

WEST VIRGINIA
SECRETARY OF STATE
KEN HECHLER
ADMINISTRATIVE LAW DIVISION

Form #3

FILED

AUG 22 9 42 AM '96

OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

**NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE
AND
FILING WITH THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE**

AGENCY: Division of Motor Vehicles TITLE NUMBER: 91CSR13

CITE AUTHORITY WV Code 17A-2-9 and 17D-2A-8

AMENDMENT TO AN EXISTING RULE: YES NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 13

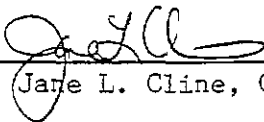
TITLE OF RULE BEING AMENDED: _____

Compulsory Motor Vehicle Insurance

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: _____

TITLE OF RULE BEING PROPOSED: _____

THE ABOVE PROPOSED LEGISLATIVE RULE HAVING GONE TO A PUBLIC HEARING OR A PUBLIC COMMENT PERIOD IS HEREBY APPROVED BY THE PROMULGATING AGENCY FOR FILING WITH THE SECRETARY OF STATE AND THE LEGISLATIVE RULE MAKING REVIEW COMMITTEE FOR THEIR REVIEW.


Jane L. Cline, Commissioner



**WEST VIRGINIA
DEPARTMENT OF TRANSPORTATION**

1900 Kanawha Boulevard East • Building Five • Room 109
Charleston, West Virginia 25305-0440 • 304/558-0444

Gaston Caperton
Governor

Fred VanKirk, P.E.
Secretary
Commissioner of Highways

July 10, 1996

The Honorable Ken Hechler
Secretary of State
State Capitol Complex, Building 1
Charleston, WV 25305

Dear Mr. Secretary:

The Commissioner of Motor Vehicles is hereby authorized to promulgate proposed amendments to 91 CSR 13, Compulsory Motor Vehicle Liability Insurance.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Fred VanKirk".

Fred VanKirk, P.E.
Secretary, Department of Transportation
Commissioner of Highways

FV:sod



WEST VIRGINIA DEPARTMENT OF TRANSPORTATION

Division of Motor Vehicles

1800 Kanawha Boulevard East • Building Three
Charleston, West Virginia 25317-0010

Gaston Caperton
Governor

Fred VanKirk, P.E.
Secretary
Commissioner of Highways

Jane L. Cline
Commissioner

91 CSR 13

Compulsory Motor Vehicle Liability Insurance
Proposed Legislative Rule

Statement of Circumstances Requiring Filing

This rule revises current procedures related to the verification of motor vehicle liability insurance. These changes are made necessary due to the passage of House Bill 4490 during the 1996 Regular Session. Other changes to the rule incorporate important administrative due process procedures.

A handwritten signature in cursive script, appearing to read "J. Cline", written over a horizontal line.

Jane L. Cline
Commissioner



WEST VIRGINIA DEPARTMENT OF TRANSPORTATION

Division of Motor Vehicles

1800 Kanawha Boulevard East • Building Three
Charleston, West Virginia 25317-0010

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91 CSR 13

Compulsory Motor Vehicle Liability Insurance
Proposed Legislative Rule

Summary of Content

The purpose of this rule is to implement the provisions of House Bill 4490 which changes the way the Division of Motor Vehicles requests verification of motor vehicle liability insurance. The rule also updates other procedures related to action on evidences of uninsured motor vehicles.

This rule does the following;

1. Establish the process by which owners of motor vehicles who are selected to provide current proof of insurance are notified.
2. Provide guidelines for insurance companies to respond to requests from the Division of Motor Vehicles to verify insurance information submitted by motor vehicle owners. The rule also establishes the format for documents such as the certificate of insurance and cancellation notices which are originated by the companies.
3. Establish the process by which motor vehicle owners notify the Division of cancellation of insurance coverage on currently registered motor vehicles.
4. Incorporate guidelines for action by the Division on insurance status information obtained through company cancellation notices, accident reports and court citations/reports.
5. Establish the administrative due process guidelines for persons who wish to appeal actions or decisions of the Division.

A handwritten signature in cursive script, appearing to read "J. L. Cline", written over a horizontal line.

Jane L. Cline
Commissioner

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Compulsory Motor Vehicle Liability Insurance

Type of Rule: Legislative Interpretive Procedural

Agency Division of Motor Vehicles

Address Building 3, Capitol Complex
Charleston, WV 25317

1. Effect of Proposed Rule

	ANNUAL FISCAL YEAR				
	INCREASE	DECREASE	CURRENT	NEXT	THEREAFTER
<u>ESTIMATED TOTAL COST</u>	\$	\$	\$	\$	\$
PERSONAL SERVICES					
CURRENT EXPENSE					
REPAIRS & ALTERNATIONS					
EQUIPMENT					
OTHER					

2. Explanation of above estimates:

This rule in and of itself does not increase or decrease revenue or expenses of the State.

3. Objectives of these rules:

This rule provides the administrative process by which persons are notified of requests for verification of insurance, and administrative due process.

Rule Title: Compulsory Motor Vehicle Liability Insurance

4. Explanation of Overall Economic Impact of Proposed Rule.

A. Economic Impact on State Government.

None

B. Economic Impact on Political Subdivisions; Specific Industries; Specific groups of Citizens.

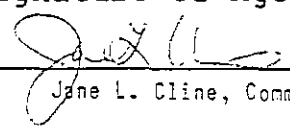
None

C. Economic Impact on Citizens/Public at Large.

None

Date: July 15, 1996

Signature of Agency Head or Authorized Representative



Jane L. Cline, Commissioner

FILED

AUG 22 9 42 AM '96

(D1)

(PROPOSED)
LEGISLATIVE RULES
DIVISION OF MOTOR VEHICLE
91 CSR 13

OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

Title: Compulsory Motor Vehicle Liability Insurance

§91-13-1 General

1.1. Scope- This rule establishes guidelines and forms for insurers and insureds with respect to motor vehicle liability insurance required under the provisions of West Virginia Code §§17A-3-3 and 17D-2A et. seq.

1.2. Authority- West Virginia Code §§17A-2-9 and 17D-2A-8

1.3. Filing Date-

1.4. Effective Date-

1.5. Repeal of Former Rule- This legislative rule repeals and replaces WV 91CSR13 "Regulations pertaining to Compulsory Motor Vehicle Liability Insurance" filed April 30, 1985 and effective April 30, 1985.

1.6. Application and Enforcement- This legislative rule applies to all owners and operators of motor vehicles subject to registration and subject to the mandatory security upon motor vehicles provisions of West Virginia Code §17D-2A et. seq. This legislative rule also applies to insurance companies and their agents authorized to issue motor vehicle liability insurance in this state. Enforcement of this rule is vested with the Commissioner of Motor Vehicles and the Insurance Commissioner or a lawful designees.

§91-13-2 Definitions

2.1. Abstract of Conviction- Means the report of conviction or findings required to be submitted to the Division pursuant to the provisions of West Virginia Code §§17B-3-4 and 17D-2A-6.

2.2. Accident Report- Means the accident report completed by the investigating officer in accordance with West Virginia Code §17C-4-7(c).

2.3. Certificate of Insurance - Means a form issued in duplicate by an insurer to an insured which meets the requirements of 17D-2A-4 of the Code and which has been approved by use by the Commissioner.

- 2.4. Code- Means the Code of West Virginia of 1931, as amended.
- 2.5. Division- Means the Division of Motor Vehicles.
- 2.6. Firmed Up - Means when the thirty day notice required by West Virginia. Code § 33-6A-1 and any additional notice period provided by the insurer to the insured has expired and the policy will not be continued or reinstated to maintain coverage continuously in force.
- 2.7. Fleet Owner - Means any person in whose name more than twenty-five vehicles are registered in this state.
- 2.8. Hearing - Means the administrative procedures conducted by the Commissioner pursuant to W. Va. Code 17D-2A-7 and this rule arising out of the enforcement of administrative suspensions and revocations provided for in West Virginia. Code §§ 17A- 3-3 and 17D-2A-1 et sec.
- 2.9. Liability Insurance- Means an insurance policy or contract as provided in West Virginia Code §§17D-2A-3 and 33-1 et. seq. for a motor vehicle.
- 2.10. Notice of Insurance Cancellation - means any notice provided by the owner of a motor vehicle having a valid vehicle registration upon canceling insurance for any reason other than periodic or seasonal use. The notice of insurance cancellation shall include the surrender of the registration plate or, in the event of a lost registration plate, a written document advising the Division of Motor Vehicles of the reason the registration plate could not be surrendered.
- 2.11. Owner - Means the person or persons responsible for the registration of a motor vehicle.
- 2.12. Owner's Notice of Insurance Cancellation - Means the form, designated as WV-4C, shall be used to provide notice to the Division that the required liability insurance upon a registered vehicle has been removed and that the said vehicle will not be operated upon the roads and highways of West Virginia until liability insurance has been obtained.
- 2.13. Owner's Statement of Insurance - Means the form prescribed by the Commissioner pursuant to W. Va. Code 17A-3-3. .
- 2.14. Owner's Statement of Seasonal Insurance - Means the form prescribed by the Commissioner pursuant to W. Va. Code §17A-3-3 on which the motor vehicle owner supplies liability insurance information as required on the Owner's Statement of Insurance. In addition, the owner shall certify that the liability insurance is in effect during the portion of the year in which the vehicle is in actual use.
- 2.15. Proof of Insurance- Means a certificate of insurance, an insurance policy or a

certificate of self insurance.

2.16. Self-Insurer - Means a motor vehicle owner meeting the requirements of West Virginia Code §17D-6-2.

2.17. Verification of Insurance- Means the process by which the Division of Motor Vehicles verifies insurance information submitted by motor vehicle registrants or drivers with the insurance company to determine whether or not the policy is or was in effect at a certain time.

§91-13-3 Verification of Insurance

3.1. Verification Sample - In accordance with the provisions of West Virginia Code §17A-3-3(e), the Division shall select owners of active motor vehicle registrations to verify current insurance status. The Division conducts this sample on a monthly basis. The selection of an owner for a random sample request for current insurance status shall not preclude the owner from being selected again in any subsequent month.

3.2. Request for verification- The Division shall, by regular mail request the motor vehicle owner to return to the Division within twenty (20) days of the date of notice, current proof of insurance on the selected vehicle as of the date of the notice.

3.2.a. Failure to Respond- If the motor vehicle owner does not respond to the request for verification of insurance, the Division will send by certified mail notice that current proof of insurance as of the date of the initial notice of request is required, and that failure to provide such proof of current insurance within twenty (20) days will result in suspension in suspension of the motor vehicle registration and suspension of the vehicle owner's driver's license.

3.2.b. Failure to Show Current Proof of Insurance- If the motor vehicle owner does not respond to the request for verification of insurance with current or acceptable proof of insurance, the Division will send by certified mail, to the address of record, that current proof of insurance as of the date of the initial notice of request is required and that failure to provide such proof of insurance within twenty (20) days will result in suspension of the motor vehicle registration and suspension of the vehicle owner's driver's license.

3.3. Verification From Insurance Company- The Division shall forward the proof of insurance information to the listed insurance company for verification. The insurance company shall, pursuant to West Virginia Code §17A-3-3(e)(2) within twenty (20) days, respond in the following manner;

3.3.a. Confirmation- If the insurance company determines that the information

submitted by the motor vehicle owner is correct, the insurance company shall so indicate on the form provided (WV-4V) for confirmation of insurance coverage.

3.3.b. No Confirmation of Insurance Coverage- If the insurance company determines that the information submitted by the motor vehicle owner is incorrect and that the insurance company can not verify that the motor vehicle in question was covered by a policy issued by the company, the company shall in letter format on the company's letterhead that the vehicle in question was not covered by a policy issued by the company on the date in question.

3.4. Certified Notice of Suspension- Upon notice from the insurance company as provided in section 3.2.b, that insurance coverage as indicated by the motor vehicle owner was not in effect, or upon the failure of the motor vehicle owner to either provide acceptable current proof of insurance, or failure to respond, the Division shall notify the motor vehicle owner by certified mail to the address of record that the motor vehicle registration will be suspended in twenty (20) days and that the motor vehicle owner's drivers license will be suspended in twenty (20) days. Such suspension of the motor vehicle registration and motor vehicle owner's driver's license will go into effect unless the motor vehicle owner;

3.4.a Provides current proof of insurance as of the date of the initial request for insurance verification;

3.4.b. Provides a satisfactory explanation that the vehicle was not being operated on the roads and highways of this state, and that the license plate was surrendered to the Division in accordance with Section 4 of this rule, or that the vehicle was operated on a seasonal basis; or

3.4.c. Requests an administrative hearing under the provisions of Section 8 of this rule which will stay any suspension action until such appeal is exhausted.

3.5. In accordance with the provisions of West Virginia Code §17A-3-3(e) the Division shall suspend the vehicle registration until current proof of insurance is received by the Division and suspend the vehicle owner or owners driver's license for a period of ninety (90) days.. No driver's license or vehicle registration shall be reinstated until the fees required under the provisions of West Virginia Code §§17A-9-7 and 17B-3-9 are paid. Provided, that whenever the Commissioner makes a determination that the vehicle was actually insured despite notice to the contrary from the insurer, or the license plate was surrendered to the Division upon cancellation of coverage, or the motor vehicle owner complied with the intentional lapse of coverage reporting provisions, the suspension of both the owner's driver's licenses and the vehicle registration shall be withdrawn and any fees collected by the State as a result shall be returned.

4.1 Notice Required- When the owner of a motor vehicle with a valid registration cancels insurance for any reason other than for reasons of seasonal or periodic use, the owner shall surrender to the Division the registration plate and registration card assigned to the vehicle. The owner shall also complete the prescribed form, WV-4C, or provide a written statement concerning the cancellation to accompany the surrendered registration plate and registration card. The Owner's notice of cancellation must include a statement, that the liability insurance on the motor vehicle in question was canceled and that the motor vehicle will not be operated upon the roads or highways of this state .

4.2. Plate Lost or Destroyed- The notice of owner's cancellation of insurance shall not be considered complete unless the actual registration plate is surrendered. However in the event that the registration plate is lost or destroyed, the owner shall indicate the disposition of the registration plate in a written statement accompanying the notice of owner's cancellation of insurance. The Division will only consider the fact that the registration plate was lost, stolen or destroyed as valid reasons for failure to surrender the registration plate at the time of the owner's notice of insurance cancellation.

§91-13-5 Company Cancellation of Insurance

5.1 Notice of Cancellation of Policy- The form designated in appendix B as WV-2B when printed as specified and completed in full, shall meet the requirements of West Virginia Code §17D-2A-4 for issuance by the insurance company to notify the Division of company cancellations issued under the provisions of West Virginia Code §33-6A-1(b), (c), (d), or (e) when the cancellation has been firmed up by the insurance company. In cases that the vehicle owner is different from the policy holder, the cancellation notice shall list both the policy holder and the vehicle owner. The notice shall make specific reference to the reason or reasons for the company cancellation as reason b,c,d, and or e. In accordance with the provisions of West Virginia Code §17D-2A-5(a), an insurance company shall not notify the Division of any company cancellations for any reason related to when a named insured fails to discharge when due any of his obligations in connection with the payment of premium for such policy or any installment thereof.

5.2 The Division shall notify the vehicle owner by regular mail that the Division has received a notice of cancellation from the vehicle owner's insurance company. The notice shall give the vehicle owner twenty (20) days to ;

5.2.a. Provide the Division notarized documents explaining that the vehicle has been disposed of and surrender the registration plate;

5.2.b. Show proof that the registration plate has been transferred to another vehicle along with current proof of insurance on the replacement vehicle, or

5.2.c. Provide a notarized statement that the cancellation of the insurance policy

will not result in the operation of an uninsured motor vehicle with the surrender of the registration plate.

5.3 If the vehicle owner does not respond to the regular mail request, the Division shall notify the vehicle owner by certified mail that if the information referenced in Section 5.2 of this rule is not provided within twenty (20) days, that the vehicle owner or owner's driver's license will be suspended for a period of thirty (30) days and the vehicle registration suspended until current proof of insurance is received.

5.4 Notices of Pending Suspension shall be sent certified, return receipt requested, to the last address provided the Division of Motor Vehicles by the person being noticed.

5.5 Failure to provide the insurance information in the time requested will result in driver's license of the driver of the motor vehicle and/or the motor vehicle's owner being suspended for a period of thirty (30) days. The Division shall also suspend the registration of the motor vehicle until current proof of insurance is received.

5.6 The Division will verify insurance information with the listed company to determine if the policy is in effect.

5.7 If the Division determines that the owner or driver of the vehicle has been previously suspended for an offense described in West Virginia Code §17D-2A-1 et seq, the period of the driver's license suspension is ninety (90) days.

5.8 All reinstatements of driving privileges and vehicle registrations are contingent upon payment of all fees assessed by the Division of Motor Vehicles.

§91-13-6. Traffic Accident Reports

6.1. Upon receipt of a West Virginia Uniform Traffic Accident Report, the Division will review the report to determine if the motor vehicle or motor vehicles involved in the traffic accident were able to show proof of insurance at the time of the accident.

6.2. The Division will take no further action if the report indicates that the motor vehicle or motor vehicles involved in the traffic accident showed proof of insurance at the time of the accident. However, the Division may verify insurance information with the listed insurance company in cases where there is reasonable doubt regarding the validity of the insurance information provided at the time of the accident. Reasonable doubt of validity includes, but is not limited to; an unknown insurance company; a policy number that in not in accord with the policy numbering system of the insurance company listed or registration information not matching the vehicle cited on the accident report or insurance policy information.

6.3 If the accident report fails to provide insurance information for a motor vehicle cited in the report, or the report indicates that the driver of the vehicle was cited for failure to have the required insurance, the Division will send the person cited as the driver of the motor vehicle and to the owner of the motor vehicle, should they not be the same person, a Notice of Pending Suspension. The Notice of Pending Suspension will inform the vehicle owner or driver that they must provide proof of insurance upon the motor vehicle mentioned on the accident report for the day of the accident. The vehicle owner and/or driver of the motor vehicle must provide the requested proof of insurance within twenty (20) days of the issuance of the Notice of Pending Suspension. Proof of insurance will be either a WV-1 Certificate of Insurance or a copy of the insurance policy for a period of time that would include the date of the traffic accident.

6.4 Notices of Pending Suspension shall be sent certified, return receipt requested, to the last address of record. The Division shall make use of both the driver's license record and the vehicle record to determine the correct address for correspondence. Should no record exist for either the individual or the motor vehicle, the Division shall rely upon the address provided in the West Virginia Uniform Traffic Accident Report.

6.5 Failure to provide the insurance information in the time requested will result in driver's license of the driver of the motor vehicle and/or the motor vehicle's owner being suspended for a period of thirty (30) days. The Division shall also suspend the registration of the motor vehicle until current proof of insurance is received.

6.6 The Division will verify insurance information with the listed company to determine if the policy was actually in effect on the date of the accident.

6.7 If the insurance company indicates that there was no insurance in effect upon the motor vehicle cited in the accident report on the day of the accident, the vehicle owner's driver's license will be suspended for a period of thirty (30) days, and the vehicle registration suspended until current proof of insurance is received.

6.8 If the Division determines that the owner or driver of the vehicle has been previously suspended for an offense described in West Virginia Code §17D-2A -1 et seq, the period of the driver's license suspension is ninety (90) days.

6.9 All reinstatements of driving privileges and vehicle registrations are contingent upon payment of all fees assessed by the Division of Motor Vehicles.

§91-13-7 Traffic Citations

7.1 The Division, upon receipt of a notice of a traffic citation or abstract of conviction that cites a person for an offense related to failure to have the required liability insurance on a motor vehicle will suspend the cited person's driver's license for a period of thirty (30) days and

suspend the vehicle registration until current proof of insurance is received.

7.2. The notice of propose suspension will provide the person an opportunity to show proof of the required insurance on the date and time of the traffic citation.

7.3. If the traffic citation, or report of court action indicates that the vehicle operator and/or owner was absolved of the charge of failure to maintain the required liability insurance, the Division shall review the insurance information provided by the court. The Division will verify the insurance information with the listed insurance company to verify that the insurance was in full force and effect at the time the traffic citation was issued.

7.4. If the insurance company reports that the required insurance was not in full force and effect at the time the traffic citation was issued, the Division shall suspend the drivers licenses of the motor vehicle owner and the driver for a period of thirty (30) days and suspend the vehicle registration until current proof of insurance is received..

7.6. In accordance with the provisions of West Virginia Code §17D-2A-7(g), if the Division determines that the owner or driver of the vehicle has been previously suspended for failing to maintain insurance on a motor vehicle or knowing operating a vehicle without insurance, the period of the driver's license suspension is ninety (90) days.

7.7. The Division will mail the notice of pending suspension certified, return receipt requested, to the last address of record. The Division shall make use of both the driver's license record and the vehicle registration record to determine the correct address for correspondence. The Division shall rely upon the address provided in the court report if no record exists for either the person or the motor vehicle.

7.8. Any reinstatement of driving privilege or vehicle registration is contingent upon payment of all fees assessed by the Division of Motor Vehicles.

§91-13-8 Company Forms and Procedures

8.1 Certificate of Insurance- The form designated in Appendix A as WV-1B when printed as specified and completed in full, or such other form approved by the Commissioner, shall meet the requirements of 17D-2A-4 of the Code for issuance by the insurer to the insured. The certificated shall be accepted by the Commissioner and all law enforcement agencies as proof of insurance. A Certificate of Insurance shall be provided by the insurer to the insured in duplicate for each policy term or upon request by the insured for each motor vehicle covered by a liability insurance policy. In cases of motor vehicle owners qualifying as fleet owners, the word fleet may be used on each certificate in lieu of a motor vehicle description. The certificate shall

list the effective dates of the policy term by including both the commencement date and the expiration date of the policy term. The date that the certificate was issued shall also be listed. In cases where the vehicle owner is different from the policy holder, the certificate shall list both the policy holder and the vehicle owner. Motor vehicles bearing dealer, financial institution registration, or vehicles registered through the Public Service Commission are not required to carry a certificate of insurance.

8.2 Notice of Cancellation- The form designated in appendix B as WV-2B when printed as specified and completed in full, shall meet the requirements of West Virginia Code §17D-2A-4 for issuance by the insurance company to notify the Division of company cancellations issued under the provisions of West Virginia Code §33-6A-1(b), (c), (d), or (e) when the cancellation has been firmed up by the insurance company.

8.3 Response Required for Requests for Verification-In accordance with the provisions of West Virginia Code §17A-3-3(e)(2), the insurance company shall, within twenty (20) days of receipt, respond to the Division's request for verification of insurance on the form designated as WV-4V. When the company can not verify that the vehicle in question was covered, the company shall so state in letter formate on the company's letterhead.

§91-13-9 Administrative Due Process

9.1. Any person adversely affected by an order made and entered by the Commissioner in accordance with the provisions of West Virginia Code §17A-3-3 or §17D-2A-1 et seq. and/or this legislative rule, may request a hearing by filing a written notice with the Commissioner in person, or by certified mail, return receipt requested. The person must request a hearing within ten (10) days from the date on which the registered or certified mail receipt for the order of revocation was signed. However, in cases when the registered or certified mail is not signed for, the provisions of West Virginia Code §17A-2-19 apply which provides that the giving of notice is complete upon expiration of four (4) days after deposit of the notice in the United States mail.

9.2. The notice requesting a hearing shall contain a description of the order upon which a hearing is requested, and the grounds upon which it is asserted that the order should be vacated or modified. The scope of the hearing shall be limited to whether there was the required liability insurance upon the vehicle on the date in question.

9.3. Within twenty (20) days after receipt of a notice requesting a hearing, the Commissioner shall cause a notice of hearing to be served upon the party requesting the hearing by registered or certified mail, return receipt requested. The notice shall specify the time, date and place of the hearing and shall contain a statement of the issues to be considered at the hearing. All parties shall be afforded at least ten (10) days notice of the hearing. The Commissioner may postpone or continue a hearing on his or her own motion. The

Commissioner may also grant a continuance on less than five (5) days notice in the event of unexpected personal emergencies. The Commissioner shall hold the hearing in the county of the person requesting the hearing unless another place is agreed upon by all parties.

9.4. The person requesting a hearing may be granted a continuance of a scheduled hearing. The request for continuance shall be in writing, and must be received by the Commissioner at least five (5) days prior to the scheduled hearing date. The request will be granted if good cause is shown. Good cause includes as but is not limited to reasons such as serious illness, medical appointments, court appearances, or religious holidays of either the person requesting a hearing or his or her attorney.

9.5. The failure of a person requesting a hearing to appear without first obtaining a continuance pursuant to Sections 8.3 or 8.4 of this rule shall result in an automatic reinstatement of the Commissioner's order.

9.6. Any party may request the issuance of subpoenas or subpoenas duces tecum by the Commissioner. The authority for the issuance of subpoenas or subpoenas duces tecum is contained in West Virginia Code §17A-2-18. All parties shall follow the provisions relating to subpoenas and subpoenas duces tecum set forth in paragraph (b) of West Virginia Code §29A-5-1.

9.7. The filing of a notice requesting a hearing operates to automatically stay or suspend execution of any order which is the subject matter of the hearing.

9.8. The Commissioner may appoint a hearing examiner to conduct the hearing and to recommend findings of fact and conclusions of the law to the Commissioner. Hearing examiners may exercise all the powers granted by West Virginia Code §29A-5-1(d).

9.9. The party who has requested a hearing may represent himself or herself or be represented by an attorney licensed to practice law in the State of West Virginia. The Division shall be represented by a person designated by the Commissioner. The hearing examiner shall swear in all witnesses offering testimony.

9.10. The Commissioner is not bound by the usual common law or statutory rules of evidence and procedure when conducting the hearing.

9.11. The motor vehicle owner has the burden of proving that insurance coverage was in effect at the time in question and therefore, shall make the initial presentation of evidence. At the conclusion of the vehicle owner's presentation, the Division shall have an opportunity to present evidence. All parties have the right to cross-examine witnesses.

9.12. Hearings in progress may be continued from one day to another or adjourned to a later date or a different place by the hearing examiner by making an announcement at the hearing

or by appropriate notice to all parties.

9.13. All testimony, evidence, arguments, and rulings on the admissibility of testimony and evidence shall be reported by stenographic notes and characters, sound recording devices or other mechanical means.

9.14. All reported materials shall be transcribed and a copy furnished to any party to the hearing at his or her expense. The Division shall collect a fee of one dollar and fifty cents (\$1.50) for each page transcribed.

9.15. The Division has the responsibility for making arrangements for the transcription of the reported testimony and for the preparation of the record made before the Division. In the event transcription is required, it shall be accomplished within a reasonable time.

9.16. Upon the motion of the Division or any party assigning error or omission in any part of the transcript, the Division through the Commissioner or the duly appointed hearing examiner, shall settle all differences arising as to whether the transcript truly disclosed what occurred at the hearing and if the Commissioner considers it appropriate, he or she shall direct that the transcript be corrected and revised.

9.17. Every final order entered by the Commissioner, following a hearing conducted pursuant to this rule, shall be made in accordance with the provisions of West Virginia Code §29A-5-3. Any party adversely affected by the final order entered by the Commissioner may petition the appropriate circuit court for judicial review in accordance with West Virginia Code §29A-5-4.

WEST VIRGINIA CERTIFICATE OF INSURANCE

CERTIFICATE OF INSURANCE		_____
(NAME OF COMPANY OR GROUP) Number		Vehicle Owner Enter Plate Number
An authorized West Virginia insurer certifies that there is in effect a motor vehicle liability policy upon the described vehicle in accordance with the provisions of the West Virginia Motor Vehicle Code.		
Year	Make	Vehicle Identification Number
Policy Number		Name of Insured
Date Certificate Issued		Address
Effective Dates of Policy Term From _____ To _____		Name of Owner
		Address
THIS CERTIFICATE MUST BE CARRIED IN THE VEHICLE DESCRIBED ABOVE FOR USE AS PROOF OF INSURANCE. A COPY OF THIS CERTIFICATE MAY BE REQUESTED BY THE COMMISSIONER OF MOTOR VEHICLES.		
Signature of Owner _____		Date _____
WV-1B 4/84		

Specifications Effective January 1, 1985

The above specimen form shows the items to be included and the location on the certificate. Print size may vary. If other wording or arrangement of wording is used, prior approval of the Commissioner of Motor Vehicles is required. A certificate printed in accordance with the specimen form, including the addition of the Company logo, if desired, has the prior approval of the Commissioner.

1. One part form on white paper stock. Paper stock no less than 20 pounds.
2. Size may vary from 3¼ X 4" to 3¼ X 7".
3. On certificates issued on renewal policies, the word "renewal" may be shown along with the policy effective dates to facilitate acceptance of the certificate prior to the date shown.
4. Vehicle Description - The year may be shown as two digits and the make may be abbreviated. Model may be shown in lieu of make. The full VIN shall be shown. The plate number shall be entered by the owner.
5. Certificates shall be provided in duplicate for each vehicle insured at each policy term or upon request by the insured.
6. When the insurer does not have a description of the vehicle insured under a fleet policy, the word "fleet" may be entered in lieu of vehicle description.
7. A facsimile signature of an authorized representative of the insurer may be preprinted on the certificate if the certificate is field issued, the insurer; provided, however, that where a certificate is field issued, the original signature and the agent's license number of a resident agent appointed by the insurer shall appear on the certificate.
8. The name of the vehicle owner shall be included if different from the insured.
9. The certificate shall indicate the commencement date and the expiration date of the policy term.
10. The date that the certificate was issued shall be indicated on the certificate.

APPENDIX A

NOTICE OF CANCELLATION OR TERMINATION OF POLICY

NOTICE OF CANCELLATION OR TERMINATION OF POLICY		Canceled Under Provisions Of West Virginia Code 33-6A-1 marked
Name of Company	_____	(b) _____
Policy Number	_____	(c) _____
Date of Notice	_____	(d) _____
	Cancellation Date	(e) _____
Name and Address of Insured	_____	TO BE FILED WITH:
Name and Address of Vehicle Owner if Different	_____	Commissioner of Motor Vehicles
Year-Make or Model	Vehicle Identification Number	1800 Kanawha Boulevard, East
		Charleston, WV 25317
		All Driver's License Numbers
		Listed on Policy Must
		Be Listed
		1.
		2.
		3.
		4.
WV-2B 4/84		

EFFECTIVE JANUARY, 1985

REGULATORY SPECIFICATIONS FOR WEST VIRGINIA NOTICE OF TERMINATION (WV-2B 4/84)

Only one vehicle may be reported on a form

- Size: 7³/₈ inches wide X 3¹/₂ inches high.
Paper: Not less than 20 pound white sulphite bond, or equivalent.
Type: One part form.

Descriptive information required on WV-2B

1. Insurance Company Name
2. Policy Number
3. Date of Notice
4. Cancellation Date
5. Name of Insured
6. Name of Vehicle owner if different from insured.
7. Year, make and complete VIN of vehicle.
8. All drivers license numbers listed on policy must be listed.
9. Type of cancellation must be indicated. (Only those outlined in West Virginia Code 33-6A-1, subsections (b) through (e) will be accepted).

APPENDIX B

SEASONAL STATEMENT OF INSURANCE

WV-4B

WV-4B 1/95 SEASONAL STATEMENT OF INSURANCE
DATE _____ LICENSE NUMBER _____
YEAR _____ MAKE _____ VEHICLE IDENTIFICATION NUMBER _____
OWNER'S NAME _____
OWNER'S ADDRESS _____

I HEREBY STATE, UNDER PENALTY OF FALSE SWEARING AND PENALTIES OUTLINED IN CHAPTERS 17A AND 17D, THAT THERE WILL BE A MOTOR VEHICLE LIABILITY POLICY IN EFFECT UPON THE DESCRIBED SEASONAL VEHICLE IN ACCORDANCE WITH THE PROVISIONS OF THE WEST VIRGINIA MOTOR VEHICLE CODE DURING THE DATES BELOW.

SIGNATURE OF OWNER _____
DATE POLICY WILL BE IN EFFECT _____ TO _____
NAME OF INSURANCE COMPANY _____
NAME OF INSURANCE AGENT _____ POLICY NUMBER _____

OWNER'S NOTICE OF INSURANCE CANCELLATION

WV-4C

WV-4C

OWNER'S NOTICE OF INSURANCE CANCELLATION

DATE _____ TITLE # _____ PLATE # _____

YEAR _____ MAKE _____

OWNER(S) NAME _____

THIS IS TO NOTIFY THE DIVISION OF MOTOR VEHICLES OF THE CANCELLATION OF MY INSURANCE
DUE TO: _____ I HEREBY STATE UNDER
PENALTY OF FALSE SWEARING, THE ABOVE VEHICLE WILL NOT BE OPERATED WITHOUT A LIABILITY
INSURANCE POLICY IN EFFECT.

LICENSE PLATE MUST ACCOMPANY THIS STATEMENT

SIGNATURE OF OWNER(S) _____

APPENDIX D



WEST VIRGINIA DEPARTMENT OF TRANSPORTATION
Division of Motor Vehicles

1800 Kanawha Boulevard East • Building Three
Charleston, West Virginia 25317-0010

Gaston Caperton
Governor

Fred VanKirk, P.E.
Secretary
Commissioner of Highways

Jane L. Cline
Commissioner

91 CSR 13 (July 1996)

PERSONS/ORGANIZATIONS NOTIFIED OF PUBLIC COMMENT PERIOD

Superintendent of the State Police
725 Jefferson Road
South Charleston, WV 25309 Executive

Larry Swann
405 Capitol Street
Charleston, WV 25301

Vice-President
American Automobile Association of WV
4001 MacCorkle Avenue, S.E.
Charleston, WV 25304

Roy Born
Nat'l Association of Indep. Insurance
1936 Gulfview Drive
Bartlett, IL 60103

Edward T. Collins
Allstate Insurance
Allstate Plaza
Northbrook, IL 60062

Hanley Clark
West Virginia Insurance Commissioner
Post Office Box 50540
Charleston, WV 25305

Don Bender
State Auto
518 East Broad Street
Columbus, OH 43215

Capitol Press Service
Main Building, Room 46
Capitol Complex

Ed Gaunch
Carson Insurance Agency
Post Office Box 6278
Charleston, WV 25362

Lawrence H. Peterson
Allstate Insurance
Allstate Plaza
Northbrook, IL 60062

Ed Wrachford
Dairyland Insurance
Post Office Box 35748
Richmond, VA 23235

Greg W. Happe
Allstate Insurance
113 Lakeview Drive
Charleston, WV 25313

Barbara Keefer
Nationwide Insurance
3450 U.S. Route 60, East
Barboursville, WV 25504

John Canfield
State Farm Insurance
2403 Fairlawn Insurance
Dunbar, WV 25064

Gray Marion
Prof. Independent Insurance Agents
Post Office Box 1226
Charleston, WV 25324

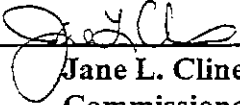
First Sergeant L.K. Williams
West Virginia State Police
725 Jefferson Road
South Charleston, WV 25309

Herb Knox
Nationwide Insurance
One Nationwide Plaza
Columbus, OH 43216

Raymona Kinneberg
102 Capitol Street
Charleston, WV 25301

Daniel Kummer
Nat'l Association of Indep. Insurance
2600 River Road
DesPlaines, IL 60018

Donna Walker
Dep. Ins. Com.
Post Office Box 50540
Charleston, WV 25312



Jane L. Cline
Commissioner



WEST VIRGINIA DEPARTMENT OF TRANSPORTATION
Division of Motor Vehicles

1800 Kanawha Boulevard East • Building Three
Charleston, West Virginia 25317-0010

Gaston Caperton
Governor

Fred VanKirk, P.E.
Secretary
Commissioner of Highways

Jane L. Cline
Commissioner

91 CSR 13
Compulsory Motor Vehicle Insurance
Proposed Legislative Rule (1996)
Summary of Public Comment

Two Comments Received and Attached

Herb Knox, Legislative Officer ,
Nationwide Insurance, Columbus Ohio

David F. Snider, Assistant General Counsel
American Insurance Association, Washington, D.C.

Comment One, Mr. Knox:

Mr. Knox raised several concerns, most of which relate to present procedures which have been in effect since 1984 and remain unchanged either by this rule revision or the provisions of House Bill 4490.

1. Mr. Knox states that the provision of West Virginia Code §17D-2A-6 which relates to the requirement that persons who are charged with failure to have insurance violations present current documentation of insurance coverage is not addressed in the rule.

Agency Response:

Mr. Knox is correct. This provision is not addressed in the rule. This section, amended in House Bill 4490 merely defines what type of proof the defendant should be required to present to the Court to show that he or she is not guilty of the charge. The previous enactment of this section states that the defendant shall "present the court... with proof..." This section does not require rulemaking. The section only applies to the criminal charge and defines what "proof of insurance should be. The House Bill 4490 amendment to this section was for requiring additional proof of insurance other than a "certificate of insurance" which really only shows that the vehicle had insurance at one time, and not necessarily insurance coverage at the time of the offense.

2. Mr. Knox states that the provisions of §91CSR13.5 dealing with the company cancellation notice requirements to DMV are not authorized by statute.

Agency Response:

West Virginia Code §17D-2A-5 provides the statutory requirement that insurance companies notify

DMV of company cancellations. This provision was not changed by House Bill 4490 and has been in effect since 1984.

3. The provisions of 91CSR13.6 dealing with the Division's review and actions based on accident reports are not authorized by statute.

Agency Response:

This provision that the commenter is referring to has been in effect since 1983 is authorized by West Virginia Code §17D-2A-6 which requires law enforcement agencies to notify DMV of accidents involving vehicles without insurance. This provision was not changed by House Bill 4490 or this rule. The Division receives this information via the accident report form. Accident reports indicating no insurance are followed up with a letter to the person or persons cited in the report. This letter gives the person an opportunity to show that he or she did have insurance in spite of the investigating officer's report to the contrary. If the person responds with a claim that there was insurance in effect, this information is verified with the insurance company. The Division has been requesting this information since 1983. The Division does not verify insurance coverage on every accident report. Only accident reports which show no insurance or insurance information which is suspect. On average, 2,000 to 3,000 verifications are requested from insurance companies each year under this procedure. The provisions of West Virginia Code §17D-2A-7(d) and §17A-3-3(e)(2) give the Commissioner the authority to request information as needed to decide whether a motor vehicle was covered by an insurance policy.

4. The provisions of 91CSR13.7 dealing with the Division's review and action on traffic citations indicating a violation of the requirement that motor vehicle carry insurance is not authorized by statute.

Agency Response:

This provision verifying insurance coverage on reports of court action has been in effect since 1983. It was not changed by House Bill 4490 or this rule. Courts are required to submit reports of violations of compulsory insurance under the provisions of West Virginia Code §17D-2A-6. The Division's action on the court report gives the person convicted notice that besides the criminal penalties which he or she has been assessed in court, the person still is liable for driver license suspension. The person is given an opportunity to show that insurance was in effect at the time of the offense. This is an administrative safeguard to allow the person to avoid unnecessarily suffering loss of driving privileges if he or she was actually insured. The provisions of West Virginia Code §17D-2A-7(d) and §17A-3-3(e)(2) give the Commissioner the authority to request information as needed to decide whether a motor vehicle was covered by an insurance policy. About 2,000 to 3,000 verifications are normally requested from insurance companies each year under this procedure.

Comment Two, Mr. Snider:

Mr. Snider expresses the opinion that electronic reporting systems are the best. Mr. Snider also indicates that 91CSR13.5.1 is unclear and should be delayed.

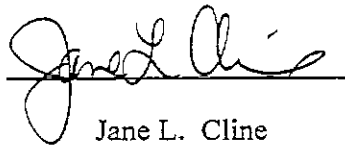
Agency Response:

Mr. Snider is correct, electronic reporting systems are superior. However, currently there are no

national standards. Currently the Insurance Industry and the American Association of Motor Vehicle Administrators (AAMVA) are working together to develop computer linkage standards. We would anticipate that within the next three years, West Virginia along with all other states will be linked by computer with all insurance companies. With national standards, the switch to computer links can be accomplished in a cost effective manner to both the State and insurance companies. The provisions of Section 5 of the rule have been in effect since 1984. These procedures were not changed by HB 4490 or by this rule.

No Changes to Rule

No changes were made to the Rule in response to either comment. The Division disagrees that the procedures referred to by Mr. Knox will be costly to the industry. In fact, these procedures are current and have been in place since 1983. These procedures also provide an important safeguard to persons wrongly accused of not having insurance.

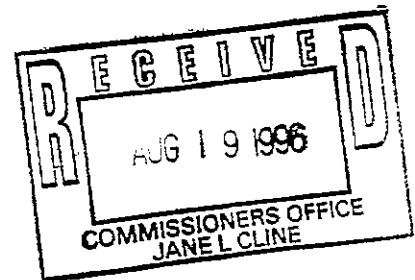
A handwritten signature in cursive script, appearing to read "Jane L. Cline", is written over a solid horizontal line.

Jane L. Cline
Commissioner



August 14, 1996

Division of Motor Vehicles
Office of the Commissioner
Re: Public Comment 91CSR13
Building 3, Room 113
Charleston, WV 25317



Dear Commissioner Cline:

As a member of your Uninsured Motorist Task Force, this is to request you to call another meeting of the Task Force at your earliest convenience. The purpose of this special meeting would be to substantially rewrite DMV proposed rule 91CSR13 to implement the provisions of HB 4490 as passed by the legislature and signed by the Governor.

There are a number of serious and costly problems with the proposed rule. The proposal is silent on one specific provision of HB 4490 and it greatly exceeds any statutory authority granted by the legislature in three other areas. It seems as if the persons who drafted this proposed rule never had access to the law copy of HB 4990.

HB 4490 Article 2A., Section 17D-2A-6, page 10, lines 18-31, is not addressed in the proposed rule. It provides "A defendant, who is charged with a traffic offense that requires an appearance in court, shall present the court at the time of his or her appearance or subsequent appearance with proof that the defendant had security in effect at the time of the traffic offense as required by this article. The court shall not base its decision solely on the presentation of a certificate of insurance as defined in section four, article twenty-four of this chapter. The court shall require current documentation from the defendant's insurance company or agent that the defendant in fact was insured at the time of the offense. If, as a result of the defendant's failure to show proof, the court determines that the defendant has violated this article, it shall notify the division of motor vehicles within five days."

Meanwhile, Section 91-13-5 on page 5 of the rule would assume the authority to require auto insurance companies to notify the DMV of all auto insurance cancellations, except for the nonpayment of insurance premiums. No such statutory authority exists.

Section 91-13-6 on page 6 assumes the DMV has the authority to review every traffic accident report and to require the verification of the proof of insurance by the insurance companies, including the accident reports that indicate proof of insurance was provided at the accident scene. The DMV has no statutory authority to require this verification by insurers.

NATIONWIDE MUTUAL INSURANCE COMPANY
NATIONWIDE MUTUAL FIRE INSURANCE COMPANY
NATIONWIDE LIFE INSURANCE COMPANY
NATIONWIDE GENERAL INSURANCE COMPANY
NATIONWIDE PROPERTY AND CASUALTY INSURANCE COMPANY

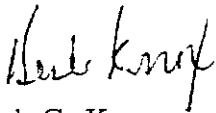
Section 91-13-7 on page 7 also assumes the DMV has the authority to review every traffic citation or abstract of conviction that cites a person for the offense of failure to have the required liability insurance and to require insurance companies to verify insurance coverage. The DMV has no statutory authority to require this verification by insurers.

These issues were never presented to the Task Force for consideration and decision. There are numerous questions as to the volume and the cost of such new procedures. It seems that you would want to have at least an estimate of the number of auto insurance cancellation notices the DMV will have to process. How many accident reports must the DMV process? What is the number of traffic citations each year? We are most concerned as to the cost that Nationwide auto policyholders must bear to comply with these new reporting requirements - for eventually the insurers must pass the regulatory costs of doing business on to our policyholders.

There are several other provisions that should be rethought and revised, but essentially this proposed rule is so far out of line with the provisions of HB 4490, it must be rewritten and submitted as a substitute proposed rule.

I look forward to working with you and the Task Force to make the needed changes while continuing the goodwill and spirit of mutual support in the goal of reducing the uninsured driver population in the state.

Sincerely,



Herb G. Knox
Legislative Officer

HBK/nfw

cc: Insurance Commissioner Hanley Clark
WV Insurance Federation V.P. Heather H. Jones
Rusty Whistler

*Steve Dale
Mike Adkins
For your buddy
DJC*

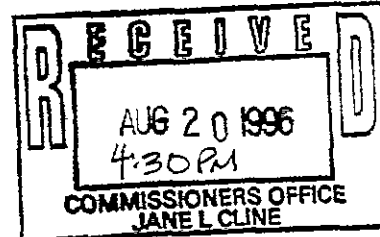
1130 Connecticut Avenue N.W.
Suite 1000
Washington, D.C. 20036
(202) 828-7100
(202) 293-1219 FAX



**AMERICAN INSURANCE ASSOCIATION
LAW DEPARTMENT**

August 20, 1996

Division of Motor Vehicles
Office of the Commissioner
Building 3, Room 113
Charleston, WV 25317



RE: Public Comment 91CSR13

Dear Commissioner:

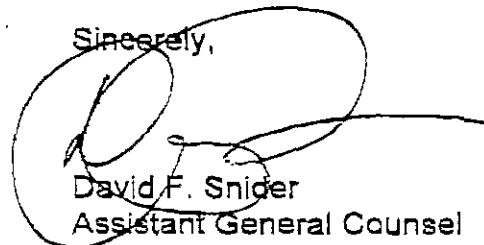
The American Insurance Association (AIA) represents 270 insurers which provide 6% of the auto insurance in the State. These companies have extensive experience in doing business on a multi-state basis.

Of all the proof of insurance and cancellation reporting systems, we believe the one just finalized by Virginia is the best. It balances enforcement goals with the most flexibility and least compliance costs and burdens. We strongly urge West Virginia to adopt the Virginia system. See attached Exhibit 1.

More specifically, 91-13-5, Section 5.1 is not clear on several issues, including how often reporting must occur. Further, the start up date for any West Virginia changes we hope could be delayed until mid-1997 or later. Moreover, electronic reporting, similar to Virginia's system should also be permitted as an alternative to the paper transaction system proposed in the regulation.

We are anxious to work with you on designing the most cost-effective system. Thank you.

Sincerely,


David F. Snider
Assistant General Counsel

DFS:paa
attachment

WALTER E. FARNAM
CHAIRMAN

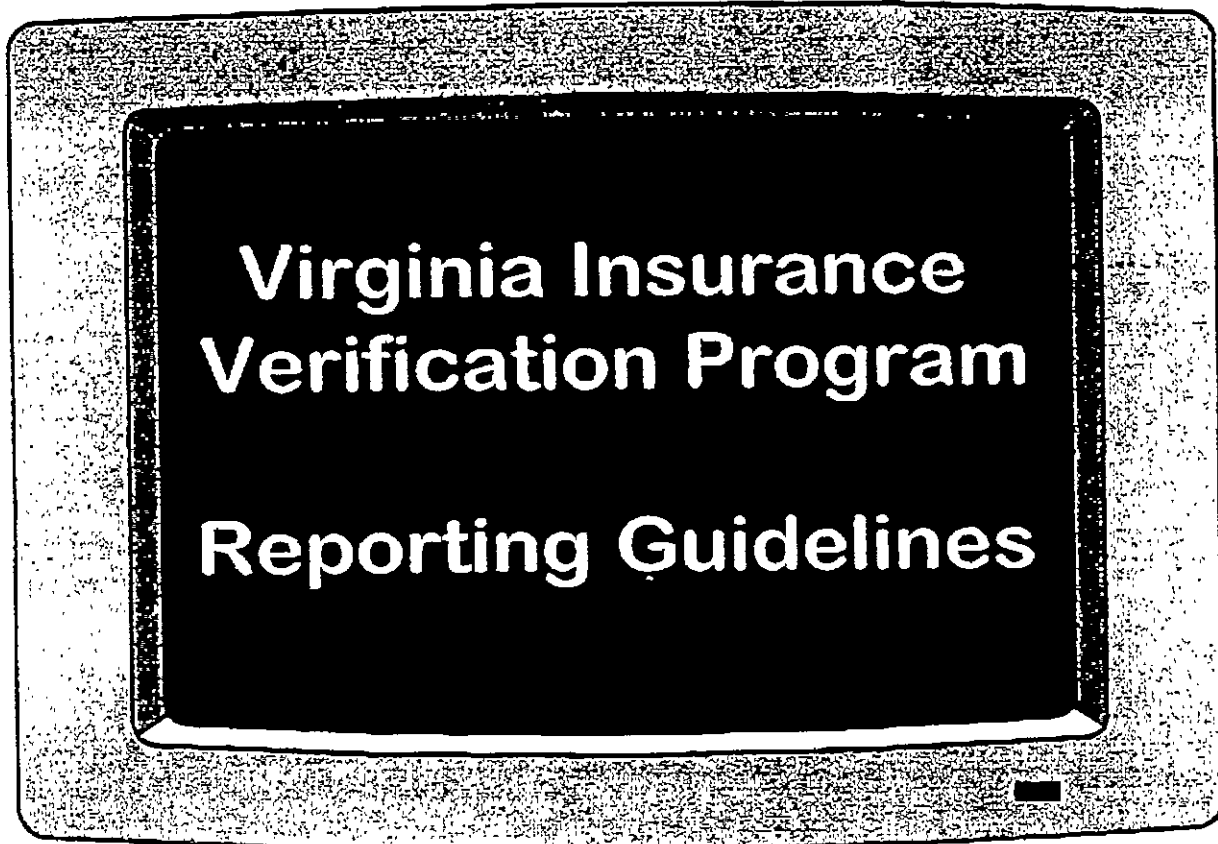
DONALD R. FRAHM
CHAIRMAN ELECT

JOE L. STINNETTE
VICE CHAIRMAN

ROBERT V. MENDELSON
VICE CHAIRMAN

ROBERT E. VAGLEY
PRESIDENT

EXHIBIT 1



AUTOMOBILE LIABILITY INSURANCE REPORTING

Reporting Guide for Insurance Companies

Virginia Department of Motor Vehicles
July 1996

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Virginia Insurance Verification Program - Reporting Guidelines

**Tape and PC Diskette Input Header Record Layout
For Use By Insurance Company In Reporting To DMV**

Field	Size	Position	Required/ Optional	Edits/Use
Record Type	1	1-1 alpha	req	value 'H'
Sender ID	20	2-21 alpha-numeric	req	DMV assigned number, the NAIC number or the identification number of the sender of the information such as a parent company or service bureau. Used for insurance 'record' ownership, reporting, and routing of output.
Submission Date	8	22-29 numeric	req	date records were placed on this output media for transmission to DMV. It cannot be a future date.
Reporting Begin Date	8	30-37 numeric	req	beginning time frame of record reporting. It cannot be a future date.
Reporting End Date	8	38-45 numeric	req	last day of time frame of record reporting. It cannot be a future date.
Total Records For Ins Co Code	8	46-52 numeric	req	the total number of records written per insurance company code (file).

Virginia Insurance Verification Program - Reporting Guidelines

**Insurance Verification Format (Modified)
Used For Reporting Using Tape, Cartridge or PC Diskette**

* This data is required for vehicle-specific records; those records with a value of "V" in the "VEHICLE-SPECIFIC IND" field..

Field	Size	Position	Required/ Optional	Edits/Use
POLICY TRANSACTION CODE	3	1 - 3 alpha	Req	identifies the record as new business, cancellation/termination, added vehicle, removed vehicle. This determines what action to take on the vehicle owner, if any. Valid values are 'NBS' for new business and vehicles added to existing policies, 'XLC' for policy cancellations and vehicles removed from existing policies, 'REI' for reinstated policies, 'ACK' for verification requests and acknowledgements, and 'NIS' for coverage denials. This is cross-field edited with EFFECTIVE DATE and CANCEL DATE.
INS CO CODE	20	4 - 23 alpha	Req	must be recognized by DMV, either as a DMV assigned number or the NAIC number. Identifies the data source; is used for cancellation matching, statistical reports, and routing of returned records.
INS CO NAME	35	24 -58 alpha- numeric	Req	must accompany INS CO CODE for further verification of record ownership and reporting.
VEHICLE SPECIFIC IND	2	59-60 alpha	Req	identifies the policy as covering unique vehicles, or a policy that covers all vehicles owned by an insured. The value for vehicle specific records is 'V'. The value for non-vehicle specific records is 'NS'. If the value is 'V', then VIN, MAKE, and YEAR, are required fields.
VIN	25	61-85 alpha- numeric	Opt*	required for vehicle specific records; match on 15 characters of CSS VIN; 1st matching criteria used. If present, this field is the first matching criteria. An invalid check digit (position 10) is not counted in the fifteen.
YEAR	4	86-89 numeric	Opt*	required for vehicle specific records, but will be accepted and used for non-vehicle specific records also. The year value must begin with 19 or 20. If the VIN cannot be matched in the DMV file, YEAR and MAKE become the second matching criteria.
MAKE	12	90-101 alpha	Opt*	match CSS table 2064 (attached); required for individuals insured only. The make value can be the NCIC code or the entire make name. If the VIN cannot be matched in the DMV

Virginia Insurance Verification Program - Reporting Guidelines

Field	Size	Position	Required/Optional	Edits/Use
				vehicle file, MAKE becomes the second vehicle matching criteria along with YEAR.
CANCEL DATE	8	102-109 numeric	Opt	must conform to the standard date format (CCYYMMDD). Century for 2 positions values 19 or 20; Year for 2 positions, any numeric; Month for 2 positions, values 01 to 12; Day for 2 positions, values 01 to 31 depending on the month. The date cannot be a future date (greater than the current date). This field is required for a POLICY TRANSACTION CODE value of 'XLC' and is required for 'VIIC' when removing a vehicle from an existing policy.
EFFECTIVE DATE	8	110-117 numeric	Opt	must conform to the standard date format (CCYYMMDD). Century for 2 positions values 19 or 20; Year for 2 positions, any numeric; Month for 2 positions, values 01 to 12; Day for 2 positions, values 01 to 31 depending on the month. The date cannot be a future date (greater than the current date). This field is required for a POLICY TRANSACTION CODE value of 'NBS' and is required for 'VIIC' when removing a vehicle from an existing policy.
POLICY NUMBER	30	118-147 anything	Opt	enter any value - for insurance company use
PERSON-ORGANIZATION-INDICATOR (this field occurs 4 times with Name, Date of Birth, and Driver License No)	1 x4	148-148 204-204 261-261 317-317 numeric	Req	value for persons = '1', value for non-persons or business = '2'.
NAME OF INSURED (this field occurs 4 times with Person-Org-Ind, Date of Birth, and Driver License No)	35 x4	149-183 205-240 262-290 318-352 anything	Req	free format, see page 11; used to identify and match to DMV file. May be used as matching criteria when vehicle specific information is missing or cannot be matched. Name matching criteria is 7 characters of the last name; 3 characters of the first name, if present; and 2 characters of the middle name, if present. When duplicate names are found, the address becomes part of the matching criteria.
DATE OF BIRTH (this field occurs 4 times with Person-Org-Ind, Name, and	8 x4	184-192 241-247 297-304	Opt	must conform to standard date format (CCYYMMDD). Century for 2 positions values 19 or 20; Year for 2 positions, any numeric; Month for 2 positions, values 01 to 12; Day for 2 positions, values 01 to 31

Virginia Insurance Verification Program - Reporting Guidelines

Field	Size	Position	Required/ Optional	Edits/Use
Driver License No)		353-360 numeric		depending on the month. The date cannot be a future date (greater than the current date).
DRIVER LICENSE NO. (this field occurs 4 times with Person-Org-Ind, Name, and Date of Birth)	12 x4	190-203 248-260 305-316 361-372 alpha-numeric	Opt	must be 9 or 12 characters in length; may be DMV-issued, or Social Security Number, or Federal Employer Identification Number.
ERROR CODE	4	373-375 alpha-numeric	Opt	if an edit error has occurred, DMV will place a value in this field. See Appendix D for codes and meanings.
FILLER	80	376-455 anything	Opt	for insurance company use only.
STREET ADDRESS OF INSURED	70	456-525 anything	Req	house/route/box number and street name where insured lives (mailing address). Mailing address is preferred over dwelling address. Use post office standards when possible.
CITY ADDRESS OF INSURED	30	526-555 alpha	Req	city or county where insured lives. In case of multiple names matching the INSURED NAME, the city is also matched to eliminate all duplicate name matches.
STATE ADDRESS OF INSURED	2	556-557 alpha	Req	state code for address where insured lives. Must be a standard abbreviation for a state within the US. Must be blank if address is not one of the 50 states or a US possession. In case of multiple names matching, the state code is also matched to eliminate all duplicate name matches.
ZIP CODE OF INSURED	9	558-566 numeric	Req	zip code (5, or 9 if U.S.) where insured lives. Must be numeric and either 5 or 9 characters in length. In case of multiple names matching the INSURED NAME, the zip code is also matched to eliminate all duplicate name matches.
COUNTRY ADDRESS OF INSURED	2	567-568 alpha	Opt	country code for address where insured lives. Must be a standard abbreviation for a country. Must be blank if address is one of the 50 states or a US possession.