:** MM/DD/YYYY
cancellationDate	Date the SR22 will be cancelled	10	10	String	Data will be returned for all SR26 filings. **Format:** MM/DD/YYYY
caseNumber	Court case number associated with insured's requirement for an SR22	0	30	String	This element is optional when filings are submitted. No return data can be a valid response.
certEffDate	Date the SR22 certificate goes into effect	10	10	String	Data will be returned for all filings. **Format:** MM/DD/YYYY
effectiveEndDate	Date the policy will stop being effective	10	10	String	Data will be returned for all SR26 filings. **Format:** MM/DD/YYYY
driversLicenseId	Insured driver's license number or state ID number	0	30	String	**Business Rules:** Either driversLicenseId or ssn must be provided. No return data can be a valid response if ssn is populated.
ssn	Insured driver's social security number	0	9	String	Numeric characters only **Business Rules:** Either driversLicenseId or ssn must be provided. No return data can be a valid response if driversLicenseId is populated.

Form SR22 and Form SR26 <formSR22>, <formSR26>					
Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
insuredAddr	Address of insured driver	See table below titled insuredAddr	See table below titled insuredAddr	Complex XML element	The sub-element details are defined in the table titled "insuredAddr".
insuredNameFirst	First name of insured driver	1	40	String	Data will be returned for all filings.
insuredNameMiddle	Middle name of insured driver	0	40	String	This element is optional when filings are submitted. No return data can be a valid response.
insuredNameLast	Last name of insured driver	1	40	String	Data will be returned for all filings.
policyType	Type of insurance policy	1	20	String	**Fixed Set of Values:** One of the following values will be returned: • Owners_Only, • Owners_Motorcycle, • Operators Definitions: • Owners only: Any and all vehicles owned and operated • Owners only – Motorcycles: Any and all motorcycles owned and operated • Operators: Applicable to any non-owned motor vehicle
vehicle	Vehicles covered by insurance policy referenced on the SR22	See table below titled vehicle	See table below titled vehicle	Complex XML element	The sub-element details are defined in the table titled "vehicle". Optional for Form SR22 filings, unavailable for Form SR26 filings

insuredAddr					
Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
addr1	Address Line 1	1	64	String	Data will be returned for all filings.
addr2	Address Line 2	0	64	String	This element is optional when filings are submitted. No return data can be a valid response.
city	City	1	64	String	Data will be returned for all filings.
state	State code	2	2	String	Data will be returned for all filings.
zip	Zip code	5	10	String	Data will be returned for all filings. Format: #####-####
country	Country code	0	3	String	This element is optional when filings are submitted. No return data can be a valid response.

vehicle					
Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
year	Year vehicle was made	0	4	String	**Format**: YYYY **Business Rules:** formType = Form SR22 only Filings can include vehicle information if policyType = Owners_Only or Owners_Motorcycle This element is optional when filings are submitted. No return data can be a valid response.
make	Manufacturer/brand of vehicle	0	20	String	Alpha characters only **Business Rules:** formType = Form SR22 only Filings can include vehicle information if policyType = Owners_Only or Owners_Motorcycle

					This element is optional when filings are submitted. No return data can be a valid response.
vin	Vehicle identification number	0	20	String	**Business Rules:** formType = Form SR22 only Filings can include vehicle information if policyType = Owners_Only or Owners_Motorcycle This element is optional when filings are submitted. No return data can be a valid response.

Tyler Insurance Filings: getFilingPDF Method

This section provides the Tyler Insurance Filings web service method and data content for the Get Filing PDF web service.

WSDL: https://mc-vapp-tst.cdc.nicusa.com/norstdataservice/searchReportData?wsdl

Call: https://mc-vapp-tst.cdc.nicusa.com:443/norstdataservice/searchReportData

Each getFilingPDF submission should be accompanied by an HTTP header providing two values:

1. Username (called “Login ID” in the Tyler Insurance Filings application)
2. Password

The user credentials are defined in the Tyler Insurance Filings system. The user has the Insurance Admin role. Reach out to your Tyler Insurance Filings point of contact for assistance with your credentials in the test and/or production environments.

Code Samples

SOAP Request:

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/" xmlns:ser="http://server.fromjava">
  <soapenv:Header/>
  <soapenv:Body>
    <ser:getFilingPDF>
      <ser:filingId>111111</ser:filingId>
      <ser:stateName>California</ser:stateName>
    </ser:getFilingPDF>
  </soapenv:Body>
</soapenv:Envelope>
```

SOAP Response:

```
<S:Envelope xmlns:S="http://schemas.xmlsoap.org/soap/envelope/">
  <S:Body>
```

<getFilingPDFResponse xmlns="http://server.fromjava">

<return> JVBERi0xLjIKJXBqLTAuMjIKJUdlbmVyYXRlZCB3aXRoIHBqIDAuMjIsIENvcHlyaWdodCAoQykgMTk5OC</return>

</getFilingPDFResponse>

</S:Body>

</S:Envelope>

Data Definition

Request:

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
filingId	Tyler Insurance Filings system defined unique ID for each filing	1	9999999999	INTEGER	Required
stateName	The state the filing has been filed to	1	25	String	Required

Note: Both filingID and stateName must be provided. The search criteria fields build a Boolean "AND" query not an "OR" query.

Response: Returns only one PDF object matching the given search criteria. If no matching PDF objects are found, then a "No pdf matched the given criteria" message will be returned.

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
return	PDF String formatted as a base 64 binary	1	none	String	

Tyler Insurance Filings: searchFilings Method

This section provides the Tyler Insurance Filings web service method and data content for the Search Filings web service. The code samples below reference one form type (Form E), but this method allows users to search for data for any form types and elements supported by the Tyler Insurance Filings web service.

WSDL: https://mc-vapp-tst.cdc.nicusa.com/norstdataservice/searchReportData?wsdl

Call: https://mc-vapp-tst.cdc.nicusa.com:443/norstdataservice/searchReportData

The request is accompanied with an HTTP header providing two values:

1. Username (called “Login ID” in the Tyler Insurance Filings application)
2. Password

The user credentials are defined in the Tyler Insurance Filings system. The user has the Insurance Admin role. Reach out to your Tyler Insurance Filings point of contact for assistance with your credentials in the test and/or production environments.

Code Samples

SOAP Request:

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/" xmlns:ser="http://server.fromjava">
  <soapenv:Header/>
  <soapenv:Body>
    <ser:searchFilings>
      <!--Optional:-->
      <ser:filingDate></ser:filingDate>
      <!--Optional:-->
      <ser:processingStatus></ser:processingStatus>
      <!--Optional:-->
      <ser:wsNotificationId>61</ser:wsNotificationId>
    </ser:searchFilings>
  </soapenv:Body>
</soapenv:Envelope>
```

SOAP Response:

```
<S:Envelope xmlns:S="http://schemas.xmlsoap.org/soap/envelope/">
  <S:Body>
    <ns2:searchFilingsResponse xmlns:ns2="http://server.fromjava">
      <return>
        <filingId>806683</filingId>
        <policyNo>WSUPDATETEST-3</policyNo>
        <stateId>IL</stateId>
        <filer>apiusr7406</filer>
        <insurerNo>556677</insurerNo>
        <usdot>1234</usdot>
        <motorCarrierCompany>Slow Movers</motorCarrierCompany>
        <motorCarrierDBA>Very Fast Movers</motorCarrierDBA>
        <stateMCId>33445566</stateMCId>
        <status>REJ</status>
        <formType>Form E</formType>
        <mcCompAddr>
          <addr1>Smart Lane</addr1>
          <city>Salty</city>
          <state>HI</state>
          <zip>23456</zip>
          <country>US</country>
        </mcCompAddr>
        <effectiveDate>2012-09-19T00:00:00-04:00</effectiveDate>
        <filingDate>2012-07-03T00:00:00-04:00</filingDate>
        <agencyRejectionDate>2012-07-03T00:00:00-04:00</agencyRejectionDate>
        <rejectReason>Finally Rejected</rejectReason>
        <reinstate>Y</reinstate>
```

```
<fhwa>4567</fhwa>
<filingNotes>Please approve soon</filingNotes>
<insuranceCompanyName>Adriatic Insurance Company</insuranceCompanyName>
<insDBA>Adriatic Insurance Company</insDBA>
<insuranceCompanyAddress>
  <addr1>3501 N. Causeway Blvd  Suite 1000</addr1>
  <city>Metairie</city>
  <state>LA</state>
  <zip>70002</zip>
</insuranceCompanyAddress>
<insurancePhone>5048388100</insurancePhone>
<stateAgencyName>Illinois Commerce Commission</stateAgencyName>
<markedPendingDate>2012-07-03T00:00:00-04:00</markedPendingDate>
<pendingComments>Testing pending action</pendingComments>
<generalComments>Finally Rejected</generalComments>
<authorizedSignatory>
  <name>Pat Wilson</name>
  <phAddr>
    <addr1>3501 N. Causeway Blvd.  Suite 1000</addr1>
    <city>Metairie</city>
    <state>LA</state>
    <zip>70002</zip>
  </phAddr>
</authorizedSignatory>
<form>
  <cancelCargo>Y</cancelCargo>
  <cancelBIPD>Y</cancelBIPD>
  <underLyingLimit>1.0</underLyingLimit>
  <liabilityLimit>2.0</liabilityLimit>
</form>
</return>
```

```
<return>
  <filingId>806684</filingId>
  <policyNo>WSUPDATETEST-4</policyNo>
  <stateId>IL</stateId>
  <filer>apiusr7406</filer>
  <insurerNo>908070</insurerNo>
  <usdot>00009091</usdot>
  <motorCarrierCompany>Great Movers</motorCarrierCompany>
  <motorCarrierDBA>Super Transport</motorCarrierDBA>
  <stateMCId>88776655</stateMCId>
  <status>REJ</status>
  <formType>Form E</formType>
  <mcCompAddr>
    <addr1>555 Long Lane</addr1>
    <city>Wineland</city>
    <state>UT</state>
    <zip>60709</zip>
    <country>US</country>
  </mcCompAddr>
  <effectiveDate>2012-09-27T00:00:00-04:00</effectiveDate>
  <filingDate>2012-07-03T00:00:00-04:00</filingDate>
  <agencyRejectionDate>2012-07-03T00:00:00-04:00</agencyRejectionDate>
  <rejectReason>Trying reject action</rejectReason>
  <reinstate>Y</reinstate>
  <fhwa>MC001647</fhwa>
  <filingNotes>Please approve.</filingNotes>
  <insuranceCompanyName>Adriatic Insurance Company</insuranceCompanyName>
  <insDBA>Adriatic Insurance Company</insDBA>
  <insuranceCompanyAddress>
    <addr1>3501 N. Causeway Blvd  Suite 1000</addr1>
    <city>Metairie</city>
```

```
          <state>LA</state>
          <zip>70002</zip>
        </insuranceCompanyAddress>
        <insurancePhone>5048388100</insurancePhone>
        <stateAgencyName>Illinois Commerce Commission</stateAgencyName>
        <generalComments>A general comment</generalComments>
        <authorizedSignatory>
          <name>Joseph Taylor</name>
          <phAddr>
            <addr1>3501 N. Causeway Blvd     Suite 1000</addr1>
            <city>Metairie</city>
            <state>LA</state>
            <zip>70002</zip>
          </phAddr>
        </authorizedSignatory>
        <form>
          <cancelCargo>Y</cancelCargo>
          <cancelBIPD>Y</cancelBIPD>
          <underLyingLimit>2.0</underLyingLimit>
          <liabilityLimit>4.0</liabilityLimit>
        </form>
      </return>
    </ns2:searchFilingsResponse>
  </S:Body>
</S:Envelope>
```

Data Definition

Request:

The searchFilings method is currently designed to work with the criteria below. Please contact Tyler Insurance Filings to discuss adding other search criteria options.

This method returns an array of filings. Using search criteria containing both the filingDate and processingStatus helps to restrict the number of filings returned.

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
filingDate	The date the filing was submitted	0	10	String	**Format:** MM/DD/YYYY **This is an optional parameter; however, it is required when the processingStatus has a value**
processingStatus	Indicates the processing status of the filing in the Tyler Insurance Filings system	0	3	String	**Fixed set of values**: REC: New Filing PEN: Pending REJ: Rejected by state ACC: Accepted/Approved by state 'REC 'implies that the filing has been submitted by insurer 'PEN' implies the state user has exclusively moved the filing to a pending queue In either of these statuses, the filing is open for acceptance or rejection by the state **This is an optional parameter and must be accompanied by a valid value in the filingDate parameter**

Note: The search criteria fields build a Boolean "AND" query not an "OR" query.

Response:

This method returns a list of filing objects. The XML structure of the filing object is defined in documentation for getFiling method.

Appendix 1: insertFiling Code Samples

This appendix contains insertFiling method code samples for SOAP requests and responses for each form type. Use the links below to quickly navigate to samples for each form:

- CA MCP 65 Request
- CA MCP 67 Request
- CA MCP 66 Request
- Form E Request
- Form H Request
- Form K Request
- Form SR22 Request
- Form SR26 Request
- Response for all form types

Exclude tab characters from your SOAP requests whenever possible to ensure compatibility with state agency systems.

CA MCP 65 Request

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/" xmlns:ser="http://server.fromjava">
  <soapenv:Header/>
  <soapenv:Body>
    <ser:insertFiling>
      <ser:filingType>
        <ser:filingId></ser:filingId>
        <ser:policyNo></ser:policyNo>
        <ser:stateId>CA</ser:stateId>
        <ser:filer></ser:filer>
        <ser:insurerNo></ser:insurerNo>
        <ser:usdot></ser:usdot>
        <ser:motorCarrierCompany>Bob</ser:motorCarrierCompany>
        <ser:motorCarrierDBA></ser:motorCarrierDBA>
        <ser:stateMCId>12345</ser:stateMCId>
        <ser:formDesc></ser:formDesc>
        <ser:status></ser:status>
        <ser:formType>Form DMV 65 MCP (For CA Only)</ser:formType>
        <ser:mcCompAddr>
```

```
  <ser:addr1>Address</ser:addr1>
  <ser:addr2></ser:addr2>
  <ser:city>City</ser:city>
  <ser:state>CA</ser:state>
  <ser:zip>12345</ser:zip>
  <ser:country></ser:country>
</ser:mcCompAddr>
<ser:effectiveDate></ser:effectiveDate>
<ser:expiryDate></ser:expiryDate>
<ser:filingDate></ser:filingDate>
<ser:agencyAcceptanceDate></ser:agencyAcceptanceDate>
<ser:agencyRejectionDate></ser:agencyRejectionDate>
<ser:cancellationDate></ser:cancellationDate>
<ser:rejectReason></ser:rejectReason>
<ser:cancelReason></ser:cancelReason>
<ser:reinstate></ser:reinstate>
<ser:fhwa></ser:fhwa>
<ser:filingNotes></ser:filingNotes>
<ser:insuranceCompanyName>Insurance Company</ser:insuranceCompanyName>
<ser:insDBA></ser:insDBA>
<ser:insuranceCompanyAddress>
  <ser:addr1></ser:addr1>
  <ser:addr2></ser:addr2>
  <ser:city></ser:city>
  <ser:state></ser:state>
  <ser:zip></ser:zip>
  <ser:country></ser:country>
</ser:insuranceCompanyAddress>
<ser:insurancePhone></ser:insurancePhone>
<ser:insurancePhoneExt></ser:insurancePhoneExt>
<ser:insuranceCSRPhone></ser:insuranceCSRPhone>
<ser:insuranceCSRPhoneExt></ser:insuranceCSRPhoneExt>
<ser:insuranceAgentId></ser:insuranceAgentId>
<ser:stateAgencyName></ser:stateAgencyName>
<ser:paymentMethod></ser:paymentMethod>
<ser:markedPendingDate></ser:markedPendingDate>
<ser:acceptanceComments></ser:acceptanceComments>
<ser:pendingComments></ser:pendingComments>
<ser:generalComments></ser:generalComments>
```

```
<ser:stateNotes></ser:stateNotes>
<ser:naic>12345</ser:naic>
<ser:timestamp></ser:timestamp>
<ser:pdfKey></ser:pdfKey>
<ser:surplusLineBrokerNumber></ser:surplusLineBrokerNumber>
<ser:surplusLineBrokerName></ser:surplusLineBrokerName>
<ser:authorizedSignatory>
  <ser:name>MG</ser:name>
  <ser:phAddr>
    <ser:addr1></ser:addr1>
    <ser:addr2></ser:addr2>
    <ser:city></ser:city>
    <ser:state></ser:state>
    <ser:zip></ser:zip>
    <ser:country></ser:country>
  </ser:phAddr>
  <ser:phone></ser:phone>
  <ser:phoneExt></ser:phoneExt>
  <ser:email></ser:email>
</ser:authorizedSignatory>
…
<ser:formCA65>
  <ser:priLiability>Y</ser:priLiability>
  <ser:priLiaPolicyNumber>CA65P</ser:priLiaPolicyNumber>
  <ser:priLiaEffectiveDate>08/08/2020</ser:priLiaEffectiveDate>
  <ser:priLiaCoverageLimit>EQUAL</ser:priLiaCoverageLimit>
  <ser:priLiaCombinedSingleLimit></ser:priLiaCombinedSingleLimit>
  <ser:priLiaBodilyInjuryOrDeathOnePerson>1</ser:priLiaBodilyInjuryOrDeathOnePerson>
  <ser:priLiaBodilyInjuryOrDeathGroup>1</ser:priLiaBodilyInjuryOrDeathGroup>
  <ser:priLiaPropertyDamage>1</ser:priLiaPropertyDamage>
  <ser:excLiability>Y</ser:excLiability>
  <ser:excLiaPolicyNumber>CA65E</ser:excLiaPolicyNumber>
  <ser:excLiaEffectiveDate>08/09/2020</ser:excLiaEffectiveDate>
  <ser:excLiaCoverageLimit>ATORABOVE</ser:excLiaCoverageLimit>
  <ser:excLiaCombinedSingleLimit></ser:excLiaCombinedSingleLimit>
  <ser:excLiaCombinedSingleLimitInExcessOf></ser:excLiaCombinedSingleLimitInExcessOf>
  <ser:excLiaBodilyInjuryOrDeathOnePerson>1</ser:excLiaBodilyInjuryOrDeathOnePerson>
  <ser:excLiaBodilyInjuryOrDeathOnePersonInExcessOf>1</ser:excLiaBodilyInjuryOrDeathOnePersonInExcessOf>
  <ser:excLiaBodilyInjuryOrDeathGroup>1</ser:excLiaBodilyInjuryOrDeathGroup>
```

```
            <ser:excLiaBodilyInjuryOrDeathGroupInExcessOf>1</ser:excLiaBodilyInjuryOrDeathGroupInExcessOf>
            <ser:excLiaPropertyDamage>1</ser:excLiaPropertyDamage>
            <ser:excLiaPropertyDamageInExcessOf>1</ser:excLiaPropertyDamageInExcessOf>
            <ser:wcStatutory>Y</ser:wcStatutory>
            <ser:wcStatutoryPolicyNumber>CA65W</ser:wcStatutoryPolicyNumber>
            <ser:wcStatutoryEffectiveDate>08/10/2020</ser:wcStatutoryEffectiveDate>
          </ser:formCA65>
…
        </ser:filingType>
      </ser:insertFiling>
    </soapenv:Body>
</soapenv:Envelope>
```

CA MCP 67 Request

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/" xmlns:ser="http://server.fromjava">
  <soapenv:Header/>
  <soapenv:Body>
    <ser:insertFiling>
      <ser:filingType>
        <ser:filingId>0</ser:filingId>
        <ser:policyNo>67multipolicy-ws</ser:policyNo>
        <ser:stateId>CA</ser:stateId>
        <ser:filer> </ser:filer>
        <ser:insurerNo>CAinsID</ser:insurerNo>
        <ser:usdot>DOT123</ser:usdot>
        <ser:motorCarrierCompany>Motor Carrier Name</ser:motorCarrierCompany>
        <ser:motorCarrierDBA>MCDBA</ser:motorCarrierDBA>
        <ser:stateMCId>123456</ser:stateMCId>
        <ser:formDesc></ser:formDesc>
        <ser:status></ser:status>
        <ser:formType>Endorsement DMV 67 MCP</ser:formType>
        <ser:mcCompAddr>
```

```
    <ser:addr1>123 test st</ser:addr1>
    <ser:addr2>MC2</ser:addr2>
    <ser:city>MCville</ser:city>
    <ser:state>CA</ser:state>
    <ser:zip>22222</ser:zip>
    <ser:country>USA</ser:country>
  </ser:mcCompAddr>
  <ser:effectiveDate></ser:effectiveDate>
  <ser:expiryDate></ser:expiryDate>
  <ser:filingDate></ser:filingDate>
  <ser:agencyAcceptanceDate></ser:agencyAcceptanceDate>
  <ser:agencyRejectionDate></ser:agencyRejectionDate>
  <ser:cancellationDate></ser:cancellationDate>
  <ser:rejectReason></ser:rejectReason>
  <ser:cancelReason></ser:cancelReason>
  <ser:reinstate></ser:reinstate>
  <ser:fhwa>FMCSA123</ser:fhwa>
  <ser:filingNotes>filingnotes</ser:filingNotes>
  <ser:insuranceCompanyName>AAA Insurance</ser:insuranceCompanyName>
  <ser:insDBA></ser:insDBA>
  <ser:insuranceCompanyAddress>
    <ser:addr1>123 insurance st</ser:addr1>
    <ser:addr2></ser:addr2>
    <ser:city>insuranceville</ser:city>
    <ser:state>VA</ser:state>
    <ser:zip>22222</ser:zip>
    <ser:country></ser:country>
  </ser:insuranceCompanyAddress>
  <ser:insurancePhone>7035551212</ser:insurancePhone>
```

```
<ser:insurancePhoneExt></ser:insurancePhoneExt>
<ser:insuranceCSRPhone></ser:insuranceCSRPhone>
<ser:insuranceCSRPhoneExt></ser:insuranceCSRPhoneExt>
<ser:insuranceAgentId></ser:insuranceAgentId>
<ser:stateAgencyName></ser:stateAgencyName>
<ser:paymentMethod></ser:paymentMethod>
<ser:markedPendingDate></ser:markedPendingDate>
 <ser:acceptanceComments></ser:acceptanceComments>
<ser:pendingComments></ser:pendingComments>
<ser:generalComments></ser:generalComments>
<ser:stateNotes></ser:stateNotes>
<ser:naic>12345</ser:naic>
<ser:timestamp></ser:timestamp>
<ser:pdfKey></ser:pdfKey>
<ser:authorizedSignatory>
  <ser:name>Amy signer</ser:name>
  <ser:phAddr>
    <ser:addr1></ser:addr1>
    <ser:addr2></ser:addr2>
    <ser:city></ser:city>
    <ser:state></ser:state>
    <ser:zip></ser:zip>
    <ser:country></ser:country>
  </ser:phAddr>
  <ser:phone></ser:phone>
  <ser:phoneExt></ser:phoneExt>
  <ser:email>akrones@egov.com</ser:email>
</ser:authorizedSignatory>
…
```

```
        <ser:formCA67>
          <ser:priLiability>Y</ser:priLiability>
          <ser:priLiaPolicyNumber>67multipolicy-ws</ser:priLiaPolicyNumber>
          <ser:priLiaEffectiveDate>07/01/2025</ser:priLiaEffectiveDate>
          <ser:priLiaCoverageLimit>EQUAL</ser:priLiaCoverageLimit>
          <ser:priLiaCombinedSingleLimit></ser:priLiaCombinedSingleLimit>
          <ser:priLiaBodilyInjuryOrDeathOnePerson>2</ser:priLiaBodilyInjuryOrDeathOnePerson>
          <ser:priLiaBodilyInjuryOrDeathGroup>3</ser:priLiaBodilyInjuryOrDeathGroup>
          <ser:priLiaPropertyDamage>4</ser:priLiaPropertyDamage>
          <ser:excLiability>Y</ser:excLiability>
          <ser:excLiaPolicyNumber>67multipolicy-ws2</ser:excLiaPolicyNumber>
          <ser:excLiaEffectiveDate>07/02/2025</ser:excLiaEffectiveDate>
          <ser:excLiaCoverageLimit>BETWEEN</ser:excLiaCoverageLimit>
          <ser:excLiaCombinedSingleLimit></ser:excLiaCombinedSingleLimit>
          <ser:excLiaCombinedSingleLimitInExcessOf></ser:excLiaCombinedSingleLimitInExcessOf>
          <ser:excLiaBodilyInjuryOrDeathOnePerson>5</ser:excLiaBodilyInjuryOrDeathOnePerson>
          <ser:excLiaBodilyInjuryOrDeathOnePersonInExcessOf>6</ser:excLiaBodilyInjuryOrDeathOnePersonInExcessOf>

          <ser:excLiaBodilyInjuryOrDeathGroup>7</ser:excLiaBodilyInjuryOrDeathGroup>
          <ser:excLiaBodilyInjuryOrDeathGroupInExcessOf>8</ser:excLiaBodilyInjuryOrDeathGroupInExcessOf>
          <ser:excLiaPropertyDamage>9</ser:excLiaPropertyDamage>
          <ser:excLiaPropertyDamageInExcessOf>95</ser:excLiaPropertyDamageInExcessOf>
        </ser:formCA67>
       …
      </ser:filingType>
    </ser:insertFiling>
  </soapenv:Body>
</soapenv:Envelope>
```

CA MCP 66 Request

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/" xmlns:ser="http://server.fromjava">
  <soapenv:Header/>
  <soapenv:Body>
    <ser:insertFiling>
      <ser:filingType>
        <ser:filingId></ser:filingId>
        <ser:policyNo>CA66</ser:policyNo>
        <ser:stateId>CA</ser:stateId>
        <ser:filer></ser:filer>
        <ser:insurerNo></ser:insurerNo>
        <ser:usdot></ser:usdot>
        <ser:motorCarrierCompany>Bob</ser:motorCarrierCompany>
        <ser:motorCarrierDBA></ser:motorCarrierDBA>
        <ser:stateMCId>12345</ser:stateMCId>
        <ser:formDesc></ser:formDesc>
        <ser:status></ser:status>
        <ser:formType>Form DMV 66 MCP (For CA Only)</ser:formType>
        <ser:mcCompAddr>
          <ser:addr1>Address1</ser:addr1>
          <ser:addr2></ser:addr2>
          <ser:city>City</ser:city>
          <ser:state>CA</ser:state>
          <ser:zip>12345</ser:zip>
          <ser:country></ser:country>
        </ser:mcCompAddr>
        <ser:effectiveDate>08/20/2020</ser:effectiveDate>
        <ser:expiryDate></ser:expiryDate>
        <ser:filingDate></ser:filingDate>
        <ser:agencyAcceptanceDate></ser:agencyAcceptanceDate>
        <ser:agencyRejectionDate></ser:agencyRejectionDate>
        <ser:cancellationDate></ser:cancellationDate>
        <ser:rejectReason></ser:rejectReason>
        <ser:cancelReason></ser:cancelReason>
        <ser:reinstate></ser:reinstate>
        <ser:fhwa></ser:fhwa>
        <ser:filingNotes></ser:filingNotes>
        <ser:insuranceCompanyName>Insurance Company Testing</ser:insuranceCompanyName>
```

```
<ser:insDBA></ser:insDBA>
<ser:insuranceCompanyAddress>
  <ser:addr1></ser:addr1>
  <ser:addr2></ser:addr2>
  <ser:city></ser:city>
  <ser:state></ser:state>
  <ser:zip></ser:zip>
  <ser:country></ser:country>
</ser:insuranceCompanyAddress>
<ser:insurancePhone></ser:insurancePhone>
<ser:insurancePhoneExt></ser:insurancePhoneExt>
<ser:insuranceCSRPhone></ser:insuranceCSRPhone>
<ser:insuranceCSRPhoneExt></ser:insuranceCSRPhoneExt>
<ser:insuranceAgentId></ser:insuranceAgentId>
<ser:stateAgencyName></ser:stateAgencyName>
<ser:paymentMethod></ser:paymentMethod>
<ser:markedPendingDate></ser:markedPendingDate>
<ser:acceptanceComments></ser:acceptanceComments>
<ser:pendingComments></ser:pendingComments>
<ser:generalComments></ser:generalComments>
<ser:stateNotes></ser:stateNotes>
<ser:naic>12345</ser:naic>
<ser:timestamp></ser:timestamp>
<ser:pdfKey></ser:pdfKey>
<ser:surplusLineBrokerNumber></ser:surplusLineBrokerNumber>
<ser:surplusLineBrokerName></ser:surplusLineBrokerName>
<ser:authorizedSignatory>
  <ser:name>Mark G</ser:name>
  <ser:phAddr>
    <ser:addr1></ser:addr1>
    <ser:addr2></ser:addr2>
    <ser:city></ser:city>
    <ser:state></ser:state>
    <ser:zip></ser:zip>
    <ser:country></ser:country>
  </ser:phAddr>
  <ser:phone></ser:phone>
  <ser:phoneExt></ser:phoneExt>
  <ser:email></ser:email>
```

```
        </ser:authorizedSignatory>
…
        <ser:formCA66>
          <ser:originalCertificateIssuedDate>08/22/2020</ser:originalCertificateIssuedDate>
          <ser:insuranceType>B</ser:insuranceType>
          <ser:cancellationDate>08/21/2020</ser:cancellationDate>
        </ser:formCA66>
      </ser:filingType>
    </ser:insertFiling>
  </soapenv:Body>
</soapenv:Envelope>
```

Form E Request

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/" xmlns:ser="http://server.fromjava">
  <soapenv:Header/>
  <soapenv:Body>
    <ser:insertFiling>
      <ser:filingType>
        <ser:filingId></ser:filingId>
        <ser:policyNo>ABCD1234</ser:policyNo>
        <ser:stateId>MO</ser:stateId>
        <ser:filer></ser:filer>
        <ser:insurerNo></ser:insurerNo>
        <ser:usdot></ser:usdot>
        <ser:motorCarrierCompany>Bob</ser:motorCarrierCompany>
        <ser:motorCarrierDBA></ser:motorCarrierDBA>
        <ser:stateMCId></ser:stateMCId>
        <ser:formDesc></ser:formDesc>
        <ser:status></ser:status>
        <ser:formType>Form E</ser:formType>
        <ser:mcCompAddr>
          <ser:addr1>Address</ser:addr1>
          <ser:addr2></ser:addr2>
          <ser:city>City</ser:city>
          <ser:state>MO</ser:state>
          <ser:zip>12345</ser:zip>
          <ser:country></ser:country>
        </ser:mcCompAddr>
```

```
<ser:effectiveDate>02/01/2021</ser:effectiveDate>
<ser:expiryDate></ser:expiryDate>
<ser:filingDate></ser:filingDate>
<ser:agencyAcceptanceDate></ser:agencyAcceptanceDate>
<ser:agencyRejectionDate></ser:agencyRejectionDate>
<ser:cancellationDate></ser:cancellationDate>
<ser:rejectReason></ser:rejectReason>
<ser:cancelReason></ser:cancelReason>
<ser:reinstate></ser:reinstate>
<ser:fhwa></ser:fhwa>
<ser:filingNotes></ser:filingNotes>
<ser:insuranceCompanyName>Insurance Company Testing</ser:insuranceCompanyName>
<ser:insDBA></ser:insDBA>
<ser:insuranceCompanyAddress>
  <ser:addr1></ser:addr1>
  <ser:addr2></ser:addr2>
  <ser:city></ser:city>
  <ser:state></ser:state>
  <ser:zip></ser:zip>
  <ser:country></ser:country>
</ser:insuranceCompanyAddress>
<ser:insurancePhone></ser:insurancePhone>
<ser:insurancePhoneExt></ser:insurancePhoneExt>
<ser:insuranceCSRPhone></ser:insuranceCSRPhone>
<ser:insuranceCSRPhoneExt></ser:insuranceCSRPhoneExt>
<ser:insuranceAgentId></ser:insuranceAgentId>
<ser:stateAgencyName></ser:stateAgencyName>
<ser:paymentMethod></ser:paymentMethod>
<ser:markedPendingDate></ser:markedPendingDate>
<ser:acceptanceComments></ser:acceptanceComments>
<ser:pendingComments></ser:pendingComments>
<ser:generalComments></ser:generalComments>
<ser:stateNotes></ser:stateNotes>
<ser:naic></ser:naic>
<ser:timestamp></ser:timestamp>
<ser:pdfKey></ser:pdfKey>
<ser:authorizedSignatory>
  <ser:name>MG</ser:name>
  <ser:phAddr>
```

```
            <ser:addr1></ser:addr1>
            <ser:addr2></ser:addr2>
            <ser:city></ser:city>
            <ser:state></ser:state>
            <ser:zip></ser:zip>
            <ser:country></ser:country>
          </ser:phAddr>
          <ser:phone></ser:phone>
          <ser:phoneExt></ser:phoneExt>
          <ser:email></ser:email>
        </ser:authorizedSignatory>
        <ser:form>
          <ser:cancelCargo></ser:cancelCargo>
          <ser:cancelBIPD></ser:cancelBIPD>
          <ser:underLyingLimit>2</ser:underLyingLimit>
          <ser:liabilityLimit>4</ser:liabilityLimit>
          <ser:contactEmail></ser:contactEmail>
          <ser:authorityType></ser:authorityType>
        </ser:form>
...
      </ser:filingType>
    </ser:insertFiling>
  </soapenv:Body>
</soapenv:Envelope>
```

Form H Request

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/" xmlns:ser="http://server.fromjava">
  <soapenv:Header/>
  <soapenv:Body>
    <ser:insertFiling>
      <ser:filingType>
        <ser:filingId></ser:filingId>
        <ser:policyNo>ABCD1234</ser:policyNo>
        <ser:stateId>MO</ser:stateId>
        <ser:filer>mgiusr13752</ser:filer>
        <ser:insurerNo></ser:insurerNo>
        <ser:usdot></ser:usdot>
        <ser:motorCarrierCompany>Motor Carrier Name</ser:motorCarrierCompany>
```

```
<ser:motorCarrierDBA></ser:motorCarrierDBA>
<ser:stateMCId></ser:stateMCId>
<ser:formDesc></ser:formDesc>
<ser:status></ser:status>
<ser:formType>Form H</ser:formType>
<ser:mcCompAddr>
  <ser:addr1>Address</ser:addr1>
  <ser:addr2></ser:addr2>
  <ser:city>City</ser:city>
  <ser:state>MO</ser:state>
  <ser:zip>12345</ser:zip>
  <ser:country></ser:country>
</ser:mcCompAddr>
<ser:effectiveDate>02/26/2021</ser:effectiveDate>
<ser:expiryDate></ser:expiryDate>
<ser:filingDate></ser:filingDate>
<ser:agencyAcceptanceDate></ser:agencyAcceptanceDate>
<ser:agencyRejectionDate></ser:agencyRejectionDate>
<ser:cancellationDate></ser:cancellationDate>
<ser:rejectReason></ser:rejectReason>
<ser:cancelReason></ser:cancelReason>
<ser:reinstate></ser:reinstate>
<ser:fhwa></ser:fhwa>
<ser:filingNotes></ser:filingNotes>
<ser:insuranceCompanyName>Insurance Company Testing</ser:insuranceCompanyName>
<ser:insDBA></ser:insDBA>
<ser:insuranceCompanyAddress>
  <ser:addr1></ser:addr1>
  <ser:addr2></ser:addr2>
  <ser:city></ser:city>
  <ser:state></ser:state>
  <ser:zip></ser:zip>
  <ser:country></ser:country>
</ser:insuranceCompanyAddress>
<ser:insurancePhone></ser:insurancePhone>
<ser:insurancePhoneExt></ser:insurancePhoneExt>
<ser:insuranceCSRPhone></ser:insuranceCSRPhone>
<ser:insuranceCSRPhoneExt></ser:insuranceCSRPhoneExt>
<ser:insuranceAgentId></ser:insuranceAgentId>
```

```
        <ser:stateAgencyName></ser:stateAgencyName>
        <ser:paymentMethod></ser:paymentMethod>
        <ser:markedPendingDate></ser:markedPendingDate>
        <ser:acceptanceComments></ser:acceptanceComments>
        <ser:pendingComments></ser:pendingComments>
        <ser:generalComments></ser:generalComments>
        <ser:stateNotes></ser:stateNotes>
        <ser:naic></ser:naic>
        <ser:timestamp></ser:timestamp>
        <ser:pdfKey></ser:pdfKey>
        <ser:authorizedSignatory>
          <ser:name>MG</ser:name>
          <ser:phAddr>
            <ser:addr1></ser:addr1>
            <ser:addr2></ser:addr2>
            <ser:city></ser:city>
            <ser:state></ser:state>
            <ser:zip></ser:zip>
            <ser:country></ser:country>
          </ser:phAddr>
          <ser:phone></ser:phone>
          <ser:phoneExt></ser:phoneExt>
          <ser:email></ser:email>
        </ser:authorizedSignatory>
        <ser:form>
          <ser:cancelCargo></ser:cancelCargo>
          <ser:cancelBIPD></ser:cancelBIPD>
          <ser:underLyingLimit></ser:underLyingLimit>
          <ser:liabilityLimit></ser:liabilityLimit>
          <ser:contactEmail></ser:contactEmail>
          <ser:authorityType></ser:authorityType>
          <ser:issuanceDate></ser:issuanceDate>
        </ser:form>
        …
      </ser:filingType>
    </ser:insertFiling>
  </soapenv:Body>
</soapenv:Envelope>
```

Form K Request

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/" xmlns:ser="http://server.fromjava">
  <soapenv:Header/>
  <soapenv:Body>
    <ser:insertFiling>
      <ser:filingType>
        <ser:filingId></ser:filingId>
        <ser:policyNo>ABCD1234</ser:policyNo>
        <ser:stateId>MO</ser:stateId>
        <ser:filer>mgiusr13752</ser:filer>
        <ser:insurerNo></ser:insurerNo>
        <ser:usdot></ser:usdot>
        <ser:motorCarrierCompany>Bob</ser:motorCarrierCompany>
        <ser:motorCarrierDBA></ser:motorCarrierDBA>
        <ser:stateMCId></ser:stateMCId>
        <ser:formDesc></ser:formDesc>
        <ser:status></ser:status>
        <ser:formType>Form K</ser:formType>
        <ser:mcCompAddr>
          <ser:addr1>Address</ser:addr1>
          <ser:addr2></ser:addr2>
          <ser:city>City</ser:city>
          <ser:state>MO</ser:state>
          <ser:zip>12345</ser:zip>
          <ser:country></ser:country>
        </ser:mcCompAddr>
        <ser:effectiveDate>02/23/2021</ser:effectiveDate>
        <ser:expiryDate></ser:expiryDate>
        <ser:filingDate></ser:filingDate>
        <ser:agencyAcceptanceDate></ser:agencyAcceptanceDate>
        <ser:agencyRejectionDate></ser:agencyRejectionDate>
        <ser:cancellationDate></ser:cancellationDate>
        <ser:rejectReason></ser:rejectReason>
        <ser:cancelReason></ser:cancelReason>
        <ser:reinstate></ser:reinstate>
        <ser:fhwa></ser:fhwa>
        <ser:filingNotes></ser:filingNotes>
        <ser:insuranceCompanyName>Insurance Company Testing</ser:insuranceCompanyName>
```

```
<ser:insDBA></ser:insDBA>
<ser:insuranceCompanyAddress>
  <ser:addr1></ser:addr1>
  <ser:addr2></ser:addr2>
  <ser:city></ser:city>
  <ser:state></ser:state>
  <ser:zip></ser:zip>
  <ser:country></ser:country>
</ser:insuranceCompanyAddress>
<ser:insurancePhone></ser:insurancePhone>
<ser:insurancePhoneExt></ser:insurancePhoneExt>
<ser:insuranceCSRPhone></ser:insuranceCSRPhone>
<ser:insuranceCSRPhoneExt></ser:insuranceCSRPhoneExt>
<ser:insuranceAgentId></ser:insuranceAgentId>
<ser:stateAgencyName></ser:stateAgencyName>
<ser:paymentMethod></ser:paymentMethod>
<ser:markedPendingDate></ser:markedPendingDate>
<ser:acceptanceComments></ser:acceptanceComments>
<ser:pendingComments></ser:pendingComments>
<ser:generalComments></ser:generalComments>
<ser:stateNotes></ser:stateNotes>
<ser:naic></ser:naic>
<ser:timestamp></ser:timestamp>
<ser:pdfKey></ser:pdfKey>
<ser:authorizedSignatory>
  <ser:name>MG</ser:name>
  <ser:phAddr>
    <ser:addr1></ser:addr1>
    <ser:addr2></ser:addr2>
    <ser:city></ser:city>
    <ser:state></ser:state>
    <ser:zip></ser:zip>
    <ser:country></ser:country>
  </ser:phAddr>
  <ser:phone></ser:phone>
  <ser:phoneExt></ser:phoneExt>
  <ser:email></ser:email>
</ser:authorizedSignatory>
<ser:form>
```

```
            <ser:cancelCargo>Y</ser:cancelCargo>
            <ser:cancelBIPD>Y</ser:cancelBIPD>
            <ser:underLyingLimit></ser:underLyingLimit>
            <ser:liabilityLimit></ser:liabilityLimit>
            <ser:contactEmail></ser:contactEmail>
            <ser:authorityType></ser:authorityType>
            <ser:issuanceDate></ser:issuanceDate>
          </ser:form>
…
      </ser:filingType>
    </ser:insertFiling>
  </soapenv:Body>
</soapenv:Envelope>
```

Form SR22 Request

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/" xmlns:ser="http://server.fromjava">
  <soapenv:Header/>
  <soapenv:Body>
    <ser:insertFiling>
      <ser:filingType>
        <ser:filingId></ser:filingId>
        <ser:policyNo>ABCD1234</ser:policyNo>
        <ser:stateId>ME</ser:stateId>
        <ser:filer>mgiusr13752</ser:filer>
        <ser:insurerNo></ser:insurerNo>
        <ser:usdot></ser:usdot>
        <ser:motorCarrierCompany></ser:motorCarrierCompany>
        <ser:motorCarrierDBA></ser:motorCarrierDBA>
        <ser:stateMCId></ser:stateMCId>
        <ser:formDesc></ser:formDesc>
        <ser:status></ser:status>
        <ser:formType>Form SR22</ser:formType>
        <ser:mcCompAddr>
          <ser:addr1></ser:addr1>
          <ser:addr2></ser:addr2>
          <ser:city></ser:city>
          <ser:state></ser:state>
          <ser:zip></ser:zip>
```

```
  <ser:country></ser:country>
</ser:mcCompAddr>
<ser:effectiveDate>03/28/2022</ser:effectiveDate>
<ser:expiryDate></ser:expiryDate>
<ser:filingDate></ser:filingDate>
<ser:agencyAcceptanceDate></ser:agencyAcceptanceDate>
<ser:agencyRejectionDate></ser:agencyRejectionDate>
<ser:cancellationDate></ser:cancellationDate>
<ser:rejectReason></ser:rejectReason>
<ser:cancelReason></ser:cancelReason>
<ser:reinstate></ser:reinstate>
<ser:fhwa></ser:fhwa>
<ser:filingNotes></ser:filingNotes>
<ser:insuranceCompanyName>Insurance Company Testing</ser:insuranceCompanyName>
<ser:insDBA></ser:insDBA>
<ser:insuranceCompanyAddress>
  <ser:addr1></ser:addr1>
  <ser:addr2></ser:addr2>
  <ser:city></ser:city>
  <ser:state></ser:state>
  <ser:zip></ser:zip>
  <ser:country></ser:country>
</ser:insuranceCompanyAddress>
<ser:insurancePhone></ser:insurancePhone>
<ser:insurancePhoneExt></ser:insurancePhoneExt>
<ser:insuranceCSRPhone></ser:insuranceCSRPhone>
<ser:insuranceCSRPhoneExt></ser:insuranceCSRPhoneExt>
<ser:insuranceAgentId></ser:insuranceAgentId>
<ser:stateAgencyName></ser:stateAgencyName>
<ser:paymentMethod></ser:paymentMethod>
<ser:markedPendingDate></ser:markedPendingDate>
<ser:acceptanceComments></ser:acceptanceComments>
<ser:pendingComments></ser:pendingComments>
<ser:generalComments></ser:generalComments>
<ser:stateNotes></ser:stateNotes>
<ser:naic></ser:naic>
<ser:timestamp></ser:timestamp>
<ser:pdfKey></ser:pdfKey>
<ser:surplusLineBrokerNumber></ser:surplusLineBrokerNumber>
```

```
      <ser:surplusLineBrokerName></ser:surplusLineBrokerName>
      <ser:authorizedSignatory>
        <ser:name>MG</ser:name>
        <ser:phAddr>
          <ser:addr1></ser:addr1>
          <ser:addr2></ser:addr2>
          <ser:city></ser:city>
          <ser:state></ser:state>
          <ser:zip></ser:zip>
          <ser:country></ser:country>
        </ser:phAddr>
        <ser:phone></ser:phone>
        <ser:phoneExt></ser:phoneExt>
        <ser:email></ser:email>
      </ser:authorizedSignatory>
…
      <ser:formSR22>
        <ser:birthDate>01/01/2000</ser:birthDate>
        <ser:caseNumber></ser:caseNumber>
        <ser:certEffDate>03/29/2022</ser:certEffDate>
        <ser:coverageType></ser:coverageType>
        <ser:customerNumber></ser:customerNumber>
        <ser:driversLicenseId>DL-12345</ser:driversLicenseId>
        <ser:insuredAddr>
          <ser:addr1>Address1</ser:addr1>
          <ser:addr2></ser:addr2>
          <ser:city>City</ser:city>
          <ser:state>MO</ser:state>
          <ser:zip>21345</ser:zip>
          <ser:country></ser:country>
        </ser:insuredAddr>
        <ser:insuredNameFirst>First</ser:insuredNameFirst>
        <ser:insuredNameMiddle>Middle</ser:insuredNameMiddle>
        <ser:insuredNameLast>Last</ser:insuredNameLast>
        <ser:policyType>Operators</ser:policyType>
        <ser:ssn></ser:ssn>
        <ser:vehicle>
          <ser:make>Ford</ser:make>
          <ser:vin>FORD1234567</ser:vin>
```

```
            <ser:year>2020</ser:year>
          </ser:vehicle>
        </ser:formSR22>
...
      </ser:filingType>
    </ser:insertFiling>
  </soapenv:Body>
</soapenv:Envelope>
```

Form SR26 Request

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/" xmlns:ser="http://server.fromjava">
  <soapenv:Header/>
  <soapenv:Body>
    <ser:insertFiling>
      <ser:filingType>
        <ser:filingId></ser:filingId>
        <ser:policyNo>ABCD1234</ser:policyNo>
        <ser:stateId>ME</ser:stateId>
        <ser:filer>mgiusr13752</ser:filer>
        <ser:insurerNo></ser:insurerNo>
        <ser:usdot></ser:usdot>
        <ser:motorCarrierCompany></ser:motorCarrierCompany>
        <ser:motorCarrierDBA></ser:motorCarrierDBA>
        <ser:stateMCId></ser:stateMCId>
        <ser:formDesc></ser:formDesc>
        <ser:status></ser:status>
        <ser:formType>Form SR26</ser:formType>
        <ser:mcCompAddr>
          <ser:addr1></ser:addr1>
          <ser:addr2></ser:addr2>
          <ser:city></ser:city>
          <ser:state></ser:state>
          <ser:zip></ser:zip>
          <ser:country></ser:country>
        </ser:mcCompAddr>
        <ser:effectiveDate>04/06/2022</ser:effectiveDate>
        <ser:expiryDate></ser:expiryDate>
```

```
<ser:filingDate></ser:filingDate>
<ser:agencyAcceptanceDate></ser:agencyAcceptanceDate>
<ser:agencyRejectionDate></ser:agencyRejectionDate>
<ser:cancellationDate></ser:cancellationDate>
<ser:rejectReason></ser:rejectReason>
<ser:cancelReason></ser:cancelReason>
<ser:reinstate></ser:reinstate>
<ser:fhwa></ser:fhwa>
<ser:filingNotes></ser:filingNotes>
<ser:insuranceCompanyName>Insurance Company Testing</ser:insuranceCompanyName>
<ser:insDBA></ser:insDBA>
<ser:insuranceCompanyAddress>
  <ser:addr1></ser:addr1>
  <ser:addr2></ser:addr2>
  <ser:city></ser:city>
  <ser:state></ser:state>
  <ser:zip></ser:zip>
  <ser:country></ser:country>
</ser:insuranceCompanyAddress>
<ser:insurancePhone></ser:insurancePhone>
<ser:insurancePhoneExt></ser:insurancePhoneExt>
<ser:insuranceCSRPhone></ser:insuranceCSRPhone>
<ser:insuranceCSRPhoneExt></ser:insuranceCSRPhoneExt>
<ser:insuranceAgentId></ser:insuranceAgentId>
<ser:stateAgencyName></ser:stateAgencyName>
<ser:paymentMethod></ser:paymentMethod>
<ser:markedPendingDate></ser:markedPendingDate>
<ser:acceptanceComments></ser:acceptanceComments>
<ser:pendingComments></ser:pendingComments>
<ser:generalComments></ser:generalComments>
<ser:stateNotes></ser:stateNotes>
<ser:naic></ser:naic>
<ser:timestamp></ser:timestamp>
<ser:pdfKey></ser:pdfKey>
<ser:surplusLineBrokerNumber></ser:surplusLineBrokerNumber>
<ser:surplusLineBrokerName></ser:surplusLineBrokerName>
<ser:authorizedSignatory>
  <ser:name>MG</ser:name>
  <ser:phAddr>
```

```
            <ser:addr1></ser:addr1>
            <ser:addr2></ser:addr2>
            <ser:city></ser:city>
            <ser:state></ser:state>
            <ser:zip></ser:zip>
            <ser:country></ser:country>
          </ser:phAddr>
          <ser:phone></ser:phone>
          <ser:phoneExt></ser:phoneExt>
          <ser:email></ser:email>
        </ser:authorizedSignatory>
        …
        <ser:formSR26>
          <ser:birthDate>01/01/2000</ser:birthDate>
          <ser:cancellationDate>04/02/2022</ser:cancellationDate>
          <ser:caseNumber></ser:caseNumber>
          <ser:customerNumber></ser:customerNumber>
          <ser:driversLicenseId>DL-12345</ser:driversLicenseId>
          <ser:effectiveEndDate>04/06/2022</ser:effectiveEndDate>
          <ser:insuredAddr>
            <ser:addr1>Address1</ser:addr1>
            <ser:addr2></ser:addr2>
            <ser:city>City</ser:city>
            <ser:state>ME</ser:state>
            <ser:zip>12345</ser:zip>
            <ser:country></ser:country>
          </ser:insuredAddr>
          <ser:insuredNameFirst>First</ser:insuredNameFirst>
          <ser:insuredNameMiddle></ser:insuredNameMiddle>
          <ser:insuredNameLast>Last</ser:insuredNameLast>
          <ser:ssn></ser:ssn>
        </ser:formSR26>
      </ser:filingType>
    </ser:insertFiling>
  </soapenv:Body>
</soapenv:Envelope>
```

All Forms Response

All insertFiling SOAP requests will produce a response containing a unique Filing ID in the format shown below:

```
<S:Envelope xmlns:S="http://schemas.xmlsoap.org/soap/envelope/">
  <S:Body>
    <insertFilingResponse xmlns="http://server.fromjava">
      <return>123456</return>
    </insertFilingResponse>
  </S:Body>
</S:Envelope>
```

Appendix 2: getFiling Code Samples

This appendix contains getFiling method code samples for SOAP requests and responses for each form type. Use the links below to quickly navigate to samples for each form:

- All Forms Request
- CA MCP 65 Response
- CA MCP 67 Response
- CA MCP 66 Response
- Form E Response
- Form H Response
- Form K Response
- Form SR22 Response
- Form SR26 Response

Exclude tab characters from your SOAP requests whenever possible to ensure compatibility with state agency systems.

All Forms Request

All getFiling SOAP requests will contain a unique Filing ID in the format shown below:

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/" xmlns:ser="http://server.fromjava">
  <soapenv:Header/>
  <soapenv:Body>
    <ser:getFiling>
      <!--Optional:-->
      <ser:filingId>839508</ser:filingId>
      <!--Optional:-->
      <ser:policyNo></ser:policyNo>
    </ser:getFiling>
  </soapenv:Body>
</soapenv:Envelope>
```

CA MCP 65 Response


```
<S:Envelope xmlns:S="http://schemas.xmlsoap.org/soap/envelope/">
  <S:Body>
    <getFilingResponse xmlns="http://server.fromjava">
      <return>
        <filingId>839508</filingId>
        <policyNo>012722-wsp1</policyNo>
        <stateId>CA</stateId>
        <filer>aiiadm11811</filer>
        <insurerNo>CAinsID</insurerNo>
        <usdot>DOT123</usdot>
        <motorCarrierCompany>Motor Carrier Name</motorCarrierCompany>
        <motorCarrierDBA>MCDBA</motorCarrierDBA>
        <stateMCId>123456</stateMCId>
        <status>REC</status>
        <formType>Form DMV 65 MCP (For CA Only)</formType>
        <mcCompAddr>
          <addr1>123 test st</addr1>
          <addr2>MC2</addr2>
          <city>MCville</city>
          <state>CA</state>
          <zip>22222</zip>
        </mcCompAddr>
        <filingDate>09/22/2022</filingDate>
        <fhwa>FMCSA123</fhwa>
        <filingNotes>filingnotes</filingNotes>
        <insuranceCompanyName>AAA Insurance</insuranceCompanyName>
        <insuranceCompanyAddress>
          <addr1>123 Apple St</addr1>
          <city>Arlington</city>
          <state>VA</state>
          <zip>22203</zip>
        </insuranceCompanyAddress>
        <insurancePhone>703-555-9876</insurancePhone>
        <insurancePhoneExt>703</insurancePhoneExt>
        <stateAgencyName>California Department of Motor Vehicles</stateAgencyName>
        <naic>12345</naic>
        <pdfKey>bdd307055ee0c74ca51fdb97a51ce2bf</pdfKey>
```

```
      <authorizedSignatory>
        <name>AAA Signer</name>
        <phAddr>
          <addr1>123 A St</addr1>
          <city>Aville</city>
          <state>AL</state>
          <zip>12345</zip>
        </phAddr>
        <phone>1234567890</phone>
      </authorizedSignatory>
      <form/>
      <formCA65>
        <priLiability>Y</priLiability>
        <priLiaPolicyNumber>012722-wsp1</priLiaPolicyNumber>
        <priLiaEffectiveDate>10/16/2021</priLiaEffectiveDate>
        <priLiaCoverageLimit>BELOW</priLiaCoverageLimit>
        <priLiaCombinedSingleLimit>0.0</priLiaCombinedSingleLimit>
        <priLiaBodilyInjuryOrDeathOnePerson>100000.0</priLiaBodilyInjuryOrDeathOnePerson>
        <priLiaBodilyInjuryOrDeathGroup>200000.0</priLiaBodilyInjuryOrDeathGroup>
        <priLiaPropertyDamage>300000.0</priLiaPropertyDamage>
        <excLiability>Y</excLiability>
        <excLiaPolicyNumber>012722-wse1</excLiaPolicyNumber>
        <excLiaEffectiveDate>10/17/2021</excLiaEffectiveDate>
        <excLiaCoverageLimit>ATORABOVE</excLiaCoverageLimit>
        <excLiaCombinedSingleLimit>300000.0</excLiaCombinedSingleLimit>
        <excLiaCombinedSingleLimitInExcessOf>400000.0</excLiaCombinedSingleLimitInExcessOf>
        <excLiaBodilyInjuryOrDeathOnePerson>0.0</excLiaBodilyInjuryOrDeathOnePerson>
        <excLiaBodilyInjuryOrDeathOnePersonInExcessOf>0.0</excLiaBodilyInjuryOrDeathOnePersonInExcessOf>
        <excLiaBodilyInjuryOrDeathGroup>0.0</excLiaBodilyInjuryOrDeathGroup>
        <excLiaBodilyInjuryOrDeathGroupInExcessOf>0.0</excLiaBodilyInjuryOrDeathGroupInExcessOf>
        <excLiaPropertyDamage>0.0</excLiaPropertyDamage>
        <excLiaPropertyDamageInExcessOf>0.0</excLiaPropertyDamageInExcessOf>
        <wcStatutory>Y</wcStatutory>
        <wcStatutoryPolicyNumber>012722-wswc1</wcStatutoryPolicyNumber>
        <wcStatutoryEffectiveDate>10/18/2020</wcStatutoryEffectiveDate>
      </formCA65>
    </return>
  </getFilingResponse>
</S:Body>
```

```
</S:Envelope>
```

CA MCP 67 Response

```
<S:Envelope xmlns:S="http://schemas.xmlsoap.org/soap/envelope/">
  <S:Body>
    <getFilingResponse xmlns="http://server.fromjava">
      <return>
        <filingId>884450</filingId>
        <policyNo>67multipolicy-ws</policyNo>
        <stateId>CA</stateId>
        <filer> </filer>
        <insurerNo>CAinsID</insurerNo>
        <usdot>DOT123</usdot>
        <motorCarrierCompany>Motor Carrier Name</motorCarrierCompany>
        <motorCarrierDBA>MCDBA</motorCarrierDBA>
        <stateMCId>123456</stateMCId>
        <status>PAF</status>
        <formType>Endorsement DMV 67 MCP</formType>
        <mcCompAddr>
          <addr1>123 test st</addr1>
          <addr2>MC2</addr2>
          <city>MCville</city>
          <state>CA</state>
          <zip>22222</zip>
          <country>22222</country>
        </mcCompAddr>
        <filingDate>06/30/2025</filingDate>
        <fhwa>FMCSA123</fhwa>
        <filingNotes>filingnotes</filingNotes>
```

<insuranceCompanyName>AAA Insurance</insuranceCompanyName>

<insuranceCompanyAddress>

<addr1>123 Apple St</addr1>

<city>Arlington</city>

<state>VA</state>

<zip>22203</zip>

</insuranceCompanyAddress>

<insurancePhone>703-555-9876</insurancePhone>

<insurancePhoneExt>703</insurancePhoneExt>

<stateAgencyName>California DEPARTMENT OF MOTOR VEHICLES</stateAgencyName>

<naic>12345</naic>

<pdfKey>7428e47114d9dc4b34f63ba56ffd205b</pdfKey>

<authorizedSignatory>

<name>Amy signer</name>

<phAddr>

<addr1>test st</addr1>

<city>test city</city>

<state>SD</state>

<zip>22222</zip>

</phAddr>

<phone>3333333333</phone>

<phoneExt>3</phoneExt>

<email>amy@notmail.com</email>

</authorizedSignatory>

<form/>

<formCA67>

<priLiability>Y</priLiability>

<priLiaPolicyNumber>67multipolicy-ws</priLiaPolicyNumber>

<priLiaEffectiveDate>08/01/2025</priLiaEffectiveDate>

```
            <priLiaCoverageLimit>BELOW</priLiaCoverageLimit>
            <priLiaCombinedSingleLimit>0.0</priLiaCombinedSingleLimit>
            <priLiaBodilyInjuryOrDeathOnePerson>1.0</priLiaBodilyInjuryOrDeathOnePerson>
            <priLiaBodilyInjuryOrDeathGroup>2.0</priLiaBodilyInjuryOrDeathGroup>
            <priLiaPropertyDamage>3.0</priLiaPropertyDamage>
            <excLiability>Y</excLiability>
            <excLiaPolicyNumber>67multipolicy-ws2</excLiaPolicyNumber>
            <excLiaEffectiveDate>08/02/2025</excLiaEffectiveDate>
            <excLiaCoverageLimit>ATORABOVE</excLiaCoverageLimit>
            <excLiaCombinedSingleLimit>0.0</excLiaCombinedSingleLimit>
            <excLiaCombinedSingleLimitInExcessOf>0.0</excLiaCombinedSingleLimitInExcessOf>
            <excLiaBodilyInjuryOrDeathOnePerson>5.0</excLiaBodilyInjuryOrDeathOnePerson>
            <excLiaBodilyInjuryOrDeathOnePersonInExcessOf>6.0</excLiaBodilyInjuryOrDeathOnePersonInExcessOf>
            <excLiaBodilyInjuryOrDeathGroup>7.0</excLiaBodilyInjuryOrDeathGroup>
            <excLiaBodilyInjuryOrDeathGroupInExcessOf>8.0</excLiaBodilyInjuryOrDeathGroupInExcessOf>
            <excLiaPropertyDamage>9.0</excLiaPropertyDamage>
            <excLiaPropertyDamageInExcessOf>95.0</excLiaPropertyDamageInExcessOf>
          </formCA67>
        </return>
      </getFilingResponse>
    </S:Body>
</S:Envelope>
```

CA MCP 66 Response

```
<S:Envelope xmlns:S="http://schemas.xmlsoap.org/soap/envelope/">
  <S:Body>
    <getFilingResponse xmlns="http://server.fromjava">
      <return>
        <filingId>826894</filingId>
        <policyNo>ABCD1234</policyNo>
        <stateId>CA</stateId>
```

```
<filer>mgiciadm13270</filer>
<motorCarrierCompany>Motor Carrier Name</motorCarrierCompany>
<motorCarrierDBA>Hello DBA</motorCarrierDBA>
<stateMCId>12345</stateMCId>
<status>REC</status>
<formType>Form DMV 66 MCP (For CA Only)</formType>
<mcCompAddr>
  <addr1>Address</addr1>
  <city>City</city>
  <state>CA</state>
  <zip>12345</zip>
</mcCompAddr>
<effectiveDate>08/20/2020</effectiveDate>
<filingDate>02/23/2021</filingDate>
<insuranceCompanyName>Insurance Company Testing</insuranceCompanyName>
<insuranceCompanyAddress>
  <addr1>11111 Outer County Road Juction 47</addr1>
  <city>Poxalockymogan</city>
  <state>OR</state>
  <zip>12345</zip>
</insuranceCompanyAddress>
<insurancePhone>111-111-1111</insurancePhone>
<stateAgencyName>California Department of Motor Vehicles</stateAgencyName>
<naic>12345</naic>
<pdfKey>135b3bff107908bd730863c9fd636b04</pdfKey>
<authorizedSignatory>
  <name>MG</name>
  <phAddr>
    <addr1>oak</addr1>
    <city>oak</city>
    <state>OR</state>
    <zip>12345</zip>
  </phAddr>
  <phone>1111111111</phone>
  <email>mg@tylerinsurancefilings.com</email>
</authorizedSignatory>
<formCA66>
  <originalCertificateIssuedDate>08/22/2020</originalCertificateIssuedDate>
  <insuranceType>W</insuranceType>
```

```
        <cancellationDate>08/21/2020</cancellationDate>
      </formCA66>
    </return>
  </getFilingResponse>
 </S:Body>
</S:Envelope>
```


Form E Response


```
<S:Envelope xmlns:S="http://schemas.xmlsoap.org/soap/envelope/">
 <S:Body>
  <getFilingResponse xmlns="http://server.fromjava">
   <return>
    <filingId>826810</filingId>
    <policyNo>ABCD1234</policyNo>
    <stateId>MO</stateId>
    <filer>mgiciadm13270</filer>
    <motorCarrierCompany>Bob</motorCarrierCompany>
    <status>REC</status>
    <formType>Form E</formType>
    <mcCompAddr>
     <addr1>Address</addr1>
     <city>City</city>
     <state>MO</state>
     <zip>12345</zip>
    </mcCompAddr>
    <effectiveDate>02/01/2021</effectiveDate>
    <filingDate>02/18/2021</filingDate>
    <insuranceCompanyName>Insurance Company Testing</insuranceCompanyName>
    <insuranceCompanyAddress>
     <addr1>11111 Outer County Road Juction 47</addr1>
     <city>Poxalockymogan</city>
     <state>OR</state>
     <zip>12345</zip>
    </insuranceCompanyAddress>
    <insurancePhone>111-111-1111</insurancePhone>
    <stateAgencyName>Missouri Department of Transportation</stateAgencyName>
    <pdfKey>6461d7dccce8a957dd64b5d9ea48fcfd</pdfKey>
    <authorizedSignatory>
```

```
        <name>MG</name>
        <phAddr>
          <addr1>oak</addr1>
          <city>oak</city>
          <state>OR</state>
          <zip>12345</zip>
        </phAddr>
        <phone>1111111111</phone>
        <email>mg@tylerinsurancefilings.com</email>
      </authorizedSignatory>
      <form>
        <underLyingLimit>2.0</underLyingLimit>
        <liabilityLimit>4.0</liabilityLimit>
      </form>
    </return>
  </getFilingResponse>
 </S:Body>
</S:Envelope>
```

Form H Response

```
<S:Envelope xmlns:S="http://schemas.xmlsoap.org/soap/envelope/">
  <S:Body>
    <getFilingResponse xmlns="http://server.fromjava">
      <return>
        <filingId>826978</filingId>
        <policyNo>ABCD1234</policyNo>
        <stateId>MO</stateId>
        <filer>mgiusr13752</filer>
        <motorCarrierCompany>Motor Carrier Name</motorCarrierCompany>
        <status>REC</status>
        <formType>Form H</formType>
        <mcCompAddr>
          <addr1>Address</addr1>
          <city>City</city>
          <state>MO</state>
          <zip>12345</zip>
        </mcCompAddr>
        <effectiveDate>02/26/2021</effectiveDate>
```

```
        <filingDate>02/26/2021</filingDate>
        <insuranceCompanyName>Insurance Company Testing</insuranceCompanyName>
        <insuranceCompanyAddress>
          <addr1>11111 Outer County Road Juction 47</addr1>
          <city>Poxalockymogan</city>
          <state>OR</state>
          <zip>12345</zip>
        </insuranceCompanyAddress>
        <insurancePhone>111-111-1111</insurancePhone>
        <stateAgencyName>Missouri Department of Transportation</stateAgencyName>
        <pdfKey>9c0401e2bc5079b87f8505732208097d</pdfKey>
        <authorizedSignatory>
          <name>MG</name>
          <phAddr>
            <addr1>oak</addr1>
            <city>oak</city>
            <state>OR</state>
            <zip>12345</zip>
          </phAddr>
          <phone>1111111111</phone>
          <email>mg@tylerinsurancefilings.com</email>
        </authorizedSignatory>
      </return>
    </getFilingResponse>
  </S:Body>
</S:Envelope>
```

Form K Response

```
<S:Envelope xmlns:S="http://schemas.xmlsoap.org/soap/envelope/">
  <S:Body>
    <getFilingResponse xmlns="http://server.fromjava">
      <return>
        <filingId>826900</filingId>
        <policyNo>ABCD1234</policyNo>
        <stateId>MO</stateId>
        <filer>mgiusr13752</filer>
        <motorCarrierCompany>Bob</motorCarrierCompany>
        <status>REC</status>
```

```
        <formType>Form K</formType>
        <mcCompAddr>
          <addr1>Address</addr1>
          <city>City</city>
          <state>MO</state>
          <zip>12345</zip>
        </mcCompAddr>
        <effectiveDate>02/23/2021</effectiveDate>
        <filingDate>02/24/2021</filingDate>
        <insuranceCompanyName>Insurance Company Testing</insuranceCompanyName>
        <insuranceCompanyAddress>
          <addr1>11111 Outer County Road Juction 47</addr1>
          <city>Poxalockymogan</city>
          <state>OR</state>
          <zip>12345</zip>
        </insuranceCompanyAddress>
        <insurancePhone>111-111-1111</insurancePhone>
        <stateAgencyName>Missouri Department of Transportation</stateAgencyName>
        <pdfKey>00afe4e64dd708db6ebc9076213167db</pdfKey>
        <authorizedSignatory>
          <name>MG</name>
          <phAddr>
            <addr1>oak</addr1>
            <city>oak</city>
            <state>OR</state>
            <zip>12345</zip>
          </phAddr>
          <phone>1111111111</phone>
          <email>mg@tylerinsurancefilings.com</email>
        </authorizedSignatory>
        <form>
          <cancelCargo>Y</cancelCargo>
          <cancelBIPD>Y</cancelBIPD>
        </form>
      </return>
    </getFilingResponse>
  </S:Body>
</S:Envelope>
```

Form SR22 Response


```
S:Envelope xmlns:S="http://schemas.xmlsoap.org/soap/envelope/">
  <S:Body>
    <getFilingResponse xmlns="http://server.fromjava">
      <return>
        <filingId>834642</filingId>
        <policyNo>021722-9</policyNo>
        <stateId>ME</stateId>
        <filer>auiusr11812</filer>
        <status>ACC</status>
        <formType>Form SR22</formType>
        <mcCompAddr/>
        <effectiveDate>02/01/2022</effectiveDate>
        <filingDate>02/17/2022</filingDate>
        <agencyAcceptanceDate>02/28/2022</agencyAcceptanceDate>
        <insuranceCompanyName>AAA Insurance</insuranceCompanyName>
        <insuranceCompanyAddress>
          <addr1>123 Apple St</addr1>
          <city>Arlington</city>
          <state>VA</state>
          <zip>22203</zip>
        </insuranceCompanyAddress>
        <insurancePhone>703-555-9876</insurancePhone>
        <insurancePhoneExt>703</insurancePhoneExt>
        <stateAgencyName>Maine Bureau of Motor Vehicles - Driver License Services</stateAgencyName>
        <acceptanceComments>Accept</acceptanceComments>
        <naic>98765</naic>
        <pdfKey>5062a6103d1dbae818e304282d88d704</pdfKey>
        <authorizedSignatory>
          <name>AAA Signer</name>
          <phAddr>
            <addr1>123 A St</addr1>
            <city>Aville</city>
            <state>AL</state>
            <zip>12345</zip>
          </phAddr>
          <phone>1234567890</phone>
        </authorizedSignatory>
```

```
        <form/>
        <formSR22>
          <birthDate>01/01/1991</birthDate>
          <certEffDate>02/17/2022</certEffDate>
          <driversLicenseId>DL12345</driversLicenseId>
          <insuredAddr>
            <addr1>123 Test St</addr1>
            <addr2>Test Apt</addr2>
            <city>Test City</city>
            <state>TN</state>
            <zip>12345</zip>
          </insuredAddr>
          <insuredNameFirst>Test</insuredNameFirst>
          <insuredNameMiddle>Multiple</insuredNameMiddle>
          <insuredNameLast>Vehicles</insuredNameLast>
          <policyType>Owners_Motorcycle</policyType>
          <vehicle>
            <make>Honda</make>
            <vin>V11111</vin>
            <year>2022</year>
          </vehicle>
          <vehicle>
            <make>Mazda</make>
            <vin>V22222</vin>
            <year>2021</year>
          </vehicle>
          <vehicle>
            <make>Ford</make>
            <vin>V33333</vin>
            <year>2020</year>
          </vehicle>
        </formSR22>
      </return>
    </getFilingResponse>
  </S:Body>
</S:Envelope>
```

Form SR26 Response


```
S:Envelope xmlns:S="http://schemas.xmlsoap.org/soap/envelope/">
  <S:Body>
    <getFilingResponse xmlns="http://server.fromjava">
      <return>
        <filingId>835108</filingId>
        <policyNo>031722-2</policyNo>
        <stateId>ME</stateId>
        <filer>auiusr11812</filer>
        <status>REJ</status>
        <formType>Form SR26</formType>
        <mcCompAddr/>
        <effectiveDate>01/01/2022</effectiveDate>
        <filingDate>03/17/2022</filingDate>
        <agencyRejectionDate>03/17/2022</agencyRejectionDate>
        <rejectReason>Reject with note from state; Insurer is not authorized by the state agency.</rejectReason>
        <filingNotes>Test notes to state for SR26</filingNotes>
        <insuranceCompanyName>AAA Insurance</insuranceCompanyName>
        <insDBA>dba name</insDBA>
        <insuranceCompanyAddress>
          <addr1>123 Apple St</addr1>
          <city>Arlington</city>
          <state>VA</state>
          <zip>22203</zip>
        </insuranceCompanyAddress>
        <insurancePhone>703-555-9876</insurancePhone>
        <insurancePhoneExt>703</insurancePhoneExt>
        <stateAgencyName>Maine Bureau of Motor Vehicles - Driver License Services</stateAgencyName>
        <naic>98765</naic>
        <pdfKey>2d36c7e03044b5de771d6d6f33f72ba2</pdfKey>
```

```
        <authorizedSignatory>
          <name>Jane Smith</name>
          <phAddr>
            <addr1>123 test st</addr1>
            <city>testtown</city>
            <state>VT</state>
            <zip>12345</zip>
          </phAddr>
          <phone>1235551212</phone>
        </authorizedSignatory>
        <form/>
        <formSR26>
          <birthDate>01/01/1991</birthDate>
          <cancellationDate>03/17/2022</cancellationDate>
          <driversLicenseId>DL12345</driversLicenseId>
          <effectiveEndDate>03/31/2022</effectiveEndDate>
          <insuredAddr>
            <addr1>123 Test St</addr1>
            <city>Test City</city>
            <state>TN</state>
            <zip>12345</zip>
          </insuredAddr>
          <insuredNameFirst>Driver</insuredNameFirst>
          <insuredNameLast>Name</insuredNameLast>
        </formSR26>
      </return>
    </getFilingResponse>
  </S:Body>
</S:Envelope>
```

Appendix 3: Errors and Remediation

Below is a list of error messages that you might receive when submitting or retrieving filing data, and actions to remediate errors and submit filings successfully.

Filings to Iowa may return errors generated by the state agency's system and will be accompanied with the note "Error returned from the Iowa system". Please contact support@tylerinsurancefilings.com for assistance with these errors.

Error Message	Source	Remediation
Database Issue: Insert Action Log Insert Address Insert Filing Insert Filing Update Log Insert Form CA 65 Insert Form CA 66 Insert Form CA 67 Insert Form E Insert Form H Insert Form K Insert Form SR22 Insert Form SR26 Insert Vehicle	Database	Address any other errors and attempt your filing again. If you continue to receive one of these errors, please contact support@tylerinsurancefilings.com for assistance.
Failed to Authenticate with the Iowa Web Service	Any filing submitted to Iowa	This error might appear if Tyler Insurance Filings is unable to connect with the Iowa system. Please contact support@tylerinsurancefilings.com for assistance.
User [username] Unable To Authenticate! For assistance, contact customer service at support@tylerinsurancefilings.com.	Any SOAP request	Correct username and password must be set up and provided as headers in every SOAP request. Contact support@tylerinsurancefilings.com for further assistance.
Filing - Authorized Signatory Name cannot be blank	Any form submitted using insertFiling method	Populate authorizedSignatory data element with signer name and resubmit.
Filing - Authorized Signatory Name no exact match found	Any form submitted using insertFiling method	The data provided does not exactly match one authorized signatory name in your company's account. The data might match multiple authorized signers, or no authorized signers. Authorized signatories must be set up properly in the Tyler Insurance Filings application. For assistance, consult your

Error Message	Source	Remediation
		company admin for the Tyler Insurance Filings application or Tyler Insurance Filings support.
Filing - Authorized Signatory Name not found	Any form submitted using insertFiling method	This error usually indicates an issue related to the ID number associated with the data provided. Contact Tyler Insurance Filings support for assistance.
Filing cannot be blank	Any form submitted using insertFiling method	Submit filing containing data for required elements.
Filing - State Id Invalid	Any form submitted using insertFiling method	Submit filing containing a valid state ID. Valid state IDs include
Filing - Effective Date cannot be blank	Any form submitted using insertFiling method, except CA MCP 65 and CA MCP 67	Populate effectiveDate data element with an effective date (MM/DD/YYYY) and resubmit.
Filing - Effective Date format should be mm/dd/yyyy	Any form submitted using insertFiling method	Populate effectiveDate data in the correct format (MM/DD/YYYY) and resubmit.
Filing - Form - Issuance Date cannot be blank	Form K submitted to Iowa	Populate issuanceDate field with the date the corresponding policy was issued. Date should be provided in the format MM/DD/YYYY.
Currently supported forms are Form DMV 65 MCP (For CA Only), Form DMV 66 MCP (For CA Only), Endorsement DMV 67 MCP, Form E, Form H, Form K, Form SR22 (Maine only), and Form SR26 (Maine only)	Any form submitted using insertFiling method	Only submit data for forms noted in the error message. Provide formType data exactly as shown below: • Form DMV 65 MCP (For CA Only) • Form DMV 66 MCP (For CA Only) • Endorsement DMV 67 MCP • Form E • Form H • Form K • SR22 • SR26
Filing – form type cannot be blank	Any form submitted using insertFiling method	Populate formType data element and submit form data. At this time, only CA MCP 65, CA MCP 66, CA MCP 67, Form E, Form H, Form K, SR22 and SR26 are supported. Provide formType data exactly as shown below: • Form DMV 65 MCP (For CA Only) • Form DMV 66 MCP (For CA Only) • Endorsement DMV 67 MCP • Form E

Error Message	Source	Remediation
		• Form H • Form K • SR22 • SR26
Filing - Filer cannot be blank	Any form submitted using insertFiling method	Populate filer data element with Login ID for filing user.
Filing - Insurance Company Name cannot be blank	Any form submitted using insertFiling method	Populate insuranceCompanyName data element with the name of the insurance company responsible for this filing. For assistance, consult your company admin for the Tyler Insurance Filings application or Tyler Insurance Filings support.
Filing – Insurance Company Name no exact match found	Any form submitted using insertFiling method	The data provided does not exactly match one insurance company name associated with your company's account. The data might match multiple company names, or no company names. For assistance, consult your company admin for the Tyler Insurance Filings application or Tyler Insurance Filings support.
Filing – Insurance Company Name not found	Any form submitted using insertFiling method	This error usually indicates an issue related to the ID number associated with the data provided. Contact Tyler Insurance Filings support for assistance.
Filing - USDOT # cannot be blank	Any form submitted to Iowa, Kansas, or Oregon	Populate the usdot data element with the insured's USDOT number. Look up these numbers at https://safer.fmcsa.dot.gov/CompanySnapshot.aspx.
Filing - Insurer Number, USDOT Number - Oklahoma requires the pin/entity Number or the USDOT Number	Any form submitted to Oklahoma using insertFiling method	Submission to Oklahoma must contain either: • Usdot data element populated with the insured's US DOT number • stateMCId data element populated with the insured's pin/entity number issued by Oklahoma Populate filing data with one of these elements and resubmit.
Filing - Motor Carrier Company Name cannot be blank	Any form submitted using insertFiling method except SR22 and SR26 forms	Populate the motorCarrierCompany data element with the motor carrier company name that should appear on the form.
Filing - Motor Carrier State MC Id cannot be blank	Any form submitted to New Mexico using insertFiling method	Populate the stateMCId data element with the NMPRC number for the insured. Look up these numbers at https://edocket.nmprc.state.nm.us/Login.aspx.
Filing - Motor Carrier State MC Id - Illinois requires the state ILCC number	Any form submitted to Illinois using insertFiling method	Populate the stateMCId data element with the ILCC number for the insured. Look up these numbers at https://www.icc.illinois.gov/utility/defaultmc.aspx.
Filing - Motor Carrier State MC Id - Pennsylvania requires the	Any form submitted to Pennsylvania using insertFiling method	Populate the stateMCId data element with the PA number or docket number for the insured. Look up these numbers at

Error Message	Source	Remediation
Pennsylvania Number or the Docket Number		http://www.puc.pa.gov/about_puc/search_results/utility/authority_search.aspx
Filing - Motor Carrier State MC Id or USDOT # - Indiana requires the state MC Id or the USDOT Number	Any form submitted to Indiana using insertFiling method	Submission to Indiana must contain either: • Usdot data element populated with the insured's US DOT number • stateMCId data element populated with the state MC ID number issued by Indiana Populate filing data with one of these elements and resubmit.
Filing - Motor Carrier State MC Id(California #) cannot be blank	Any form submitted to California using insertFiling method	Populate the stateMCId data element with the California state ID number for the insured. Look up these numbers at https://www.dmv.ca.gov/portal/vehicle-industry-services/motor-carrier-services-mcs/motor-carrier-permits/active-motor-carriers/ or consult the insured.
Filing - Motor Carrier State MC Id(California #) - The Motor Carrier State MC Id(California #) cannot be more that 10 characters	Any form submitted to California using insertFiling method	Submit data for stateMCId that equals 10 characters or fewer.
Filing - Motor Carrier State MC Id(California #) - The Motor Carrier State MC Id(California #) can only contain numbers	Any form submitted to California using insertFiling method	Submit data for stateMCId containing only numeric characters.
Filing - Naic Number - The Naic Number cannot be more than 5 characters	Any form submitted to California using insertFiling method	Submit data for naic data element that equals 5 characters or fewer.
Filing - Naic Number - The Naic Number can only contain numbers	Any form submitted to California using insertFiling method	Submit data for naic data element that includes only numeric characters.
Filing - Surplus Line Broker Name cannot be blank when Surplus Line Broker Number is filled out	Any form submitted to California using insertFiling method	Filings for non-admitted insurers must include both surplusLineBrokerNumber and surplusLineBrokerName. Populate data for both fields or remove all data from both fields.
Filing - Surplus Line Broker Number cannot be blank when Surplus Line Broker Name is filled out	Any form submitted to California using insertFiling method	Filings for non-admitted insurers must include surplusLineBrokerNumber and surplusLineBrokerName. Populate data for both fields or remove all data from both fields.
Filing - Surplus Line Broker Number can only contain alphanumeric characters	Any form submitted to California using insertFiling method	Include only alphanumeric characters in surplusLineBrokerNumber field.

Error Message	Source	Remediation
Filing - Surplus Line Broker Number cannot be more that 10 characters	Any form submitted to California using insertFiling method	Submit data for surplusLineBrokerNumber equaling 10 characters or fewer.
Filing - Motor Carrier Company Address cannot be blank	Form E, Form H, Form K, CA MCP 65, or CA MCP 66 submitted using insertFiling method	Populate the mcCompAddr data elements with motor carrier company address information that should appear on the form.
Filing - Motor Carrier Company Address - Address1 cannot be blank	Form E, Form H, Form K, CA MCP 65, CA MCP 67, or CA MCP 66 submitted using insertFiling method	Populate the addr1 data element with motor carrier company street address information that should appear on the form.
Filing - Motor Carrier Company Address - City cannot be blank	Form E, Form H, Form K, CA MCP 65, CA MCP 67, or CA MCP 66 submitted using insertFiling method	Populate the city data element with motor carrier company city address information that should appear on the form.
Filing - Motor Carrier Company Address - State cannot be blank	Form E, Form H, Form K, CA MCP 65, CA MCP 67, or CA MCP 66 submitted using insertFiling method	Populate the state data element with motor carrier company state address information that should appear on the form.
Filing - Motor Carrier Company Address - Zip cannot be blank	Form E, Form H, Form K, CA MCP 65, CA MCP 67, or CA MCP 66 submitted using insertFiling method	Populate the zip data element with motor carrier company zip/postal code address information that should appear on the form.
Filing - NAIC Number cannot be blank	Any form submitted to California, Iowa, Oklahoma, or Oregon using insertFiling method	Populate the naic data element with the NAIC number for the filing insurance company. Consult your company admin or Tyler Insurance Filings for assistance.
Filing - Policy Number cannot be blank	Any form submitted using insertFiling method	Populate the policyno data element with the policy number that should appear on the form.
Filing - State Agency Name not found	Any form submitted using insertFiling method	Confirm that the filing contains the correct stateId abbreviation for a participating state agency. Participating state agency abbreviations include: AL, CA, GA, IA, IL, IN, KS, KY, LA, ME, MA, MI, MN, MS, NE, NM, NY, OK, OR, PA, SC, and WA

Error Message	Source	Remediation
Filing - State Id cannot be blank Filing - State Id Invalid	Any form submitted using insertFiling method	Populate the stateId data element with a valid abbreviation for a participating state agency.
Filing - Form CA65 cannot be blank Filing - Form CA67 cannot be blank	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	Enter/populate and submit data required for a CA 65 or CA 67 form.
Filing - Form CA65 - Primary Liability Must Be Y or N Filing - Form CA67 - Primary Liability Must Be Y or N	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	Populate priLiability data element with Y or N.
Filing - Form CA65 - Excess Liability Must Be Y or N Filing - Form CA67 - Excess Liability Must Be Y or N	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	Populate excLiability data element with Y or N.
Filing - Form CA65 - Wc Statutory Must Be Y or N	CA MCP 65 Form Filing submitted using insertFiling method	Populate wcStatutory data element with Y or N.
Filing - Form CA65 - Primary Liability Bodily Injury Or Death Group cannot exceed 999999 Filing - Form CA67 - Primary Liability Bodily Injury Or Death Group cannot exceed 999999	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	Submit data equaling 999999 or less for the data element priLiaBodilyInjuryOrDeathGroup.
Filing - Form CA65 - Primary Liability Bodily Injury Or Death One Person cannot exceed 999999 Filing - Form CA67 - Primary Liability Bodily Injury Or Death One Person cannot exceed 999999	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	Submit data equaling 999999 or less for the data element priLiaBodilyInjuryOrDeathOnePerson.
Filing - Form CA65 - Primary Liability Combined Single Limit cannot exceed 999999 Filing - Form CA67 - Primary Liability Combined Single Limit cannot exceed 999999	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	Submit data equaling 999999 or less for the data element priLiaCombinedSingleLimit.

Error Message	Source	Remediation
Filing - Form CA65 - Primary Liability Property Damage cannot exceed 999999 Filing - Form CA67 - Primary Liability Property Damage cannot exceed 999999	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	Submit data equaling 999999 or less for the data element priLiaPropertyDamage.
Filing - Form CA65 - Excess Liability Bodily Injury Or Death Group cannot exceed 999999 Filing - Form CA67 - Excess Liability Bodily Injury Or Death Group cannot exceed 999999	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	Submit data equaling 999999 or less for the data element excLiaBodilyInjuryOrDeathGroup.
Filing - Form CA65 - Excess Liability Bodily Injury Or Death Group In Excess Of cannot exceed 999999 Filing - Form CA67 - Excess Liability Bodily Injury Or Death Group In Excess Of cannot exceed 999999	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	Submit data equaling 999999 or less for the data element excLiaBodilyInjuryOrDeathGroupInExcessOf.
Filing - Form CA65 - Excess Liability Bodily Injury Or Death One Person cannot exceed 999999 Filing - Form CA67 - Excess Liability Bodily Injury Or Death One Person cannot exceed 999999	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	Submit data equaling 999999 or less for the data element excLiaBodilyInjuryOrDeathOnePerson.
Filing - Form CA65 - Excess Liability Bodily Injury Or Death One Person In Excess Of cannot exceed 999999 Filing - Form CA67 - Excess Liability Bodily Injury Or Death One Person In Excess Of cannot exceed 999999	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	Submit data equaling 999999 or less for the data element excLiaBodilyInjuryOrDeathOnePersonInExcessOf.
Filing - Form CA65 - Excess Liability Combined Single Limit cannot exceed 999999	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	Submit data equaling 999999 or less for the data element excLiaCombinedSingleLimit.

Error Message	Source	Remediation
Filing - Form CA67 - Excess Liability Combined Single Limit cannot exceed 999999		
Filing - Form CA65 - Excess Liability Combined Single Limit In Excess Of cannot exceed 999999 Filing - Form CA67 - Excess Liability Combined Single Limit In Excess Of cannot exceed 999999	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	Submit data equaling 999999 or less for the data element excLiaCombinedSingleLimitInExcessOf.
Filing - Form CA65 - Excess Liability Property Damage cannot exceed 999999 Filing - Form CA67 - Excess Liability Property Damage cannot exceed 999999	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	Submit data equaling 999999 or less for the data element excLiaPropertyDamage.
Filing - Form CA65 - Excess Liability Property Damage In Excess Of cannot exceed 999999 Filing - Form CA67 - Excess Liability Property Damage In Excess Of cannot exceed 999999	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	Submit data equaling 999999 or less for the data element excLiaPropertyDamageInExcessOf.
Filing - Form CA65 - Excess Liability Coverage Limit Must Be BETWEEN or ATORABOVE Filing - Form CA67 - Excess Liability Coverage Limit Must Be BETWEEN or ATORABOVE	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	If excLiability = Y, data for excLiaCoverageLimit is required. • Enter and submit 'N' for excLiability field; OR • Enter and submit 'ATORABOVE' or 'BETWEEN' for excLiaCoverageLimit
Filing - Form CA65 - Excess Liability Coverage Limit cannot be blank Filing - Form CA67 - Excess Liability Coverage Limit cannot be blank	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	If excLiability = Y, data for excLiaCoverageLimit is required. • Enter and submit 'N' for excLiability field; OR • Enter and submit 'ATORABOVE' or 'BETWEEN' for excLiaCoverageLimit

Error Message	Source	Remediation
Filing - Form CA65 - Excess Liability Effective Date cannot be blank Filing - Form CA67 - Excess Liability Effective Date cannot be blank	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	If excLiability = Y, data for excLiaEffectiveDate is required. Enter and submit date.
Filing - Form CA65 - Excess Liability Effective Date format should be mm/dd/yyyy Filing - Form CA67 - Excess Liability Effective Date format should be mm/dd/yyyy	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	Enter/populate and submit excLiaEffectiveDate in MM/DD/YYYY format.
For The Excess Liability Limits EITHER (the Combined Single Limit AND Combined Single Limit In Excess Of) OR (the Bodily Injury Or Death One Person AND the Bodily Injury Or Death One Person In Excess Of AND the Bodily Injury Or Death Group AND the Bodily Injury Or Death Group In Excess Of AND the Property Damage And the Property Damage In Excess Of) Must Be Entered	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	Provide one of the following data combinations: • excLiaCombinedSingleLimit and excLiaCombinedSingleLimitInExcessOf; OR • excLiaBodilyInjuryOrDeathOnePerson, excLiaBodilyInjuryOrDeathOnePersonInExcessOf, excLiaBodilyInjuryOrDeathGroup, excLiaBodilyInjuryOrDeathGroupInExcessOf, excLiaPropertyDamage, and excLiaPropertyDamageInExcessOf
Filing - Form CA65 - Excess Liability Policy Number cannot be blank Filing - Form CA67 - Excess Liability Policy Number cannot be blank	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	If excLiability = Y, data for excLiaPolicyNumber is required. Enter and submit policy number.
Filing - Form CA65 - Primary Liability, Excess Liability or WC Statutory Must Be Selected. Filing - Form CA67 - Primary Liability, Excess Liability or WC Statutory Must Be Selected.	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	A liability type is required for CA 65. Enter 'Y' for priLiability, excLiability, or wcStatutory.
Filing - Form CA65 - Primary Liability Coverage Limit Must Be BELOW or EQUAL	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	If priLiability = Y, data for priLiaCoverageLimit is required. • Enter and submit 'N' for priLiability field; OR • Enter and submit 'BELOW' or 'EQUAL' for priLiaCoverageLimit

Error Message	Source	Remediation
Filing - Form CA65 - Primary Liability Coverage Limit cannot be blank Filing - Form CA67 - Primary Liability Coverage Limit cannot be blank	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	If priLiability = Y, data for priLiaCoverageLimit is required. • Enter and submit 'N' for priLiability field; OR • Enter and submit 'BELOW or 'EQUAL' for priLiaCoverageLimit
Filing - Form CA65 - Primary Liability Effective Date cannot be blank Filing - Form CA67 - Primary Liability Effective Date cannot be blank	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	If priLiability = Y, data for priLiaEffectiveDate is required. Enter/populate and submit date.
Filing - Form CA65 - Primary Liability Effective Date format should be mm/dd/yyyy Filing - Form CA67 - Primary Liability Effective Date format should be mm/dd/yyyy	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	Enter/populate and submit priLiaEffectiveDate in MM/DD/YYYY format.
For The Primary Liability Limits EITHER (the Combined Single Limit) OR (the Bodily Injury Or Death One Person AND the Bodily Injury Or Death Group AND the Property Damage) Must Be Entered	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	Provide one of the following data combinations: • priLiaCombinedSingleLimit OR • priLiaBodilyInjuryOrDeathOnePerson, priLiaBodilyInjuryOrDeathGroup, and priLiaPropertyDamage
Filing - Form CA65 - Primary Liability Policy Number cannot be blank Filing - Form CA67 - Primary Liability Policy Number cannot be blank	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	If priLiability = Y, data for priLiaPolicyNumber is required. Enter and submit policy number.
Filing - Form CA65 - WC Statutory Limits Policy Number cannot be blank Filing - Form CA67 - WC Statutory Limits Policy Number cannot be blank	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	If wcStatutory = Y, data for wcStatutoryPolicyNumber is required. Enter and submit policy number.

Error Message	Source	Remediation
Filing - Form CA65 - WC Statutory Limits Effective Date cannot be blank Filing - Form CA67 - WC Statutory Limits Effective Date cannot be blank	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	If wcStatutory = Y, data for wcStatutoryEffectiveDate is required. Enter and submit date.
Filing - Form CA65 - WC Statutory Limits Effective Date format should be mm/dd/yyyy Filing - Form CA67 - WC Statutory Limits Effective Date format should be mm/dd/yyyy	CA MCP 65 or CA MCP 67 Form Filing submitted using insertFiling method	Enter/populate and submit wcStatutoryEffectiveDate in MM/DD/YYYY format.
Filing - Form CA66 cannot be blank	CA MCP 66 Form Filing submitted using insertFiling method	Enter/populate and submit data required for a CA MCP 66 form.
Filing - Form CA66 - Cancellation Date cannot be blank	CA MCP 66 Form Filing submitted using insertFiling method	Enter/populate and submit cancellationDate in MM/DD/YYYY format.
Filing - Form CA66 - Cancellation Date format should be mm/dd/yyyy	CA MCP 66 Form Filing submitted using insertFiling method	Enter/populate and submit cancellationDate in MM/DD/YYYY format.
Filing - Form CA66 - Original Certificate Issued Date cannot be blank	CA MCP 66 Form Filing submitted using insertFiling method	Enter/populate and submit originalCertificateIssuedDate in MM/DD/YYYY format.
Filing - Form CA66 - Original Certificate Issued Date format should be mm/dd/yyyy	CA MCP 66 Form Filing submitted using insertFiling method	Enter/populate and submit originalCertificateIssuedDate in MM/DD/YYYY format.
Filing - Form CA66 - Insurance Type cannot be blank	CA MCP 66 Form Filing submitted using insertFiling method	InsuranceType is a required field. Enter and submit insuranceType = B, E, or W.
Filing - Form CA66 - Insurance Type Must Be B, E or W	CA MCP 66 Form Filing submitted using insertFiling method	Enter/populate and submit insuranceType = B, E, or W. • 'B' implies Bodily Injury Liability and Property Damage Liability Insurance. • 'E' implies Excess Liability Insurance. • 'W' implies Workers' Compensation Insurance.
Filing - Form cannot be blank	Form E, Form H, Form K Filing submitted using insertFiling method	Populate submission with data required for form filing.

Error Message	Source	Remediation
Filing - Form - Operating Status Type cannot be blank Filing - Form - Operating Status Type must be Interstate OR Intrastate	Form E, Form H, Form K Filing submitted to Georgia using insertFiling method	Opstatustype field is required when stateId = GA. If filing to GA, include one of the following values: • Interstate • Intrastate
Filing - Form - Operating Status Type is only available for Georgia	Form submitted to any state except Georgia	Do not populate opstatustype data element for filings submitted to any state other than Georgia.
Filing - Form - Operating Status Sub Type cannot be blank	Form E, Form H, Form K Filing submitted to Georgia using insertFiling method	Opstatussubtype field is required when stateId = GA. Filings must include at least one of the following values: • IntrastateGIMC • HouseholdGoods • PassengerCarrier
Filing - Form - Operating Status Sub Type is only available for Georgia	Form submitted to any state except Georgia	Do not populate opstatussubtype data element for filings submitted to any state other than Georgia.
Filing - Form - Operating Status Sub Type of IntrastateGIMC or PassengerCarrierTenOrFewer cannot be used for Operating Status Type of Interstate for Form E Filing - Form - Operating Status Sub Type of IntrastateGIMC or PassengerCarrierTenOrFewer cannot be used for Operating Status Type of Interstate for Form K	Form E, Form K filing submitted to Georgia using insertFilng method	IntrastateGIMC and PassengerCarrierTenOrFewer values are valid for opStatusSubType only if: • formType = E or K, AND • opstatus = Intrastate To proceed, change opstatus value to Intrastate, or update value for opstatussubtype to HouseholdGoods and/or PassengerCarrier.
Filing - Form - If Operating Status Sub Type of HouseholdGoods is used then IntrastateGIMC must also be used for Operating Status Type of Intrastate for Form E	Form E filing submitted to Georgia using insertFiling method	Georgia Intrastate Motor Carrier (GIMC) authority is required for Form E filings for Household Goods carriers that operate intrastate in Georgia. On a Form E filing for Georgia, if opstatustype = Intrastate and opstatussubtype = HouseholdGoods, then the filing must include IntrastateGIMC as an additional value for opstatussubtype.
Filing - Form - If Operating Status Sub Type of PassengerCarrier is used then IntrastateGIMC must also be	Form E filing submitted to Georgia using insertFiling method	Georgia Intrastate Motor Carrier (GIMC) authority is required for Form E filings for Passenger Carriers using vehicles that hold 11 or more passengers and operate intrastate in Georgia.

Error Message	Source	Remediation
used for Operating Status Type of Intrastate for Form E		On a Form E filing for Georgia, if opstatustype = Intrastate and opstatussubtype = PassengerCarrier, then the filing must include IntrastateGIMC as an additional value for opstatussubtype.
Filing - Form - Operating Status Sub Types of IntrastateGIMC and PassengerCarrierTenOrFewer cannot be used together for Operating Status Type of Intrastate for Form E Filing - Form - Operating Status Sub Types of PassengerCarrier and PassengerCarrierTenOrFewer cannot be used together for Operating Status Type of Intrastate for Form E Filing - Form - Operating Status Sub Types of PassengerCarrier and PassengerCarrierTenOrFewer cannot be used together for Operating Status Type of Intrastate for Form K Filing - Form - Operating Status Sub Types of IntrastateGIMC and PassengerCarrierTenOrFewer cannot be used together for Operating Status Type of Intrastate for Form K	Form E or Form K filing submitted to Georgia using insertFiling method	Intrastate passenger carriers have different requirements for GIMC authority based on the number of passengers the vehicles hold. PassengerCarrierTenOrFewer refers to motor carriers using vehicles that hold 10 or fewer passengers. These motor carriers do not require GIMC authority to operate intrastate in Georgia. Do not include opstatussubtype IntrastateGIMC or PassengerCarrier for any filings that contain the opstatussubtype PassengerCarrierTenOrFewer. PassengerCarrier refers to motor carriers that using vehicles that hold 11 or more passengers. These carriers do require GIMC authority to operate intrastate in Georgia. Do not include opstatussubtype PassengerCarrier and PassengerCarrierTenOrFewer on the same filing.
Filing - Form - If Operating Status Sub Type of PassengerCarrier is used then IntrastateGIMC must also be used for Operating Status Type of Intrastate for Form K	Form K filing submitted to Georgia using insertFiling method	PassengerCarrier refers to intrastate passenger carriers that hold 11 or more passengers. These carriers require GIMC authority to operate intrastate in Georgia. Include opstatussubtype IntrastateGIMC on Form K filings for PassengerCarrier.
Filing - Form - Operating Status Sub Type of IntrastateGIMC, PassengerCarrier, or PassengerCarrierTenOrFewer cannot be used for Operating	Form H filing submitted to Georgia using insertFiling method	If formType = H, then the only valid value for opstatussubtype = HouseholdGoods. To proceed, change Form type to E or K, or update value for opstatussubtype to HouseholdGoods.

Error Message	Source	Remediation
Status Type of Interstate for Form H Filing - Form - Operating Status Sub Type of IntrastateGIMC, PassengerCarrier, or PassengerCarrierTenOrFewer cannot be used for Operating Status Type of Intrastate for Form H		
Filing - Form - Operating Status Sub Type(s) Invalid:	Form E, Form H, or Form K filing to Georgia using insertFiling method	opstatussubType field must contain only the following exact values: • IntrastateGIMC, • HouseholdGoods, • PassengerCarrier • PassengerCarrierTenOrFewer Remove all data that is not one of the exact values above.
Filing - Form - Authority Type cannot be blank Filing - Form - Authority Type(s) Invalid for PA: <text> Filing - Form - Authority Type(s) does not contain GA Household Goods Authority Types Filing - Form - Authority Type(s) does not contain GA Passenger Carrier Authority Types Filing - Form - Authority Type(s) Invalid for GA: <text>	Form E, Form H Filing submitted to Pennsylvania or Georgia using insertFiling method	Populate authorityType data field with valid authority types listed below based on state. For PA filings, use the following values: • Airport • CallOrDemand • ContractCarrier • GroupAndPartyElevenToFifteen • GroupAndPartySixteenAndOver • Limousine • Paratransit • ScheduledRoute • TNC • TruckHouseholdGoodsInUse • TruckGeneralFreight Please contact the Pennsylvania Public Utilities Commission at (717) 787-1227 for assistance with authority type definitions. For GA filings, use the following values: • AdultDayCarePassengerCarrier • AdultDayCarePassengerCarrierTenOrFewer • ChildDayCarePassengerCarrier • ChildDayCarePassengerCarrierTenOrFewer • HotelShuttle • HouseholdGoodsTruckOnly • LimoBus • MegaBus

Error Message	Source	Remediation
		• MotorCoach • NonEmergencyMedical • PartyBus • PassengerCarrier • PassengerCarrierTenOrFewer • ShuttleBus • StretchLimo • ToursBus • TrolleyBus
Filing - Form - Authority Type(s) for GA Passenger Carrier are limited to a maximum of 3 selections	Form E, Form H, or Form K filing submitted to Georgia using insertFiling method	Do not include more than three Passenger Carrier authority type values for the authorityType data element.
Filing - Form - Authority Type(s) cannot contain Household Goods authority types when Operating Status Sub Type does not contain HouseholdGoods Filing - Form - Authority Type(s) cannot contain Passenger Carrier authority types when Operating Status Sub Type does not contain PassengerCarrier Filing - Form - Authority Type(s) cannot contain Passenger Carrier Ten Or Fewer authority types when Operating Status Sub Type does not contain PassengerCarrierTenOrFewer Filing - Form - Authority Type(s) does not contain GA Passenger Carrier Ten Or Fewer Authority Types	Form E, Form H, or Form K filing submitted to Georgia using insertFiling method	Use authorityType values that correspond to opstatussubtype value. If opstatussubtype = HouseholdGoods, then the valid authoritytype value = HouseholdGoodsTruckOnly. If opstatussubtype = PassengerCarrier, then the authoritytype must include 1, 2, or 3 of the following values: StretchLimo; ChildDayCarePassengerCarrier; LimoBus; NonEmergencyMedical; PassengerCarrier; ShuttleBus; MotorCoach; TrolleyBus; PartyBus; MegaBus; ToursBus; HotelShuttle; AdultDayCarePassengerCarrier. If opstatussubtype = PassengerCarrierTenorFewer, then the authoritytype must include 1, 2, or 3 of the following values: AdultDayCarePassengerCarrierTenOrFewer; ChildDayCarePassengerCarrierTenOrFewer; PassengerCarrierTenOrFewer.
Filing - Form - Authority Type is only available for Pennsylvania and Georgia	Form submitted to any state except Pennsylvania and Georgia	Do not populate authorityType data element for filings submitted to any state other than Pennsylvania or Georgia.

Error Message	Source	Remediation
Filing - Motor Carrier State MC Id - Georgia cannot be blank for Operating Status Sub type of IntrastateGIMC Filing - Motor Carrier State MC Id2 - Georgia cannot be blank for Operating Status Sub Type of HouseholdGoods Filing - Motor Carrier State MC Id3 - Georgia cannot be blank for Operating Status Sub Type of PassengerCarrier Filing - Motor Carrier State MC Id3 - Georgia cannot be blank for Operating Status Sub Type of PassengerCarrierTenOrFewer	Form E, Form H, or Form K submitted to Georgia	Georgia filings require state ID numbers based on opstatussubtype. The motor carrier receives these numbers upon registration with the state. For filings where opstatussubtype = IntrastateGIMC, and Form Type = Form E or Form H, populate stateMCId field with the insured motor carrier's MCA number. For filings where opstatussubtype = HouseholdGoods, populate stateMCId2 field with the insured motor carrier's Household Goods state ID number. For filings where opstatussubtype = PassengerCarrier or PassengerCarrierTenorFewer, populate stateMCId3 field with the insured motor carrier's Passenger Carrier state ID number.
Filing - Motor Carrier State MC Id or USDOT # - Georgia requires the state MC Id or the USDOT Number	Form K submitted to Georgia	For Form K filings where opstatustype = Intrastate and opstatussubtype = IntrastateGIMC, either stateMCId OR usdot is required. Populate data for at least one of these elements.
Filing - Motor Carrier State MC Id - Georgia requires a format of A followed by numbers	Form E or Form K submitted to Georgia	Populate stateMCId with data beginning with the letter "A" followed by numeric characters.
Filing - Motor Carrier State MC Id2 - Georgia requires a format of all numbers Filing - Motor Carrier State MC Id3 - Georgia requires a format of all numbers	Form E, Form H, or Form K submitted to Georgia	Populate stateMCId2 and/or stateMCId3 with numeric characters only.
Filing - Motor Carrier State MC Id - Georgia cannot be greater than 7 characters Filing - Motor Carrier State MC Id2 - Georgia cannot be greater than 7 characters Filing - Motor Carrier State MC Id3 - Georgia cannot be greater than 7 characters	Form E, Form H, or Form K submitted to Georgia	Populate stateMCId, stateMCId2, and/or stateMCId3 fields with data no more than 7 characters in length.

Error Message	Source	Remediation
Filing - Form - Contact Email cannot be blank	Any Form submitted to Pennsylvania using insertFiling method	Populate contactEmail data element with email address for point of contact for the individual filing.
Filing - Form - Contact Email is only available for Pennsylvania	Form submitted to any state except Pennsylvania	Do not populate contactEmail data element for filings submitted to any state other than Pennsylvania.
Filing - Form - Liability Limit must be greater than 0	Form E Filing submitted to any participating state, except Pennsylvania, using insertFiling method	Populate liabilitylimit data element and resubmit.
Filing - Form - Cancel Cargo OR Cancel BIPD OR BOTH must be Y	Form K Filing submitted using insertFiling method	Populate cancelCargo and/or cancelBIPD data elements with "Y" depending on the type of insurance being cancelled.
getFiling - Either filingId OR policyNo Must Be Entered	Any request submitted using getFiling method	Provide filingID or policyNo data for filing to retrieve filing information. FilingIDs are provided as response for insertFiling method submission.
Filing - Form SR22 cannot be blank Filing - Form SR26 cannot be blank	Form SR22, Form SR26 submitted using insertFiling method	Submission must include <formSR22> data elements for SR22 filings, or <formSR26> data elements for SR26 filings. See SR22 and SR26 Data Defintion.
Filing - Form SR22 - Birth Date cannot be blank Filing - Form SR26 - Birth Date cannot be blank Filing - Form SR22 - Birth Date format should be mm/dd/yyyy Filing - Form SR26 - Birth Date format should be mm/dd/yyyy	Form SR22, Form SR26 submitted using insertFiling method	Enter/populate and submit birthDate in MM/DD/YYYY format.
Filing - Form SR22 - Certificate Effective Date cannot be blank Filing - Form SR22 - CertificateEffective Date format should be mm/dd/yyyy	Form SR22 Filing submitted using insertFiling method	Enter/populate and submit certEffDate in MM/DD/YYYY format.

Error Message	Source	Remediation
Filing - Form SR22 - Either the Drivers License Id OR SSN must be filled out Filing - Form SR26 - Either the Drivers License Id OR SSN must be filled out	Form SR22, Form SR26 submitted using insertFiling method	Populate the driversLicenseId data element, the ssn data element, or both with information for the insured driver.
Filing - Form SR22 - SSN must contain nine digits Filing - Form SR26 - SSN must contain nine digits	Form SR22, Form SR26 submitted using insertFiling method	Populate ssn data element with exactly 9 numeric characters, no letters or symbols.
Filing - Form SR22 - SSN can only contain numbers Filing - Form SR26 - SSN can only contain numbers	Form SR22, Form SR26 submitted using insertFiling method	Populate ssn data element with exactly 9 numeric characters, no letters or symbols.
Filing - Form SR22 - SSN cannot contain hyphens Filing - Form SR26 - SSN cannot contain hyphens	Form SR22, Form SR26 submitted using insertFiling method	Populate ssn data element with exactly 9 numeric characters, no letters or symbols.
Filing - Form SR22 - Insured Address cannot be blank Filing - Form SR26 - Insured Address cannot be blank	Form SR22, Form SR26 submitted using insertFiling method	Populate the insuredAddr data elements with insured driver's address information that should appear on the form.
Filing - Form SR22 - Insured Address - Address1 cannot be blank Filing - Form SR26 - Insured Address - Address1 cannot be blank	Form SR22, Form SR26 submitted using insertFiling method	Populate the addr1 data element with insured driver's street address information that should appear on the form.
Filing - Form SR22 - Insured Address - City cannot be blank Filing - Form SR26 - Insured Address - City cannot be blank	Form SR22, Form SR26 submitted using insertFiling method	Populate the city data element with insured driver's city address information that should appear on the form.
Filing - Form SR22 - Insured Address - State cannot be blank Filing - Form SR26 - Insured Address - State cannot be blank	Form SR22, Form SR26 submitted using insertFiling method	Populate the state data element with insured driver's state address information that should appear on the form.

Error Message	Source	Remediation
Filing - Form SR22 - Insured Address - Zip cannot be blank Filing - Form SR26 - Insured Address - Zip cannot be blank	Form SR22, Form SR26 submitted using insertFiling method	Populate the zip data element with insured driver's zip/postal code address information that should appear on the form.
Filing - Form SR22 - Insured Name First cannot be blank Filing - Form SR26 - Insured Name First cannot be blank	Form SR22, Form SR26 submitted using insertFiling method	Populate the insuredNameFirst data element with the insured driver's first name that should appear on the form.
Filing - Form SR22 - Insured Name Last cannot be blank Filing - Form SR26 - Insured Name Last cannot be blank	Form SR22, Form SR26 submitted using insertFiling method	Populate the insuredNameLast data element with insured driver's last name that should appear on the form.
Filing - Form SR26 - Cancellation Date cannot be blank	Form SR26 submitted using insertFiling method	Enter/populate and submit cancellationDate in MM/DD/YYYY format.
Filing - Form SR26 - Effective End Date cannot be blank	Form SR26 submitted using insertFiling method	Enter/populate and submit effectiveEndDate in MM/DD/YYYY format.
Filing - Form SR22 - Policy Type cannot be blank	Form SR22 submitted using insertFiling method	Populate policyType data element with valid policy type value: • Owners_Only • Owners_Motorcyle • Operators
Filing - Form SR22 - Policy Type Must Be Owners_Only, Owners_Motorcycle or Operators	Form SR22 submitted using insertFiling method	Populate policyType data element with a valid policy type value exactly as shown below: • Owners_Only • Owners_Motorcyle • Operators
Filing - Form SR22 - Vehicle must include Make, VIN, and Year	Form SR22 submitted using insertFiling method	Each vehicle must have data populated for all three vehicle data elements: make, vin, year.

Appendix 4: Agency-Specific Data Rules and Reference Information

Tyler Insurance Filings has compiled agency-specific filing rules and reference information to help your company file successfully.

State Agency	Forms Accepted via Web Service	Data Rules	Reference Information
Alabama	E, H, K	Motor carrier name and address must be submitted exactly as registered with the state.	Look up motor carrier name at http://apsc.alabama.gov/Transportation/transcosform4.asp
California	CA MCP 65, CA MCP 66	NAIC number is required for insurance filing companies. CA state motor carrier ID (CA #) is required for the insured. Non-admitted insurance carriers must provide surplus line broker information.	Look up an insurance company's NAIC number at https://content.naic.org/cis_consumer_information.htm Look up an insured's CA # at https://www.dmv.ca.gov/portal/vehicle-industry-services/motor-carrier-services-mcs/motor-carrier-permits/active-motor-carriers/ Look up surplus line broker information at https://cdicloud.insurance.ca.gov/cal
Georgia	E, H, K	Motor carrier must register with the Georgia DPS before insurance forms are filed. Filings must include Operating Status, Authority Type, and state specific ID numbers. See insertFiling Georgia field information for more details. Motor carrier name and address information must match the federal MCS-150. Look up this information in the FMCSA SAFER system.	See Georgia Filing Tips for more information about data requirements.

State Agency	Forms Accepted via Web Service	Data Rules	Reference Information
Illinois	E, H, K	State insurer number is requested for each filing company. Illinois state motor carrier ID (ILCC number) is required for the insured.	Obtain a state insurer number by emailing icc.transportationprocessing@illinois.gov. Look up an insured's ILCC number at https://www.icc.illinois.gov/utility/defaultmc.aspx.
Iowa	E, K	NAIC number is required for insurance filing companies. Insured's US DOT number is required.	
Indiana	E, K	Insured's US DOT number is required.	
Kansas	E, K	Insured's US DOT number is required.	
Kentucky	E, H, K		
Louisiana	E, H, K		
Maine	K, SR22, SR26		
Massachusetts	E, H, K	Insured's US DOT number is requested.	
Michigan	E, H, K		
Minnesota	E, H, K		
Mississippi	E, H, K		
Nebraska	E, H, K		
New Mexico	E, H, K	New Mexico state motor carrier ID (NMPRC #) is required for the insured.	Look up NMPRC # at https://edocket.nmprc.state.nm.us/Login.aspx

State Agency	Forms Accepted via Web Service	Data Rules	Reference Information
New York	E, H, K	Motor carrier name must match the legal entity name appearing on the insured's authority to operate in New York.	
Oklahoma	E, H, K	NAIC number is required for insurance filing companies. Insured's US DOT or state MC ID number (PIN/entity number) is required.	Look up an insurance company's NAIC number at https://content.naic.org/cis_consumer_information.htm
Oregon	E, H, K	NAIC number is required for insurance filing companies. Insured's US DOT number is required. Insurer's state ID number (SMS number) is requested.	Look up an insurance company's NAIC number at https://content.naic.org/cis_consumer_information.htm Look up an insurer's state SMS number at https://sbs.naic.org/solar-external-lookup/lookup?jurisdiction=OR&searchType=Company&coCode=38342
Pennsylvania	E, H, K	Pennsylvania state motor carrier ID (PUC number) is required for the insured. Contact email is required. Authority Type is required.	Look up an insured's PUC number at http://www.puc.pa.gov/about_puc/search_results/utility/authority_search.aspx Review Authority Type definitions at https://www.puc.pa.gov/motor-carrier/forms-applications/
South Carolina	E, H, K		
Washington	E, H, K		