



State of Wyoming

Financial Responsibility Verification Program (FRVP)

Web Services Program Guide for Insurers *Version 3.2.2*

*Published by:
Wyoming Department of Transportation (WYDOT)
and Verification Solutions, Inc. (VeriSol)*

Publication Date: June 12, 2013

Contents

	<u>Page</u>
I. Introduction	4
A. Summary of Changes Included in Version 3.2, 3.2.1 and 3.2.2 of this Guide	4
B. Purpose of this Guide	5
C. Background	5
D. State of Wyoming Background	6
II. Overview of Web Services	8
III. Implementation	9
IV. The Verification Request and Response	10
A. The Verification Request	10
B. The Verification Response	10
V. The Insurance Company Web Service	12
A. Web Services Description Language (WSDL) File	12
B. Schema	12
C. Extensible Markup Language (XML) Messages	12
D. Simple Object Access Protocol (SOAP)	12
E. Hypertext Transfer Protocol (HTTP) over Transmission Control Protocol/Internet Protocol (TCP/IP)	12
F. Security	13
G. Expected Level of Service	13
VI. Full Book of Business Reporting	15
VII. Steps for Establishing Connectivity	16
A. Basic connectivity test	16
B. Test ability to send and receive messages	16
C. Enable security and verify the above steps are not impacted	16
VIII. Related Publications and Published Standards	17
A. IICMVA	17
B. ANSI ASC X12	17
C. ACORD XML	17

IX. Exemption from Web Services for an Insurer with Fewer Policies	18
X. Contacts and Resources	19
A. VeriSol	19
B. MV Solutions	19
C. Wyoming Department of Transportation	19
D. Website	19
XI. Appendices	20
Appendix 1 – Insurer Information Form	21
Appendix 2 – VeriSol VIV Software Description and System Flow	21
Appendix 3 – Format for Full Book of Business Reporting	24
Appendix 4 – Test Transactions Worksheet	29
Appendix 5 – Sample Verification Request and Response Messages	30
Appendix 6 – Unconfirmed Reason Codes	35

I. Introduction

A. Summary of Changes Included in Version 3.2, 3.2.1 and 3.2.2 of this Guide

1. Editorial and grammar changes have been made throughout the Guide to reflect that the FRVP program has transitioned from start-up to an established program. For the reader's convenience, the sections that have changed since publication of Version 3.2 are highlighted in gray. The sections that have changed since publication of Version 3.2.1 are highlighted in green.
2. Clarifications have been made to the Expected Level of Service for the insurer's Web service (Section V Paragraph G) that went into effect beginning May 1, 2009.
 - 24/7 Availability of each insurer's Web service. Wyoming statute 31-4-103(e) states that the verification system shall be available 24 hours a day. Therefore each insurer's Web service is required to respond to verification requests on an on-demand basis with high availability. Although a reasonable amount of downtime to maintain and upgrade systems may occur, insurers are encouraged to design their systems to minimize or eliminate downtime wherever possible. Each insurer shall provide a list of technical contacts that are available to regulatory agencies to assist with any problems or unplanned system outages.
 - Scheduled downtime must be reported via e-mail to support@wyfrvp.com as early as possible, describing the reason for the downtime, the time the Web service will become unavailable, and the time it is expected to become available again. If the scheduled downtime will be more than a brief period, insurers are urged to arrange for the transmission of a full book of business prior to the downtime so that this data can be used in lieu of Web services during the downtime.
 - Unscheduled downtime must be reported via e-mail to support@wyfrvp.com as soon as possible after it occurs, describing the reason for the downtime, the time the Web service became unavailable, and the time it became available again. Downtime will be logged and used for evaluating the insurer's performance via Web services.
 - Each online transaction should take no more than 5 seconds from the time that the verification request message is initiated by the user's system until the response reaches the user's system. In order to achieve the overall 5-second response time, each insurer should design its Web service to provide a response within 2 seconds of receipt of an inquiry. Contributing factors to slow responses outside the control of the insurers, such as Internet response time, will be taken into account. Responses not received in a timely manner will be logged and used for evaluating the insurer's performance via Web services.
 - Accuracy is critical to the success of the program. Therefore, each insurer's Web service must be designed to provide the correct response to an inquiry.

Each Web service will be monitored and tested for accurate responses, including testing for false confirmations.

The Wyoming Insurance Department reserves the right to impose sanctions against those insurers that do not meet the expected level of service.

3. A summary of revised business rules for the insurer's Web service that will be in effect beginning July 1, 2011 (Section V Paragraph H) has been added.
 - Insurers are encouraged to use Unconfirmed Reason Code 10 or VIN3 in response to verification requests where the VIN is matched but the policy number is 'UNKNOWN' or does not match the insurer's data. Insurers also have the option to respond CONFIRMED to such requests.
 - Insurers are encouraged to use the Unconfirmed Reason Code 9 or PKEY4 in response to verification requests where the policy number is matched but the VIN is 'UNKNOWN' or does not match the insurer's VIN.
 - The subset of acceptable unconfirmed reason responses is outlined in Section IV Paragraph B.
 - Unconfirmed reason codes provide valuable information to the online verification system. While not required, all insurers are encouraged to implement unconfirmed reason codes into their Web service verification responses. Those insurers not implementing unconfirmed reason codes or that cannot respond CONFIRMED to such requests are urged to send a weekly book of business file. Please contact support@wyfrvp.com to arrange for weekly submission. Insurers currently using unconfirmed reason codes may continue to do so even if they opt to send a weekly book of business file.
 - Insurers interested in participating in policy level verification (not VIN specific) should contact support@wyfrvp.com.
4. Effective October 1, 2010, insurers will report data to MV Solutions in accordance with Section VI. To request FTP information please contact support@wyfrvp.com.
5. Effective July 1, 2013, it is required that insurers report the monthly file between the 1st and the 15th of the month. Early reporting of monthly files is being discontinued.

B. Purpose of this Guide

The purpose of this Guide is to provide instructions to insurers writing private passenger auto policies in Wyoming on how to comply with the requirements of the Wyoming Financial Responsibility Verification Program (FRVP) that went into effect on July 1, 2008.

- An insurer that provides coverage to fewer vehicles in Wyoming may request approval to be exempt from establishing a Web service (please see Section IX for details). Each insurer should complete and submit the Insurer Information Form shown in Appendix 1 before beginning operations in Wyoming, via e-mail to support@wyfrvp.com.

- All insurers, except those specifically granted an exemption, are required to implement Web services capable of correctly verifying the existence of mandatory insurance for vehicles registered in Wyoming. This requirement applies to vehicles covered under a private passenger auto insurance policy.
- All insurers, whether or not they have established Web services, must report a full book of business at least monthly, which MV Solutions will match with the Wyoming registration data (please see Section VI for details). For Web services insurers, this matching process will be used to create pointer information that will be loaded by VeriSol VIV into an Insurer Table to route inquiries to the insurer of record based on the NAIC code.
- Vehicles that are not permitted on public roads and vehicles that are insured by commercial policies are exempt from the program, but may be included at the insurer's option. To assist law enforcement in determining that a vehicle is exempt, an insurer may use the ACORD 50 form or print on the insurance card Commercial Exempt, Commercial Policy, Fleet, or similar language.

Insurers are urged to read this entire guide and supporting materials, as well as reviewing the additional information posted on the WYDOT website.

C. Background

Since the 1920's, people who exercise their privilege to own and operate motor vehicles on United States roadways have been financially responsible for injuries or damages they cause. Today, compulsory auto liability insurance laws are in effect in almost every jurisdiction. In order to enforce these laws, more than half of the jurisdictions have implemented financial responsibility verification programs that require insurance companies to either report information to the jurisdiction or to allow the jurisdiction electronic access to perform online insurance verification.

Currently, almost all jurisdictions accept the insurance card issued by the insurance company as proof of insurance. However, if insurance has been cancelled, the card still exists. Also, it is easily duplicated with a computer and a printer. In some jurisdictions, the fines are so low that it costs less to pay the fines than buy insurance. In many cases, the lack of enforcement is due to unreliable data and the hesitancy of law enforcement to rely on it. Inaccurate data also can result in a burden for insured motorists who are accused of not having coverage. This wastes time and money for motorists, administrators, law enforcement officers, the courts, and the insurance companies.

The Insurance Industry Committee on Motor Vehicle Administration (IICMVA) views online verification as the best way to address the need to enforce mandatory insurance laws in an accurate and timely manner, benefiting the jurisdictions, insurance companies, and consumers. An online inquiry gets the same response as someone picking up the phone and calling the insurance company to verify coverage.

The IICMVA has created a model guide that serves as a technical "how to" for implementing an auto insurance verification program using externally consumable Web services (please see the references to additional documents in Section VIII for further information).

The Wyoming FRVP is built on the IICMVA model with options and enhancements based on Wyoming's requirements. The program is designed to provide flexibility to insurers and to allow the implementation of future standards as they are developed by the industry.

D. State of Wyoming Background

In 2006, the State of Wyoming passed Wyoming Statute 31-4-103(e), which states in part: "The department shall adopt by rule and regulation an on-line verification system for motor vehicle insurance or bond as required by this section." Electronic verification will be accepted as proof of insurance. The verification program applies to all vehicles covered by personal lines insurance. At this time, vehicles covered by a commercial insurance policy are exempt from the verification program.

Wyoming Statute 31-4-103(e) further reads:

- (i) The verification system shall be accessible through the Internet, World Wide Web or a similar proprietary or common carrier electronic system by authorized personnel of the department, the courts, law enforcement personnel, any other entities authorized by the department, and insurers authorized by the insurance department to issue the insurance required by this section;
- (ii) The verification system shall be available twenty-four (24) hours a day to verify the insurance status of any vehicle registered in Wyoming through the vehicle's identification number, policy number, registered owner's name or other identifying characteristic or marker as prescribed by the department in its rules and regulations;
- (iii) The verification system shall be installed and operational no later than July 1, 2008, following an appropriate testing period;
- (iv) The department may contract with a private vendor to assist in establishing and maintaining the verification system, which may include a database of information reported to the department by insurers or may provide for direct inquiry of insurers' records by authorized personnel;
- (v) The verification system shall include appropriate provisions, consistent with industry standards, to secure its data against unauthorized access and to maintain a record of all information requests.

II. Overview of Web Services

In general, Web services allow information to be exchanged between entities in a secure way over the Internet using a standardized XML messaging system. Each may be using different computer operating systems, programming languages, and database management systems, and neither requires foreknowledge of the other's technical architecture.

For the purposes of vehicle insurance verification, insurance companies host Web services that allow for the verification of automobile liability insurance by authorized jurisdictions. Web services allow only specific transactions in prescribed formats to take place between entities whose identities have been mutually authenticated. Therefore, while the insurance companies will be utilizing their databases to confirm the data contained in requests for verification of coverage, they will reply only to permitted inquiries from authorized requestors that provide data to be verified with **CONFIRMED** or **UNCONFIRMED** and the reason it was not confirmed. No additional data is returned by the insurer in the online response.

III. Implementation

Wyoming law enforcement, WYDOT, county treasurers, and other authorized entities use the online verification system to verify the existence of mandatory automobile liability insurance for vehicles covered by private passenger auto policies.

Some of the uses for the system include:

- Crash scene investigations by law enforcement
- Traffic stops made by law enforcement
- Processing vehicle registrations

Wyoming utilizes VeriSol Vehicle Insurance Verification (VeriSol VIV) software that is integrated with existing Wyoming law enforcement and administrative application software. The VeriSol VIV software creates an online insurance verification request and sends it to the insurer's Web service. The insurer's Web service responds with **CONFIRMED** or **UNCONFIRMED** and provides the reason it was not confirmed, in conformance with the ANSI or ACORD schema utilized by the insurer. (Please see Appendix 2 for a detailed description of the VeriSol VIV software and the verification process flow.)

- All insurers, except those specifically granted an exemption, are required to implement Web services capable of verifying the existence of mandatory insurance for vehicles registered in Wyoming. This requirement applies to vehicles covered under a private passenger auto insurance policy.
- An insurer that provides coverage to fewer vehicles in Wyoming may request approval to be exempt from establishing a Web service (please see Section IX for details). Each insurer must submit the Insurer Information Form shown in Appendix 1 before beginning operations in Wyoming, via e-mail to support@wyfrvp.com.
- All insurers, whether or not they have established Web services, must report a full book of business at least monthly, which will be matched by MV Solutions with the Wyoming registration data (please see Section VI for details). For Web services insurers, this matching process will be used to create pointer information that will be loaded by VeriSol VIV into an Insurer Table to route inquiries to the insurer of record based on the NAIC code.

IV. The Verification Request and Response

Please Note: The schemas included in this guide are for illustrative purposes and do not necessarily reflect the latest version. VeriSol supports multiple versions of both the ANSI and ACORD schemas and plans to include future versions as they are issued. Prior to implementation of a schema, a WSDL created from the schema must be tested and approved.

A. The Verification Request

VeriSol VIV sends the verification request to the appropriate insurer in the XML message format that is valid for the schema employed by the insurer's Web service. Verification that the request is from an authorized entity can be established from the certificate that VeriSol VIV will present when the connection is initiated.

The following data elements will be in the verification request message:

- Tracking / Reference Number (ties the request to the response)
- National Association of Insurance Commissioners (NAIC) Code (identifies insurer)
- Vehicle Identification Number (VIN)
- Policy Number (if available)
- Requested Confirmation Date
- Owner's First and Last Names (if available)

The Requested Confirmation Date may be the current date or a date in the past. Insurers are required to maintain at least six months history. Past date confirmation is typically used by the courts to verify coverage on the date of the citation.

When a data element is required by the schema, if that data element is not available, VeriSol VIV will send the following default value:

- "UNKNOWN" in any mandatory field where text is expected.
- Zeroes in any mandatory field where numbers are expected.

B. The Verification Response

For each verification request sent by VeriSol VIV, a verification response is issued by the insurer's Web service. Because of front-end edits, VeriSol VIV will not send inquiries that would result in a response from the insurer that the request was invalid.

If minimum financial responsibility coverage is present and the policy is active on the requested coverage confirmation date, the system responds with the following coverage confirmation result: CONFIRMED.

If minimum financial responsibility coverage is not present or the policy is not active on the requested coverage confirmation date, the system responds with the following coverage confirmation result: UNCONFIRMED.

The required data elements in a verification response (based on the ANSI 00200510 schema) are:

- ResponseCode
- NAIC
- VerificationDate
- UniqueKey (policy number)
- PolicyState

The following data elements also are required by the system:

- TrackingNumber (return the number received in the verification request)
- UnconfirmedReasoncode (See Appendix 6 for list of reason codes)

UNCONFIRMED results for valid coverage requests for which either the VIN or the Policy Number matches must be supplemented with the following reason messages taken from the ANSI X12/XML or ACORD standard specifications. Wyoming, at its sole option, may consider the coverage as confirmed without creating any obligation or liability on the part of the insurer.

- In response to a VIN/policy request or a VIN-only request, a value of “Unconfirmed” in the ResponseCode field and a value of “10” or “VIN3” in the UnconfirmedReasonCode field of the CoverageResponse document.
- In response to a policy-only request, a value of “Unconfirmed” in the ResponseCode field and a value of “9” or “PKEY4” in the UnconfirmedReasonCode field of the CoverageResponse document.

If the coverage cannot be confirmed because the insurer’s Web service is not available at the time of the request or a response from the insurer’s Web service is not received in a timely manner, the system responds with UNAVAILABLE and, if known, the name and NAIC Code of the insurer(s) that caused this response.

VeriSol VIV utilizes the responses received from the insurers and business rules established by the jurisdiction to determine the final response that is issued to the user.

V. The Insurance Company Web Service

There are many software tools available to insurers for enabling the exposure of insurance information as a Web service. Below is an outline of how the insurance company Web service should be structured.

A. Web Services Description Language (WSDL) File

A WSDL file is an XML file that describes the public interface to a Web service. The IICMVA has created WSDL files for Java and .Net Web service implementations. To make the verification process as fast as possible, VeriSol VIV uses these WSDL files and does not attempt to read the WSDL file at each Web service every time a verification request is initiated. This works well because, with the exception of the endpoint, each insurer's WSDL file should be essentially identical. VeriSol VIV manages the endpoints, which are Uniform Resource Locators (URLs), from a local configuration file. It is the insurer's responsibility to provide the URLs for each NAIC code. Insurers should direct inquiries to support@wyfrvp.com to set up and manage the endpoint URLs and for assistance in obtaining WSDL files.

B. Schema

An XML schema describes the structure of an XML message. VeriSol VIV currently supports the following insurance industry approved schemas (please see Section VII for further information):

- ANSI ASC X12 Insurance Committee's XML Schema for On-line Insurance Verification
- ACORD XML for P&C/Surety

Case is not specified in the schema. If an insurer has particular requirements for upper or lower case, the message payload must be converted to the required case. Also, the policy number must be converted to the required format.

C. Extensible Markup Language (XML) Messages

The XML messages for the insurance verification request and response are derived from the schema. Appendix 5 contains a sample verification request message and a sample verification response message.

D. Simple Object Access Protocol (SOAP)

SOAP is an XML based protocol that is used by Web services to wrap around the XML messages making them platform and language independent.

E. Hypertext Transfer Protocol (HTTP) over Transmission Control Protocol/Internet Protocol (TCP/IP)

The XML messages will be transported over the internet via HTTP. Verification requests will utilize HTTP 1.1 and it is strongly suggested that it be used for the verification responses as well.

F. Security

The XML messages will be encrypted via the Secure Sockets Layer (SSL). VeriSol will maintain one Class 3 X.509 certificate for the purpose of identifying both the test and production environments. The certificate will be presented in each connection handshake so that the insurer can authenticate the client.

G. Expected Level of Service

Three criteria are being monitored to ensure that each insurer's Web service is meeting the level of service expected by WYDOT.

- 24/7 Availability of each insurer's Web service. Wyoming statute 31-4-103(e) states that the verification system shall be available 24 hours a day. Therefore each insurer's Web service is required to respond to verification requests on an on-demand basis with high availability. Although a reasonable amount of downtime to maintain and upgrade systems may occur, insurers are encouraged to design their systems to minimize or eliminate downtime wherever possible. Each insurer shall provide a list of technical contacts that are available to regulatory agencies to assist with any problems or unplanned system outages.
- Scheduled downtime must be reported via e-mail to support@wyfrvp.com as early as possible, describing the reason for the downtime, the time the Web service will become unavailable, and the time it is expected to become available again. If the scheduled downtime will be more than a brief period, insurers are urged to arrange for the transmission of a full book of business prior to the downtime so that this data can be used in lieu of Web services during the downtime.
- Unscheduled downtime must be reported via e-mail to support@wyfrvp.com as soon as possible after it occurs, describing the reason for the downtime, the time the Web service became unavailable, and the time it became available again. Downtime will be logged and used for evaluating the insurer's performance via Web services.
- Each online transaction should take no more than 5 seconds from the time that the verification request message is initiated by the user's system until the response reaches the user's system. In order to achieve the overall 5-second response time, each insurer should design its Web service to provide a response within 2 seconds of receipt of an inquiry. Contributing factors to slow responses outside the control of the insurers, such as Internet response time, will be taken into account. Responses not received in a timely manner will be logged and used for evaluating the insurer's performance via Web services.
- Accuracy is critical to the success of the program. Therefore, each insurer's Web service must be designed to provide the correct response to an inquiry. Each Web service will be monitored and tested for accurate responses, including testing for false confirmations.

The Wyoming Insurance Department reserves the right to impose sanctions against those insurers that do not meet the expected level of service.

H. Business Rules

With this Version 3.2 of the Guide, changes have been made to the manner in which certain business rules must be applied by the insurer's Web service. Below is a summary of these changes. It is mandatory that these business rules be applied by the insurer's Web service by July 1, 2011.

Summary of new business rule requirements effective July 1, 2011

- Insurers are encouraged to use Unconfirmed Reason Code 10 or VIN3 in response to verification requests where the VIN is matched but the policy number is 'UNKNOWN' or does not match the insurer's data. Insurers also have the option to respond CONFIRMED to such requests.
- Insurers are encouraged to use the Unconfirmed Reason Code 9 or PKEY4 in response to verification requests where the policy number is matched but the VIN is 'UNKNOWN' or does not match the insurer's VIN.
- The subset of acceptable unconfirmed reason responses is outlined in Section IV Paragraph B.
- Unconfirmed reason codes provide valuable information to the online verification system. While not required, all insurers are encouraged to implement unconfirmed reason codes into their Web service verification responses. Those insurers not implementing unconfirmed reason codes or that cannot respond CONFIRMED to such requests are urged to send a weekly book of business file. Please contact support@wyfrvp.com to arrange for weekly submission. Insurers currently using unconfirmed reason codes may continue to do so even if they opt to send a weekly book of business file.
- Insurers interested in participating in policy level verification (not VIN specific) should contact support@wyfrvp.com.

VI. Full Book of Business Reporting

All insurers, whether or not they have established Web services, must report a full book of business at least monthly, which will be matched by MV Solutions with the Wyoming registration data. For Web services insurers, this matching process will be used to create pointer information that will be loaded by VeriSol VIV into an Insurer Table to route inquiries to the insurer of record based on the NAIC code.

The Insurer Table will contain data elements taken from the Full Book of Business Reporting and the Wyoming registration data for each personal passenger vehicle registered in Wyoming, including the license plate number, the Vehicle Identification Number (VIN), and whatever other information is available. If the vehicle has been matched to an insurance policy by the MV Solutions matching software, even though the VIN on the registration does not match the VIN reported by the insurer, both VINs will be in the table. Whenever Wyoming requests verification for the VIN on the registration, VeriSol VIV will transmit the VIN reported by the insurer in the verification request.

The initial data and updates to the Insurer Table will be made through the following processes:

- Each insurer will send a file via FTP with PGP encryption to the IP address designated by WYDOT, in one of the following formats:
 1. A fixed length record file in the Format for Full Book of Business Reporting described in Appendix 3. At each insurer's option, receipt and rejection reports may be provided to the insurer as described in Appendix 3. Also, summary reports may be provided, where applicable, to conform to Wyoming data reporting objectives. Data error reports will not be sent to the insurers; or
 2. A pipe delimited file of the data elements in the order shown in the Format for Full Book of Business Reporting in Appendix 3 with a carriage return plus a line feed at the end of each row or a single new line character depending on the originating platform; or
 3. Subject to approval, another format that an insurer requested on the Insurer Information Form shown in Appendix 1. New insurers should submit the form before beginning to write policies in Wyoming.
- Ongoing verification will include a periodic refresh of the pointer information in the Insurer Table as often as the insurer elects to send it, but at a minimum on a monthly basis.
- If an insurer elects to report commercial policies, the VIN is not required but should be included if available.

Utilizing the pointers in the Insurer Table and continually updating them allows inquiries to be directed to the most recent insurer and reduces the number of online inquiries to multiple insurers.

Please direct inquiries related to Full Book of Business Reporting to support@wyfrvp.com.

VII. Steps for Establishing Connectivity

To begin Web service connectivity testing, please forward the following information to support@wyfrvp.com:

- NAIC codes and the corresponding company names of the underwriting companies that will be responding to verification requests through the Web service
- The Web service URL(s)
- A time frame during which you would like to conduct the testing
- (Optional) Your SSL certificate for installation in the VeriSol trust store. This is not required.

Once the e-mail is received, you will be sent the following:

- The SSL certificates that identify the WY FRVP servers that are hosting the VeriSol Vehicle Insurance Verification (VIV) service
- The IP addresses that identify the source of the verification requests

Connectivity Testing

A. Basic connectivity test

Connectivity between endpoints is tested via “ping” to ensure that endpoints are reachable.

B. Test ability to send and receive messages

Test verification requests and responses formatted in XML and wrapped in SOAP are exchanged without SSL encryption.

Each participating insurer will provide a group of up to 100 test transactions. Appendix 5 contains a suggested format for compiling a file of test transactions. Any electronic format that contains this information will be accepted. These transactions will be used for Web services testing and should include some records that should produce UNCONFIRMED responses.

C. Enable security and verify the above steps are not impacted

Enable SSL encryption and authentication via the X.509 certificates and ensure that the functionality is not impacted. To properly authenticate the certificate from the jurisdiction, each insurer must install the public key from the jurisdiction’s certificate and the root certificate from the issuing certificate authority.

VIII. Related Publications and Published Standards

A. IICMVA

- *IICMVA White Paper - Making the Case for using Web Services to Verify Evidence of Auto Insurance Coverage* can be found at <http://www.iicmva.com/IICMVAPublications.html>
- IICMVA Model User Guide for Implementing Web Services Version 4 can be found at <http://www.iicmva.com/IICMVAPublications.html>

B. ANSI ASC X12 Insurance Committee's XML Schema for On-line Insurance Verification can be found at <http://xml.x12.org>

C. ACORD XML for P&C/Surety Schema can be found at <http://www.acord.org/Standards/propertyxml.aspx>

IX. Exemption from Web Services for an Insurer with Fewer Policies

An insurer that provides coverage to fewer vehicles in Wyoming may request approval to be exempt from establishing a Web service. Please direct any inquiries or requests for information to support@wyfrvp.com.

General guidelines established by the state of Wyoming state that:

1. Insurers with 500 policies or more are required to establish a Web service and do monthly reporting.
2. Insurers with less than 500 policies are required to do monthly data reporting, but are not required to set up a Web service.
3. Some insurers with less than 500 policies will be permitted to report data or supply a spreadsheet only when policy or vehicle changes occur.

Any insurer wishing to follow either process number two or number three must obtain prior approval.

X. Contacts and Resources

A. VeriSol

Business Practices:

Charles Pecchio
678-986-9310
cpecchio@verisol.com

Information Technology:

Questions or Technical Support
support@wyfrvp.com

B. MV Solutions

Business Practices:

Shawn Goff
sgoff@MVSolutions.com

Information Technology:

Questions or Technical Support
support@wyfrvp.com

Saurabh Mittal
smittal@MVSolutions.com

C. Wyoming Department of Transportation

Business Practices:

Don Edington
307-777-4802

Marianne Zivkovich
307-777-4830

D. Website

For more information on the Financial Responsibility Verification Program, visit http://www.dot.state.wy.us/home/driver_license_records/insurance_verification.default.html

XI. Appendices

Appendix 1

Insurer Information Form

Please Note: This form must be completed by each insurer for each NAIC Code and submitted via e-mail to support@wyfrvp.com.

NAIC CODE _____ NAIC GROUP CODE _____

NAME OF INSURER _____

MAILING ADDRESS _____

BUSINESS PRACTICES CONTACTS:

Name _____ Phone _____ e-mail _____

Name _____ Phone _____ e-mail _____

INFORMATION TECHNOLOGY CONTACTS:

Name _____ Phone _____ e-mail _____

Name _____ Phone _____ e-mail _____

PLEASE SELECT ONE AND COMPLETE FOR THIS NAIC CODE:

___ WEB SERVICES

Pointer Data Format Requested _____

___ REQUEST APPROVAL FOR ALTERNATIVE TO WEB SERVICES

Number Of Policies _____ Number Of Vehicles _____

Reporting Format Requested _____

Please attach any additional information, requests, or questions.

Appendix 2

VeriSol VIV Software Description and System Flow

Please Note: The following description and process flow describe some features that may not be included in the Wyoming FRVP but may be added in the future.

VeriSol VIV Software Description

VeriSol Vehicle Insurance Verification (VeriSol VIV) software runs on the jurisdiction's computers and provides designated, legally authorized users with a secure environment to verify vehicle insurance coverage in real-time by connecting existing motor vehicle and law enforcement application software to the insurance companies through a Web services inquiry system. The system provides seamless integration with the various kinds of hardware and software systems utilized by law enforcement and departments of motor vehicles without requiring any additional input by the user. Inquiries may also be made through a Web browser via a secure connection. Event based verification requests include vehicle registrations and renewals, traffic stops, and accidents. VeriSol VIV routes each request to the appropriate insurance company Web service, and responds within seconds whether the coverage is confirmed or unconfirmed.

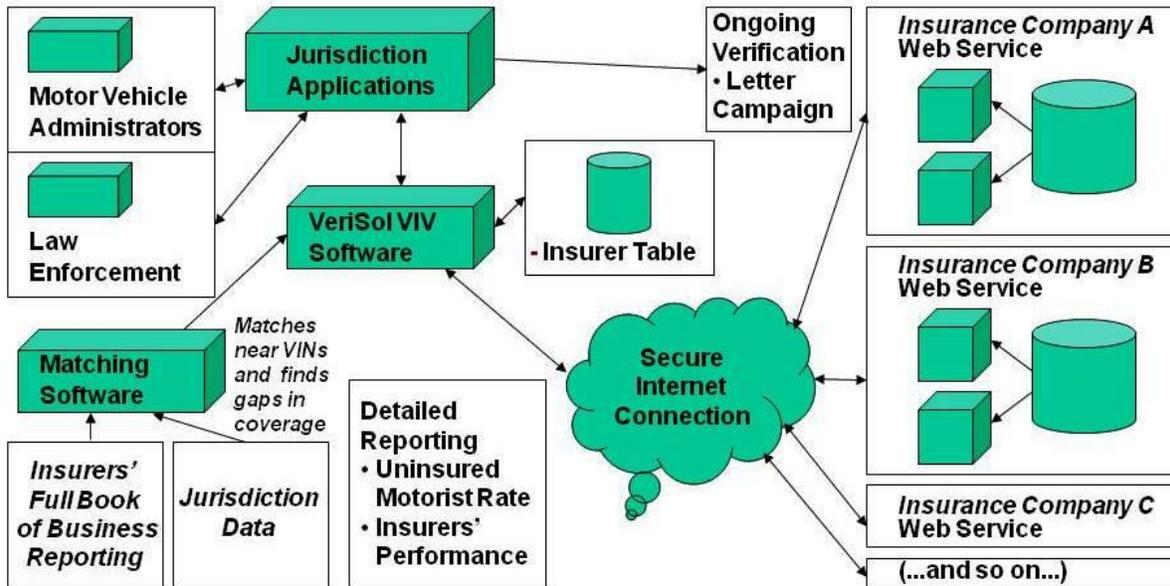
VeriSol VIV utilizes the Web services model created by the IICMVA and continuously maintains compliance with the evolving industry standards established by ACORD, ANSI, and the IICMVA. VeriSol VIV also supports a database of vehicles that have been approved by the jurisdiction as self-insured. If permitted by the jurisdiction, insurance companies with fewer policies in the jurisdiction may be exempt from establishing Web services and an alternate method of reporting will be provided.

The confidentiality of personal data and detailed insurance information is protected because the data exchanged can be limited to only those items needed to accurately route the verification request and confirm the insurance coverage. Each jurisdiction can decide what personal information, if any, is to be included.

VeriSol VIV can check coverage for vehicles prior to the preparation and mailing of registration renewals. If coverage is not confirmed, this can be stated in the renewal notice so that the vehicle owner can resolve the issue prior to attempting to renew the registration. For newly acquired vehicles, if coverage cannot be confirmed online at registration time, the jurisdiction can accept the paper documentation as proof of insurance and VeriSol VIV will automatically recheck after the grace period specified by the jurisdiction.

VeriSol VIV can be configured and customized based on each jurisdiction's needs and can provide both standard and custom reporting. The jurisdiction's Uninsured Motorist Rate (UMR) can be calculated for any time period and for each geographic area (for example, county or zip code) and by source of inquiry, provided that those data elements are included in each verification request sent to VeriSol VIV. VeriSol VIV also tracks each insurer's performance and system availability.

Wyoming System Flow



Note: Some small insurance companies and agents may transfer files or use secure Web browser for input

Appendix 3

Format for Full Book of Business Reporting

A. Reporting and Transmission Guidelines

The encryption method will be File Transfer Protocol (FTP) with Pretty Good Privacy (PGP).

B. Data Element Specifications

1. Company Control Code

The Company Control Code is an Alpha-Numeric code for each NAIC Code supplied by the vendor to be used to distinguish the source of data, generally the company, MGA or County Mutual. The vendor will assign this number for each NAIC Code following the submission of the Insurer Information Form.

2. Reporting Format

Each participating insurer shall submit the full book of business for each NAIC Code separately, at least once each month. One record shall be generated per driver, vehicle, and policy combination. For example, if policy number 12345 insured drivers Jane and John Doe on a 2004 Jeep and a 2005 GMC, then four records with the following combinations should be created:

- Jane Doe, 2004 Jeep, policy 12345
- Jane Doe, 2005 GMC, policy 12345
- John Doe, 2004 Jeep, policy 12345
- John Doe, 2005 GMC, policy 12345

C. Data Elements for Vendor Enhanced Reporting Format

Please Note: Insurers may send fixed length or pipe delimited records.

Field Number	Description	Type	Mandatory or Optional	Position*	Size
	Insurance Record				
0	Company Control Code	Alpha-Numeric	M	0-9	10
1	User Defined Field	Alpha-Numeric	O	10-29	20
2	Policy Number	Alpha-Numeric	M	30-59	30
3	Policy Type ("P" = Personal, "C" = Commercial, "N" = Non-Owner**, "M" = Mileage Based)	Alpha	M	60	1
4	Policy Effective Date (YYYYMMDD)	Numeric	M	61-68	8
5	Policy Expiration Date (YYYYMMDD)	Numeric	M	69-76	8
6	Vehicle/Non-owner Effective Date (YYYYMMDD)	Numeric	O	77-84	8
7	Mailing Address	Alpha-Numeric	M	85-124	40

8	Mailing City	Alpha	M	125-149	25
9	Mailing State (Postal Abbreviation)	Alpha	M	150-151	2
10	Mailing Zip	Numeric	M	152-160	9
11	Vehicle VIN Number (Mandatory only if Policy Type = "P" except for antique whose VIN is unknown)	Alpha-Numeric	M	161-190	30
12	Vehicle Make (Mandatory only if Policy Type = "P")	Alpha-Numeric	M	191-196	6
13	Vehicle Model	Alpha-Numeric	O	197-211	15
14	Vehicle Model Year (YYYY) (Mandatory only if Policy Type = "P")	Numeric	M	212-215	4
15	Odometer Expiration (Mandatory only if Policy Type = "M")	Numeric	M	216-222	7
16	Garaged Address	Alpha-Numeric	M	223-262	40
17	Garaged City	Alpha	M	263-287	25
18	Garaged State (Postal Abbreviation)	Alpha	M	288-289	2
19	Garaged Zip	Numeric	M	290-298	9
20	Driver Indicator ("I" = Included, "E" = Excluded***)	Alpha	O	299	1
21	Last Name	Alpha	M	300-329	30
22	First Name	Alpha	M	330-359	30
23	Middle Name	Alpha	O	360-389	30
24	Driver License State (Postal Abbreviation) (Use "IT" for international licenses)	Alpha	M	390-391	2
25	Driver License Number	Alpha-Numeric	M	392-412	21
26	Date of Birth (YYYYMMDD)	Numeric	O	413-420	8

* The Position column in Table 2 is applicable to fixed length records only.

** When reporting non-owner policies, data fields associated with the vehicle are not required.

*** When reporting an excluded driver, data fields such as Driver License Number and Date of Birth are not required. However, insurers are encouraged to report all available information.

i. File Naming Convention

Each file submitted must contain records for only one company control code. A company may submit one or more files. The file name must consist of the Company Control Code, Period Processing Date, File Number, Total Record Count, and reporting format delimited by underscores. The date format must be YYYYMMDD and the File Number must be unique among a set of files submitted for a single company and indicate the total number of files sent. For example, if the Company Control Code is ABCDE, the next processing period begins November 1, 2008, and the company split one million records equally between two files, the following file names should be used.

ABCDE_20080401_1of2_500000_E.pgp
ABCDE_20080401_2of2_500000_E.pgp

The file extension is .pgp.

The date included in the file name indicates the first day of the reporting period for the submission.

The monthly reporting period runs from the first day of the month to the last day of the month. The weekly reporting period runs from Monday to Sunday.

Regardless of what day within that reporting period a company submits the file, the date on the file should always be the first day of the reporting period that the file is intended for. For monthly reporting, this would be the first day of the month. For weekly reporting, this would be Monday's date. This allows MV Solutions to ensure that a file is submitted from each company for each reporting period.

For example:

Current Reporting Period: April 1, 2008 to April 30, 2008

1. **First-of-month reporting** - Insurer compiles data on March 31 2008, to be submitted for the forthcoming reporting period. The company submits this file to MV Solutions on April 1, 2008. The company ABCDE sends 1 file of 500,000 records, using the following filename:

ABCDE_20080401_1of1_500000_E.pgp

2. **Mid-period reporting** - Insurer compiles data on April 6, 2008, to be submitted for the current reporting period. The company submits the file to MV Solutions on April 7, 2008. The company ABCDE sends 1 file of 500,000 records, using the following filename:

ABCDE_20080401_1of1_500000_E.pgp

3. **Early reporting** - Beginning July 1, 2013, early reporting is being discontinued. Insurers cannot submit monthly files in the previous month.

4. **Critical submission file error** - Insurer compiles data and submits as detailed in any of the cases above. But, the insurer gets a rejection file on the day of submission (or shortly after) because the submitted file could not be processed by MV Solutions. The insurer corrects the data file as necessary and resends this file to MV Solutions on the next business day. The company ABCDE sends 1 file of 500,000 records, using the following filename:

ABCDE_20080401_1of1_500000_E.pgp

5. **Holiday reporting** - If the first day of the reporting period is a State or Federal holiday, it does not change the date required to be used on the submission. The date should always be the first day of the reporting period.

6. **Submission reporting schedule** - It is required that insurers report the monthly file between the 1st and the 15th of the month. Submission files received after the 15th day of the month can't be guaranteed to be processed for that period.

(Exceptions to accept files after the 15th will be made where it is necessary for an insurer to re-submit a file that was subject to a critical submission error with an original submission file— case #4 above).

ii. File Compression and Encryption

Encryption of the data files via PGP is required. A public PGP key will be made available to insurers by the vendor. The expected file extension is 'pgp' (or any other appropriate extension for encrypted files such as 'asc' agreed upon by the vendor). PGP encryption also compresses. If additional compression is required, the vendor will address this with the insurer on an individual basis.

iii. Field Format Specification

Records can be created with either delimited or fixed length fields. In either case, each record should be followed by a carriage return line feed character. (Hexadecimal '0D 0A')

It is highly recommended that delimiters be used as opposed to fixed length. Delimited records are more flexible, easier to process, and less problematic when it comes to interpreting padding characters that must be used with fixed length records. In the case of uncompressed files, the volume of raw data is generally less with delimited records since most fields don't require the full length that fixed fields must fill. Less volume results in reduced file transfer time.

The '|' character should be used as the delimiter.

If the insurer is unable to generate delimited records, they may submit fixed length records using spaces to pad field values that are shorter than the required field length. The total length of a fixed length record is 421 characters plus a carriage return line feed (Hexadecimal '0D 0A').

If there is no information available or applicable for a particular element, including for optional elements, it should NOT be filled with comments or notes like "UNKNOWN", "N/A", "FLEET", etc. In the case of delimited records, there should be no data between the delimiter and the field. In the case of fixed records, the field should be padded with spaces.

iv. Delimited Record Sample

ABCDE|UserDefinedField|12345|P|20060601|20080601|20060801|Anystreet|Anytown|TX|11111|ZJ123456789|Jeep|Cherokee|2004|76543|Anystreet|Anytown|TX|11111||Doe|Jane|Ann|TX|5555566666|19651201

v. Fixed Record Sample

ABCDE****UserDefinedField****12345*****P200606012008060120060801Anystreet*****Anytown*****TX11111****ZJ123456789*****Jeep**Cherokee**200476543**Anystreet*****Anytown*****TX11111****IDoe*****Jane*****Ann*****TX5555566666*****19651201

D. Data Reports/Processing Status Files

1. Receipt File

Upon the vendor's receipt of a file and verification that the file can be successfully processed, a 'receipt' file will be sent to the insurer via E-mail and/or the receipt of a file in the insurer's 'output' FTP directory.

The file naming convention for the receipt of the file in the FTP directory is:

ABCDE_20080401_1of1_500000_E_REC.txt

Where REC signifies that this file represents a successful FTP transmission of the file indicated by all text preceding REC. This file will not contain any content. Its existence will signify that the vendor has received the file and that it has been put in the queue for processing.

2. Rejection File

In the event that a file cannot be successfully processed due to decryption, decompression, field format, or poor overall data quality, a 'rejection' file will be sent to the insurer via E-mail and/or the receipt of a file in the insurer's 'output' FTP directory.

The file naming convention for the rejection file is:

ABCDE_20080401_1of1_500000_E_REJ.txt

Where REJ signifies the type of records contained in a file (file error conditions). The format of the data will be name-value pairs delimited by the '=' character.

Example:

DecryptionError=true

CompressionError=true

3. Acceptance File

Once all data has been successfully processed in a file, an 'acceptance' file will be sent to the insurer. It will include unmatched data summaries and will be reported to the insurer via E-mail and/or the receipt of a file in the insurer's 'output' FTP directory.

The file naming convention for the acceptance file is:

ABCDE_20080401_1of1_500000_E_ACC.txt

Where ACC signifies the type of records contained in a file (acceptance summary records). The format of the data will be name-value pairs delimited by the '=' character.

Example:

UnmatchedRecords=1234

MatchRate%=95

Appendix 4

Test Transactions Worksheet

Compile and submit for testing a file with the following data elements for each test transaction:

Required Data Elements

- NAIC Code
- Confirmation Date
- VIN

Optional Data Elements

- Policy Number
- Owner's First and Last Names

The final field of the list or file will contain the expected verification response.

Possible Responses

- **Confirmed**
- **Unconfirmed** with Reason Code (See Appendix 6 for list of reason codes)

Sample spreadsheet format for submitting test data:

Verification Date | NAIC code | Policy No. | VIN | Expected Response

Appendix 5

Sample Verification Request and Response Messages

Please Note: The schemas included in this guide are for illustrative purposes and do not necessarily reflect the latest version. The schema used during the pilot program was the ANSI schema dated 00200510. VeriSol supports multiple versions of both the ANSI and ACORD schemas and will include future versions as they are issued. Prior to implementation of a schema, a WSDL created from the schema must be tested and approved.

Sample Verification Request Message

```
<?xml version="1.0" encoding="UTF-8"?>
<n1:CoverageRequest xsi:schemaLocation="urn:schemas:x12:org:00200510:CoverageRequest
CoverageRequest_00200510.xsd" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns:n1="urn:schemas:x12:org:00200510:CoverageRequest">
  <RequestorInformation>
    <Individual>
      <ParsedName>
        <Prefix>a</Prefix>
        <GivenName>a</GivenName>
        <MiddleName>a</MiddleName>
        <Surname>a</Surname>
        <Suffix>a</Suffix>
      </ParsedName>
    </Individual>
    <Organization>
      <Name>a</Name>
    </Organization>
    <ReasonDetails>
      <ReasonCode>Accident</ReasonCode>
      <TrackingNumber>a</TrackingNumber>
    </ReasonDetails>
  </RequestorInformation>
  <Detail>
    <PolicyInformation>
      <OrganizationDetails>
        <NAIC>aa</NAIC>
      </OrganizationDetails>
      <PolicyDetails>
        <VerificationDate>2001-12-17T09:30:47.0Z</VerificationDate>
        <UniqueKey>UNKNOWN</UniqueKey>
        <PolicyState>aa</PolicyState>
      </PolicyDetails>
      <BodilyInjuryCoverage>
        <TypeofLimit>PerOccurrence</TypeofLimit>
        <CoverageAmount>12345678.12</CoverageAmount>
      </BodilyInjuryCoverage>
    </PolicyInformation>
  </Detail>
</CoverageRequest>
```

```

</BodilyInjuryCoverage>
<PropertyDamageCoverage>
  <TypeofLimit>PerOccurrence</TypeofLimit>
  <CoverageAmount>12345678.12</CoverageAmount>
</PropertyDamageCoverage>
</PolicyInformation>
<InsuredInformation>
  <PrimaryNameInformation>
    <ParsedName>
      <Prefix>a</Prefix>
      <GivenName>a</GivenName>
      <MiddleName>a</MiddleName>
      <Surname>a</Surname>
      <Suffix>a</Suffix>
    </ParsedName>
    <Name>a</Name>
    <SocialSecurityNumber>aaaaaaaa</SocialSecurityNumber>
    <DriversLicense>a</DriversLicense>
    <FEIN>a</FEIN>
  </PrimaryNameInformation>
  <AdditionalNamesInformation>
    <ParsedName>
      <Prefix>a</Prefix>
      <GivenName>a</GivenName>
      <MiddleName>a</MiddleName>
      <Surname>a</Surname>
      <Suffix>a</Suffix>
    </ParsedName>
    <Name>a</Name>
    <SocialSecurityNumber>aaaaaaaa</SocialSecurityNumber>
    <DriversLicense>a</DriversLicense>
    <FEIN>a</FEIN>
  </AdditionalNamesInformation>
  <Address>
    <StreetAddress>a</StreetAddress>
    <SubsiteAddress>
      <Apartment>a</Apartment>
      <Building>a</Building>
      <Department>a</Department>
      <Floor>a</Floor>
      <Room>a</Room>
      <Suite>a</Suite>
    </SubsiteAddress>
    <City>aa</City>
    <CountrySubdivision>a</CountrySubdivision>
    <PostalCode>aaa</PostalCode>
    <Country>aa</Country>
  </Address>
</InsuredInformation>
<VehicleInformation>
  <VehicleDetails>

```

```

        <VIN>a</VIN>
        <Make>a</Make>
        <Model>a</Model>
        <Year>0000</Year>
    </VehicleDetails>
</VehicleInformation>
</Detail>
</n1:CoverageRequest>

```

Sample Verification Response Message

```

<?xml version="1.0" encoding="UTF-8"?>
<n1:CoverageResponse
xsi:schemaLocation="urn:schemas:x12:org:00200510:CoverageResponse
CoverageResponse_00200510.xsd" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns:n1="urn:schemas:x12:org:00200510:CoverageResponse">
    <RequestorInformation>
        <Individual>
            <ParsedName>
                <Prefix>a</Prefix>
                <GivenName>a</GivenName>
                <MiddleName>a</MiddleName>
                <Surname>a</Surname>
                <Suffix>a</Suffix>
            </ParsedName>
        </Individual>
        <Organization>
            <Name>a</Name>
        </Organization>
        <ReasonDetails>
            <ReasonCode>Accident</ReasonCode>
            <TrackingNumber>a</TrackingNumber>
        </ReasonDetails>
    </RequestorInformation>
</Detail>
    <PolicyInformation>
        <CoverageStatus>
            <ResponseDetails>
                <ResponseCode>Unconfirmed</ResponseCode>

<UnconfirmedReasonCode>11</UnconfirmedReasonCode>
            </ResponseDetails>
        </CoverageStatus>
        <OrganizationDetails>
            <NAIC>aa</NAIC>
        </OrganizationDetails>
        <PolicyDetails>
            <VerificationDate>2001-12-17T09:30:47.0Z</VerificationDate>
            <UniqueKey>a</UniqueKey>
            <PolicyState>aa</PolicyState>
        </PolicyDetails>
    </PolicyInformation>
</n1:CoverageResponse>

```

```

</PolicyDetails>
<BodilyInjuryCoverage>
  <TypeofLimit>PerOccurrence</TypeofLimit>
  <CoverageAmount>12345678.12</CoverageAmount>
</BodilyInjuryCoverage>
<PropertyDamageCoverage>
  <TypeofLimit>PerOccurrence</TypeofLimit>
  <CoverageAmount>12345678.12</CoverageAmount>
</PropertyDamageCoverage>
</PolicyInformation>
<InsuredInformation>
  <PrimaryNameInformation>
    <ParsedName>
      <Prefix>a</Prefix>
      <GivenName>a</GivenName>
      <MiddleName>a</MiddleName>
      <Surname>a</Surname>
      <Suffix>a</Suffix>
    </ParsedName>
    <Name>a</Name>
    <SocialSecurityNumber>aaaaaaaaa</SocialSecurityNumber>
    <DriversLicense>a</DriversLicense>
    <FEIN>a</FEIN>
  </PrimaryNameInformation>
  <AdditionalNamesInformation>
    <ParsedName>
      <Prefix>a</Prefix>
      <GivenName>a</GivenName>
      <MiddleName>a</MiddleName>
      <Surname>a</Surname>
      <Suffix>a</Suffix>
    </ParsedName>
    <Name>a</Name>
    <SocialSecurityNumber>aaaaaaaaa</SocialSecurityNumber>
    <DriversLicense>a</DriversLicense>
    <FEIN>a</FEIN>
  </AdditionalNamesInformation>
  <Address>
    <StreetAddress>a</StreetAddress>
    <SubsiteAddress>
      <Apartment>a</Apartment>
      <Building>a</Building>
      <Department>a</Department>
      <Floor>a</Floor>
      <Room>a</Room>
      <Suite>a</Suite>
    </SubsiteAddress>
    <City>aa</City>
    <CountrySubdivision>a</CountrySubdivision>
    <PostalCode>aaa</PostalCode>
    <Country>aa</Country>
  </Address>

```

```
        </Address>
    </InsuredInformation>
    <VehicleInformation>
        <VehicleDetails>
            <VIN>a</VIN>
            <Make>a</Make>
            <Model>a</Model>
            <Year>0000</Year>
        </VehicleDetails>
    </VehicleInformation>
</Detail>
</n1:CoverageResponse>
```

Appendix 6

Unconfirmed Reason Codes

Original Unconfirmed Reason Codes from ANSI Schema

1	Incorrect Data Format
2	Missing Unique Key
3	Missing NAIC Code
4	Missing VIN
5	Missing Verification Date
6	Unauthorized Requestor
7	System Cannot Locate Unique Key Information
8	System Found Unique Key - No Coverage on Date
9	System Found Unique Key - VIN Cannot Be Verified
10	System Found VIN - Unique Key Cannot Be Verified
11	System Cannot Locate Policy Information - Manual Search In Progress
12	System Unavailable

Newer Unconfirmed Reason Codes from ANSI Schema 00200706 and later

IDF	Incorrect Data Format
SYSU	System Unavailable
UREQ	Unauthorized Requestor
NAIC1	NAIC Code Not Submitted
NAIC2	System Cannot Locate NAIC
PKEY1	Policy Key Not Submitted
PKEY2	System Cannot Locate Policy Key Information
PKEY3	System Found Policy Key - Coverage on Verification Date Cannot Be Confirmed
PKEY4	System Found Policy Key - VIN Cannot Be Verified
POL1	System Cannot Locate Policy Information - Manual Search in Progress
VDT1	Coverage on Verification Date Cannot Be Confirmed
VDT2	Verification Date Not Submitted
VIN1	System Cannot Locate VIN
VIN2	System Found VIN - Coverage on Verification Date Cannot Be Confirmed
VIN3	System Found VIN - Policy Key Cannot Be Verified
VIN4	VIN Not Submitted