

NIC Insurance Filings Web Service Specification

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Introduction

This document describes the web service for NIC Insurance Filings, formerly known as NOR MCInfo. It allows users to transmit and obtain filing data via a SOAP web service.

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

Next, the getFiling method is called and retrieves filing data. 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 fourth 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 NIC 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 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 NIC Insurance Filings, a participation agreement must be completed before web service development can take place. If the insurance company staff already has log in credentials, then a participation agreement should already be on file. Insurer, MGA, and Filing Agent accounts all may use the web service API.

1. NIC Insurance Filings staff sets up web service access for your company in the NIC 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. NIC 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. NIC 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 NIC 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 NIC Insurance Filings. Sample code for each method is provided in this document.
 - b. When the insurance company's testing is complete, NIC 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 (user name and password) designated specifically for data communications between NIC Insurance Filings and the insurance company system.
 - c. The insurance company web service submits filings and receives status updates from NIC 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 and common Forms E, H, and K. See Filing Service Summary table below for list of states that accept filings via the NIC Insurance Filings web service. Web service options will be added for more forms and participating states in the coming months. Email support@nicinsurancefilings.com if you are interested in discussing the schedule for upcoming additions.

Filing Service Summary

Form Type	Participating States Accepting Form Type via Web Service*
Form E	Alabama, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Nebraska, New Mexico, New York, Oklahoma, Oregon, Pennsylvania, South Carolina
Form H	Alabama, Georgia, Illinois, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Nebraska, New Mexico, New York, Oklahoma, Oregon, Pennsylvania, South Carolina
Form K	Alabama, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Nebraska, New Mexico, New York, Oklahoma, Oregon, Pennsylvania, South Carolina
CA MCP 65, CA MCP 66	California

*Please note: Electronic filing of forms E, H, K, SR-22, SR-23 and SR-26 to Iowa and Washington is available via the NIC Insurance Filings web application, <https://www.nicinsurancefilings.com>, only.

NIC Insurance Filings: insertFiling Method

This section provides the NIC 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>

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 NIC Insurance Filings. FilingID 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 method](#) and [searchFiling method](#).

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

- [General Fields](#)
- [Form CA MCP 65 Fields](#)
- [Form CA MCP 66 Fields](#)
- [Form E, Form H, Form K Fields](#)

SOAP code samples are available in [Appendix 1](#).

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

1. Username
2. Password

The user credentials are defined in the NIC Insurance Filings system. The user has the Insurance Admin role. Reach out to your NIC 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, ID, IL, IN, KS, KY, LA, ME, MA, MI, MN, MS, NE, NM, NY, OK, OR, PA, and SC
filer	The submitting insurance user	1	20	String	This is the NIC Insurance Filings user associated with each filing. This may be the web service admin user, or another user set up in the NIC Insurance Filings web application. This user will receive email updates about the status of filings.
naic	NAIC number associated with the insurance company	1	50	String	Required for filings to CA, OK, OR
insurerNo	State specific ID for an insurer	0	18	String	Required for OK unless DOT number is provided Requested, but not required, for IL and OR
usdot	U.S. DOT number	0	8	String	Required for filings to IN, KS, and OR. Required for filings to OK unless PIN/Entity # is provided for stateMCId element.
motorCarrierCompany	Motor carrier company name	1	50	String	Required

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
motorCarrierDBA	Motor carrier doing business as name	0	120	String	Optional
stateMCId	Motor carrier ID	1	20	String	Required for filings to CA, IL, IN, NM, 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.
formType	Type of the form being submitted	1	50	String	<p>Fixed set of values:</p> <p>Currently, insurance companies can insert or get filing information for five forms: Form E Form H Form K Form DMV 65 MCP (For CA Only) Form DMV 66 MCP (For CA Only)</p> <p>More forms will become available soon, including: SR-22 SR-23 SR-26</p>
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 Required for all forms except CA MCP 65.
reinstate	Reinstates the policy	0	1	String	Optional. Data is not required for submission. Possible values are 'Y', 'N', or a space (no data).
fhwa	The Federal Motor Carrier Safety Administration	0	8	String	Optional. Data is not required for submission.

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
	(formerly Federal Highway Administration) number				
filingNotes	Notes from the filer to the state regarding an individual filing	0	2000	String	Optional. Data is not required for submission.
insuranceCompanyNa me	The insurance company's name	1	120	String	Required
insDBA	Insurance company doing business as name	0	120	String	Optional. Data is not required for submission.
insuranceCompanyAd dress	The insurance company address	-NA-	-NA-	Complex XML element	N/A – If an insurance company was set up in the NIC Insurance Filings application, then this information will be populated by NIC Insurance Filings upon submission.
insurancePhone	The insurance company phone	0	10	String	Optional. Data is not required for submission.
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 "
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 "

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
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 "

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
phAddr	The signatory's address	-NA-	-NA-	Complex XML element	N/A – If a signatory was set up in the NIC Insurance Filings application, then information will be populated by NIC 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 Data Definition

Form CA MCP 65 <formCA65>					
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	<p>Fixed set of values (required):</p> <p>Y or N</p> <p>'Y' implies Primary Liability is selected</p> <p>'N' implies Primary Liability is not selected</p> <p>Business Rules:</p> <p>If 'N,' then another type of liability must be populated as 'Y' (exLiability or wcStatutory)</p>
priLiaPolicyNumber	Primary Liability Policy Number	1	25	String	<p>Business Rules:</p> <p>Data required if prLiability = Y</p>
priLiaEffectiveDate	Primary Liability Effective Date	10	10	String	<p>Format: MM/DD/YYYY</p> <p>Business Rules:</p> <p>Data required if prLiability = Y</p>
priLiaCoverageLimit	Primary Liability Coverage Limit	5	5	String	<p>Fixed set of values:</p> <p>BELOW or EQUAL</p> <p>'BELOW' implies coverage below statutory minimum limits</p> <p>'EQUAL' implies coverage equal to or exceeding statutory minimum limits</p> <p>Business Rules:</p> <p>Data required if prLiability = Y</p>

Form CA MCP 65

<formCA65>

Element Name	Description/ Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information and Business Rules
priLiaCombinedSingleLimit	Primary Liability Combined Single Limit	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000 in the actual filing</p> <p>Data is required if prLiability = Y and no data was provided for priLiaBodilyInjuryOrDeathOnePerson, priLiaBodilyInjuryOrDeathGroup, and priLiaPropertyDamage</p> <p>If this field is used, data cannot be submitted for priLiaBodilyInjuryOrDeathOnePerson, priLiaBodilyInjuryOrDeathGroup, or priLiaPropertyDamage</p>
priLiaBodilyInjuryOrDeathOnePerson	Primary Liability Bodily Injury Or Death (One Person)	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000 in the actual filing</p> <p>Data is required if prLiability = Y and no data was provided for priLiaCombinedSingleLimit</p>
priLiaBodilyInjuryOrDeathGroup	Primary Liability Bodily Injury Or Death (More Than One Person)	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000 in the actual filing</p> <p>Data is required if prLiability = Y and no data was provided for priLiaCombinedSingleLimit</p>
priLiaPropertyDamage	Primary Liability Property Damage	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000 in the actual filing</p> <p>Data is required if prLiability = Y and no data was provided for priLiaCombinedSingleLimit</p>

Form CA MCP 65

<formCA65>

Element Name	Description/ Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information and Business Rules
Excess Liability Elements					
excLiability	Excess Liability selected	1	1	String	<p>Fixed set of values:</p> <p>Y or N</p> <p>'Y' implies Excess Liability is selected</p> <p>'N' implies Excess Liability is not selected</p> <p>Business Rules:</p> <p>If 'N,' then another type of liability must be populated as 'Y' (priLiability or wcStatutory)</p>
excLiaPolicyNumber	Excess Liability Policy Number	1	25	String	<p>Business Rules:</p> <p>Data is required if excLiability = Y</p>
excLiaEffectiveDate	Excess Liability Effective Date	10	10	String	<p>Format: MM/DD/YYYY</p> <p>Business Rules:</p> <p>Data is required if excLiability = Y</p>
excLiaCoverageLimit	Excess Liability Coverage Limit	5	5	String	<p>Fixed set of values:</p> <p>ATORABOVE or BETWEEN</p> <p>'ATORABOVE' implies coverage provided at or above statutory minimum limits</p> <p>'BETWEEN' implies coverage between statutory minimum coverage and statutory minimum limits</p> <p>Business Rules:</p> <p>Data is required if excLiability = Y</p>

Form CA MCP 65

<formCA65>

Element Name	Description/ Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information and Business Rules
excliaCombinedSingleLimit	Excess Liability Combined Single Limit	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000</p> <p>Data is required if excliability = Y and excliaCombinedSingleLimitInExces sOf are completed</p>
excliaCombinedSingleLimitInExcessOf	Excess Liability Combined Single Limit In Excess Of	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000</p> <p>Data is required if excliability = Y and excliaCombinedSingleLimit are completed</p>
excliaBodilyInjuryOrDeathOnePerson	Excess Liability Bodily Injury Or Death (One Person)	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000</p> <p>Data is required if excliability = Y and all Bodily Injury and Property Damage fields are completed</p>
excliaBodilyInjuryOrDeathOnePersonIn ExcessOf	Excess Liability Bodily Injury Or Death In Excess Of (One Person)	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000</p> <p>Data is required if excliability = Y and all Bodily Injury and Property Damage fields are completed</p>
excliaBodilyInjuryOrDeathGroup	Excess Liability Bodily Injury Or Death (More Than One Person)	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000</p> <p>Data is required if excliability = Y and all Bodily Injury and Property Damage fields are completed</p>

Form CA MCP 65

<formCA65>

Element Name	Description/ Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information and Business Rules
exLiaBodilyInjuryOrDeathGroupInExcessOf	Excess Liability Bodily Injury Or Death In Excess Of (More Than One Person)	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000</p> <p>Data is required if exLiability = Y and all Bodily Injury and Property Damage fields are completed</p>
exLiaPropertyDamage	Excess Liability Property Damage	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000</p> <p>Data is required if exLiability = Y and all Bodily Injury and Property Damage fields are completed</p>
exLiaPropertyDamageInExcessOf	Excess Liability Property Damage In Excess Of	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000</p> <p>Data is required if exLiability = Y and all Bodily Injury and Property Damage fields are completed</p>
Workers' Compensation (WC) Statutory Limits Elements					
wcStatutory	WC Statutory Limits selected	1	1	String	<p>Fixed set of values:</p> <p>Y or N</p> <p>'Y' implies WC Statutory Limits is selected</p> <p>'N' implies WC Statutory Limits is not selected</p> <p>Business Rules:</p> <p>If 'N,' then another type of liability must be populated as 'Y' (priLiability or exLiability)</p>
wcStatutoryPolicyNumber	WC Statutory Policy Number	1	25	String	<p>Business Rules:</p> <p>Data is required if wcStatutory = Y</p>

Form CA MCP 65

<formCA65>

Element Name	Description/ Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information and Business Rules
wcStatutoryEffectiveDate	WC Statutory Effective Date	10	10	String	<p>Format: MM/DD/YYYY</p> <p>Business Rules: If 'N,' then another type of liability must be populated as 'Y' (priLiability or exLiability)</p>

[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

[Form E, Form H, Form K Data Definition](#)

Form E, Form H, Form K					
Element Name	Description/Purpose	Min Value	Max Value	Data Type	Additional Information
underlyingLimit	Records amount of underlying limit	1,000	1 Billion	Number	<p>Business Rules:</p> <p>Optional. Used for Form E filings only.</p> <p>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.</p>
liabilityLimit	Records amount of liability limit	1,000	1 Billion	Number	<p>Business Rules:</p> <p>Required for Form E only</p> <p>Required for all state agencies except PA</p> <p>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.</p>
contactEmail	Provide email address for state agency to follow up regarding a specific filing	1	120	String	<p>Business Rules:</p> <p>Required for PA, optional for all other state agencies</p>
authorityType	Motor carrier authority type (PA only)	1	255	String	<p>Business Rules:</p> <p>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:</p> <ul style="list-style-type: none"> • Airport • CallOrDemand • ContractCarrier • GroupAndPartyElevenToFifteen • GroupAndPartySixteenAndOver • HouseholdGoods • Limousine • Paratransit • Property • ScheduledRoute • TNC <p>See Appendix 4 for more information about these authority types.</p>

Form E, Form H, Form K

Element Name	Description/Purpose	Min Value	Max Value	Data Type	Additional Information
cancelCargo	Cancel cargo insurance	0	1	String	<p>Business Rules:</p> <p>Required if formType = K and cancelBIPD = N.</p> <p>Fixed Set: (Y, N)</p> <p>Use value "Y" if cancelling Cargo insurance.</p>
cancelBIPD	Cancel Bodily Injury and Property Damage (BIPD) insurance	0	1	String	<p>Business Rules:</p> <p>Required if formType = K and cancelCargo = N</p> <p>Fixed Set: (Y, N)</p> <p>Use value "Y" if cancelling BIPD insurance.</p>

NIC Insurance Filings: getFiling Method

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

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

The following sections contain data elements for the getFiling method. This method returns data for only one filing per request.

Data elements include general information that may be populated for all forms, and fields only populated for specific forms.

See [Appendix 2](#) for request and response code samples for this method. Each getFiling submission should be accompanied by an HTTP header providing two values:

1. Username
2. Password

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

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

- [General Fields](#)
- [Form CA MCP 65 Fields](#)
- [Form CA MCP 66 Fields](#)
- [Form E, Form H, Form K Fields](#)

Data Definition: General Fields

Request:

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
filingId	NIC Insurance Filings system defined unique ID for each filing	1	9999999999	INTEGER	Optional parameter. Not required if policyNo is provided.
policyNo	The policy number provided by the insurer during the filing submission	1	25	String	Optional parameter. Not required if filingId is provided.

Note: Either filingId or policyNo must be provided. **The search criteria fields build a Boolean “AND” query not an “OR” query.**

Response: Returns only one filing object matching the given search criteria. If no matching filing objects are found, an error is returned.

All of the data elements below are available via the getFiling method; however, the insurance company might create a getFiling call that only requests a subset of these elements. The getFiling responses will omit elements for which no data is contained in the identified filing.

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	NIC 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.

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
					Participating states include: AL, CA, GA, ID, IL, IN, KS, KY, LA, ME, MA, MI, MN, MS, NE, NM, NY, OK, OR, PA, and SC
filer	The submitting insurance user	1	20	String	This is the NIC Insurance Filings user associated with each filing. This may be the web service admin user, or another user set up in the NIC Insurance Filings application. This user will receive 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.
motorCarrierCompany	Motor carrier company name	1	50	String	Data will be returned for all filings.
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.
status	Indicates the processing status of filing in the NIC Insurance Filings system	3	3	String	<p>Fixed set of values:</p> <p>REC: New Filing PEN: Pending REJ: Rejected by state ACC: Accepted/Approved by state</p> <p>'REC' implies that the filing has been submitted by insurer and has not been reviewed by the state agency yet.</p> <p>'PEN' implies the state agency has moved the filing to a pending queue.</p>

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
					In either of these statuses, the filing is open for acceptance or rejection by the state agency.
formType	Type of the form submitted	1	50	String	<p>Fixed set of values:</p> <p>Currently, insurance companies can only insert or get filing information for five forms: CA MCP 65 (CA DMV only) CA MCP 66 (CA DMV only) Form E Form H Form K</p> <p>More forms will become available soon, including: SR-22 SR-23 SR-26</p>
mcCompAddr	Motor carrier company address	-NA-	-NA-	Complex XML element	The sub element details are defined in table below titled “Address”
effectiveDate	The date the policy becomes effective	10	10	String	<p>Format: MM/DD/YYYY</p> <p>Alternative effective date fields apply for CA MCP 65 and CA MCP 66. See form-specific tables.</p>
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	<p>Format: MM/DD/YYYY</p> <p>Data will be returned if status = REJ.</p>
rejectReason	A description of the reason the policy was rejected, if applicable. This information is entered in the NIC Insurance Filings system by the state agency.	1	255	String	Data will be returned if status = REJ.

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
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 "
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.
pendingComments	Comments entered by the state in the NIC Insurance Filings system when this filing was marked "Pending"	1	255	String	Data will be returned if status = PEN.

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
agencyAcceptanceDate	The date the policy was rejected by the state	10	10	String	Format: MM/DD/YYYY Data will be returned if status = ACC.
acceptanceComments	Comments entered by the state in the NIC 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				Please contact NIC Insurance Filings Support at support@nicinsurancefilings.com for additional details on HTTP download of filing PDFs.
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 " tables below

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	
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 Data Definition

Form CA MCP 65 <formCA65>					
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

<formCA65>

Element Name	Description/ Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Info and Business Rules
priLiaCombinedSingleLimit	Primary Liability Combined Single Limit	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000 in the actual filing</p> <p>Data will exist if prLiability = Y and no data was provided for priLiaBodilyInjuryOrDeathOne Person, priLiaBodilyInjuryOrDeathGroup, and priLiaPropertyDamage</p>
priLiaBodilyInjuryOrDeathOnePerson	Primary Liability Bodily Injury Or Death (One Person)	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000 in the actual filing</p> <p>Data will exist if prLiability = Y and no data was provided for priLiaCombinedSingleLimit</p>
priLiaBodilyInjuryOrDeathGroup	Primary Liability Bodily Injury Or Death (More Than One Person)	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000 in the actual filing</p> <p>Data will exist if prLiability = Y and no data was provided for priLiaCombinedSingleLimit</p>
priLiaPropertyDamage	Primary Liability Property Damage	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000 in the actual filing</p> <p>Data will exist if prLiability = Y and no data was provided for priLiaCombinedSingleLimit</p>

Form CA MCP 65

<formCA65>

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	<p>Fixed set of values:</p> <p>Y or N</p> <p>‘Y’ implies Excess Liability is selected</p> <p>‘N’ implies Excess Liability is not selected</p> <p>Business Rules:</p> <p>If ‘N,’ then another type of liability must exist (priLiability or wcStatutory)</p>
excliaPolicyNumber	Excess Liability Policy Number	1	25	String	<p>Business Rules:</p> <p>Data will be present if excliability = Y</p>
excliaEffectiveDate	Excess Liability Effective Date	10	10	String	<p>Format: MM/DD/YYYY</p> <p>Business Rules:</p> <p>Data will be present if excliability = Y</p>
excliaCoverageLimit	Excess Liability Coverage Limit	5	5	String	<p>Fixed set of values:</p> <p>ATORABOVE or BETWEEN</p> <p>‘ATORABOVE’ implies coverage provided at or above statutory minimum limits</p> <p>‘BETWEEN’ implies coverage between statutory minimum coverage and statutory minimum limits</p> <p>Required if Excess Liability is selected</p>

Form CA MCP 65

<formCA65>

Element Name	Description/ Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Info and Business Rules
					<p>Business Rules:</p> <p>Data will be present if exclLiability = Y</p>
excliaCombinedSingleLimit	Excess Liability Combined Single Limit	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000</p> <p>Data will be present if exclLiability = Y and excliaCombinedSingleLimitIn ExcessOf is populated</p>
excliaCombinedSingleLimitInExcessOf	Excess Liability Combined Single Limit In Excess Of	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000 in the actual filing</p> <p>Data will be present if exclLiability = Y and excliaCombinedSingleLimitIn ExcessOf is populated</p>
excliaBodilyInjuryOrDeathOnePerson	Excess Liability Bodily Injury Or Death (One Person)	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000 in the actual filing</p> <p>Data will be present if exclLiability = Y and all Bodily Injury and Property Damage fields are populated</p>
excliaBodilyInjuryOrDeathOnePersonInExcessOf	Excess Liability Bodily Injury Or Death In Excess Of (One Person)	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000 in the actual filing</p> <p>Data will be present if exclLiability = Y and all Bodily Injury and Property Damage fields are completed</p>

Form CA MCP 65

<formCA65>

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	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000 in the actual filing</p> <p>Data will be present if excliability = Y and all Bodily Injury and Property Damage fields are completed</p>
excliaBodilyInjuryOrDeathGroupInExcessOf	Excess Liability Bodily Injury Or Death In Excess Of (More Than One Person)	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000 in the actual filing</p> <p>Data will be present if excliability = Y and all Bodily Injury and Property Damage fields are completed</p>
excliaPropertyDamage	Excess Liability Property Damage	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000 in the actual filing</p> <p>Data will be present if excliability = Y and all Bodily Injury and Property Damage fields are completed</p>
excliaPropertyDamageInExcessOf	Excess Liability Property Damage In Excess Of	1	8	Double	<p>Business Rules:</p> <p>Values are multiplied by 1,000 in the actual filing</p> <p>Data will be present if excliability = Y and all Bodily Injury and Property Damage fields are completed</p>

Form CA MCP 65

<formCA65>

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

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					
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, optional for all other state agencies. Data will be returned for filings to PA, and may not be returned for any other state agency.
authorityType	Motor carrier authority type (PA only)	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: <ul style="list-style-type: none"> • Airport • CallOrDemand • ContractCarrier • GroupAndPartyElevenToFifteen • GroupAndPartySixteenAndOver • HouseholdGoods • Limousine • Paratransit • Property • ScheduledRoute • TNC

Form E, Form H, Form K

Element Name	Description/Purpose	Min Value	Max Value	Data Type	Additional Information
cancelCargo	Cancel cargo insurance	0	1	String	<p>Fixed Set: (Y, N)</p> <p>Data collected and returned for Form K filings only.</p> <p>Value "Y" is returned if the filing cancelled Cargo insurance.</p>
cancelBIPD	Cancel BIPD insurance	0	1	String	<p>Fixed Set: (Y, N)</p> <p>Data collected and returned for Form K filings only.</p> <p>Value "Y" is returned if the filing cancelled BIPD insurance.</p>

NIC Insurance Filings: getFilingPDF Method

This section provides the NIC 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>

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

1. Username
2. Password

The user credentials are defined in the NIC Insurance Filings system. The user has the Insurance Admin role. Reach out to your NIC 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>
      <filingId>111111</filingId>
      <stateName>California</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> JVBERi0xLjIKXBqLTAAuMjIKJUdlbmVYXRIZCB3aXRoIHQIDAuMjIKJlENvcHlyaWdodCAoQykgMTk5OC</return>

</getFilingPDFResponse>

</S:Body>

</S:Envelope>

Data Definition

Request:

Element Name	Description/Purpose	Min Value/Size	Max Value/Size	Data Type	Additional Information
filingId	NIC Insurance Filings system defined unique ID for each filing	1	999999999	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	

NIC Insurance Filings: searchFilings Method

This section provides the NIC 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 NIC Insurance Filings web service.

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

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

1. Username
2. Password

The user credentials are defined in the NIC Insurance Filings system. The user has the Insurance Admin role. Reach out to your NIC 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:-->
      <filingDate></filingDate>
      <!--Optional:-->
      <processingStatus></processingStatus>
      <!--Optional:-->
      <wsNotificationId>61</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>
      </return>
    </ns2:searchFilingsResponse>
  </S:Body>
</S:Envelope>
```


<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 NIC 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 NIC 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](#)
- [CA MCP 66](#)
- [Form E](#)
- [Form H](#)
- [Form K](#)

[CA MCP 65 Sample Code](#)

[insertFiling SOAP 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: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:form>

<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:exclLiability>Y</ser:exclLiability>

  <ser:exclLiaPolicyNumber>CA65E</ser:exclLiaPolicyNumber>

  <ser:exclLiaEffectiveDate>08/09/2020</ser:exclLiaEffectiveDate>

  <ser:exclLiaCoverageLimit>ATORABOVE</ser:exclLiaCoverageLimit>

  <ser:exclLiaCombinedSingleLimit></ser:exclLiaCombinedSingleLimit>

  <ser:exclLiaCombinedSingleLimitInExcessOf></ser:exclLiaCombinedSingleLimitInExcessOf>

  <ser:exclLiaBodilyInjuryOrDeathOnePerson>1</ser:exclLiaBodilyInjuryOrDeathOnePerson>

  <ser:exclLiaBodilyInjuryOrDeathOnePersonInExcessOf>1</ser:exclLiaBodilyInjuryOrDeathOnePersonInExcessOf>

  <ser:exclLiaBodilyInjuryOrDeathGroup>1</ser:exclLiaBodilyInjuryOrDeathGroup>

  <ser:exclLiaBodilyInjuryOrDeathGroupInExcessOf>1</ser:exclLiaBodilyInjuryOrDeathGroupInExcessOf>

  <ser:exclLiaPropertyDamage>1</ser:exclLiaPropertyDamage>

  <ser:exclLiaPropertyDamageInExcessOf>1</ser:exclLiaPropertyDamageInExcessOf>

  <ser:wcStatutory>Y</ser:wcStatutory>

  <ser:wcStatutoryPolicyNumber>CA65W</ser:wcStatutoryPolicyNumber>
```



```
<ser:wcStatutoryEffectiveDate>08/10/2020</ser:wcStatutoryEffectiveDate>
</ser:formCA65>
<ser:formCA66>
  <ser:originalCertificateIssuedDate></ser:originalCertificateIssuedDate>
  <ser:insuranceType></ser:insuranceType>
  <ser:cancellationDate></ser:cancellationDate>
</ser:formCA66>
</ser:filingType>
</ser:insertFiling>
</SOAPenv:Body>
</SOAPenv:Envelope>
```

insertFiling SOAP Response

```
<S:Envelope xmlns:S="http://schemas.xmlsoap.org/soap/envelope/">
  <S:Body>
    <insertFilingResponse xmlns="http://server.fromjava">
      <return>823730</return>
    </insertFilingResponse>
  </S:Body>
</S:Envelope>
```

CA MCP 66 Sample Code

insertFiling SOAP 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: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:form>

<ser:cancelCargo></ser:cancelCargo>

<ser:cancelBIPD></ser:cancelBIPD>

<ser:underLyingLimit></ser:underLyingLimit>

<ser:liabilityLimit></ser:liabilityLimit>

</ser:form>

<ser:formCA65>

<ser:priLiability></ser:priLiability>

<ser:priLiaPolicyNumber></ser:priLiaPolicyNumber>

<ser:priLiaEffectiveDate></ser:priLiaEffectiveDate>

```
<ser:priLiaCoverageLimit></ser:priLiaCoverageLimit>

<ser:priLiaCombinedSingleLimit></ser:priLiaCombinedSingleLimit>

<ser:priLiaBodilyInjuryOrDeathOnePerson></ser:priLiaBodilyInjuryOrDeathOnePerson>

<ser:priLiaBodilyInjuryOrDeathGroup></ser:priLiaBodilyInjuryOrDeathGroup>

<ser:priLiaPropertyDamage></ser:priLiaPropertyDamage>

<ser:excLiability></ser:excLiability>

<ser:excLiaPolicyNumber></ser:excLiaPolicyNumber>

<ser:excLiaEffectiveDate></ser:excLiaEffectiveDate>

<ser:excLiaCoverageLimit></ser:excLiaCoverageLimit>

<ser:excLiaCombinedSingleLimit></ser:excLiaCombinedSingleLimit>

<ser:excLiaCombinedSingleLimitInExcessOf></ser:excLiaCombinedSingleLimitInExcessOf>

<ser:excLiaBodilyInjuryOrDeathOnePerson></ser:excLiaBodilyInjuryOrDeathOnePerson>

<ser:excLiaBodilyInjuryOrDeathOnePersonInExcessOf></ser:excLiaBodilyInjuryOrDeathOnePersonInExcessOf>

<ser:excLiaBodilyInjuryOrDeathGroup></ser:excLiaBodilyInjuryOrDeathGroup>

<ser:excLiaBodilyInjuryOrDeathGroupInExcessOf></ser:excLiaBodilyInjuryOrDeathGroupInExcessOf>

<ser:excLiaPropertyDamage></ser:excLiaPropertyDamage>

<ser:excLiaPropertyDamageInExcessOf></ser:excLiaPropertyDamageInExcessOf>

<ser:wcStatutory></ser:wcStatutory>

<ser:wcStatutoryPolicyNumber></ser:wcStatutoryPolicyNumber>

<ser:wcStatutoryEffectiveDate></ser:wcStatutoryEffectiveDate>

</ser:formCA65>

<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>

[insertFiling SOAP Response](#)

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

<S:Body>

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

<return>826894</return>

</insertFilingResponse>

</S:Body>

</S:Envelope>

Form E Sample Code

insertFiling SOAP 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>
```

insertFiling SOAP Response

```
<SOAPenv:Envelope xmlns:SOAPenv="http://schemas.xmlsoap.org/soap/envelope/" xmlns:ser="http://server.fromjava">
```

```
<SOAPenv:Header/>
<SOAPenv:Body>
  <ser:getFiling>
    <ser:filingId>826810</ser:filingId>
    <ser:policyNo></ser:policyNo>
  </ser:getFiling>
</SOAPenv:Body>
</SOAPenv:Envelope>
```

Form H Sample Code

insertFiling SOAP 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>
insertFiling SOAP Response
<S:Envelope xmlns:S="http://schemas.xmlsoap.org/soap/envelope/">
  <S:Body>
    <insertFilingResponse xmlns="http://server.fromjava">
      <return>826978</return>
    </insertFilingResponse>
  </S:Body>
</S:Envelope>
```

Form K Sample Code

insertFiling SOAP 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:stateMCIId></ser:stateMCIId>
```

```
<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>
insertFiling SOAP Response
<S:Envelope xmlns:S="http://schemas.xmlsoap.org/soap/envelope/">
  <S:Body>
    <insertFilingResponse xmlns="http://server.fromjava">
      <return>826900</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:

- [CA MCP 65](#)
- [CA MCP 66](#)
- [Form E](#)
- [Form H](#)
- [Form K](#)

[CA MCP 65 Sample Code](#)

[getFiling SOAP Request](#)

```
<SOAPenv:Envelope xmlns:SOAPenv="http://schemas.xmlsoap.org/soap/envelope/" xmlns:ser="http://server.fromjava">
  <SOAPenv:Header/>
  <SOAPenv:Body>
    <ser:getFiling>
      <ser:filingId>825038</ser:filingId>
      <ser:policyNo></ser:policyNo>
    </ser:getFiling>
  </SOAPenv:Body>
</SOAPenv:Envelope>
```

[getFiling SOAP Response](#)

```
S:Envelope xmlns:S="http://schemas.xmlsoap.org/soap/envelope/">
  <S:Body>
    <getFilingResponse xmlns="http://server.fromjava">
      <return>
        <filingId>825038</filingId>
        <policyNo>ABCD123</policyNo>
        <statId>CA</statId>
      </return>
    </getFilingResponse>
  </S:Body>
</S:Envelope>
```

<filer>mgiusr13752</filer>

<motorCarrierCompany>Bob</motorCarrierCompany>

<stateMCIId>12345</stateMCIId>

<status>PAF</status>

<formType>Form DMV 65 MCP (For CA Only)</formType>

<mcCompAddr>

 <addr1>Address</addr1>

 <city>City</city>

 <state>CA</state>

 <zip>12345</zip>

</mcCompAddr>

<filingDate>12/07/2020</filingDate>

<insuranceCompanyName>Insurance Company Testing</insuranceCompanyName>

<insuranceCompanyAddress>

 <addr1>11111 Outer County Road Junction 47</addr1>

 <city>Poxalockymogan</city>

 <state>OR</state>

 <zip>12345</zip>

</insuranceCompanyAddress>

<insurancePhone>1111111111</insurancePhone>

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

<naic>99999</naic>

<pdfKey>92d0f2e3bb312d9e3dcc3f3724fe4c0f</pdfKey>

<authorizedSignatory>

 <name>MG</name>

 <phAddr>

 <addr1>oak</addr1>

 <city>oak</city>

 <state>OR</state>

```
<zip>12345</zip>

</phAddr>

<phone>1111111111</phone>

<email>mg@nicusa.com</email>

</authorizedSignatory>

<formCA65>

  <priLiability>Y</priLiability>

  <priLiaPolicyNumber>ABCD123</priLiaPolicyNumber>

  <priLiaEffectiveDate>10/31/2020</priLiaEffectiveDate>

  <priLiaCoverageLimit>BELOW</priLiaCoverageLimit>

  <priLiaCombinedSingleLimit>1.0</priLiaCombinedSingleLimit>

  <priLiaBodilyInjuryOrDeathOnePerson>0.0</priLiaBodilyInjuryOrDeathOnePerson>

  <priLiaBodilyInjuryOrDeathGroup>0.0</priLiaBodilyInjuryOrDeathGroup>

  <priLiaPropertyDamage>0.0</priLiaPropertyDamage>

  <exclLiability>N</exclLiability>

  <exclLiaCombinedSingleLimit>0.0</exclLiaCombinedSingleLimit>

  <exclLiaCombinedSingleLimitInExcessOf>0.0</exclLiaCombinedSingleLimitInExcessOf>

  <exclLiaBodilyInjuryOrDeathOnePerson>0.0</exclLiaBodilyInjuryOrDeathOnePerson>

  <exclLiaBodilyInjuryOrDeathOnePersonInExcessOf>0.0</exclLiaBodilyInjuryOrDeathOnePersonInExcessOf>

  <exclLiaBodilyInjuryOrDeathGroup>0.0</exclLiaBodilyInjuryOrDeathGroup>

  <exclLiaBodilyInjuryOrDeathGroupInExcessOf>0.0</exclLiaBodilyInjuryOrDeathGroupInExcessOf>

  <exclLiaPropertyDamage>0.0</exclLiaPropertyDamage>

  <exclLiaPropertyDamageInExcessOf>0.0</exclLiaPropertyDamageInExcessOf>

  <wcStatutory>N</wcStatutory>

</formCA65>

</return>

</getFilingResponse>

</S:Body>

</S:Envelope>
```

CA MCP 66 Sample Code

getFiling SOAP Request

```
<SOAPenv:Envelope xmlns:SOAPenv="http://schemas.xmlsoap.org/soap/envelope/" xmlns:ser="http://server.fromjava">
  <SOAPenv:Header/>
  <SOAPenv:Body>
    <ser:getFiling>
      <ser:filingId>826894</ser:filingId>
      <ser:policyNo></ser:policyNo>
    </ser:getFiling>
  </SOAPenv:Body>
</SOAPenv:Envelope>
```

getFiling SOAP 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>
        <stateMCIId>12345</stateMCIId>
        <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>
      </return>
    </getFilingResponse>
  </S:Body>
</S:Envelope>
```

</mcCompAddr>
<effectiveDate>08/20/2020</effectiveDate>
<filingDate>02/23/2021</filingDate>
<insuranceCompanyName>Insurance Company Testing</insuranceCompanyName>
<insuranceCompanyAddress>
 <addr1>11111 Outer County Road Junction 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@nicusa.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 Sample Code

getFiling SOAP Request

```
<SOAPenv:Envelope xmlns:SOAPenv="http://schemas.xmlsoap.org/SOAP/envelope/" xmlns:ser="http://server.fromjava">
  <SOAPenv:Header/>
  <SOAPenv:Body>
    <ser:getFiling>
      <ser:filingId>826810</ser:filingId>
      <ser:policyNo></ser:policyNo>
    </ser:getFiling>
  </SOAPenv:Body>
</SOAPenv:Envelope>
```

getFiling SOAP 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>
      </return>
    </getFilingResponse>
  </S:Body>
</S:Envelope>
```

</mcCompAddr>
<effectiveDate>02/01/2021</effectiveDate>
<filingDate>02/18/2021</filingDate>
<insuranceCompanyName>Insurance Company Testing</insuranceCompanyName>
<insuranceCompanyAddress>
 <addr1>11111 Outer County Road Junction 47</addr1>
 <city>Poxalockymogan</city>
 <state>OR</state>
 <zip>12345</zip>
</insuranceCompanyAddress>
<insurancePhone>111-111-1111</insurancePhone>
<stateAgencyName>Missouri Department of Transportation</stateAgencyName>
<pdfKey>6461d7dccc8a957dd64b5d9ea48fcd</pdfKey>
<authorizedSignatory>
 <name>MG</name>
 <phAddr>
 <addr1>oak</addr1>
 <city>oak</city>
 <state>OR</state>
 <zip>12345</zip>
 </phAddr>
 <phone>1111111111</phone>
 <email>mg@nicusa.com</email>
</authorizedSignatory>
<form>
 <underLyingLimit>2.0</underLyingLimit>
 <liabilityLimit>4.0</liabilityLimit>
</form>
</return>

</getFilingResponse>

</S:Body>

</S:Envelope>

Form H Sample Code

getFiling SOAP Request

```
SOAPEnv:Envelope xmlns:SOAPEnv="http://schemas.xmlsoap.org/soap/envelope/" xmlns:ser="http://server.fromjava">
```

```
<SOAPEnv:Header/>
```

```
<SOAPEnv:Body>
```

```
<ser:getFiling>
```

```
<ser:filingId>826978</ser:filingId>
```

```
<ser:policyNo></ser:policyNo>
```

```
</ser:getFiling>
```

```
</SOAPEnv:Body>
```

```
</SOAPEnv:Envelope>
```

getFiling SOAP 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 Junction 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@nicusa.com</email>

</authorizedSignatory>

</return>

</getFilingResponse>

</S:Body>

</S:Envelope>
```

Form K Sample Code

getFiling SOAP Request

```
<SOAPenv:Envelope xmlns:SOAPenv="http://schemas.xmlsoap.org/soap/envelope/" xmlns:ser="http://server.fromjava">
  <SOAPenv:Header/>
  <SOAPenv:Body>
    <ser:getFiling>
      <ser:filingId>826900</ser:filingId>
      <ser:policyNo></ser:policyNo>
    </ser:getFiling>
  </SOAPenv:Body>
</SOAPenv:Envelope>
```

getFiling SOAP 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>
      </return>
    </getFilingResponse>
  </S:Body>
</S:Envelope>
```

```
</mcCompAddr>

<effectiveDate>02/23/2021</effectiveDate>

<filingDate>02/24/2021</filingDate>

<insuranceCompanyName>Insurance Company Testing</insuranceCompanyName>

<insuranceCompanyAddress>

  <addr1>11111 Outer County Road Junction 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@nicusa.com</email>

</authorizedSignatory>

<form>

  <cancelCargo>Y</cancelCargo>

  <cancelBIPD>Y</cancelBIPD>

</form>

</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.

Error Message	Source	Remediation
Database Issue: Insert Action Log	Database	Address any other errors and attempt your filing again. If you continue to receive this error, please contact NIC Insurance Filings for assistance.
Database Issue: Insert Address	Database	Address any other errors and attempt your filing again. If you continue to receive this error, please contact NIC Insurance Filings for assistance.
Database Issue: Insert Filing	Database	Address any other errors and attempt your filing again. If you continue to receive this error, please contact NIC Insurance Filings for assistance.
Database Issue: Insert Filing Update Log	Database	Address any other errors and attempt your filing again. If you continue to receive this error, please contact NIC Insurance Filings for assistance.
Database Issue: Insert Form CA65	Database	Address any other errors and attempt your filing again. If you continue to receive this error, please contact NIC Insurance Filings for assistance.
Database Issue: Insert Form CA66	Database	Address any other errors and attempt your filing again. If you continue to receive this error, please contact NIC Insurance Filings for assistance.
Database Issue: Insert Form E	Database	Address any other errors and attempt your filing again. If you continue to receive this error, please contact NIC Insurance Filings for assistance.
Database Issue: Insert Form H	Database	Address any other errors and attempt your filing again. If you continue to receive this error, please contact NIC Insurance Filings for assistance.
Database Issue: Insert Form K	Database	Address any other errors and attempt your filing again. If you continue to receive this error, please contact NIC Insurance Filings for assistance.
Invalid username – username not found	Any SOAP request	Username and password must be set up and provided as headers in every SOAP request.

Error Message	Source	Remediation
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 NIC Insurance Filings application. For assistance, consult your company admin for the NIC Insurance Filings application or NIC 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 NIC Insurance Filings support for assistance.
Filing cannot be blank	Any form submitted using insertFiling method	Submit filing containing data for required elements.
Filing - Effective Date cannot be blank	Any form submitted using insertFiling method, except CA MCP 65	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.
Currently supported forms are Form DMV 65 MCP (For CA Only) and Form DMV 66 MCP (For CA Only), Form E, Form H, and Form K	Any form submitted using insertFiling method	<p>Only submit data for forms noted in the error message.</p> <p>Provide formType data exactly as shown below:</p> <ul style="list-style-type: none"> • Form DMV 65 MCP (For CA Only) • Form DMV 66 MCP (For CA Only) • Form E • Form H • Form K
Filing – form type cannot be blank	Any form submitted using insertFiling method	<p>Populate formType data element and submit form data. At this time, only CA MCP 65, CA MCP 66, Form E, Form H, and Form K are supported.</p> <p>Provide formType data exactly as shown below:</p> <ul style="list-style-type: none"> • Form DMV 65 MCP (For CA Only) • Form DMV 66 MCP (For CA Only) • Form E • Form H • Form K

Error Message	Source	Remediation
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 NIC Insurance Filings application or NIC 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 NIC Insurance Filings application or NIC 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 NIC Insurance Filings support for assistance.
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: <ul style="list-style-type: none"> • 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	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 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/ .
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 Pennsylvania Number or the Docket Number	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 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: <ul style="list-style-type: none"> • 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 Company Address cannot be blank	Any form submitted using insertFiling method	Populate the mcCompAddr data elements with motor carrier company address information that should appear on the form.

Error Message	Source	Remediation
Filing - Motor Carrier Company Address - Address1 cannot be blank	Any form 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	Any form 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	Any form 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	Any form 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, 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 NIC 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	<p>Confirm that the filing contains the correct stateID abbreviation for a participating state agency. If you continue to receive this error, consult NIC Insurance Filings for assistance.</p> <p>Participating state agency abbreviations include: AL, CA, GA, ID, IL, IN, KS, KY, LA, ME, MA, MI, MN, MS, NE, NM, NY, OK, OR, PA, and SC</p>
Filing - State Id cannot be blank	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	CA MCP 65 Form Filing submitted using insertFiling method	Enter/populate and submit data required for a CA 65 form.
Filing - Form CA65 - Excess Liability Coverage Limit Must Be BETWEEN or ATORABOVE	CA MCP 65 Form Filing submitted using insertFiling method	<p>If exclLiability = Y, data for excliaCoverageLimit is required.</p> <ul style="list-style-type: none"> • Enter and submit 'N' for exclLiability field; OR • Enter and submit 'ATORABOVE' or 'BETWEEN' for excliaCoverageLimit
Filing - Form CA65 - Excess Liability Coverage Limit cannot be blank	CA MCP 65 Form Filing submitted using insertFiling method	<p>If exclLiability = Y, data for excliaCoverageLimit is required.</p> <ul style="list-style-type: none"> • Enter and submit 'N' for exclLiability field; OR • Enter and submit 'ATORABOVE' or 'BETWEEN' for excliaCoverageLimit

Error Message	Source	Remediation
Filing - Form CA65 - Excess Liability Effective Date cannot be blank	CA MCP 65 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	CA MCP 65 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 Form Filing submitted using insertFiling method	Provide one of the following data combinations: <ul style="list-style-type: none"> excLiaCombinedSingleLimit and excLiaCombinedSingleLimitInExcessOf; OR excLiaBodilyInjuryOrDeathOnePerson, excLiaBodilyInjuryOrDeathOnePersonInExcessOf, excLiaBodilyInjuryOrDeathGroup, excLiaBodilyInjuryOrDeathGroupInExcessOf, excLiaPropertyDamage, and excLiaPropertyDamageInExcessOf
Filing - Form CA65 - Excess Liability Policy Number cannot be blank	CA MCP 65 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.	CA MCP 65 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 Form Filing submitted using insertFiling method	If priLiability = Y, data for priLiaCoverageLimit is required. <ul style="list-style-type: none"> Enter and submit 'N' for priLiability field; OR Enter and submit 'ATORABOVE' or 'EQUAL' for priLiaCoverageLimit
Filing - Form CA65 - Primary Liability Coverage Limit cannot be blank	CA MCP 65 Form Filing submitted using insertFiling method	If priLiability = Y, data for priLiaCoverageLimit is required. <ul style="list-style-type: none"> Enter and submit 'N' for priLiability field; OR Enter and submit 'ATORABOVE' or 'EQUAL' for priLiaCoverageLimit
Filing - Form CA65 - Primary Liability Effective Date cannot be blank	CA MCP 65 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	CA MCP 65 Form Filing submitted using insertFiling method	Enter/populate and submit priLiaEffectiveDate in MM/DD/YYYY format.

Error Message	Source	Remediation
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 Form Filing submitted using insertFiling method	Provide one of the following data combinations: <ul style="list-style-type: none"> • priLiaCombinedSingleLimit OR • priLiaBodilyInjuryOrDeathOnePerson, priLiaBodilyInjuryOrDeathGroup, and priLiaPropertyDamage
Filing - Form CA65 - Primary Liability Policy Number cannot be blank	CA MCP 65 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	CA MCP 65 Form Filing submitted using insertFiling method	If wcStatutory = Y, data for wcStatutoryPolicyNumber is required. Enter and submit policy number.
Filing - Form CA65 - WC Statutory Limits Effective Date cannot be blank	CA MCP 65 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	CA MCP 65 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.

Error Message	Source	Remediation
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. <ul style="list-style-type: none"> • '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.
Filing - Form - Authority Type cannot be blank	Form E, Form H Filing submitted to Pennsylvania using insertFiling method	Populate authorityType data field with valid PA authority type data: <ul style="list-style-type: none"> • Airport • CallOrDemand • ContractCarrier • GroupAndPartyElevenToFifteen • GroupAndPartySixteenAndOver • HouseholdGoods • Limousine • Paratransit • Property • ScheduledRoute • TNC <p>Please contact the Pennsylvania Public Utilities Commission at (717) 787-1227 for assistance with authority type definitions.</p>
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 - 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.

Appendix 4: Agency-Specific Data Rules and Reference Information

NIC 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.	
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.	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/
Georgia	E, H, K		
Idaho	E, K	Insured's US DOT number is requested.	
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 .
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		

State Agency	Forms Accepted via Web Service	Data Rules	Reference Information
Massachusetts		Insured's US DOT number is requested.	
Michigan	E, H, K		
Minnesota	E, H, K		
Nebraska	E, H, K		
New Mexico	E, H, K	New Mexico state motor carrier ID (NMPRC #) is required for the insured.	
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.	
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 insured'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. See below for definitions.	Look up an insured's PUC number at http://www.puc.pa.gov/about_puc/search_results/utility/authority_search.aspx
South Carolina	E, H, K		

Pennsylvania Authority Definitions

The Pennsylvania Public Utility Commission requires Form E and Form H filings to include an authority type as defined by the state. Consult the insured if you are unsure which authority is applicable. See definitions below:

- **AIRPORT TRANSFER:** Vehicles must originate or terminate at an Airport.
- **CALL OR DEMAND (TAXI):** For vehicles with meter and dome light. This authority is not for Amish taxi services.
- **CONTRACT CARRIER OF PASSENGERS:** For Service Contracts for people only.
- **GROUP AND PARTY 11-15 PASSENGERS:** For vehicles that hold 11-15 passengers including the driver. Includes Special Excursions, Tours, and Sightseeing.
- **GROUP AND PARTY 16+ PASSENGERS:** For vehicles that hold 16 or more passengers including the driver. Includes Charter Service, Special Excursions, and Tours.
- **HOUSEHOLD GOODS IN USE CARRIERS:** This authority is for Moving Companies with vehicles of any size.
- **LIMOUSINE:** For luxury vehicles with less than 350,000 miles on the Odometer. These vehicles hold 11 or fewer passengers including the driver.
- **PARATRANSIT:** For vehicles holding 16 or fewer passengers including the driver. This authority includes Amish taxis, non-ambulatory services, medical transportation, and prison visits.
- **PROPERTY / FREIGHT:** For vehicles of any size. This authority applies to any type of freight or commodities (contracted or not), excluding household goods in use.
- **SCHEDULED ROUTE:** For vehicles that hold 7 or more passengers and function on designated routes and stops.
- **TRANSPORTATION NETWORK COMPANY (TNC):** For vehicles of any size. This authority is for 4 stages insurance policies only.