

Kansas Insurance Reporting Guide

**Kansas Department of Revenue
915 SW Harrison Street
Topeka, KS 66626**

1.2 Vehicle Types Requested

Listed below are vehicle types we do not wish to receive:

- All Terrain
- Mini-bikes
- Snowmobiles
- Farm Tractors
- Trail Bikes
- Motorized Bicycle
- Mobile Homes

1.3 Insurance Types Requested

Insurance information is requested on all **Personal** or **Commercial** policies. The following six fields (NAIC, VIN, Policy Number, Policy Transaction Code, Policy Expiration Date and Line Feed) are required. Because our electronic insurance verification system completes the match (insurance record to vehicle record), any Commercial policy that does not have a VIN tied to the insurance record is not reportable.

The minimum coverage level in Kansas is liability. Liability coverage is bodily injury liability, property damage liability, personal injury protection and uninsured/underinsured motorist protection. Please do not submit policies without the minimum liability coverage.

1.4 Reporting Information and Procedures

Insurance companies will provide their entire Kansas “book of business” through a monthly FTP process. The file will contain policy information on insured Kansas vehicles. (Insurance Coverage must be in effect as of the day it is sent.) KDOR will use the data provided to verify proof of insurance. The electronic filing process will be designed as follows:

1. Insurance Company completes and returns the Insurance Company Profile and Trading Partner Agreement to KDOR.
2. KDOR – EDI Coordinator sets up the directory, and account information (user name & password) and notifies Insurance Company of account information and provides KDOR technical contact/support information.
3. The Insurance Company and KDOR will coordinate an initial test file to ensure completeness. (see testing procedures below)
4. The Insurance Company will be notified if the test file was successful / unsuccessful. Once a successful file has been transmitted, the Insurance Company will be considered in “production”. Subsequent files should be sent on a monthly basis by the third Friday of the month.

1.5 Testing Procedures

Our testing procedures will consist of:

- Transaction format testing: Ensure that files sent in are formatted correctly. We will also check to see that EDI filers properly receive a TS-997 acknowledgment.
- Initial test files should have a test indicator (T). After the test file has been approved, production data should be sent with a production indicator (P).

1.6 Error Reporting

Vehicle identification numbers that do not match our database will not be returned to the Insurance Company for correction.

Insurance Companies who wish to receive a list of VIN’s that do not match our database must request the report by marking the appropriate line on the Insurance Company Profile form.

2. TRANSACTION SET 811 SPECIFICATIONS

The following fields are required by the state of Kansas for the TS-811 insurance reporting. These fields may have different size requirements from the ALIR (Automobile Liability Insurance Reporting) implementation guide. Otherwise the Kansas TS-811 insurance reporting requirements follow the national standard set forth in the TS-811 ALIR version 003050 – version 3 Implementation Guide.

Business Value	SIZE	REQ/SIT	SEG/ELEMENT	DESCRIPTION
Interchange Control Header	2	R	ISA07	'01'
Interchange Control Header	15	R	ISA08	'835107079'
Functional Group Header	15	R	GS02	Senders Duns or Senders US Federal Tax ID # or Senders NAIC
Functional Group Header	9	R	GS03	'835107079'
Receiver Name	2	R	N101	'2F' (State)
Receiver Name	35	S	N102	'Kansas DMV' (Recipients Name)
Insurer Name	5	R	NM109	NAIC Code
State Name	35	R	NM103	'KS'
Transaction Purpose	3	R	SI03	'LOD'
Policy or Binder Number	20	R	REF02	Policy Number
Policy Dates	3	R	DTM01	'036'
Policy Dates	6	R	DTM02	Policy Expiration Date (YYMMDD format)
Policy Dates	2	R	DTM05	Century of Policy Expiration Date (CC format)
Vehicle Information	17	R	VEH02	VIN (Vehicle Identification Number)

For an example of the Kansas mapping requirements, please refer to the Kansas Insurance Reporting Map Example located on our website, www.ksrevenue.org/pdf/kirme.pdf

3. KANSAS PROPRIETARY RECORD LAYOUT (FLAT FILE)

******YOU MUST UTILIZE THE KDOR EDI TRANSLATOR IF USING THE FLAT FILE FORMAT******

If your company wishes to utilize the Kansas specific flat file format reporting method, you will need to install and use the KDOR EDI Insurance Translator provided by KDOR. The translator may be installed from a zip file or a CD and it will process the proprietary file by building the EDI TS-811. Detailed instructions to install and run the EDI Insurance Translator may be found at the following link: www.ksrevenue.org/pdf/editig.pdf. This translator is PC based, if you need the translator to run on another platform contact the EDI Coordinator.

Proprietary Record Layout Information

KDOR will utilize the Vehicle Identification Number (VIN), Insurance Company Name as translated from the National Association of Insurance Commissioners (NAIC) Code, Insurance Policy Number, Policy Transaction Code, the Expiration Date of the Policy and the tilde (~) as shown below in **bold**. Please note that each line must end in a control line feed. Optional fields will not be translated.

Field Name	Field Maximum Length	Start Pos.	End Pos.	Required/Optional
NAIC	5	1	5	Required
VIN	17	6	22	Required
Policy Number	20	23	42	Required
Policy Transaction Code (LOD)- INITIAL LOAD	3	43	45	Required
Policy Expiration Date (CCYYMMDD)	8	46	53	Required
Make	4	54	57	Optional
Year	4	58	61	Optional
Vehicle Plate Number	10	62	71	Optional
Policy Owner Last Name	35	72	106	Optional
Policy Owner First Name	30	107	136	Optional
Policy Owner Mid Name	1	137	137	Optional
Policy Owner Suffix	3	138	140	Optional
Policy Owner Driver License Number/Tax ID/Business Policy	20	141	160	Optional
Policy Owner Date of Birth(CCYYMMDD)	8	161	168	Optional
Policy Owner address	50	169	218	Optional
Policy Owner City	25	219	243	Optional
Policy Owner State	2	244	245	Optional
Policy Owner Zip	5	246	250	Optional
Policy Owner Zipplus	4	251	254	Optional
Policy Type(personal or commercial)	20	255	274	Optional
Policy Effective Date(CCYYMMDD)	8	275	282	Optional
Policy Transaction Date (Process Date)(CCYYMMDD)	8	283	290	Optional
Policy Transaction Purpose(Cancellation Reason Type Code)	3	291	293	Optional
Additional Driver 1 Last Name	35	294	328	Optional
Additional Driver 1 First Name	30	329	358	Optional
Additional Driver 1 Mid Name	1	359	359	Optional
Additional Driver 1 Suffix	3	360	362	Optional
Additional Driver 1 Driver License Number	20	363	382	Optional
Additional Driver 1 Date of Birth(CCYYMMDD)	8	383	390	Optional
Additional Driver 1 address	50	391	440	Optional
Additional Driver 1 City	25	441	465	Optional
Additional Driver 1 State	2	466	467	Optional
Additional Driver 1 Zip	5	468	472	Optional
Additional Driver 1 Zipplus	4	473	476	Optional

3.1 Kansas Proprietary Record Layout (Flat File)-Continued

Additional Driver 2 Last Name	35	477	511	Optional
Additional Driver 2 First Name	30	512	541	Optional
Additional Driver 2 Mid Name	1	542	542	Optional
Additional Driver 2 Suffix	3	543	545	Optional
Additional Driver 2 Driver License Number	20	546	565	Optional
Additional Driver 2 Date of Birth(CCYYMMDD)	8	566	573	Optional
Additional Driver 2 address	50	574	623	Optional
Additional Driver 2 City	25	624	648	Optional
Additional Driver 2 State	2	649	650	Optional
Additional Driver 2 Zip	5	651	655	Optional
Additional Driver 2 Zipplus	4	656	659	Optional
Additional Driver 3 Last Name	35	660	694	Optional
Additional Driver 3 First Name	30	695	724	Optional
Additional Driver 3 Mid Name	1	725	725	Optional
Additional Driver 3 Suffix	3	726	728	Optional
Additional Driver 3 Driver License Number	20	729	748	Optional
Additional Driver 3 Date of Birth(CCYYMMDD)	8	749	756	Optional
Additional Driver 3 address	50	757	806	Optional
Additional Driver 3 City	25	807	831	Optional
Additional Driver 3 State	2	832	833	Optional
Additional Driver 3 Zip	5	834	838	Optional
Additional Driver 3 Zipplus	4	839	842	Optional
Additional Driver 4 Last Name	35	843	877	Optional
Additional Driver 4 First Name	30	878	907	Optional
Additional Driver 4 Mid Name	1	908	908	Optional
Additional Driver 4 Suffix	3	909	911	Optional
Additional Driver 4 Driver License Number	20	912	931	Optional
Additional Driver 4 Date of Birth (CCYYMMDD)	8	932	939	Optional
Additional Driver 4 address	50	940	989	Optional
Additional Driver 4 City	25	990	1014	Optional
Additional Driver 4 State	2	1015	1016	Optional
Additional Driver 4 Zip	5	1017	1021	Optional
Additional Driver 4 Zipplus	4	1022	1025	Optional

*Please note: Each line must end in a control line feed.

4. FTP INSTRUCTIONS

Send a file to the KDOR FTP Server

Connect to the Internet as you normally do

In the address bar, type ftp://ftp.kdor.org Press Enter

Type User ID and password at the correct prompts Press Enter

At this point, you can “drag and drop” your file into the “Sub” folder on the KDOR FTP Server.

You may also double click the “Sub” folder and view the files that have been uploaded during this session and delete them if necessary.

Receive an acknowledgement file from the KDOR FTP Server

Connect to the Internet as you normally do

In the address bar, type ftp://ftp.kdor.org Press Enter

Type User ID and password at the correct prompts Press Enter

Double click the folder labeled Ack. The acknowledgement files will be stored in this folder. You may view, print, download or delete these files if you choose.

Receive an error report from the KDOR FTP Server

Connect to the Internet as you normally do

In the address bar, type ftp://ftp.kdor.org Press Enter

Type User ID and password at the correct prompts Press Enter

Double click the folder labeled ErrorRpt. The error reports will be stored in this folder. You may view, print, download or delete these files if you choose.

5. INSURANCE COMPANY PROFILE

Date: _____

Directory: _____ (leave blank)

Password: _____ (leave blank)

Company Name: _____

NAIC # _____

Mailing Address: _____

NAIC # _____

NAIC # _____

NAIC # _____

(Attach additional sheet if necessary.)

Primary Contact: _____

Phone: _____ Fax: _____

E-mail Address _____

EDI Contact: _____

Phone: _____ Fax: _____

E-mail Address _____

Will your company utilize the translator program offered by the Kansas Dept. of Revenue? Yes ___ No ___

If yes, what platform? PC ___ Other: _____

Encryption*: Yes ___ No ___ *Kansas Department of Revenue supports PGP encryption

Kansas Department of Revenue Contact Information:

Carole Rutschmann
Kansas Department of Revenue
Channel Management
915 SW Harrison - 2nd Floor
Topeka KS 66625

Phone: 785-291-3660 Fax: 785-296-0153
E-mail Address: carole_rutschmann@kdor.state.ks.us

ERROR REPORT

Do you wish to receive an error listing of the VIN's that do not match our database? ___ Yes ___ No

If yes, in what format should the error file be provided? ___ EDI ___ Flat File

Do you want the error file encrypted? ___ Yes ___ No

If yes, please provide your public PGP key via e-mail to: Carole_Rutschmann@kdor.state.ks.us



6. TRADING PARTNER AGREEMENT - STATE OF KANSAS

ELECTRONIC DATA INTERCHANGE (EDI) TRADING PARTNER AGREEMENT

This Agreement is entered into on _____, 20____, by and between the Kansas Department of Revenue and _____, hereinafter "the Insurance Company".

The Department and the Insurance Company agree as follows:

1. The Insurance Company will electronically transmit their monthly Kansas book of business to the Department of Revenue by the 3rd Friday of the month. All information shall be transmitted in accordance with policies and instructions established by the Department of Revenue.
2. The Insurance information shall be transmitted electronically to the Department of Revenue through an Internet service provider (ISP) to the directory provided at the Department of Revenue's FTP Server.
3. The Insurance Company, at its own expense, shall provide and maintain the equipment, software, services and testing necessary for the Insurance Company to transmit the insurance information. The Department of Revenue, at its own expense, shall provide and maintain the equipment, software, services and testing necessary for the Department to receive the insurance information. Each party shall use security procedures which are reasonably sufficient and use its best efforts to ensure that all transmissions of insurance information is authorized and to protect its business records and data from improper access.
4. The signature of the insurance company or its authorized agent affixed to this Agreement shall be deemed to be assurance that the information sent to KDOR is accurate and correct as it appears on the day it is generated.
5. Upon any receipt of any EDI transmission from the Insurance Company, a TS-997 acknowledgment will be available for retrieval within 24 hours.
6. Motor vehicle records maintained by the Department are subject to the provisions of K.S.A 45-215 et seq.; K.S.A. 74-2012, and 18 U.S.C. Section 2721, The Drivers Privacy Protection Act of 1994 as amended. The Electronic Insurance information received will be protected under the same statutes and laws applicable to the motor vehicle record.
7. This agreement can only be amended by the execution of a written addendum to this agreement by the Department of Revenue and the Insurance Company.
8. This Agreement may be terminated at any time after (30) days notice by an instrument in writing, signed by a duly authorized representative of any party hereto.
9. This Agreement represents the entire understanding of the parties in relation to the electronic filing of insurance information.
10. The place of performance of this agreement is the Division of Vehicles, Kansas Department of Revenue, 1st Floor, Docking State Office Building, Topeka, Kansas 66626. It shall be governed by the laws of the State of Kansas.

INSURANCE COMPANY:

Print Name of Company or Authorized Agent

Title

Signature of Authorized Agent

Date

KANSAS DEPARTMENT OF REVENUE:

Print Name of Department's Authorized Agent

Title

Signature of Department's Authorized Agent

Date