

South Carolina Department of Insurance

1201 Main Street, Suite 1000

Columbia, SC 29201

Surplus Lines Broker Bulk Submissions

The South Carolina Department of Insurance has developed two methods by which brokers or their 3rd party providers can upload submissions via Secure FTP and from a Web Browser. The format for the file will be the same for both methods.

Setting up Broker / 3rd Party Account

You can request an FTP account through our online form

<https://online.doi.sc.gov/Eng/Public/Common/BrokerEducationSurvey.aspx>

You can alternatively email a request for an FTP account to FtpRequest@doi.sc.gov. Please supply the following information

1. Your Name
2. Your contact e-mail
3. Your contact phone
4. Indicate if you an MGA
5. Company
6. The Surplus Line broker SC individual number you are submitting for. If you don't know, you can look for it here.

<https://online.doi.sc.gov/Eng/Public/Queries/IndvdlLicSrch.aspx>

After verification you will be given user ids and passwords for your production FTP account as well as your test FTP account.

Anticipated Implementation Schedule

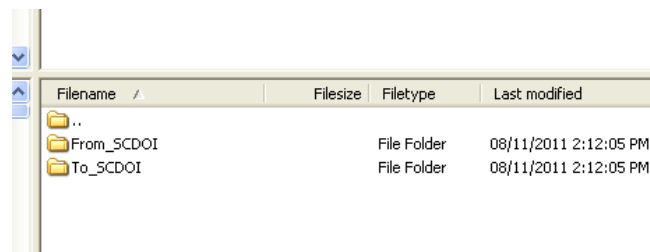
Test FTP Site: 12/01/2011

Production FTP Site: 02/12/2012

Production Web Upload: 02/12/2012

Directory Structure

Each user of the FTP system will be given their own folder on our server. Other users of the system will not be able to access your folder nor will you be able to access theirs. The root folder contains 2 sub-folders, From_SCDOI and To_SCDOI. When submitting data place your file in the TO_SCDOI folder. Response files generated by SCDOI will be placed in the From_SCDOI folder. Files can be given any name you like. **ALL FILES must be in CSV format with no header row.**



| Filename | Filesize | Filetype | Last modified |
|------------|----------|-------------|-----------------------|
| .. | | | |
| From_SCDOI | | File Folder | 08/11/2011 2:12:05 PM |
| To_SCDOI | | File Folder | 08/11/2011 2:12:05 PM |

Response Files

Response files will contain an exact duplicate of the data we receive from you along with other information as well as error messages. These files will have the same name as the file you uploaded. Please verify the data in the files and, for those with errors, correct the errors and re-submit. Response files are generated in real time and should generally be available for download within a few minutes (depending on the number and size of the files). We recommend that you delete the files from your ftp folders shortly after they are processed.

FTP Client Software

Your IT department may choose to develop a fully automated system but if not, you may choose any ftp client software that supports an **FTPS connection** (FTP over implicit TSL/SSL). If you don't have an FTP client application you may want to consider FileZilla. It can be downloaded at <http://filezilla-project.org>

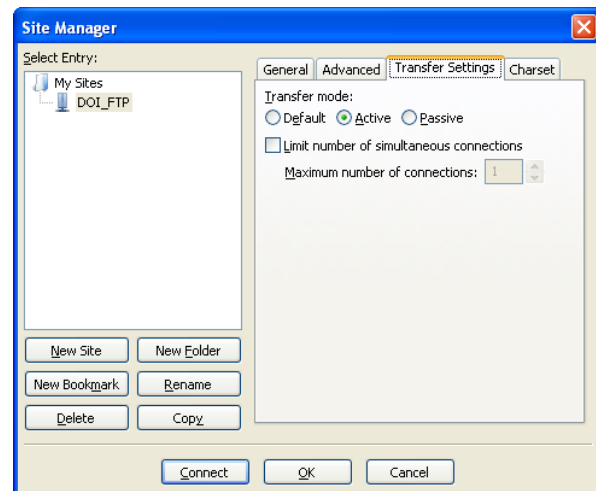
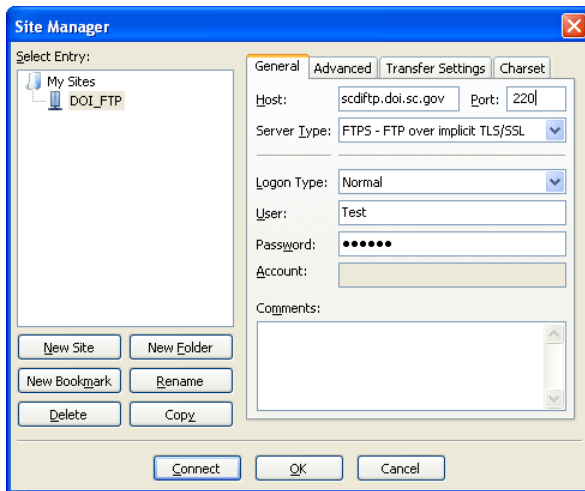
Connecting to FTP Server

Host: scdiftp.doi.sc.gov or scditestftp.doi.sc.gov

Port: 220

Server Type: FTPS

Transfer Mode: Active



Uploading Via Web Browser

Bulk submissions can also be uploaded from your web browser. The following is a brief outline of the steps to upload via the web:

- 1.) Log into SCDOI Online services
- 2.) From the welcome screen select "File Broker Taxes"

3.) From the Broker Dash Board select “Batch Upload”

4.) Click “Browse” to find the Comma Separated File you wish to upload.

| Batch # | Date Submitted | Processing Status | Total Records | Records in Error | File Processed | Median | Results |
|---------|----------------|----------------------|---------------|------------------|----------------|--------|--|
| 152 | 08/08/2011 | Complete With Errors | 1500 | 2 | file1.csv | web | download <input type="button" value="Delete"/> |
| 123 | 08/02/2011 | Complete | 158 | 0 | file1.csv | ftp | download <input type="button" value="Delete"/> |

5.) Click “Upload” to begin the upload process.

Once the upload is processed by our server the results will appear in the grid. This process may take several minutes. If you choose you may wait on this screen or return later to check the results.

Broker Submission File Layout

Files to and from us will be in **CSV format** (comma separated values).

Fields

| | |
|------------------------|--|
| Number | 1 |
| Name | Transaction type |
| Maximum Length | 1 |
| Requirements | Required field |
| Acceptable Data | 1–New submission, 2-New Endorsement, 3-Cancel Existing Submission, 4-Reinstatement, 5-Renewal, 6-Audit |

| | |
|------------------------|------------------------------|
| Number | 2 |
| Name | Broker License Number |
| Maximum Length | 12 |
| Requirements | Required field |
| Acceptable Data | |

| | |
|------------------------|--|
| Number | 3 |
| Name | Agency Code |
| Maximum Length | 12 |
| Requirements | Optional for new submission, Not required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | |

| | |
|------------------------|--|
| Number | 4 |
| Name | Agency Name |
| Maximum Length | 50 |
| Requirements | Required for new submission if sole proprietorship and not licensed in SC, Not required for endorsement, Not required for Cancellation (see field 1)for Cancellation (see field 1) |
| Acceptable Data | |

| | |
|------------------------|---|
| Number | 5 |
| Name | Purchasing Group |
| Maximum Length | 12 |
| Requirements | Required for new submission if Insured Type is Purchasing group |
| Acceptable Data | |

| | |
|------------------------|--|
| Number | 6 |
| Name | Insured Type |
| Maximum Length | 1 |
| Requirements | Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1) If entity is Purchasing Group must provide Purchasing Group SC assigned cocode. |
| Acceptable Data | 1-Individual, 2-Entity, 3-Purchasing Group |

| | |
|------------------------|---|
| Number | 7 |
| Name | Insured Name |
| Maximum Length | 100 |
| Requirements | Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1) Enter name of purchasing group if Insured type is purchasing group |
| Acceptable Data | |

| | |
|------------------------|--|
| Number | 8 |
| Name | Description of Risk |
| Maximum Length | 50 |
| Requirements | Optional for new submission, Not required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | |

| | |
|-----------------------|--|
| Number | 9 |
| Name | Policy Number |
| Maximum Length | 15 |
| Requirements | Required for new submission, required for endorsement, Not required for Cancellation (see field 1) |

| | |
|------------------------|--|
| | |
| Acceptable Data | |

| | |
|------------------------|--|
| Number | 10 |
| Name | Policy Placement Date |
| Maximum Length | 15 |
| Requirements | Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | Date format – MM/DD/YYYY |

| | |
|------------------------|--|
| Number | 11 |
| Name | Policy Effective Date |
| Maximum Length | 10 |
| Requirements | Required for new submission, required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | Date format – MM/DD/YYYY |

| | |
|------------------------|--|
| Number | 12 |
| Name | Policy Expiration Date |
| Maximum Length | 10 |
| Requirements | Required for new submission, required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | Date format – MM/DD/YYYY |

| | |
|------------------------|--|
| Number | 13 |
| Name | Endorsement Effective Date |
| Maximum Length | 10 |
| Requirements | Not required for submission, Required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | Date format – MM/DD/YYYY |

| | |
|-----------------------|------------------------------------|
| Number | 14 |
| Name | Endorsement Expiration Date |
| Maximum Length | 10 |

| | |
|------------------------|--|
| Requirements | Not required for new submission, Required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | Date format – MM/DD/YYYY |

| | |
|------------------------|--|
| Number | 15 |
| Name | Late Submission |
| Maximum Length | 1 |
| Requirements | Optional new submission, Not required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | Y–Yes, N-No |

| | |
|------------------------|---|
| Number | 16 |
| Name | Late Submission Reason |
| Maximum Length | 1 |
| Requirements | Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | 1–Misfiling/overlooked by the broker, 2-Error in the internal processes of the broker, 3-Turned in late by the broker, 4-Received late by the broker, 5-Other |

| | |
|------------------------|--|
| Number | 17 |
| Name | Submission Category |
| Maximum Length | 1 |
| Requirements | Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | 1-Stop Loss, 2-Regular, 3-Independantly/Directly Procured, 4-Industrial Insured, 5-not used, 6-Audit |

| | |
|-----------------------|--|
| Number | 18 |
| Name | MultiState Submission |
| Maximum Length | 1 |
| Requirements | Optional new submission, Not required for endorsement, Not required for Cancellation (see field 1) |

| | |
|------------------------|-------------|
| Acceptable Data | Y-Yes, N-No |
|------------------------|-------------|

| | |
|------------------------|--|
| Number | 19 |
| Name | Multi-state Disbursement |
| Maximum Length | 152 |
| Requirements | Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | State abbreviations concatenated, separated by semi-colon |

| | |
|------------------------|--|
| Number | 20 |
| Name | Street Address of Risk / Insured |
| Maximum Length | 40 |
| Requirements | Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | |

| | |
|------------------------|--|
| Number | 21 |
| Name | City of Risk / Insured |
| Maximum Length | 40 |
| Requirements | Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | |

| | |
|------------------------|--|
| Number | 22 |
| Name | State of Risk / Insured |
| Maximum Length | 2 |
| Requirements | Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | 2 digit state abbreviation |

| | |
|------------------------|--|
| Number | 23 |
| Name | Zip Code of Risk / Insured |
| Maximum Length | 9 |
| Requirements | Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|--|----------------------------------|----|------------------------------|----|----------------------------------|----|---------------------------------|----|--------------------------------|----|---------------------------------|----|---------------------------------|----|---------------------------------|----|--------------------------------|----|-----------------------------------|----|---------------------------------|----|--------------------------------|----|-------------------------------------|----|----------------------------------|----|---------------------------------|----|-----------------------------------|----|-------------------------------|----|-----------------------------------|----|----------------------------------|----|----------------------------------|----|---------------------------------|----|-----------------------------------|----|-----------------------------------|----|----------------------------------|----|--------------------------------|----|
| Number | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | County Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maximum Length | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Requirements | Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acceptable Data | <table> <tr><td><u>Abbeville</u></td><td>01</td></tr> <tr><td><u>Aiken</u></td><td>02</td></tr> <tr><td><u>Allendale</u></td><td>03</td></tr> <tr><td><u>Anderson</u></td><td>04</td></tr> <tr><td><u>Bamberg</u></td><td>05</td></tr> <tr><td><u>Barnwell</u></td><td>06</td></tr> <tr><td><u>Beaufort</u></td><td>07</td></tr> <tr><td><u>Berkeley</u></td><td>08</td></tr> <tr><td><u>Calhoun</u></td><td>09</td></tr> <tr><td><u>Charleston</u></td><td>10</td></tr> <tr><td><u>Cherokee</u></td><td>11</td></tr> <tr><td><u>Chester</u></td><td>12</td></tr> <tr><td><u>Chesterfield</u></td><td>13</td></tr> <tr><td><u>Clarendon</u></td><td>14</td></tr> <tr><td><u>Colleton</u></td><td>15</td></tr> <tr><td><u>Darlington</u></td><td>16</td></tr> <tr><td><u>Dillon</u></td><td>17</td></tr> <tr><td><u>Dorchester</u></td><td>18</td></tr> <tr><td><u>Edgefield</u></td><td>19</td></tr> <tr><td><u>Fairfield</u></td><td>20</td></tr> <tr><td><u>Florence</u></td><td>21</td></tr> <tr><td><u>Georgetown</u></td><td>22</td></tr> <tr><td><u>Greenville</u></td><td>23</td></tr> <tr><td><u>Greenwood</u></td><td>24</td></tr> <tr><td><u>Hampton</u></td><td>25</td></tr> </table> | <u>Abbeville</u> | 01 | <u>Aiken</u> | 02 | <u>Allendale</u> | 03 | <u>Anderson</u> | 04 | <u>Bamberg</u> | 05 | <u>Barnwell</u> | 06 | <u>Beaufort</u> | 07 | <u>Berkeley</u> | 08 | <u>Calhoun</u> | 09 | <u>Charleston</u> | 10 | <u>Cherokee</u> | 11 | <u>Chester</u> | 12 | <u>Chesterfield</u> | 13 | <u>Clarendon</u> | 14 | <u>Colleton</u> | 15 | <u>Darlington</u> | 16 | <u>Dillon</u> | 17 | <u>Dorchester</u> | 18 | <u>Edgefield</u> | 19 | <u>Fairfield</u> | 20 | <u>Florence</u> | 21 | <u>Georgetown</u> | 22 | <u>Greenville</u> | 23 | <u>Greenwood</u> | 24 | <u>Hampton</u> | 25 |
| <u>Abbeville</u> | 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Aiken</u> | 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Allendale</u> | 03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Anderson</u> | 04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Bamberg</u> | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Barnwell</u> | 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Beaufort</u> | 07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Berkeley</u> | 08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Calhoun</u> | 09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Charleston</u> | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Cherokee</u> | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Chester</u> | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Chesterfield</u> | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Clarendon</u> | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Colleton</u> | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Darlington</u> | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Dillon</u> | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Dorchester</u> | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Edgefield</u> | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Fairfield</u> | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Florence</u> | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Georgetown</u> | 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Greenville</u> | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Greenwood</u> | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Hampton</u> | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---------------------|----|
| | <u>Horry</u> | 26 |
| | <u>Jasper</u> | 27 |
| | <u>Kershaw</u> | 28 |
| | <u>Lancaster</u> | 29 |
| | <u>Laurens</u> | 30 |
| | <u>Lee</u> | 31 |
| | <u>Lexington</u> | 32 |
| | <u>McCormick</u> | 33 |
| | <u>Marion</u> | 34 |
| | <u>Marlboro</u> | 35 |
| | <u>Newberry</u> | 36 |
| | <u>Oconee</u> | 37 |
| | <u>Orangeburg</u> | 38 |
| | <u>Pickens</u> | 39 |
| | <u>Richland</u> | 40 |
| | <u>Saluda</u> | 41 |
| | <u>Spartanburg</u> | 42 |
| | <u>Sumter</u> | 43 |
| | <u>Union</u> | 44 |
| | <u>Williamsburg</u> | 45 |
| | <u>York</u> | 46 |

| | |
|------------------------|--|
| Number | 25 |
| Name | Licensed Insurer Name 1 |
| Maximum Length | 80 |
| Requirements | Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | |

| | |
|---------------|--------------------------------|
| Number | 26 |
| Name | Licensed Insurer Name 2 |

| | |
|------------------------|--|
| Maximum Length | 80 |
| Requirements | Optional for new submission, Not required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | |

| | |
|------------------------|--|
| Number | 27 |
| Name | Licensed Insurer Name 3 |
| Maximum Length | 80 |
| Requirements | Optional for new submission, Not required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | |

| | |
|------------------------|--|
| Number | 28 |
| Name | SC Assigned Company Code 1 |
| Maximum Length | 12 |
| Requirements | Required for new submission, Required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | |

| | |
|------------------------|--|
| Number | 29 |
| Name | Premiums Written Company 1 |
| Maximum Length | 12 |
| Requirements | Required for new submission, Required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | Currency rounded to nearest dollar |

| | |
|------------------------|--|
| Number | 30 |
| Name | SC Assigned Company Code 2 |
| Maximum Length | 12 |
| Requirements | Optional new submission, Optional for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | |

| | |
|---------------|-----------------------------------|
| Number | 31 |
| Name | Premiums Written Company 2 |

| | |
|------------------------|--|
| Maximum Length | 12 |
| Requirements | Optional for new submission, Optional for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | Currency rounded to nearest dollar |

| | |
|------------------------|--|
| Number | 32 |
| Name | SC Assigned Company Code 3 |
| Maximum Length | 12 |
| Requirements | Optional new submission, Optional for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | |

| | |
|------------------------|--|
| Number | 33 |
| Name | Premiums Written Company 3 |
| Maximum Length | 12 |
| Requirements | Optional for new submission, Optional for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | Currency rounded to nearest dollar |

| | |
|------------------------|--|
| Number | 34 |
| Name | SC Assigned Company Code 4 |
| Maximum Length | 12 |
| Requirements | Optional new submission, Optional for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | |

| | |
|------------------------|--|
| Number | 35 |
| Name | Premiums Written Company 4 |
| Maximum Length | 12 |
| Requirements | Optional for new submission, Optional for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | Currency rounded to nearest dollar |
| Number | 36 |

| | |
|------------------------|--|
| Name | SC Assigned Company Code 5 |
| Maximum Length | 12 |
| Requirements | Optional new submission, Optional for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | |

| | |
|------------------------|--|
| Number | 37 |
| Name | Premiums Written Company 5 |
| Maximum Length | 12 |
| Requirements | Optional for new submission, Optional for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | Currency rounded to nearest dollar |

| | |
|------------------------|---|
| Number | 38 |
| Name | Total Premiums Written for Policy |
| Maximum Length | 12 |
| Requirements | Not required – total calculated by DOI returned in response file |
| Acceptable Data | Currency rounded to nearest dollar. If multistate policy indicate ONLY the portion allocated to South Carolina. |

| | |
|------------------------|--------------------------------|
| Number | 39 |
| Name | Reserved for future use |
| Maximum Length | 12 |
| Requirements | |
| Acceptable Data | |

| | |
|------------------------|--|
| Number | 40 |
| Name | Total Policy Fees Charged |
| Maximum Length | 12 |
| Requirements | Required for new submission, Required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | Currency rounded to nearest dollar |

| | |
|---------------|--------------------------------|
| Number | 41 |
| Name | Reserved for future use |

| | |
|------------------------|----|
| Maximum Length | 12 |
| Requirements | |
| Acceptable Data | |

| | |
|------------------------|--|
| Number | 42 |
| Name | Total Premiums Written and Policy Fees |
| Maximum Length | 12 |
| Requirements | Not required – total calculated by DOI returned in response file |
| Acceptable Data | Currency rounded to nearest dollar |

| | |
|------------------------|--|
| Number | 43 |
| Name | Total Broker Premium Tax |
| Maximum Length | 12 |
| Requirements | Not required – total calculated by DOI returned in response file |
| Acceptable Data | Currency (not rounded) |

| | |
|------------------------|--|
| Number | 44 |
| Name | Distribution of Premiums Written 19.00 – Life (Stop Loss Only) |
| Maximum Length | 12 |
| Requirements | Required for new submission, Required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | Currency rounded to nearest dollar |

| | |
|------------------------|--|
| Number | 45 |
| Name | Distribution of Premiums Written 21.00 – A&H (Stop Loss Only) |
| Maximum Length | 12 |
| Requirements | Required for new submission, Required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | Currency rounded to nearest dollar |

| | |
|-----------------------|--|
| Number | 46 |
| Name | Distribution of Premiums Written 22.00 – Property (Other than Auto) |
| Maximum Length | 12 |
| Requirements | Required for new submission, Required for endorsement, Not required for Cancellation (see field 1) |

| | |
|------------------------|------------------------------------|
| Acceptable Data | Currency rounded to nearest dollar |
|------------------------|------------------------------------|

| | |
|------------------------|--|
| Number | 47 |
| Name | Distribution of Premiums Written 22.10 – PP Auto physical Damage |
| Maximum Length | 12 |
| Requirements | Required for new submission, Required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | Currency rounded to nearest dollar |

| | |
|------------------------|--|
| Number | 48 |
| Name | Distribution of Premiums Written 22.30 – Comm. Auto physical Damage |
| Maximum Length | 12 |
| Requirements | Required for new submission, Required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | Currency rounded to nearest dollar |

| | |
|------------------------|--|
| Number | 49 |
| Name | Distribution of Premiums Written 23.00 – All Casualty (Other than Auto Liability) |
| Maximum Length | 12 |
| Requirements | Required for new submission, Required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | Currency rounded to nearest dollar |

| | |
|------------------------|--|
| Number | 50 |
| Name | Distribution of Premiums Written 23.30 – Comm Auto Liability |
| Maximum Length | 12 |
| Requirements | Required for new submission, Required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | Currency rounded to nearest dollar |

| | |
|------------------------|--|
| Number | 51 |
| Name | Distribution of Premiums Written 24.00 – Surety |
| Maximum Length | 12 |
| Requirements | Required for new submission, Required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | Currency rounded to nearest dollar |

| | |
|------------------------|--|
| Number | 52 |
| Name | Distribution of Premiums Written 25.00 – Marine |
| Maximum Length | 12 |
| Requirements | Required for new submission, Required for endorsement, Not required for Cancellation (see field 1) |
| Acceptable Data | Currency rounded to nearest dollar |

| | |
|------------------------|--|
| Number | 53 |
| Name | Tax Year |
| Maximum Length | 4 |
| Requirements | Required for all transaction types (see field 1) |
| Acceptable Data | Year format - YYYY |

| | |
|------------------------|--|
| Number | 54 |
| Name | Submission Year |
| Maximum Length | 4 |
| Requirements | Required for all transaction types (see field 1) |
| Acceptable Data | Year format - YYYY |

| | |
|------------------------|---|
| Number | 55 |
| Name | Submission Number |
| Maximum Length | 12 |
| Requirements | Required for Submission transaction - generated by DOI and returned in response file, Required for endorsement, Required for Cancellation (see field 1) |
| Acceptable Data | |

| | |
|------------------------|---|
| Number | 56 |
| Name | Endorsement Number |
| Maximum Length | 12 |
| Requirements | Not Required for Submission transaction, Not required for endorsement - generated by DOI and returned in response file, Not Required for Cancellation (see field 1) |
| Acceptable Data | |

| | |
|------------------------|---|
| Number | 57 |
| Name | Submission Status |
| Maximum Length | 1 |
| Requirements | Not required - generated by DOI and returned in response file (see field 1) |
| Acceptable Data | 1- Submission Processed; 2-Submission Rejected, 3- Endorsement Processed , 4 - Endorsement Rejected, 5-Cancellation Processed, 6- Cancellation Rejected |

| | |
|------------------------|---|
| Number | 58 |
| Name | Date Received |
| Maximum Length | 19 |
| Requirements | Not required - generated by DOI and returned in response file |
| Acceptable Data | Date format DD/MM/YYYY HH:MM:SS |

| | |
|------------------------|---|
| Number | 59 |
| Name | Date Processed |
| Maximum Length | 19 |
| Requirements | Not required - generated by DOI and returned in response file |
| Acceptable Data | Date format DD/MM/YYYY HH:MM:SS |

| | |
|------------------------|--|
| Number | 60 |
| Name | Error Codes |
| Maximum Length | No Maximum |
| Requirements | Not required - generated by DOI and returned in response file |
| Acceptable Data | <p>Error codes concatenated, separated by semi-colon Each error code will have a corresponding message in next field</p> <p>Errors – The following errors will prevent the submission from being accepted</p> <ul style="list-style-type: none"> -2 Not CSV – The uploaded file is not a CSV file or the file is corrupt -3 Invalid Data Type – Alpha characters detected in a numeric field -4 Required Field Missing – no data was found in a required field -5 Broker license was inactive before the placement date of the policy -6 Broker license was lapse before the placement date of the policy -7 Surplus lines company license inactive before the effective date of the policy -8 Invalid Broker License |

| | |
|--|---|
| | -9 Invalid Surplus Line Company Code -10 Invalid Coverage Type -11 Invalid Insured Type -12 Coverage description must be 19.00 Life and /or 21.00 A&H if coverage type is Stop Loss -13 At least one licensed insurer's Name not provided -14 Invalid effective date -15 Invalid expiration date -16 Duplicate Submission -17 Data Too Large Warnings – warnings will not prevent a submission from being accepted. -100 Insured must be entity if coverage type is Stop Loss -101 Policy Number /binder required |
| | |

| | |
|------------------------|---|
| Number | 61 |
| Name | Error Messages |
| Maximum Length | No Maximum |
| Requirements | Not required - generated by DOI and returned in response file |
| Acceptable Data | Error messages concatenated, separated by semi-colon |

Common Mistakes / Errors

Large number of errors - If the response file contains a large number of errors you've probably skipped a field when creating the file. Remember, each line should contain a place for every field in the specification, even if the field is not required or it is a return only field. If a field is missing it's possible that every field after the missing field will generate an error.

Embedded commas – This is common in address fields. If a data field contains a comma be sure to surround the field with quotation marks. For example: John Doe, 1201 Main Street, Suite 1000, Columbia, SC, 20201 should appear as John Doe, "1201 Main Street, Suite 1000", Columbia, SC, 20201

Incorrect Totals – If the totals fields returned by us appear to be incorrect please make sure that you've rounded the dollar amount on the fields as indicated in the layout. Remember to round to the nearest dollar; don't just drop off the amount to the right of the decimal point.

