Risk Sharing Pool Procedures Manual (Technical Advisory Guide)

All Provinces

Revised October 1, 2026

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Please note:

This Manual has been developed to assist member companies in their interactions with the Risk Sharing Pools. In the event of discrepancies between the Manual and the Facility Association Plan of Operation, the Plan of Operation shall take precedence.

I. INTRODUCTION

A. Overview of the Risk SharingPools

The Risk Sharing Pools (RSPs), operating in Ontario, Alberta (two RSPs), New Brunswick, Nova Scotia and Newfoundland and Labrador provide a means for individual automobile insurance member companies to transfer certain of the private passenger use automobile insurance policies they underwrite in the respective jurisdiction.

The RSPs were established under the Plan of Operation of the Facility Association. For risks that qualify for an RSP, members issue policies on their own accounts and may transfer the whole of the policy or a portion thereof to the RSP, in accordance with the transfer rules set out in the Plan of Operation. The member company that issues the initial policy (i.e., the primary writer) remains responsible for servicing the policy, including any settlement of claims that may arise from the policy. The Facility Association funds the operations of the RSPs through a monthly sharing among members of the net of premiums received and claims and expenses paid.

Province of Ontario

The following are the requirements for a risk to be eligible for transfer to the Ontario Risk Sharing Pool:

1. The vehicle is used in whole or in part as a Private Passenger Vehicle, provided that where such vehicle has a non-Private Passenger Vehicle use in addition to a Private Passenger Vehicle use only the coverage with respect to the Private Passenger Vehicle use is eligible for transfer and in the event that such transfer results in liability arising from a non-private passenger use of the vehicle that liability will be that of the transferring member and not of the Ontario Risk Sharing Pool; and
2. The risk is not eligible for insurance through the Association as a Residual Market Risk (as defined in Article X of the Plan of Operation); and
3. The member has followed all appropriate classification and rate procedures and has requested previous-insurer report(s) and driver record abstract(s); and
4. The risk is insured against Third Party Liability for at least the statutory limit; and
5. The premiums charged by the member to the insured for those parts of the insurance that are transferable to the Ontario Risk Sharing Pool are in accordance with its approved premiums for such risk.

Effective January 1, 2022, any risk transferred will be transferred at 100%. The FA Board may from time to time by resolution set the percentage of a risk to be retained by the members for their own accounts, and establish maximum transferable limits and minimum deductibles with respect to risks transferred.

Sharing in the Risk Sharing Pool is based on 50% of "share of market" and 50% on "member's usage" of the Risk Sharing Pool.

Members transfer limit in the Ontario Risk Sharing Pool is currently 5% of its total voluntary private passenger non-fleet third party liability direct written car years for such jurisdiction in the immediately preceding calendar year.

For additional details, please refer to the Facility Association Plan of Operation.

Province of Alberta

The following are the requirements for a risk to be eligible for transfer to the Alberta Risk Sharing Pool:

1. The premiums charged by the member to the insured for those parts of the insurance transferable to the Alberta Pool are either at the regulated grid premium or are in accordance with its filed and/or approved premium for such risk;
2. The vehicle is a Private Passenger Vehicle;
3. The member has followed all appropriate classification and rate procedures and has requested previous-insurer report(s) and driver record abstract(s), provided that, at the inception of the operation of the Alberta Pool and until the Board directs otherwise, risks may be transferred midterm without the ordering of previous insurer reports or driver record abstracts; and
4. The risk is insured against Third Party Liability for at least the statutory limit.

Any risk transferred will be transferred at 100%. The Board may from time to time by resolution set the percentage of a risk to be retained by the members for their own accounts.

Members will share in the results of the Alberta Risk Sharing Pool in the proportion that the total of its "voluntary private passenger non-fleet third party liability direct earned car years" not ceded to a risk sharing pool is of the total of all "voluntary private passenger non-fleet third party liability direct earned car years" not ceded to a risk sharing pool by all members for the province.

Members transfer limit in the Alberta Risk Sharing Pool for grid risks is unlimited and for non-grid risks is currently 5% of the previous year's total voluntary private passenger non-fleet third party liability Direct Written Car Years for such jurisdiction in the immediately preceding calendar year less the number of grid risk private passenger non-fleet third party liability direct written car years ceded to the Alberta Risk Sharing Pool by it in the same period.

For additional details, please refer to the Facility Association Plan of Operation.

Province of New Brunswick

The following are the requirements for a risk to be eligible for transfer to the New Brunswick Risk Sharing Pool:

1. The vehicle is used in whole or in part as a Private Passenger Vehicle, provided that where such vehicle has a non-Private Passenger Vehicle use in addition to a Private Passenger Vehicle use only the coverage with respect to the Private Passenger Vehicle use is eligible for transfer and in the event that such transfer results in liability arising from a non-private passenger use of the vehicle that liability will be that of the transferring member and not of the New Brunswick Pool; and
2. The member has followed all appropriate classification and rate procedures and has requested previous-insurer report(s) and driver record abstract(s); and
3. The risk is insured against Third Party Liability for at least the statutory limit; and

4. The premiums charged by the member to the insured for those parts of the insurance that are transferable to the New Brunswick Pool are in accordance with its approved premiums for such risk.

Any risk transferred will be transferred at 100%. The Board may from time to time by resolution set the percentage of a risk to be retained by the members for their own accounts, and establish maximum transferable limits and minimum deductibles with respect to risks transferred.

Members will share in the results of the New Brunswick Risk Sharing Pool in the proportion that the total of its "voluntary private passenger non-fleet third party liability direct earned car years" not ceded to a Risk Sharing Pool is of the total of all "voluntary private passenger non-fleet third party liability direct earned car years" not ceded to a risk sharing pool by all members for the province.

Members transfer limit in the New Brunswick Risk Sharing Pool is currently 5% of the previous year's total voluntary private passenger non-fleet third party liability Direct Written Car Years for such jurisdiction in the immediately preceding calendar year.

For additional details, please refer to the Facility Association Plan of Operation.

Province of Newfoundland and Labrador

The following are the requirements for a risk to be eligible for transfer to the Newfoundland and Labrador Risk Sharing Pool:

1. The vehicle is used in whole or in part as a Private Passenger Vehicle, provided that where such vehicle has a non-Private Passenger Vehicle use in addition to a Private Passenger Vehicle use only the coverage with respect to the Private Passenger Vehicle use is eligible for transfer and in the event that such transfer results in liability arising from a non-private passenger use of the vehicle that liability will be that of the transferring member and not of the Newfoundland and Labrador Pool; and
2. The member has followed all appropriate classification and rate procedures and has requested previous-insurer report(s) and driver record abstract(s); and
3. The risk is insured against Third Party Liability for at least the statutory limit; and
4. The premiums charged by the member to the insured for those parts of the insurance that are transferable to the Newfoundland and Labrador Pool are in accordance with its approved premiums for such risk.

Any risk transferred will be transferred at 100%. The Board may from time to time by resolution set the percentage of a risk to be retained by the members for their own accounts, and establish maximum transferable limits and minimum deductibles with respect to risks transferred.

Members will share in the results of the Newfoundland and Labrador Sharing Pool in the proportion that the total of its "voluntary private passenger non-fleet third party liability direct earned car years" not ceded to a Risk Sharing Pool is of the total of all "voluntary private passenger non-fleet third party liability direct earned car years" not ceded to a risk sharing pool by all members for the province.

Members transfer limit in the Newfoundland and Labrador Risk Sharing Pool is 5% of the previous year's total voluntary private passenger non-fleet third party liability Direct Written Car Years for such jurisdiction in the immediately preceding calendar year.

For additional details, please refer to the Facility Association Plan of Operation.

Province of Nova Scotia

The following are the requirements for a risk to be eligible for transfer to the Nova Scotia Risk Sharing Pool:

1. The vehicle is used in whole or in part as a Private Passenger Vehicle, provided that where such vehicle has a non-Private Passenger Vehicle use in addition to a Private Passenger Vehicle use only the coverage with respect to the Private Passenger Vehicle use is eligible for transfer and in the event that such transfer results in liability arising from a non-private passenger use of the vehicle that liability will be that of the transferring member and not of the Nova Scotia Pool; and
2. The member has followed all appropriate classification and rate procedures and has requested previous-insurer report(s) and driver record abstract(s); and
3. The risk is insured against Third Party Liability for at least the statutory limit; and
4. The premiums charged by the member to the insured for those parts of the insurance that are transferable to the Nova Scotia Pool are in accordance with its approved premiums for such risk.

Any risk transferred will be transferred at 100%. The Board may from time to time by resolution establish maximum transfer limits and minimum deductibles with respect to risks transferred. Members may write coverage in excess of these limitations but such coverage and all expenses and liabilities in connection therewith will be for the member's own account.

Members will share in the results of the Nova Scotia Risk Sharing Pool in the proportion that the total of its "voluntary private passenger non-fleet third party liability direct earned car years" not ceded to a risk sharing pool is of the total of all "voluntary private passenger non-fleet third party liability direct earned car years" not ceded to a risk sharing pool by all members for the province.

Members transfer limit in the Nova Scotia Risk Sharing Pool is 5% of the previous year's total voluntary private passenger non-fleet third party liability Direct Written Car Years for such jurisdiction in the immediately preceding calendar year.

For additional details, please refer to the Facility Association Plan of Operation.

B. Management Structure

The Board of Directors of the Facility Association is composed of 10 Senior Executives representing insurance companies licensed to write automobile insurance in Canada, and three brokers representing the interest of brokers in three geographic areas - Alberta and the Territories, Ontario, and the Atlantic Provinces and two are elected or appointed as independent directors. Company representatives are selected from both Servicing and Non-Servicing Carriers, and from direct writers as well as from companies that write business only through brokers. The President & CEO of Facility Association is a member of the Board by virtue of their office. The Board administers the activities of the Facility Association through a management team and the designation of committees, each of which has a chair and includes representatives of member companies and broker associations with knowledge particular to the purpose of the committee. Committees may establish sub-committees to deal with specific technical or detailed issues.

C. Claim Responsibilities

It is the responsibility of members to investigate, defend and settle claims or suits as they would in the absence of the Pool. The Facility Association has the right and must be given the opportunity of associating with members in the defence of any claim or suit and must receive full co-operation.

The Pool contributes to the loss adjustment cost in connection with internal costs and external loss adjustment costs other than specified professional fees through payment of the amount determined on a basis established by the Board of Directors. Members are reimbursed in connection with expenses for professional fees.

D. Claims Reporting

The Facility Association Plan of Operation – Operating Principles contains the following compliance requirements for claims reporting:

The rules for reporting claims to the Risk Sharing Pools (RSP) changed effective July 1st, 2011.

Rule #1: For policies transferred to the pool, all new claims: Paid losses, Paid Expenses and Reserves, along with subsequent transfers/modifications (Paid loss, Paid expense, Salvage refunds, Recoveries and Reserves) must be submitted to the Risk Sharing Pool within 30 days from the date the claim is posted to the members own system. For data corrections to already submitted claims (Paid losses, Paid expenses, Reserves), the Claim transaction date “Posted Date” would be the submission date.

Rule #2: If a member failed to comply with the reporting requirements with respect to a loss or losses reported to it, such member may be subject to a fine in the amount of $500.00 for the first infraction, $1,000.00 for a second infraction and $2,000.00 for a third infraction within any three year period. A member may also as a result of such third infraction be barred from ceding risks to the Risk Sharing Pool (RSP) for a period of up to one year.

E. Auditing of Members

The Facility Association may audit the records of any member relating to the subject matter of the Plan of Operation which includes the Risk Sharing Pools, and may establish what policies, records, books of account, documents and related material it deems necessary to carry out its functions. Such material must be provided by the members in the form and with the frequency reasonably required by the Association.

Retention of records must follow the Statutory Requirements as set out for Insurance Companies at the Provincial or Federal level. In addition, records supporting the transmission of data to the Risk Sharing Pools shall be retained for at least a two year period.

F. More Information

More information about Facility Association can be found at www.facilityassociation.com.

II. COMMUNICATION WITH THE RISK SHARING POOLS

A. Member Designated RSP Project Manager

The Facility Association strongly recommends the designation of a Pool Project Manager within your organization. The Risk Sharing Pool Manual is available on the Facility Association website www.facilityassociation.com.

B. Retrieval of Reports

The Risk Sharing Pool System maintains a number of reports which can be retrieved from the Facility Association Portal Website at: www.portal.facilityassociation.com

Risk Sharing Pool Submission Reports

- Pool Submission Status Report
- Pool Submission Date Status Report
- Premium/Claim Detail Report
- Premium and Related Claim Report
- Claims Audit Report
- Transfer Limit Report by Entry Date
- Transfer Limit Report by Cession Date
- Pool Submission Summary Report
- Premium/Claim Control Report

Risk Sharing Pool Operational Reports

- Operational Report
- Management Information Report
- Government Line report

C. Questions on Interpretation of Bulletins &Manuals

Staff at the Facility Association are willing and eager to assist you in establishing the smooth operation of the Risk Sharing Pools. Please write to them according to their area of expertise:

President and CEO
Vice-President, Underwriting & Claims
Email Address: Mail@facilityassociation.com

Member Services
Email Address: ms@facilityassociation.com

D. Questions on the Transfer of Risks, Claims or Reports

With respect to the transfer of data, batches, errors and reports, either manual data entry via the FA Portal, data file upload via the FA Portal and via Web Services. Please write any questions at the Facility Association as described in C.

However, with respect to Reports dealing with Accounting and Sharing, please refer to the Operational and Government Line User Guide on the Facility Association website at www.facilityassociation.com

E. Special Considerations/Disputes/Appeals

- **Special Requests for Original Submission Date, Claims Posted Date or Transfer Date:**
  Please write any such requests to the President & CEO at Facility Association.

- **Disputes regarding Audits or Reports orAppeals:**
  Please write to the President & CEO at Facility Association.

Any decision made by the President & CEO may be appealed to the Board of Directors. Please write to the Board Chair at Facility Association.

F. Miscellaneous

A. Retention of Records

The retention of records by any member relating to the subject matter of the Plan of Operation which includes the Risk Sharing Pools, must follow the Statutory Requirements as set out for Insurance Companies at the Provincial and Federal level. In addition, records supporting the transmission of data to the Risk Sharing Pools shall be retained for at least a two year period.

B. Special Remittance

Refers to an amount that may be immediately paid by the Risk Sharing Pool to a member, as a result of the member having PAID a single loss recoverable from the Risk Sharing Pool in excess of $100,000. (The amount recoverable will be reviewed and determined from time to time by the Board of Directors).

When the total amount paid by the Member and recoverable through the Risk Sharing Pool in respect of any one accident exceeds $100,000, the Member may at its discretion request a Special Remittance as outlined in Section 8C, 2 (Large Claims) of the Plan of Operation to be paid immediately upon submission of the following information by correspondence:

> Policy information including policy number, effective and termination dates, risk classification, date-of-loss and coverage kind and a copy or copies (photocopies are acceptable) of the claims payment cheques(s) for which the Special Remittance is requested.

The Risk Sharing Pool will examine the information and upon satisfaction that the Loss is within the authority of the Risk Sharing Pool will immediately reimburse the member and enter the particulars of the Special Remittance in the appropriate accounting record.

C. Expense Factor

1. Expense Factor Form – Province ofOntario

   In order to determine the Expense Allowance applicable to the Member's transferred business, the Member must complete an Expense Factor Form and forward it to the Risk Sharing Pool.

   The Board of Directors will review the Expense Factor Form annually, prior to August 31st, and make the necessary revisions where required and also establish the Maximum Expense Factor which shall then appear as item (B) on the Expense Factor Form. The Net Expense Factor will be calculated as item (A) on the Form, as per the instructions. The Expense Factor Allowance to be used by the Member will be lower of (A) or (B).

2. Expense Factor – Provinces of New Brunswick, Newfoundland and Labrador and Nova Scotia

   Each Member shall be entitled as a result of the transfer of premium to an Expense Allowance in an amount equal to a percentage of the written premium applicable to the transferred coverage, such percentage for use during a calendar year to be determined by the Board of Directors.

3. Expense Factor – Provinces of Alberta

   Each Member shall be entitled as a result of the transfer of premium to an Expense Allowance in an amount equal to a percentage of the written premium applicable to the transferred coverage, such percentage for use during a calendar year to be determined by the Board of Directors in consultation with the Superintendent of Insurance.

III. OVERVIEW: TRANSFER METHODS

A. Introduction

The Facility Association Portal is a web-based application. It allows companies to enter and transmit premium and claims to the Pools. It redisplays error transactions and allows them to be corrected for resubmission.

This user guide provides instructions on accessing the application, entering data and accessing results. Users should have some familiarity to the web and exposure to a Windows environment.

There are three methods of transmitting risk/premium and claim data to the Risk Sharing Pool System. They are:

- Manual data entry via – FA Portal
- Data file upload via – FA Portal
- Web Services

You can use any of the three methods of transmission of data to the Risk Sharing Pool System. You can, at your own discretion use manual data entry or data file upload via Facility Association Portal or any combination of the two. Although your transactions may be transmitted to the Pool System by your various branch or service offices, your Head Office for Canada or one office designated for each jurisdiction must be responsible for the smooth operation of the transfer of data.

Irrespective of the method of transmission that you choose, it is to your advantage to transmit risk data on a daily basis in order to avoid delays in the effective date of the transfer.

IV. REPORTING RSP RISK/PREMIUM AND CLAIMS TRANSACTIONS

• Record Identifier

Each record must contain a RECORD IDENTIFIER. The value for each type of record is one of the following:

Risk/Premium Record	=	1
Risk/Premium Trailer Record	=	2
Claims Record	=	3
Claims Trailer Record	=	4

Record layouts are provided in Appendices P-1, P-2, P-3, P-4, T-1, T-2, T-3 and T-4 at the back of the manual.

• Batching of Transactions

General Information

A batch of transactions must have:

- The same COMPANY NUMBER
- The same RSP IDENTIFIER
- The same BRANCH CODE
- The same ENTRY YEAR and MONTH
- The same BATCH CODE
- The same RECORD IDENTIFIER (Premiums/Claims)

• Batch Code

Batch Code is a mandatory 3-digit field (Character/Alphanumeric) which you must assign to identify the batch containing a group of transactions. Each batch must be individually identified by its own BATCH CODE. BATCH CODES must be unique within a COMPANY NUMBER, BRANCH CODE and ENTRY DATE. We recommend that you assign BATCH CODES in the sequence in which batches are transmitted. The same batch code cannot be repeated in the same processing month.

The trailing record gives batch control and audit information and must show the total record count and total amounts of all the transactions in that batch:

- If Risk/Premium Batch, then TOTAL PREMIUM
- If Claims Batch, then total PAID AMOUNTS, total EXPENSE AMOUNTS and total RESERVE AMOUNTS.

Checking at the Risk Sharing Risk Sharing Pool verifies that the count and content of the data records in the batch agree with the trailing control record.

It is to your advantage to transmit Risk/Premium batches to the Risk Sharing Pool System on a daily basis, in order to avoid delays in the Risk Sharing Pool effective date of the risk, while claim batches should be transmitted regularly to prevent a backlog.

The Submission Date refers to the actual date of receipt at the Risk Sharing Pool System.

Delays in the transmission due to unforeseen circumstances, affects your Risk Sharing Pool effective date. Immediately when the problem is discovered, send an email to the Facility Association before sending transmission.

Each transmission may consist of a number of batches. A batch will contain either premium or claim data, but not both.

Size of batches is left to your discretion.

• Closing Dates

In order to establish compatibility with the accounting periods of most Members, the Risk Sharing Pool System closes each month at 11:59 P .M. on the 8th day of the next calendar month.

• Advance Renewals and Changes

In order to facilitate the transfer of renewals, the Risk Sharing Pool System can accept premium batches for transactions up to 2 months in advance of the effective date.

• Your Internal Control of Batches

It is your responsibility to maintain adequate internal control to ensure that all risks which you intend to transfer to the Risk Sharing Pool are in fact accepted by the Risk Sharing Pool System, and are shown on the Submission Status Report. We recommend that each office transferring batches to the Risk Sharing Pool System maintain a ledger with the following information:

- Company Number
- RSP Identifier
- Entry Month and Year
- Batch Code
- Submission date
- Batch Total Amount(s)
- Accepted Total Amount(s)
- Rejected Total Amount(s)

This information can be retrieved the Control Summary report from the Facility Association Portal.

• Entire Batch Missing

In the event that an entire batch is missing from you Submission Report, you must immediately send an email to the Facility Association for further instructions. Include in your email the following information:

- Missing BATCH CODE and ENTRYDATE
- COMPANY NUMBER and BRANCH CODE
- RSP IDENTIFIER
- Total premium and RECORD COUNT for missing batch.

• Error Correction

Transactions in error are rejected entirely from the Risk Sharing Pool System. The transfer of the risk is held in suspension and if the error is corrected within 30 days submission date, the original Risk Sharing Pool Effective date will be maintained. If the errors are not corrected within 30 days, the risk must be submitted with the new Transfer date equal to the current submission date plus one.

Certain types of correction will not automatically maintain the original submission date even if corrected within 30 days; for those error corrections special handling is required. Please refer to Section VII of the Procedures Manual for further details.

• Reports

The Risk Sharing Pools provide you with the ability to retrieve the following reports based on selection to assist you with your error corrections

- Submission Status report
- Submission Date Status Report
- Premium/Claim Detail Report
- Premium/Claim Related Report
- Submission Summary Report
- Premium/Claim Control Report

• New Policies and Renewals

For all renewals and new business where you are electing to transfer risks (vehicles) to Risk Sharing Risk Sharing Pool, you must complete <u>all</u> fields on the Premium Transaction Screen.

Risks are transferred into the Risk Sharing Pool effective the TRANSFER DATE. In many circumstances, the **Transfer Date** is based on the Transmittal Date. However, in many circumstances other factors will influence determination of the TRANSFER DATE.

The transfer is only effective for the term indicated on the transaction. A subsequent transfer must be transmitted for each subsequent transfer term.

- ## Changes/Cancellations/Reinstatements ofTransfers

CORRECTIONS OF INITIAL CLASSIFICATION OR RATING

Corrections of data in the Risk Sharing Pool System are permitted, whenever appropriate. In order to transmit a change to a risk previously transferred:

- Complete a Premium Transaction Screen as per Data Required for Common Business Transactions.
- Complete PREMIUM fields with the additional or return premium pro-rated from the TRANSFER DATE.

If, subsequent to the transfer of a risk to the Risk Sharing Pool, you receive information that affects the initial classification and/or rating of the risk (such as an undisclosed use of the vehicle or undisclosed prior claims and/or convictions) and you choose not to cancel the insurance for non-disclosure:

- If the information does not affect the risk's eligibility for transfer, to the Risk Sharing Pool, the risk may remain transferred to the Risk Sharing Pool provided that you amend the premiumappropriately.
- If the eligibility requirement is no longer satisfied, you must cancel the transfer effective within 21 days of the date on which the information came to your knowledge and claim a refund of the transferred premium on a pro-rata basis.

ADDING OR EXTENDING COVERAGE

This includes adding collision/all perils/comprehensive/specified perils/extending accident benefits/ increasing limit/decreasing deductibles. When adding or extending coverages on a risk previously accepted by the Risk Sharing Pool System (defined as a transaction or part thereof that generates an additional premium), the TRANSFER DATE must be equal to the endorsement effective date.

On future dated mid-term changes, the TRANSFER DATE is the day following the Submission Date or your risk effective date, whichever is later. The occurrence of a claim and/or conviction during the Transfer Period does not necessarily require a change of premium during that period.

Any change in coverage must be reported to the Risk Sharing Pool System. If you are changing/increasing coverage and waiving the additional premium, you must report the change in coverage using the appropriate transaction code and a nominal premium (i.e. $1) in order for the Risk Sharing Pool System to record the change in coverage and thereby properly respond to any claim. To ensure that your books balance, when you are reporting a change in coverage with no change in premium, do the following:

- Transmit a Code 9, using the appropriate coverage codes and a premium of $1.00 (debit).

- In the same (or subsequent) batch, transmit a second Code 9 with the exact same detail but a premium of ($1.00) (credit).

Note: If a claim is reported, refer to Cancellation of a Risk or Change in Coverage with a Claim.

CANCELLATIONS OF TRANSFER

Backdated cancellations of Transfer are only permitted in circumstances where the coverage for the vehicle has been cancelled or deleted with your company. In these cases, the cancellation effective date is the date of deletion of coverage. When the transfer is being cancelled to take the risk back to your own account, the cancellation effective date is the TRANSFER DATE.

Similarly, on cancellations by registered letter, the TRANSFER DATE is the date following your Submission date or your cancellation effective date, whichever is later; in this case, if you transmit the transaction to the Risk Sharing Pool when you issue the registered letter, your TRANSFER DATE will roughly be 33 days for Ontario and Alberta and 18 days for New Brunswick, Newfoundland and Labrador and Nova Scotia following issuance.

If you waive a premium or allow a flat cancellation, delete the vehicle from the Risk Sharing Pool flat (Use TRANSACTION CODE 3). If a claim occurs between the flat cancellation effective date and the cancellation effective date on the registered letter, the claim will be paid by the Risk Sharing Pool when the appropriate premium is transferred to the Risk Sharing Pool. However, it must be supported by appropriate documentation and submitted to Facility Association for Special Handling.

CHANGING ALL PERILS to COLLISION/COMPREHENSIVE/SPECIFIED PERILS or COLLISION/COMPREHENSIVE/ SPECIFIED PERILS to ALL PERILS.

In order to change from All Perils to Collision/Comprehensive/Specified Perils or Collision/Comprehensive /Specified Perils to All Perils, you must first submit a Code 3 to delete the existing coverage and then submit a Code 9 to make the change.

Example: A policy has All Perils, and you wish to change the coverage to Collision and Comprehensive:

- Submit a Code 3 deleting All Perils, crediting the appropriate premium effective the date of the change.
- Submit a Code 9 adding Collision and Comprehensive.

CANCELLATION OF TRANSFER OF RISK WHERE ALL COVERAGES OTHER THAN COMPREHENSIVE HAVE BEEN SUSPENDED *(i.e. where you have suspended moving coverages and NOW you wish to cancel the remaining coverages in the Risk Sharing Pool) - Please also see "Temporary suspension of coverages"*

When cancelling a risk in the Risk Sharing Pool which carries only Comprehensive or Specified Perils ("Road Coverages" /temporary suspension of mandatory coverages), you must use a Code 3 and delete all coverages, INCLUDING THE SUSPENDED COVERAGES. Use the appropriate coverage code and leave the premium field blank or use $0.

- The system maintains a record of the existence of suspended coverages and if you do not cancel them, the risk remains in the Risk Sharing Pool.

REINSTATEMENT

Reinstatements or "retransfers" occur for a variety of reasons. Appropriate handling will depend on the circumstances. Reinstatements generally fall into one of two categories:

- actual cancellation and subsequent reinstatement of insureds' coverage.
- cancellation and reinstatement done simultaneously to correct a risk (e.g. switch from agency bill to pay plan, etc.) also referred to as "retransfer".

ACTUAL CANCELLATION AND SUBSEQUENT REINSTATEMENT

A. If coverage for a risk is cancelled and coverage is then reinstated effective the cancellation date, (no gap in coverage) transmit the reinstatement to the Risk Sharing Risk Sharing Pool System using a TRANSACTION CODE 2.

   - if the reinstatement is transmitted to the Risk Sharing Pool System within 35 of the cancellation submission date for Ontario and Alberta and 20 days for New Brunswick, Newfoundland and Labrador and Nova Scotia of the (i.e., the date the cancellation was sent to the Risk Sharing Pool) the TRANSFER DATE will be equal to the reinstatement effective date (no gap in coverage).
   - if the reinstatement is transmitted to the Risk Sharing Pool System after 35 days of the cancellation submission date for Ontario and Alberta and 20 days for New Brunswick, Newfoundland and Labrador and Nova Scotia, the TRANSFER DATE will be equal to the SUBMISSION DATE plus one.

B. If coverage for a risk is cancelled, and coverage is "reinstated" (i.e. the same policy and vehicle numbers are used), but there is a gap in coverage, transmit the reinstatement to the Pool System using CODE 2.

   - if the reinstatement is transmitted within 35 days of the effective date of the reinstatement date for Ontario and Alberta and 20 days for New Brunswick, Newfoundland and Labrador and Nova Scotia the Pool effective date should be the Reinstatement effective date.
   - if the reinstatement is transmitted after 35 days of the effective date of the reinstatement date for Ontario and Alberta and 20 days for New Brunswick, Newfoundland and Labrador and Nova Scotia the Pool effective date should be submission date plus one

CANCELLATION AND REINSTATEMENT DONE SIMULTANEOUSLY TO CORRECT A RISK - CHANGING A KEY FIELD

- Refer to Special Handling

TEMPORARY SUSPENSION OR REMOVAL OF COVERAGES

The following instructions apply when coverages are temporarily suspended by means of an END No. 16, or when coverages are removed temporarily by a simple deletion of coverage. In the case of a temporary removal of coverage, the transactions should be coded as a suspension of coverage in accordance with the following instructions and the file should indicate that removal is temporary. It should be noted that the system requires that when a risk is transferred to the Risk Sharing Pool it must carry full minimum statutory limits.

If you are suspending moving coverages by means of an END No. 16, your company will, as its standard practice either refund the premium to the insured at the time of the END. No. 16 is added, or will refund the premium afterward, when the END. No. 17 is added.

If you are refunding the premium up front at the time the END. No. 16 is added and the refund made;

1. transmit a TRANSACTION CODE 9: for TRANSFER DATE use the effective date of the Suspension of Coverage; for the EXPIRY DATE:
   - if you know the reinstatement date, use the date the coverages are to be reinstated, or the expiry date if that precedes it; and show the reduction in the premium in the appropriate premium fields.

   - or if the reinstatement date is not known, use the expiry date and show the reduction in premium in the appropriate premium fields.

2. at the time the END. No. 17 is added, transmit a TRANSACTION CODE 9: for the TRANSFER DATE use the date of the reinstatement of coverages; for the EXPIRY DATE, use the expiry date and show the increase in the appropriate premium fields.

   Note: If there is no premium adjustment necessary at the time of the END. No. 17 because the estimated duration of the suspension period and the premium charge transmitted was correct, no second transmittal is required.

3. If the suspension spans two risk terms, at the time of the Renewal: The renewal would not be eligible for the Pool.

V. RISK/PREMIUM TRANSACTION REPORTING ERRORS

The error messages will reflect edit error conditions on your rejected risk/premium transactions, when you view the Premium Transaction Screen in **Correct**. The short bold message is initially displayed, with an option to access the larger more detailed description of data required, some with tips as to the probable cause of the error.

A. Corrections or Changes on Key Fields thatRequire Special Handling

Corrections or Changes to Key Fields

- RSP IDENTIFIER/GRID INDICATOR
- POLICY NUMBER
- VEHICLE NUMBER
- TRANSFER DATE
- COMPANY NUMBER
- TRANSACTION CODE

If the original Submission Date is required on rejected or accepted entries on any of the key fields, prior to sending the transactions you must **Request Special Handling.**

What is Special Handling?

Special Handling is done by FA as per a Member Company's request.

Through Special Handling, the original submission date is re-assigned to the transfer of a risk. There are 2 kinds of Special Handling:

1. Special Handling on rejected entries
2. Special Handling on accepted entries

When is special handling required?

Special Handling is required on a number of different cases:

1. SPECIAL HANDLING ON REJECTED ENTRIES:

Special Handling is often required when an **original entry** (submitted with a transaction code A, B, C, D or 2) is rejected for the following errors:

- Error Code 070: Duplicate Entry for this risk
- Error Code 071: No Master on File for this risk

Because a transfer with an error code 070 or 071 is rejected, there is no submission date retained in the master file for that transaction.

However, the submission date which should be assigned to this risk will show on the Premium Detail Report and that is the submission date that will be re-assigned to your transfer through the process of Special Handling.

Your special handling request must be transmitted to the Risk Sharing Pool within 30 days from the date of the risk was originally transmitted to the Pool.

2. SPECIAL HANDLING ON ACCEPTED ENTRIES:

When a risk is transferred to the Risk Sharing Pool and accepted, key field information is retained in the Risk Sharing Pool System. The combination of these key fields forms the "header record".

Changes to Key Fields are:

- RSP IDENTIFIER
- GRID /NON GRID INDICATOR
- POLICY NUMBER
- VEHICLE NUMBER
- TRANSFER DATE
- COMPANY NUMBER
- TRANSACTION CODE

If for any reason, you have to change any of these key fields, YOU WILL REQUIRE SPECIAL HANDLING IN ORDER TO RETAIN THE ORIGINAL SUBMISSION DATE THAT WAS ASSIGNED TO THE ORIGINAL TRANSFER.

The key fields combined together (header record) are very much like a "DNA" coding... they form a unique combination. When a risk is transferred to the Risk Sharing Pool, a submission date is assigned to this unique combination.

The purpose of Special Handling is to retain this submission date.

Why would I have to change a key field?

You may have to change a key field due to your own internal systems limitations, or because of a simple typographical error.

<u>EXAMPLES</u> OF CASES WHERE KEY FIELDS MAY NEED TO BE CHANGED:

Your transfer has been **accepted** in the Risk Sharing Pool, but:

1) Your **Company number** is changed or incorrect.

Your company may report under 2 numbers and you have sent it under Co. #1 instead of Company #2

2) Your **Policy number** is changed or incorrect.
Most people find this kind of mistake when they attempt to transfer an endorsement with the correct policy number, and they get error code "071"for No Master on File.
or:
Your policy number is correct but it needs to be changed for either administration purposes or because of the way your own system works.

3) Your **Vehicle number** is changed or incorrect.
Possibly a simple typographical error,
or:
Your vehicle number is correct but it needs to be changed for administration purposes or because of the way your own system works.

4) Your **Transfer date** is changed or incorrect:
Possibly a simple typographical error,
or:
Your transfer date is changed or incorrect in regards to eligibility criteria, transaction code, information in your file, etc.

5) Your **Transaction code** is incorrect.
This may be a simple typographical error,
or:
Your transaction code is incorrect in regards to the type of transfer (New Business, renewal, mid-term transfer, etc.)

Policies transferred to an RSP as "mid-term transfers (code D)" within the 15 day grace period for new business, will not be deemed to have been made in error. Therefore, they may not subsequently be revised to receive new business treatment and backdated to the inception date of the policy.

6) Your **Grid/Non Grid Indicator** is changed or incorrect.
This may be a simple typographical error,
or:
Your Grid/Non Grid Indicator is changed or incorrect in regards to the type of transfer (New Business, renewal, mid-term transfer, etc.)

The above are examples only and constitute only a partial list of possible situations. Remember that these corrections may be initiated by you (the Member Company) to correct inaccurate data or they may have been requested by a Risk Sharing Pool Auditors as part of their Investigation report.

How is Special Handling Done?

Change in Pool Submission Date

Any batch transmitted to the Risk Sharing Pool is assigned its own Submission date. The same Submission date applies to every single transaction contained in a batch. In some cases you would not have to create a new batch and in some cases you must create a new batch to isolate the transaction(s) intended for Special Handling.

For Risks that are rejected and needs Special Handling to change the Pool Submission date. Once the risk is corrected and accepted in the Pool the process are as follows:

FA Portal Main Menu

- Select Pool Submission Date Change
- Select Pool Submission Request
- Select RSP Identifier, Company #, Branch #, Batch # and Entry Date
- Select Policy Number
- Select New Pool Submission Date
- Select Send Request

Email (MS@facilityassociation.com) a request to Facility Association giving us all the necessary information regarding your Special Handling.

- Not all Special Handling requests are approved. They are only approved when your correction is done in accordance with the rules as stated in this manual.

- Note that a system issue (e.g. system outage) on your own system resulting in delayed submissions will not be considered for special handling.

Your Email Request for Special Handling must contain the following information:

- Original Premium Detail Report (Attach photocopy showing all relevant information),
- Company Number (Old & New if that is being changed)
- Branch Number,
- Batch Number,
- EntryDate of your special batch,
- Policy Number, Vehicle Number (Old & New if that is being changed),
- Transaction code (Old & New if that is being changed),
- Reason why special handling isrequired.

For Risks that are accepted and needs Special Handling to change the Pool Submission date, the process are as follows:-

Correction or Change of COMPANY NUMBER and/or POLICY NUMBER and/or VEHICLE NUMBER and /or TRANSACTION CODE

When correcting these fields, you must cancel the risk flat and retransmit the corrected original transaction.

To properly achieve a flat cancellation, you must ensure:

- that no claim has already been transferred (if there is, refer to Cancellation of Risks with a Claim).

- that your TRANSACTION CODE 3 leaves no premium (original premium plus endorsement premium) or coverages remain in the Risk Sharing Pool.

- that the TRANSFER/EXPIRY DATES of the cancellation - TRANSACTION CODE 3 - are the same as the dates shown on the original transaction to the Risk Sharing Pool.

- Transmit a flat cancellation (TRANSACTION CODE 3) using the incorrect COMPANY NUMBER and/or POLICY NUMBER and/or VEHICLE NUMBER crediting all premiums.

- Transmit using the correct COMPANY NUMBER, POLICY NUMBER, VEHICLE NUMBER and TRANSACTION CODE using ENTRY NUMBER 01 and the original TRANSACTION CODE (A, B, C, D, or E) that was used when previously accepted.

- Transmit both transactions at the same time in a special batch if you are correcting the POLICY NUMBER and VEHICLE NUMBER and two batches if the COMPANY NUMBER is changed. If the TRANSACTION CODE is changed this entry must be transmitted in the batch containing the cancellation. However, if the Transmit Date of the corrected transaction needs to be adjusted to reflect the original Transmit Date, send an email to the Facility Association with your special request.

Correction or Change of TRANSFER DATE - Backdating

When a risk has been accepted with an incorrect TRANSFER DATE (whether or not the EXPIRY DATE was correct) and you need to backdate the TRANSFER DATE to effect the correction:

- Transmit a flat cancellation (TRANSACTION CODE 3) using the incorrect TRANSFER DATE and the original EXPIRY DATE crediting all premiums. (If there is Claim, refer to Cancellation of a Risk with a Claim).

- Transmit a transaction with the correct TRANSFER and EXPIRY DATES, showing entry number 01 and the same TRANSACTION CODE (A, B, C, D or E) used an original transaction. This entry must be transmitted in a batch at least 1 day after the batch containing the cancellation.

- However, if the Transmit Date of the corrected transaction needs to be adjusted to reflect the original Transmit Date, email to the Facility Association with your special request.

Correction or Change of TRANSFER DATE - Postdating

When a risk has been accepted with an incorrect TRANSFER DATE (whether or not the EXPIRY DATE was correct) and you need to postdate the TRANSFER DATE:

- Transmit a flat cancellation (TRANSACTION CODE 3) using the incorrect TRANSFER DATE and the original EXPIRY DATE, crediting all premiums. (If there is Claim, refer to Cancellation of a Risk with a Claim).

- Transmit a rewrite (TRANSACTION CODE 2) and use the next consecutive ENTRY NUMBER and the correct TRANSFER and EXPIRY DATES.

- However, if the Transmit Date of the corrected transaction needs to be adjusted to reflect the original Transmit Date, email to the Facility Association with your special request.

Correction or Change of RSP Identifier/Grid/Non Grid Indicator

When a risk has been accepted and RSP Identifier/Grid/Non Grid Indicator is changed or incorrect (whether it is midterm or effective date of the risk)

- Transmit either a flat or midterm cancellation (TRANSACTION CODE 3) and credit the appropriate premiums. (If there is Claim, refer to Cancellation of a Risk with a Claim).

- Transmit using the correct RSP IDENTIFIER/GRID/NON GRID INDICATOR, COMPANY NUMBER, POLICY NUMBER and VEHICLE NUMBER using ENTRY NUMBER 01 and the original TRANSACTION CODE A, B, C, D or E if the change is as of the effective date the risk or midterm.

B. Corrections or Changes that does not Require Special Handling

Correction or Change of EXPIRY DATE

When a risk has been accepted with an incorrect EXPIRY DATE (although the TRANSFER DATE is correct):

- Transmit a flat cancellation (TRANSACTION CODE 3) using the original TRANSFER DATE and the incorrect EXPIRY DATE, crediting all premiums. (If there is Claim, refer to Cancellation of a Risk with a Claim).

- Transmit a rewrite (TRANSACTION CODE 2) using the next consecutive ENTRY NUMBER and the correct TRANSFER and EXPIRY DATES.

Correction or Change of BRANCH CODE

Any subsequent accepted transaction using a new BRANCH CODE automatically changes the Risk Sharing Pool System. However, if for accounting purposes or other reasons, you wish to correct the BRANCH CODE back to the TRANSFER DATE:

- Transmit a TRANSACTION CODE 9, using the incorrect BRANCH CODE with the original TRANSFER and EXPIRY DATES and credit all premiums.

- Transmit another TRANSACTION CODE 9, using the correct Branch Code, the original TRANSFER and EXPIRY DATES, the next consecutive ENTRY NUMBER and debit all premiums.

Correction or Change of AGENCY NUMBER

When a risk has been accepted with an incorrect AGENCY NUMBER and you wish to correct the Risk Sharing Pool System without any adjustment in premiums:

- Transmit a TRANSACTION CODE 9 showing only the POLICY NUMBER, new AGENCY NUMBER, TRANSFER and EXPIRY DATES, VEHICLE and ENTRY NUMBER (no coding in coverage and premium section is required).

- However, if you wish to allocate the premium to the correct AGENCY NUMBER:

    1. Transmit a TRANSACTION CODE 9 using the incorrect AGENCY NUMBER with the original TRANSFER and EXPIRY DATES and credit all premiums.

    2. Transmit a TRANSACTION CODE 9 using the correct AGENCY NUMBER with the original TRANSFER and EXPIRY DATES, the next consecutive ENTRY NUMBER and debit all premiums.

Correction or Change of COVERAGE and/or LIMITS CODE

When a risk has been accepted with an incorrect COVERAGE and/or LIMITS CODE and the correction must be made without any premium change:

1. Transmit a TRANSACTION CODE 9 using the correct COVERAGE and/or LIMITS CODE and $1. as the premium for each coverage to be corrected.

2. Transmit a TRANSACTION CODE 9 using the next consecutive ENTRY NUMBER, the correct COVERAGE and/or LIMITS CODE and $1. credit as the premium for each corrected COVERAGE.

Correction to Premium Refunded on Cancellation

ADDITIONAL PREMIUM REFUND
To transfer additional premium refund for a risk already cancelled in the Risk Sharing Pool System, simply submit an additional cancellation (TRANSACTION CODE 3) using the same dates as the original cancellation (or if backdating, new cancellation date) showing the additional amount of refund. (Note: If there is no premium on any coverage you must code the coverage code with zero premiums.)

REDUCTION OF PREMIUM REFUND
When a risk has been cancelled with an incorrect return premium but with the correct Cancellation Date, and you need to increase the premium remaining in the Risk Sharing Pool:

1. Transmit a reinstatement (TRANSACTION CODE 2) reversing the cancellation previously accepted. The same dates must be used, and the premium previously refunded (credited) must be debited.

2. Transmit a cancellation (TRANSACTION CODE 3) using the same dates as above, with the correct amount of refund.

Cancellation or Change in Coverage (for Correction Purposes) of Risks with a Claim

In order to rewrite the risk, you need to transmit a flat cancellation. However, occasionally a claim has been accepted, and the flat cancellation is rejected:

1. Transmit all necessary claim entries to reverse the paid losses and paid expenses previously accepted, reduce the reserve to NIL and close the claim.

2. After all claim entries have been confirmed as accepted on a Claims Edit Report:

   - Transmit the required flat cancellation, crediting all premiums.

   - Transmit the correcting reinstatement, debiting all premiums.

   - Transmit again all claim transactions that were reversed.

   - Transmit the proper closed payment entries (TRANSACTION CODE 3) to process the proper paid losses and if necessary, a reopening entry (TRANSACTION CODE 4) to set an amount of reserve as outstanding.

   - However, if the correcting rewrite reinstatement changed the COMPANY NUMBER, POLICY NUMBER or VEHICLE NUMBER:

     Transmit a new claim (TRANSACTION CODE 1) and the proper PAID LOSSES, PAID EXPENSES and RESERVES, all under the correct COMPANY NUMBER, POLICY NUMBER or VEHICLE NUMBER.

How to Prevent Future Errors

Review your Detail Report to ascertain your most frequent errors and take steps to prevent the recurrence of those errors by amending either your systems or your procedures. Members are responsible for conducting this review and proactively ensuring they are preventing errors from occurring and/or accumulating.

Delinquent Errors

Transactions in error cannot be accepted by the Risk Sharing Pool System; the transfer of the risk is held in suspension; if the error is corrected within 30 days of the date of the Submission Date, the original Submission Date is used to verify TRANSFER DATE. If the errors are not corrected within 30 days, the risk must be retransmitted with a new TRANSFER DATE.

C. Premium Reports

The Risk Sharing Pool provides you with the ability to retrieve the following reports based on selection to assist you

- Submission Status report
- Submission Date Status Report
- Premium Detail Report
- Premium Related Report
- Submission Summary Report
- Premium Control Report

The Sequence and Contents of these reports are as follows:-

Submission Status Report
This report list the following information:-
- Details of all Transactions Accepted/Rejected
- Submission Date and Time
- File Name
- Total Transactions

Submission Date Status Report
This report list the following information:-
- Request Approval Date
- Request Status
- RSP Identifier
- Batch Code
- Entry Date
- Reporting Company
- Branch Code
- Policy Number

Premium Detail Report
This report list the following information on Accepted, Errors and Rejected Transactions:-
- Premium Summary – Batch code/Branch code/Entry date/Record count/Total premium
- Premium Detail – Last updated Date and Time/Submission date/Details of each transaction as per the Record Layout

Premium Related Report
This report list the following information:
- Policy Master Report – Details of the Policy Information
- Coverage Report – Details of the Coverage Information as per the Record Layout

Submission Summary Report
This report list the following information:

- All Transaction Accepted in the Pool by Coverage/ by Accident Year for each entry Date, Gross Premium, Retained Premium, Transferred Premium, Allowance and Net Transferred Premium

Premium Control Report

This report list the following information:

- A total of either Accepted/Error/ Rejected premiums for each entry month.

These reports have been designed:

- to assist you to verify the accuracy of the data recorded on the Pool System.
- to confirm that rejectedtransactions are corrected and retransmitted.
- to assist you to ascertain your most frequent error in order to take steps to remove the causes of errors.

VI. CLAIMS TRANSACTION REPORTING

Error messages reflect edit error conditions on your rejected claim transaction, when you view the Claim Transaction Screen. The short bold message is initially displayed, with an option to access the larger more detailed description of data required, some with tips as to the probable cause of the error.

A. Error Corrections

How to Correct Key Fields

Correction of POLICY NUMBER, DATE OF LOSS, VEHICLE NUMBER, CLAIM NUMBER, COVERAGE CODE or KIND OF LOSS:

- When correcting these fields on previously accepted data you must close the existing claim data by transmitting a TRANSACTION CODE 3 showing the sum (as a credit) of all LOSS/EXPENSE PAYMENTS and outstanding reserves of all previously accepted transactions.
- You must retransmit a new claim with correct information with a TRANSACTION CODE 1.
- For claims with outstanding reserves, submit an entry showing the correct information and the amount.
- For claims which are closed submit only the LOSS/EXPENSE PAYMENT (without reserve) using correct information and TRANSACTION CODE 3.
- In the case of a change DATE OF LOSS, submit a TRANSACTION CODE 1 entry (without payment or reserve change) to establish the claim with the new DATE OF LOSS at the same time as the TRANSACTION CODE 3.

Correction of BRANCH CODE

- A subsequent transaction submitted with a different BRANCH CODE will be rejected. However, if you wish to correct the BRANCH CODE that was originally accepted in the Pool you will have to submit the following entries:
- You must under the incorrect BRANCH CODE submit an entry reversing all LOSS and EXPENSE PAYMENTS and/or reserve previously accepted using TRANSACTION CODE 3.
- You must submit an entry under the correct branch to re-enter all loss and expense payments and/or reserve using transaction Code 1 if the file is not closed and Code 3, if the file isclosed.

How To Prevent Future Errors

When you are correcting a Pool transaction, check to determine if your host system or file records needs to be corrected as well. In this way, you may avoid another Pool error when the next transaction for this policy or claim is generated.

Delinquent Errors

These are your responsibility to resolve. Error transactions are shown on the appropriate Claim Detail Report. All errors or rejected transactions result in the transfer of the claim to the Pool becoming void and ineffective. Error transactions are available on the Facility Association Portal (RSP Collection and Correction) for ninety days.

B. Claims Reports

The Risk Sharing Pools provide you with the ability to retrieve the following reports based on selection to assist you

- Submission Status report
- Claims Detail Report
- Claims Related Report
- Claims Audit Report
- Claims Summary Report
- Claims Control Report

The Sequence and Contents of these reports are as follows:-

Submission Status Report
This report list the following information:-
- Details of all Transactions Accepted/Rejected
- Submission Date and Time
- File Name
- Total Transactions

Claims Detail Report
This report list the following information on Accepted, Errors and Rejected Transactions:-
- Claim Summary – Batch code/Branch code/Entry date/Record count/ Total paid loss/Total Paid Expense/Total reserve
- Claim Detail – Last updated Date and Time/Submission date/Details of each Transaction as per the Record Layout

Claims Related Report
This report list the following information:-
- Policy Master Report – Details of the Policy Information
- Related Claims Report – Details of the Claim Information as per the Record Layout

Claim Audit Report
This report list the following information:-
- All Open Claims
- All Closed Claims

Submission Summary Report
This report lists the following information:-
- All Transactions Accepted in the Pool by Accident Year for the Accounting month.

- Gross, Retained and, Transferred Paid Losses, Paid Expense and Outstanding Reserves.

  Pool and Member retained coverage for claims and any development on those claims by the Pools are as per Pool transfer and eligibility rules. For additional details, please refer to the Facility Association Plan of Operation.

Claims Control Report
This report list the following information:-

- A total of Accepted/Error/ Rejected Paid Losses, Paid Expense and Reserves for each entry month.

These reports have been designed:

- to assist you to verify the accuracy of the data recorded on the Pool System.
- to confirm that rejectedtransactions are corrected and retransmitted.
- to assist you to ascertain your most frequent error in order to take steps to remove the causes of errors.

C. Special Remittance

When the total amount paid by the member and recoverable from the Pool in respect of one accident exceeds $100,000, the member may request a special Remittance from the Risk Sharing Pool.

Whenever a special Remittance is requested, it is necessary to submit as a proof of Loss, a copy (or photocopy) of the claim payment cheques(s) for which a special remittance is requested.

D. Accident Benefits – Province ofOntario

For the insured person, Accident Benefits are considered on a **policy-wide policy** and are not specific to the vehicle. Because it is possible to have multi-vehicle policies of which the coverage for only one vehicle has been transferred to the Pool, the following limitations apply to payment of any such claims:

If, under section 268(2) of the Ontario Insurance Act, a person has recourse against an insurer for Accident Benefits under a policy providing coverage with respect to two or more vehicles, and coverage in connection with all of such vehicles has not been transferred to the Risk Sharing Pool; or, if under section 268(4) or 268(5), a person has chosen to claim benefits from an insurer under a policy providing coverage with respect to two or more vehicles, and coverage in connection with all such vehicles has not been transferred to the Risk Sharing Pool, the following limitations will apply to the payment by the Risk Sharing Pool of claims for such benefits:

1. In cases where one of the vehicles covered under such a policy was involved in the occurrence giving rise to the claim, the coverage for Accident Benefits purchased will be considered transferred to the Risk Sharing Pool only if the vehicle involved in the occurrence is the vehicle in respect of which coverage has been transferred to the Risk SharingPool.

2. In cases where none of the vehicles covered under the policy was involved in the occurrence giving rise to the claim, the coverage for Accident Benefits and such Optional Benefits purchased will be considered transferred to the Risk Sharing Pool only in proportion that the number of vehicles insured under the policy in relation to which the person hasrecourse.

Put simply, if an Accident Benefits claim occurs on the vehicle that has been transferred, the Pool will pay; if it occurs on the other vehicle(s) on the policy, the Company pays.

If the claim involves none of the vehicles (i.e. the insured was struck as a pedestrian), the Pool pays a share**;** for example, if there are two vehicles insured with the Company and one transferred to the Pool, the Pool would pay one-half of the claim.

VII. THE TRANSFER LIMIT REPORT

Province of Ontario

This report is designed to advise you of your status regarding the Transfer Limit for a company or a group of companies.

Definitions:

Members Written Car Years
This amount is members voluntary private passenger non-fleet third party liability direct written car years. These car years are obtained from FA's Statistical Service Provider.

Members Cession Limit (Percentage)
An amount of car years resulting from a calculation whereby the transfer limit is **5%** of the previous year's total Voluntary Private Passenger Non-Fleet Third Party Liability Direct Written Car Years.

Members Cession Limit (Car Years)
This amount represents the maximum allowable car years that may be transferred to the Risk Sharing Pool during the given calendar year.

Members Cession (This Month – Car Years)
This amount represents the total risks ceded to the Risk Sharing Pool for the month selected.

Members' Cession (Year-to-Date – Car Years)
This amount represents the total risks ceded to the Risk Sharing Pool calendar year-to-date

Members' Cession (Year-to-Date – Percentage)
This is a year-to-date percentage calculated by applying your year-to-date cession in the Pool over your year-to-date Voluntary Private Passenger Non-Fleet Third Party Liability Direct Written Car Years for the given calendar year.

Your Transfer Limit will be updated every time you transmit a new, reinstated or cancel risk to the Pool. A member approaching their Transfer Limit will receive a warning via email. The Transfer Limit Warning Percentage has been set at 85%, 90% and 95%. You would be able to review your Transfer Limit by company or by Group Level. The calculation of the Transfer Limit Percentage is enforced at a Group Level.

Once you have reached your Transfer Limit Percentage (100%) at a Group Level and if you attempt to transfer any new risk to the Pool it will be rejected. You may appeal to the Board of Directors to exceed the Transfer Limit, even retroactively.There are two Transfer Limit reports available to assist you in determining your Transfer Limit Percentage in the Pool

- **Transfer Limit Report By Entry Date** – This report provides you with your Transfer Limit Percentage based on the Entry Month selected.

- **Transfer Limit Report by Cession Date** – This report provides you with your Transfer Limit Percentage Year-to-Date.

Province ofAlberta

Transfer Limit GRID:

This report is designed to advise you of your status regarding the Transfer Limit for a company or a group of companies.

Definitions:

Members Written Car Years
This amount is members voluntary private passenger non-fleet third party liability direct written car years. These car years are obtained from FA's Statistical Service Provider.

Members Cession Limit (Percentage)
An amount of car years resulting from a calculation whereby the transfer limit is **100%** of the previous year's total Voluntary Private Passenger Non-Fleet Third Party Liability Direct Written Car Years.

Members Cession Limit (Car Years)
This amount represents the maximum allowable car years that may be transferred to the Risk Sharing Pool during the given calendar year.

Members Cession (This Month – Car Years)
This amount represents the total risks ceded to the Risk Sharing Pool for the month selected.

Members' Cession (Year-to-Date – Car Years)
This amount represents the total risks ceded to the Risk Sharing Pool calendar year-to-date

Members' Cession (Year-to-Date – Percentage)
This is a year-to-date percentage calculated by applying your year-to-date cession in the Pool over your year-to-date Voluntary Private Passenger Non-Fleet Third Party Liability Direct Written Car Years for the given calendar year.

There are two Transfer Limit reports available to assist you in determining your Transfer Limit Percentage in the Pool

- **Transfer Limit Report By Entry Date** – This report provides you with your Transfer Limit Percentage based on the Entry Month selected.

- **Transfer Limit Report by Cession Date** – This report provides you with your Transfer Limit Percentage Year –to-Date.

Transfer Limit NON GRID:

This report is designed to advise you of your status regarding the Transfer Limit for a company or a group of companies.

Definitions:

Members Written Car Years
This amount is members voluntary private passenger non-fleet third party liability direct written car years. These car years are obtained from FA's Statistical Service Provider.

Members Cession Limit (Percentage)
An amount of cars years resulting from a calculation whereby the transfer limit for Non-Grid risk the transfer limit is **5%** of the previous year's total Voluntary Private Passenger Non-Fleet Third Party Liability Direct Written Car Years **less** the number of grid risk private passenger non-fleet third party liability direct written car years ceded to the Alberta Pool by it in the same period.

Members Cession Limit (Car Years)
This amount represents the maximum allowable car years that may be transferred to the Risk Sharing Pool during the given calendar year.

Members Cession (This Month – Car Years)
This amount represents the total risks ceded to the Risk Sharing Pool for the month selected.

Members' Cession (Year-to-Date – Car Years)
This amount represents the total risks ceded to the Risk Sharing Pool calendar year-to-date

Members' Cession (Year-to-Date – Percentage)
This is a year-to-date percentage calculated by applying your year-to-date cession in the Pool over your year-to-date Voluntary Private Passenger Non-Fleet Third Party Liability Direct Written Car Years for the given calendar year.

Your Transfer Limit will be updated every time you transmit a new, reinstated or cancel risk to the Pool. A member approaching their Transfer Limit will receive a warning via email. The Transfer Limit Warning Percentage has been set at 85%, 90% and 95%. You would be able to review your Transfer Limit by company or by Group Level. The calculation of the Transfer Limit Percentage is enforced at a Group Level.

Once you have reached your Transfer Limit Percentage (100%) at a Group Level and if you attempt to transfer any new risk to the Pool it will be rejected. You may appeal to the Board of Directors to exceed the Transfer Limit, even retroactively.

There are two Transfer Limit reports available to assist you in determining your Transfer Limit Percentage in the Pool

- **Transfer Limit Report By Entry Date** – This report provides you with your Transfer Limit Percentage based on the Entry Month selected.

- **Transfer Limit Report by Cession Date** – This report provides you with your Transfer Limit Percentage Year –to-Date.

Province of New Brunswick

Transfer Limit:

An amount of cars years resulting from a calculation whereby the transfer limit is **5%** of the previous year's total Voluntary Private Passenger Non-Fleet Third Party Liability Direct Written Car Years.

Members' Transfer in the New Brunswick Pool this Month:
An amount of Voluntary Private Passenger Non-Fleet Third Party Liability Direct Written Car Years transferred (ceded) to the New Brunswick Risk Sharing Pool year-to-date.

Percentage of Transfer Year-To-Date:
A percentage calculated by applying the Transfer in the New Brunswick Pool, Year-to-date, to your Voluntary Private Passenger non-Fleet Third Party Liability Direct Written Car Years for the previous given calendar year.

Within a calendar year, you must not at any time exceed the 5% Limit of your previous years' total Voluntary Private Passenger Non-Fleet Third Party Liability Direct Written Car Years.

Your Transfer Limit will be updated every time you transmit a new, reinstated or cancel risk to the Pool. A member approaching their Transfer Limit will receive a warning via email. The Transfer Limit Warning Percentage has been set at 85%, 90% and 95%. You would be able to review your Transfer Limit by company or by Group Level. The calculation of the Transfer Limit Percentage is enforced at a Group Level

Once you have reached your Transfer Limit Percentage at a Group Level and if you attempt to transfer a risk to the Pool the risk it will be rejected. You may appeal to the Board of Directors to exceed the Transfer Limit, even retroactively.

There are two Transfer Limit reports available to assist you in determining your Transfer Limit Percentage in the Pool

- **Transfer Limit Report By Entry Date** – This report provides you with your Transfer Limit Percentage based on the Entry Month selected.

- **Transfer Limit Report by Cession Date** – This report provides you with your Transfer Limit Percentage Year –to-Date.

Province of Newfoundland and Labrador

Transfer Limit:

This report is designed to advise you of your status regarding the Transfer Limit for a company or a group of companies.

Definitions:

Members Written Car Years
This amount is members voluntary private passenger non-fleet third party liability direct written car years. These car years are obtained from FA's Statistical Service Provider.

Members Cession Limit (Percentage)
An amount of cars years resulting from a calculation whereby the transfer limit for Newfoundland risk the transfer limit is **5%** of the previous year's total Voluntary Private Passenger Non-Fleet Third Party Liability Direct Written Car Years.

Members Cession Limit (Car Years)
This amount represents the maximum allowable car years that may be transferred to the Risk Sharing Pool during the given calendar year.

Members Cession (This Month – Car Years)
This amount represents the total risks ceded to the Risk Sharing Pool for the month selected.

Members' Cession (Year-to-Date – Car Years)
This amount represents the total risks ceded to the Risk Sharing Pool calendar year-to-date

Members' Cession (Year-to-Date – Percentage)
This is a year-to-date percentage calculated by applying your year-to-date cession in the Pool over your year-to-date Voluntary Private Passenger Non-Fleet Third Party Liability Direct Written Car Years for the given calendar year.

Your Transfer Limit will be updated every time you transmit a new, reinstated or cancel risk to the Pool. A member approaching their Transfer Limit will receive a warning via email. The Transfer Limit Warning Percentage has been set at 85%, 90% and 95%. You would be able to review your Transfer Limit by company or by Group Level. The calculation of the Transfer Limit Percentage is enforced at a Group Level.

Once you have reached your Transfer Limit Percentage (100%) at a Group Level and if you attempt to transfer any new risk to the Pool it will be rejected. You may appeal to the Board of Directors to exceed the Transfer Limit, even retroactively. There are two Transfer Limit reports available to assist you in determining your Transfer Limit Percentage in the Pool

- **Transfer Limit Report By Entry Date** – This report provides you with your Transfer Limit Percentage based on the Entry Month selected.

- **Transfer Limit Report by Cession Date** – This report provides you with your Transfer Limit Percentage Year –to-Date.

Province of Nova Scotia

Transfer Limit:

This report is designed to advise you of your status regarding the Transfer Limit for a company or a group of companies.

Definitions:

Members Written Car Years
This amount is members voluntary private passenger non-fleet third party liability direct written car years. These car years are obtained from FA's Statistical Service Provider.

Members Cession Limit (Percentage)
An amount of cars years resulting from a calculation whereby the transfer limit for Nova Scotia risk the transfer limit is 5% of the previous year's total Voluntary Private Passenger Non-Fleet Third Party Liability Direct Written Car Years.

Members Cession Limit (Car Years)
This amount represents the maximum allowable car years that may be transferred to the Risk Sharing Pool during the given calendar year.

Members Cession (This Month – Car Years)
This amount represents the total risks ceded to the Risk Sharing Pool for the month selected.

Members' Cession (Year-to-Date – Car Years)
This amount represents the total risks ceded to the Risk Sharing Pool calendar year-to-date

Members' Cession (Year-to-Date – Percentage)
This is a year-to-date percentage calculated by applying your year-to-date cession in the Pool over your year-to-date Voluntary Private Passenger Non-Fleet Third Party Liability Direct Written Car Years for the given calendar year.

Your Transfer Limit will be updated every time you transmit a new, reinstated or cancel risk to the Pool. A member approaching their Transfer Limit will receive a warning via email. The Transfer Limit Warning Percentage has been set at 85%, 90% and 95%. You would be able to review your Transfer Limit by company or by Group Level. The calculation of the Transfer Limit Percentage is enforced at a Group Level.

Once you have reached your Transfer Limit Percentage (100%) at a Group Level and if you attempt to transfer any new risk to the Pool it will be rejected. You may appeal to the Board of Directors to exceed the Transfer Limit, even retroactively. There are two Transfer Limit reports available to assist you in determining your Transfer Limit Percentage in the Pool

- **Transfer Limit Report By Entry Date** – This report provides you with your Transfer Limit Percentage based on the Entry Month selected.

- **Transfer Limit Report by Cession Date** – This report provides you with your Transfer Limit Percentage Year–to-Date.

GLOSSARY OF TERMS

The following terms are intended to apply to business within the Risk Sharing Pools. While some of the terms may appear to be consistent with terms in general use in the insurance business, this is co-incidental and there well may be differences. The definitions are reasonably meaningful within the **CONTEXT OF THE POOLS** and it is recognized that there may be some differences of opinion among authorities concerning the subtitles of interpretation.

Accident Year
The experience of all policies which are in force (or exposed) at some time during a given 12 month period. Earned premiums and exposures are the pro-rata portion of written premium and exposures on these policies which relate only to that part of the policy term which falls within the given 12 month period. All claims having a date of loss within the given 12 period are included in the loss experience.

Agent
In the context of the Risk Sharing Pools, the term AGENT is interchangeable with the term Broker, to mean one who is licensed and qualified to deal with a Member to arrange insurance coverage on behalf of an applicant.

Batch
In the context of the Pools a batch is used to transfer records from the Member to the Pools.

Batch Code
A 3 digit field used to identify the batch containing the transfer record from the Member to the Pools.

Branch Code
A 2 digit (alpha/numeric) code used to segregate transactions by branch

Broker
In the context of the Risk Sharing Pools, the term BROKER is interchangeable with theterm Agent, to mean one who is licensed and qualified to deal with a Member to arrange insurance coverage on behalf of an applicant.

Broker Company
In the context of the Risk Sharing Pools means a Member those contracts with insurance BROKERS to arrange insurance coverage on behalf of an applicant with the Member.

Claim Transaction Date
Claim transaction date is the date the transaction was Posted in your system

Closing Date
In the context of the Risk Sharing Pools the term CLOSING DATE means the 8th day of the next calendar month following a monthly transfer of transactions to the Pool, and in this respect designates the CLOSING of an accounting period.

Direct Writer
An insurer that sells insurance through licensed agents who do not represent other insurers but are producers for that insurer only.

Earned Premium
An accounting term used to describe the Written Premiums during a period plus the Unearned Premiums at the beginning of the period less the Unearned Premiums at the end of the period.

Expense Allowance or Expense Allowance Amount
An allowance to settle Member's incurred acquisition costs, operating costs and loss adjustment costs, but not including professional fees as stipulated in the Risk Sharing Pool Claims Guide.

Expiry Date
In the context of the Pools it is the date set out in the policy indicating when the coverage will terminate. Every policy contains an inception and an expiry date thus indicating the term of coverage. This is usually co-incident with the transfer and duration of coverage in the Pool.

Facility Association
Is an unincorporated non-profit service association, supported and maintained by all insurers licensed to underwrite automobile insurance in any jurisdiction in which the Association is qualified to operate. The object of the Association is to ensure the availability of automobile insurance for owners and licensed operators of motor vehicles who might otherwise experience difficulty in obtaining such insurance. The Risk Sharing Pools are a part of and is administered by the Facility Association.

Fiscal Year
An accounting period of twelve months, in the case of the Pools the period from November 1st in one year to October 31st in the subsequent year.

Incurred Loss
An accounting term used to describe the sum of Paid Losses and the change in outstanding losses.

Large Claim
As it pertains to the Risk Sharing Pools, means a claim with an aggregate incurred loss of $250,000 or more (total of all sub files), or an incurred loss reserve of $100,000 or more for any one claimant, or an incurred loss reserve of the total policy limit, or a serious bodily injury, including, but not limited to:

- fatality with dependants
- brain damage
- paraplegia or quadriplegia
- amputation of a limb at or above the elbow or knee
- serious disfigurement

Loss Adjustment Cost
As it pertains to the Risk Sharing Pools, means the cost of processing, investigating and settling losses, excluding the loss cost, but including internal and external costs other than certain prescribed legal and professional fees.

Member
Means a Member of the Facility Association. Every insurer licensed to write automobile liability insurance in any jurisdiction in which the Association is qualified to operate must be a Member of the Association. Unless otherwise provided for in the Articles of Association a group of insurers under one ownership or under common management shall constitute a single Member for the purpose of the Articles of Association.

Outstanding Claims
In the context of the Pools these represent losses reported which have occurred but which have not been paid, excluding IBNR.

Paid Loss Amount
The amount paid to the claimant(s) as loss settlement.

Plan of Operation
A Plan developed by the Facility Association. The Plan consists of the Articles of Association and the Operating Principles.

Pool
See Risk Sharing Pool

Pool Effective Date
Pool Effective date is the risk is effective in the Pool

Project Manager
An individual within the Member's organization designated by the Member to communicate with the Pool on behalf of the Member and conversely act as the individual with whom the Pool may communicate.

Private Passenger Vehicle
The vehicle is a private passenger vehicle defined in the Automobile Insurance Premiums Regulations as:

A motor vehicle not weighing more than 4500 kg that is used for:

- Pleasure
- Driving to or from work or school, or
- Business purposes, including farming operations

but does not include:

- A motorcycle, power bicycle or moped
- A vehicle used for commercial purposes, including, but not limited to,
  - a vehicle used for transporting individuals for compensation, delivery of goods, courier or messenger service, parcel delivery, meal delivery or driver training,
  - a vehicle rated under a fleet formula,
  - a short-term lease or rental vehicle,
  - a funeral vehicle, or
  - a vehicle held for sale or used for demonstration or testing.
- An emergency vehicle,
- A recreational vehicle,

- An antique vehicle registered as an antique vehicle or,
- An all-terrain vehicle, snow vehicle, miniature motor vehicle or any other similar off- highway vehicle.

Notes: Business use does not include any use listed in the Commercial or Public Sections even though Private Passenger rates are used to determine the premium.

Pickup trucks, vans, and other commercial type vehicles rated as 'farmer' i.e. rated at Class 33 or Class 34 are not eligible for the Pool. If these vehicles are rated as private passenger vehicles with a farmer discount and there is another farm truck rated commercially, they are eligible for the Pool.

Residual Market Risk
A risk that is eligible for coverage with the Facility Association Residual Market.

Reserve (Unpaid Claim) Change Amount
The amount of increase or decrease that is reported to the Pool when a previously reported Loss Reserve is to be adjusted, only the change is reported and not the new reserve figure.

Risk
The physical or subject matter of a policy of insurance. In the context of the Pools, this refers to a single vehicle.

Risk Sharing Pool
That segment of the Plan of Operation of the Facility Association created to assist members in the provision of automobile insurance to certain owners or licensed drivers through the members' normal production facilities and their normal binding arrangements and to provide for the sharing of such risks.

Servicing Carrier
A Member of the Facility Association authorized to issue policies and administrator and settle losses on behalf of the Residual Market Segment of the Facility Association.

Share of Market
In the context of the Risk Sharing Pools refers to the proportion that the Member's total "voluntary private passenger non-fleet third party liability direct written car years" is of the total of all such car years for all Members in the relevant jurisdiction. A Member's Share of Market is determined annually by the Facility Association by reference to the Statistical Agency.

Special Remittance
In the context of the Risk Sharing Pools the term Special Remittance refers to a request by a Member for immediate reimbursement for recovery of a loss payment and may be made at the Member's discretion only when the Members net recoverable loss through the Pool in respect of any one accident exceeds $100,000, and subject to satisfactory submission of documentation to the Pool.

Submission Date
Submission Date is the date the risk is submitted to the Risk Sharing Pool

Transaction Code
A one digit code used to identify a type of transaction submitted to the Pools.

Transfer
In the context of the Risk Sharing Pools refers to the Member's transfer of risk to the Pool and the acceptance of the risk by the Pool. A risk is not transferred if it has not been accepted by the Pool.

Transfer Date
The year, month and day that a RISK is transferred to the Pool.

Transfer (Cession) Limit
In the context of the Pools means the limitation of transfers to the Pool by members.

Unearned Premium
An accounting term used to describe the unexpired portion of the policy premium as at a certain date.

Voluntary Private Passenger
In the context of the Risk Sharing Pools means Private Passenger Risks as defined in the Automobile Statistical Plan that are written by any Member other than in its capacity as a Servicing Carrier. Voluntary private passenger risks **include** business transferred to the Risk Sharing Pool.

Written Premiums
In the context of the Pools, the Written Premium is an accounting term used to describe the gross original premiums, less returns and cancellations, transferred to the Pool as at a certain date.

APPENDIX T-1

Subject area and Field Name	Type	Size	Format	Applicable to: (All, AB, NB, NL, NS, ON)	New Positions		Old Field Positions							
					All Provinces		AL		NB		NS		ON	
					Start	End	Start	End	Start	End	Start	End	Start	End
Submission Control														
1. RSP Identifier*	NUM	3		All	1	3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2. Record Identifier	NUM	1		All	4	4	1	1	1	1	1	1	1	1
3. Batch Code	CHAR	3		All	5	7	2	4	2	4	2	4	2	4
4. Entry Year / Month	DATE	6	CCYYMM	All	8	13	5	10	5	10	5	10	5	10
5. Company Number	NUM	3		All	14	16	11	13	11	13	11	13	11	13
6. Branch Code	CHAR	2		All	17	18	14	15	14	15	14	15	14	15
7. Agency Code	CHAR	5		All	19	23	41	45	41	45	41	45	41	45
8. Entry Number	NUM	2		All	24	25	49	50	49	50	49	50	49	50
9. Transaction Code	CHAR	1		All	26	26	51	51	51	51	51	51	51	51
10. For Future Use (blanks)	CHAR	13		All	27	39								
Policy														
11. Policy Number **	CHAR	20		All	40	59	16	24	16	24	16	24	16	24
12. Transfer Date	DATE	8	CCYYMMDD	All	60	67	25	32	25	32	25	32	25	32
13. Expiry Date	DATE	8	CCYYMMDD	All	68	75	33	40	33	40	33	40	33	40

Subject area and Field Name	Type	Size	Format	Applicable to: (All, AB, NB, NL, NS, ON)	New Positions		Old Field Positions							
					All Provinces		AL		NB		NS		ON	
					Start	End	Start	End	Start	End	Start	End	Start	End
14. Mass Merchandising Indicator	CHAR	1		ON	76	76	N/A	N/A	N/A	N/A	N/A	N/A	129	129
15. For Future Use (blanks)	CHAR	8		All	77	84								
Vehicle														
16. Territory Code	NUM	3		All	85	87	46	48	46	48	46	48	46	48
17. Vehicle Number**	NUM	3		All	88	90	52	53	52	53	52	53	52	53
18. Type of Business	NUM	1		All	91	91	54	54	54	54	54	54	54	54
19. Type of Use	NUM	2		All	92	93	55	56	55	56	55	56	55	56
20. Occasional Operator	CHAR	1		All	94	94	57	57	57	57	57	57	57	57
21. TPL Driving Record	NUM	1		All	95	95	69	69	127	127	69	69	69	69
22. Collision /All Perils Driving Record	NUM	1		All	96	96	80	80	129	129	80	80	80	80
23. Accident Benefits Driving Record	NUM	1		ON	97	97	N/A	N/A	N/A	N/A	N/A	N/A	99	99
24. Grid Indicator	CHAR	1		AB	98	98	125	125	N/A	N/A	N/A	N/A	N/A	N/A
25. Inexperienced or Experienced Driver Indicator	CHAR	1		NS	99	99	N/A	N/A	N/A	N/A	134	134	N/A	N/A
26. For Future Use (blanks)	CHAR	10		All	100	109								
Operator														
27. Operator's Age	NUM	2		All	110	111	58	59	58	59	58	59	58	59

Subject area and Field Name	Type	Size	Format	Applicable to: (All, AB, NB, NL, NS, ON)	New Positions		Old Field Positions							
					All Provinces		AL		NB		NS		ON	
					Start	End	Start	End	Start	End	Start	End	Start	End
28. Years Licensed	NUM	2		All	112	113	60	61	60	61	60	61	60	61
29. Number of Chargeable Accidents	NUM	2		All	114	115	62	63	62	63	62	63	62	63
30. Number of Minor Violations	NUM	2		All	116	117	64	65	64	65	64	65	64	65
31. Number of Major Violations	NUM	2		All	118	119	66	67	66	67	66	67	66	67
32. Number of Criminal Code Convictions	NUM	1		All	120	120	68	68	68	68	68	68	68	68
33. For Future Use (blanks)	CHAR	9		All	121	129								
Coverage														
34. Third Party Liability Coverage Code	CHAR	2		All	130	131	70	71	70	71	70	71	70	71
35. Third Party Liability Limit Code	CHAR	1		All	132	132	72	72	72	72	72	72	72	72
36. For Future Use (blanks)	CHAR	8		All	133	140								
37. Third Party Liability Premium	NUM	7	SNNNNNN	All	141	147	73	79	73	79	73	79	73	79
38. BI - Bodily Injury Coverage Code	CHAR	2		All	148	149	N/A	N/A	N/A	N/A	N/A	N/A	130	131
39. BI - Premium	NUM	7	SNNNNNN	All	150	156	N/A	N/A	N/A	N/A	N/A	N/A	132	138
40. PD - Property Damage Coverage Code	CHAR	2		All	157	158	N/A	N/A	N/A	N/A	N/A	N/A	139	140
41. PD - Premium	NUM	7	SNNNNNN	All	159	165	N/A	N/A	N/A	N/A	N/A	N/A	141	147
42. DCPD – Direct Compensation Coverage Code	CHAR	2		All	166	167	N/A	N/A	N/A	N/A	N/A	N/A	148	149

Subject area and Field Name	Type	Size	Format	Applicable to: (All, AB, NB, NL, NS, ON)	New Positions		Old Field Positions							
					All Provinces		AL		NB		NS		ON	
					Start	End	Start	End	Start	End	Start	End	Start	End
43. DCPD – Direct Compensation Deductible Code	NUM	2		All	168	169	N/A	N/A	N/A	N/A	N/A	N/A	181	182
44. For Future Use (blanks)	CHAR	8		All	170	177								
45. DCPD – Premium	NUM	7	SNNNNNN	All	178	184	N/A	N/A	N/A	N/A	N/A	N/A	150	156
46. UA – Uninsured Automobile Coverage Code	CHAR	2		All	185	186	N/A	N/A	130	131	118	119	157	158
47. UA – Uninsured Automobile Premium	NUM	7	SNNNNNN	AL	187	193	N/A	N/A	132	138	120	126	159	165
48. Underinsured Motorist Coverage Code	CHAR	2		All	194	195	109	110	109	110	109	110	109	110
49. For Future Use (blanks)	CHAR	8		All	196	203								
50. Underinsured Motorist Premium	NUM	7	SNNNNNN	All	204	210	111	117	111	117	111	117	111	117
51. Accident Benefits Coverage Code	NUM	2		All	211	212	100	101	100	101	100	101	100	101
52. Accident Benefits Premium	NUM	7	SNNNNNN	All	213	219	102	108	102	108	102	108	102	108
53. Collision/All Perils Coverage Code	CHAR	3		All	220	222	81	82	81	82	81	82	175	177
54. For Future Use (blanks)	CHAR	8		All	223	230								
55. Collision/All Perils Premium	NUM	7	SNNNNNN	All	231	237	83	89	83	89	83	89	83	89
56. Comprehensive/Specified Perils Coverage code	CHAR	3		All	238	240	90	91	90	91	90	91	178	180
57. For Future Use (blanks)	CHAR	6		All	241	246								

Subject area and Field Name	Type	Size	Format	Applicable to: (All, AB, NB, NL, NS, ON)	New Positions		Old Field Positions							
					All Provinces		AL		NB		NS		ON	
					Start	End	Start	End	Start	End	Start	End	Start	End
58. Accident Benefits Optional Coverage – Medical, Rehabilitation and Attendant Care	CHAR	1		ON	247	247								
59. Accident Benefits Optional Coverage – Catastrophic Impairments	CHAR	1		ON	248	248								
60. Comprehensive/Specified Perils Premium	NUM	7	SNNNNNN	All	249	255	92	98	92	98	92	98	92	98
61. Total Premiums	NUM	7	SNNNNNN	All	256	262	118	124	118	124	127	133	118	124
62. Third Party Liability Bodily Injury – Added Coverage to offset tort deductible	CHAR	1		ON	263	263								
63. Accident Benefits Optional Coverage - Medical and Rehabilitation	CHAR	1		ON	264	264								
64. Accident Benefits Optional Coverage - Attendant Care	CHAR	1		ON	265	265								
65. Accident Benefits Optional Coverage – Caregiver; Housekeeping and Home Maintenance	NUM	1		ON	266	266								
66. Accident Benefits Optional Coverage - Income Replacement; Non-Earner	NUM	1		ON	267	267								
67. Accident Benefits Optional Coverage - Dependant Care; Expense for Vistors; Lost EducationalExpense; Damage to Clothing, Glasses ETC.	NUM	1		ON	268	268								

Subject area and Field Name	Type	Size	Format	Applicable to: (All, AB, NB, NL, NS, ON)	New Positions		Old Field Positions							
					All Provinces		AL		NB		NS		ON	
					Start	End	Start	End	Start	End	Start	End	Start	End
68. Accident Benefits Optional Coverage – Death; Funeral	CHAR	1		ON	269	269								
69. Accident Benefits Optional Coverage - Indexation	CHAR	1		ON	270	270								

Data Type	Format	Valid Characters	Comment
Numeric	Num	0-9	Only the digits 0-9 are valid in the field. Field must be right-justified and filled with leading zeros. ***Exception:*** *Blank (space character) is used to fill the field when a value is not required.*
Character or Alphanumeric	Char	0-9, blanks (space characters), alphabetic characters, and certain special characters	Field must be left-justified and filled with trailing blanks (space characters). Blank (space character) is used to fill the field when a value is not required.
Date	CCYYMMDD CCYYMM CCYY	Either of the date formats in the previous column, or blank	The date format will be specified for each field in the Record format below. Blank (space character) is used to fill the field when a date is not required.

APPENDIX T-2

Risk/Premium Record Trailer

Field Name	Type	Length	Format	New Position		Old Position	
				Start	End	Start	End
1. RSP Identifier*	NUM	3		1	3	N/A	N/A
2. Record Identifier	NUM	1		4	4	1	1
3. Batch Code	CHAR	3		5	7	2	4
4. Entry Year / Month	DATE	6	CCYYMM	8	13	5	10
5. Company Number	NUM	3		14	16	11	13
6. Branch Code	CHAR	2		17	18	14	15
7. Record Count	NUM	5		19	23	16	20
8. Total All Total Premiums	NUM	12	SNNNNNNNNNNN	24	35	21	32
9. For Future Use (blanks)	CHAR	235		36	270	33	200

Data Type	Format	Valid Characters	Comment
Numeric	Num	0-9	Only the digits 0-9 are valid in the field. Field must be right-justified and filled with leading zeros. ***Exception:*** *Blank (space character) is used to fill the field when a value is not required.*
Character or Alphanumeric	Char	0-9, blanks (space characters), alphabetic characters, and certain special characters	Field must be left-justified and filled with trailing blanks (space characters). Blank (space character) is used to fill the field when a value is not required.
Date	CCYYMMDD CCYYMM CCYY	Either of the date formats in the previous column, or blank	The date format will be specified for each field in the Record format below. Blank (space character) is used to fill the field when a date is not required.

APPENDIX T - 3

Claims Record

Field Name	Type	Size	Format	New Position		Old Position	
				Start	End	Start	End
Submission Control							
1. RSP Identifier*	NUM	3		1	3	N/A	N/A
2. Record Type	NUM	1		4	4	1	1
3. Batch Code	CHAR	3		5	7	2	4
4. Entry Year / Month	DATE	6	CCYYMM	8	13	5	10
5. Company Number	NUM	3		14	16	11	13
6. Branch Code	CHAR	2		17	18	14	15
7. Transaction Code	CHAR	1		19	19	73	73
8. For Future Use (blanks)	CHAR	10		20	29		
Policy							
9. Policy Number**	CHAR	20		30	49	16	24
10. For Future Use (blanks)	CHAR	10		50	59		
Vehicle							
11. Vehicle Number**	NUM	3		60	62	25	26
12. Occasional Operator	CHAR	1		63	63	27	27

Field Name	Type	Size	Format	New Position		Old Position	
				Start	End	Start	End
13. For Future Use (blanks)	CHAR	6		64	69		
Claim Detail							
14. Claim Number**	CHAR	20		70	89	28	37
15. Date of Loss	DATE	8	CCYYMMDD	90	97	38	45
16. Claim Transaction Date*	DATE	8	CCYYMMDD	98	105	79	86
17. For Future Use (blanks)	CHAR	2		106	107	46	47
18. Kind of Loss**	CHAR	3		108	110	48	49
19. Paid Amount	NUM	8	SNNNNNNN	111	118	50	57
20. Paid Expense Amount	NUM	7	SNNNNNN	119	125	58	64
21. Reserve Amount	NUM	8	SNNNNNNN	126	133	65	72
22. Expense Code	CHAR	1		134	134	74	74
23. For Future Use (blanks)	CHAR	8		135	142		
24. Excluded Driver	CHAR	1		143	143	75	75
25. Coverage Code	CHAR	3		144	146	76	78
26. For Future Use (blanks)	CHAR	4		147	150	87	200

Data Type	Format	Valid Characters	Comment
Numeric	Num	0-9	Only the digits 0-9 are valid in the field. Field must be right-justified and filled with leading zeros. ***Exception:*** *Blank (space character) is used to fill the field when a value is not required.*
Character or Alphanumeric	Char	0-9, blanks (space characters), alphabetic characters, and certain special characters	Field must be left-justified and filled with trailing blanks (space characters). Blank (space character) is used to fill the field when a value is not required.
Date	CCYYMMDD CCYYMM CCYY	Either of the date formats in the previous column, or blank	The date format will be specified for each field in the Record format below. Blank (space character) is used to fill the field when a date is not required.

APPENDIX T- 4

Claims Trailer Record

Field Name	Type	Length	Format	New Position		Old Position	
				Start	End	Start	End
1. RSP Identifier*	NUM	3		1	3	N/A	N/A
2. Record Identifier	NUM	1		4	4	1	1
3. Batch Code	CHAR	3		5	7	2	4
4. Entry Year / Month	DATE	6	CCYYMM	8	13	5	10
5. Company Number	NUM	3		14	16	11	13
6. Branch Code	CHAR	2		17	18	14	15
7. Record Count	NUM	5		19	23	16	20
8. Total All Paid Amounts	NUM	13	SNNNNNNNNNNNN	24	36	21	32
9. Total All Expense Amounts	NUM	12	SNNNNNNNNNNN	37	48	34	45
10. Total All Reserve Amounts	NUM	13	SNNNNNNNNNNNN	49	61	46	58
11. For Future Use (blanks)	CHAR	89		62	150	59	200

Data Type	Format	Valid Characters	Comment
Numeric	Num	0-9	Only the digits 0-9 are valid in the field. Field must be right-justified and filled with leading zeros. ***Exception:*** *Blank (space character) is used to fill the field when a value is not required.*
Character or Alphanumeric	Char	0-9, blanks (space characters), alphabetic characters, and certain special characters	Field must be left-justified and filled with trailing blanks (space characters). Blank (space character) is used to fill the field when a value is not required.
Date	CCYYMMDD CCYYMM CCYY	Either of the date formats in the previous column, or blank	The date format will be specified for each field in the Record format below. Blank (space character) is used to fill the field when a date is not required.

APPENDIX P-1

Definitions of Risk/Premium Transfer Fields

Batching of Transaction – Premiums

Submission Information

BATCH KEY

The Batch Key must have the same "COMPANY/RSP IDENTIFIER/ENTRY DATE/BATCH NUMBER/BATCH CODE/ RECORD TYPE".

1. RECORD IDENTIFIER

A one digit field (numeric) used to identify the record type (Premiums). Each record must contain Record Identifier.

Risk/Premium Record	=	1
Risk/Premium Trailer Record	=	2

2. RSP IDENTIFIER

A 3 digit (numeric) used to identify each Risk Sharing Pool

Ontario	100
Alberta Grid	200
Alberta Non-Grid	250
New Brunswick	300
Nova Scotia	400
Newfoundland and Labrador	500

3. BATCH CODE

A 3 digit field (alpha/numeric) used to identify the batch containing the transfer records.

4. ENTRY YEAR/MONTH

A 6 digit field (numeric) used for the YEAR and MONTH (CCYYMM) in which the transaction record is to be processed.

- for future dated TRANSFER DATES - use the year and month of the TRANSFER DATE, but this must not exceed 2 months in advance.
- for current or backdated transaction - use the year and month of the current processing month.
- keep in mind that it is the ENTRY YEAR/MONTH that tells the Pool System which accounting month to book your transactions into.

5. COMPANY NUMBER

A 3 digit code (numeric) assigned by FA's Statistical Service Provider and used by the Risk Sharing Pool to identify each Member. A company group reporting under a single company number must ensure no other numbers are used.

6. BRANCH CODE

A 2 digit code (alpha/numeric) transmitted to segregate your transactions by branch or service office.

7. AGENCY CODE

A 5 digit code (alpha/numeric) used to identify the agency/brokerage through which the risk is written.

8. ENTRY NUMBER

A 2 digit number that you assign sequentially (starting with "01") to clearly indicate to the Pool System the sequence in which the entries for each risk during a policy period are to be processed.

The entry number is "01" for the first entry on each risk (original transaction code) and is increased by one every time an entry for that risk is transmitted to the Risk Sharing Pool.

Note: For the purpose of determining the sequence of entry numbers, each vehicle and each "class 05 or 06" driver for which a separate premium is charged is considered to be a separate risk.

An entry with a TRANSACTION CODE 2, 3 or 9 can never be an entry number "01". An entry with an original TRANSACTION CODE A, B, C, D, or E must always be an entry number "01".

Example:	**Entry Number**	**Entry Number**	**Entry Number**
New Business with vehicle #01	01		
Add New Vehicle #02		01	
Substitute vehicle #01	02		
Change coverage to vehicle #01	03		
Add Class 05 or 06 operator			01
Cancel policy:			
Delete vehicle #01	04		
Delete vehicle #02		02	
Delete 05 or 06 operator			02

9. TRANSACTION CODE

A 1 digit code (alpha/numeric) used to identify the type of entry transmitted. When more than one risk (vehicle) on a policy is being transferred to the Pool, each requires a separate entry.

CODE A Used for the transfer of a risk which is "new business" to you. Transfer is effective the same date as the policy effective date if the entry is transmitted within 15 days of the policy effective date.

This code is also used for the transfer of a risk which is an additional vehicle to a policy, whether the original risk is in the Pool or remains on your own book. **Transfer is effective the date coverage on the vehicle is effective if the entry is transmitted within 15 days of the coverage effective date**.

Note: Transaction Code A can only be used when reporting the first transaction of new risk being ceded to the Pool

CODE B Used for the transfer of a renewal effective the renewal date, covering business you have written on your account or under your group of companies, but had not transferred during the previous term.
Such entries **must be transmitted on or before your renewal date for the Pool transfer to be effective on the renewal date.**

Note: Transaction Code B can only be used when reporting a renewal not ceded to the Pool in the previous term.

CODE C Used for the transfer of a renewal effective the renewal date, covering business you have written on your account, but had transferred during the previous policy term.

Such entries **must be transmitted on or before your renewal date for the Pool transfer to be effective on the renewal date**

Note: Transaction Code C can only be used when reporting a renewal ceded to the Pool in the previous term.

CODE D Used for the transfer of any risk mid-term, or when a transfer described under codes A, B, C or E is made after the allowable transmittal period.

The transfer date must be any day after the transmittal date.

CODE E Used to transfer a "class 05 or 06" driver added mid-term to a risk already transferred to the Pool.
Transfer is effective the date the endorsement adding the 05 or 06 to the member's policy. The Member is required to transmit the 05 or 06 record and premium as soon as the 05 or 06 is added to the policy.

CODE 2 Transfers of a reinstated risk. (That has been Cancelled flat or midterm)

CODE 3 Used for the following type of entries:

- cancellation (flat or mid-term) of a transfer;
- deletion of vehicle;
- deletion of a "class 05 or 06" driver;
- deletion of coverage(s) - except temporary deletion of mandatory coverages;
- further refund on coverages already deleted;
- further refund on a deletion of a "class 05 or 06" driver;
- further refund on a cancelled risk.

Notes: *On cancellations by registered letter, show the actual cancellation date not the date of the letter (that is, include the notice period).*

1) On a transaction code 3, coverages to be cancelled with a corresponding premium amount equal to zero are acceptable **if at least one of the coverage present has a corresponding premium amount not equal to zero.** The **total transaction premium** for a risk to be cancelled cannot be zero.
2) Refer to notation #3 on the next page in the event that you are transferring additional premium on a risk that has either been successfully cancelled or for which coverage has been successfully deleted.

CODE 9 Used for all other entries (with or without any premium change); for example:

- change in the TERRITORY CODE.
- change in Vehicle (Substitution of a vehicle)
- change in the AGENCY NUMBER.
- change in OPERATOR'S AGE.
- change in the TYPE OF BUSINESS/TYPE OF USE.
- change in the number of CHARGEABLE ACCIDENTS.
- change in the number of MINOR CONVICTIONS.
- change in the number of MAJOR CONVICTIONS
- change in the number of CRIMINAL CODE CONVICTIONS.
- addition of coverage (COLLISION/ALL PERILS / COMPREHENSIVE / SPECIFIED PERILS / ACCIDENT BENEFITS).
- reinstatement of coverage (COLLISION/ALL PERILS / COMPREHENSIVE / SPECIFIED PERILS / ACCIDENT BENEFITS).
- change in THIRD PARTY LIMITS.
- change in DEDUCTIBLES.
- change in PREMIUM.
- change in the THIRD PARTY DRIVING RECORD and/or COLLISION / ALL PERILS DRIVING RECORD and/or ACCIDENT BENEFITS DRIVING RECORD.
- Temporary suspension of mandatory coverage.

3) When you are transferring additional premium on a cancelled risk or on any coverage that has been deleted (as is the case when the client has remitted the earned premium demanded when the risk was cancelled for NSF reasons; or you are simply making a premium correction or adjustment):

- process a **transaction code 2**, using the original transfer effective date and transfer the additional premium plus **$ 1.00** under each coverage that may be affected; then
- process a **transaction code 3** using the cancellation effective date and "re- claim" the $ 1.00 under each of the previously affected coverage.

Please Note:

- Since all vehicles are treated as independent risks, the deletion of a vehicle results in the cancellation of that risk, while the reinstatement of a vehicle results in the re-addition of that vehicle (the risk).

- A class 05 operator, "Occasional female driver (under age 25)" or class 06 operator, "Occasional male driver (under age 25)" has to have the same VEHICLE NUMBER as the principal operator for that vehicle.

10. FOR FUTURE USE (Use Blanks)

POLICY INFORMATION

11. POLICY NUMBER

A code of up to 20 digits (alpha/numeric) identifying the policy which contains the risk being transferred. This number must be identical on all subsequent entries

12. TRANSFER DATE

This is the year, month and date that the risk is being transferred to the Pool. On the record layout, the format is CCYYMMDD. **Note,** Transfer Date does not always equal to when the risk is effective in the pool. Every transaction reported to the Risk Sharing Pools is subject to a lateness check, which assigns a Pool Effective Date to the transaction based on business events and rules. The following section provides instructions on the general submission scenarios.

- **NEW BUSINESS SENT IN 15 DAYS**: IF this transaction is new business or additional vehicle to you AND IF it is transmitted to the Pool within 15 days of the risk effective date, THEN the TRANSFER effective DATE is equal to the risk effective date.

- **NEW BUSINESS SENT AFTER 15 DAYS**: IF this transaction is new business or additional vehicle to you AND IF it is transmitted to the Pool after 15 days of the risk effective date, THEN the TRANSFER effective DATE is equal to the day after the transmittal.

- **RENEWAL SENT ON OR BEFORE THE RENEWAL DATE**: IF the transaction is a renewal to you AND IF it is transmitted to the Pool on or before the renewal effective date, THEN the TRANSFER effective DATE is equal to the Renewal date.

- **RENEWAL SENT AFTER THE RENEWAL DATE**: IF the transaction is a renewal to you AND IF it is transmitted to the Pool after the renewal effective date, THEN the TRANSFER effective DATE is equal to the day after the Pool Submission Date.

- **MID-TERM CHANGES, CANCELLATIONS AND RE-INSTATEMENTS**: The TRANSFER DATE to be used on the mid-term changes, cancellations and reinstatements will generally follow the effective date of such changes on your policy. For limitations and directions in specific cases, please refer to New Policies and Renewals, Changes/Cancellations/Reinstatements of Transfers.

PLEASE NOTE: Future dated transactions are possible up to two calendar months in advance.

13. EXPIRY DATE

This is the year, month and day (YYYYMMDD) that coverage in the Pool will cease. Coverage expires at 12:01 a.m. on the EXPIRY DATE. On the record layout, the format is YYYYMMDD.

14. MASS MERCHANDISING (Mandatory Ontario Only)

A 1 digit field to indicate if this policy forms part of a Mass Merchandising effort, for which separate rates have been filed with the Financial Services Commission of Ontario.

No ..... N
Yes ..... Y

15. FOR FUTURE USE (Use Blanks)

VEHICLE INFORMATION

16. TERRITORY CODES

A 3 digit code (numeric) indicating the location:

Province of Alberta

City of Calgary	101
Edmonton District Being townships 52,53 and 54, Ranges 23,24 and 25, west of the 4th Meridian, which includes the City of Edmonton, the city of St. Albert, Clover Bar, Sherwood Park, Lancaster Park, Namao and Winterburn	102
Northern District That portion of the Province lying north of latitude 55 degrees North, which includes the Peace River Block	105

Remainder of Province South of latitude 55 degrees North and includes the city of Medicine Hat, the Town of Redcliff, the city of Lethbridge and the city of Red River	100

Province of Ontario

City of Toronto including: Markham, Richmond Hill, Vaughan and Peel District, including cities and towns of: Brampton, Mississauga, Markham, Richmond Hill, Vaughan and villages on District boundary. The part of the Regional Municipality of Peel including cities and towns of: Brampton, Mississauga, Caledon (on and south of Bolton-Terra Road)	717
City of Hamilton including: Ancaster, Dundas, Stoney Creek and Halton District, including cities and towns of: Burlington, Halton Hills, Acton, Georgetown, Milton and Oakville and villages on the District boundary.	704
Niagara Falls District including: The part of the Regional Municipality of the City of Niagara Falls and Town of Fort Erie.	708
Windsor District including cities and towns of: Windsor, Amherstburg, Belle River, Essex, Tecumseh, Villages and townships of: St Clair Beach, Anderdon, Maidstone, West and South Sandwich and villages on District boundary	718
Oshawa, Aurora, Newmarket, Orangeville Districts, including cities and towns of: Oshawa, Ajax, Newcastle, Newmarket, Orangeville, Pickering, Whitby and Whitchurch-Stouffville The part of the Regional Municipality of Durham, excluding: the Township of Brock, the part of the Township of Scugog north of no. 47 Highway on a line east to Lake Scugog and the Scott portion of the Township of Uxbridge. The part of the Regional Municipality of York, consisting of the Towns of: Aurora, Newmarket, Whitchurch-Stouffville and the Township of King south of No. 9 Highway.	710

The part of the Regional Municipality of Peel, consisting of the Town of: Caledon, north of the Bolton-Terra Road The part of the County of Dufferin, consisting of the Town of: Orangeville The Villages on the District boundary.	
Brantford, Guelph, Kitchener-Waterloo, Cambridge Districts including the cities and towns of: Brantford, Guelph, Cambridge, Kitchener- Waterloo, Paris The Part of the Regional Municipality of Waterloo, consisting of the cities of: Cambridge, Kitchener, Waterloo and the Townships of North Dumfries Woolwich (Waterloo portion only) The part of the County of Brant consisting of the cities, towns and Townships of: Brantford, Paris, Brantford, Oakland, Onondaga, South Dumfries and the Six Nations Indian Reserve (Tuscarora) The part of the county of Wellington, consisting of the cities and Villages of: Guelph and Erin and Townships of: Eramosa, Erin, Guelph and Puslinch The Villages on the District boundary.	706
St Catharines – Lincoln District including the cities and towns of: St. Catharines, Port Colborne, Thorold, Welland, Grimsby, Lincoln, Niagara-on-the- Lake and Pelham The Part of the Regional Municipality of Niagara, excluding the Niagara Falls District	713
Ottawa District including the cities of: Ottawa, and the Village of Rockcliffe Park The part of the Regional Municipality of Ottawa– Carleton consisting of the cities of: Ottawa, Kanata (March, Nepean portions), Nepean, Vanier, and the Township of Gloucester The Towns and Villages on the District boundary.	711
London District including the part of the County of Middlesex consisting of: The City of London, the Township of Westminster and the part of the Township of London on and south of the road between the tenth and eleventh concessions. The Towns and Villages on the District boundary.	707
Sarnia District including the part of the County of Lambton consisting of: The City of Sarnia, the Township of Sarnia and the part of the Township of Moore on and north of No. 80 Highway and west of No. 40 Highway (east part dividing Lots 24 and 25)	728

The Towns and Villages on the District boundary.	
Lake Erie District including the cities and towns of: Nanticoke, St. Thomas, Chatham, Aylmer, Blenheim, Dresden, Dunnville, Haldimand, Ridgetown, Simcoe, Tilbury and Wallaceburg The entire Regional Municipality of Haldimand– Norfolk The entire Counties of Elgin and Kent Essex District including the Towns of: Kingsville, Harrow and Leamington The part of the County of Essex excluding the Windsor District	750
Stratford, Woodstock, Lake Huron District including the cities and towns of: Woodstock, Stratford, Fergus, Mount Forest, Ingersoll, Tillsonburg, Listowel, Mitchell, St. Marys, Clinton, Exeter, Goderich, Wingham, Strathroy, Forest and Petrolia. The entire Counties of: Huron, Oxford and Perth. The part of the County of Brant, consisting of: the Township of Burford. The County of Lambton, excluding : the Sarnia District The County of Middlesex, excluding: the London District The part of the Regional Municipality of Waterloo consisting of the Townships of: Wellesley, Wilmont, Woolwich, (excluding Waterloo portion) The part of the County of Wellington consisting of the towns of: Fergus, Harriston, Mount Forest and Palmerston, the villages of: Arthur, Clifford, Drayton, and Elora, and townships of: Arthur, Maryborough, Minto, Nichol, Peel, Pilkington, West Garafraxa and West Luther.	751
Grey – Bruce District including the: City of Owen Sound and the towns of: Durham, Hanover, Kincardine, Meaford, Port Elgin, Shelbourne, Southhampton and Walkerton. The entire Counties of Bruce and Grey The County of Dufferin, excluding the: Town of Orangeville Lake Simcoe District including the: Cities of Barrie and Orillia	760

The towns of: Alliston, Bradford, Collingwood, East Gwillimbury, Midland, Penetanguishene, Stayner and Wasaga Beach The County of Simcoe The part of the Regional Municipality of York consisting of: The Township of Georgina and the part of the Township of King north of No. 9 highway. The part of the Regional Municipality of Durham consisting of: The Township of Brock, the part of the Township of Scugog north of No. 47 highway on a line east to Lake Scugog and the Scott portion of the Township of Uxbridge. Parry Sound, Muskoka, Haliburton District including the towns of: Bracebridge, Gravenhurst, Huntsville and Parry Sound The part of the District of Parry Sound excluding the: Township of North Himsworth The entire District Municipality of Muskoka The entire Provisional County of Haliburton	
Peterborough, Lindsay, Port Hope, Cobourg, Trenton, Belleville Kingston Districts including the cities and towns of: Peterborough, Belleville, Kingston, Lindsay, Port Hope, Cobourg and Trenton. Peterborough District including: The entire County of Peterborough, Lindsay District including: The entire part of the County of Victoria Cobourg – Port Hope District including: The entire County of Northumberlan including the towns of: Cobourg and Port Hope Belleville – Trenton district including: The entire County of Hastings and the part of the Townships of Sidney and Thurlow south of Highway 401 Kingston district including: The entire County of Frontenac and the parts of the Townships of Kingston and Pittsburgh, south of Highway 401. Lake Ontario – Kawartha Lakes district including the towns and villages of: Campbellford, Napanee, Picton and Brighton The entire Counties of:	770

Lennox, Addington and Prince Edward	
Southeastern Counties District including the cities and towns and villages of: Brockville, Kemptville, Gananoque , Prescott and Morrisburg The entire United Counties of Leeds and Grenville The Dundas portion of the United Counties of: Stormont, Dundas and Glengarry The part of the Regional Municipality of Ottawa-Carleton excluding: the Ottawa District Lanark – Upper Ottawa District including the cities, towns and villages of: Pembroke, Almonte, Carleton Place, Perth, Smith Falls, Arnprior, Deep River, Renfrew and Petawawa The entire Counties of Lanark and Renfrew	771
Cornwall District including the cities and towns of: Cornwall, Alexandria, Hawksbury and Rockland The entire United Counties of Prescott and Russell The Glengarry and Stormont portions of the United Counties of: Stormont, Dundas and Glengarry	780
Sudbury City District including: The entire Regional Municipality of Sudbury Northeastern Ontario, Sault Ste. Marie, Manitoulin Island District including the cities and towns of: Sault Ste. Marie. Timmins, Blind River, Elliott Lake. Espanola, Mattawa, Sturgeon Falls, Haileybury, Kirkland Lake, New Liskeard, Cochrane, Hearst, Iroquois Falls, Smooth Roch Falls and Kapuskasing The entire Districts of: Algoma, Cochrane, Manitoulin Island, Sudbury and Timiskaming The part of the District of Nipissing excluding: The North Bay District	791
North Bay District including the city and townships of: North Bay, East Ferris and North Himsworth Thunder Bay District including the city and townships of: Thunder Bay, Oliver, Paipoonge, Shuniah (McGregor portion) The geographic Township of Gorham	702
Northwestern Ontario including the towns of:	722

Dryden, Fort Frances, Geraldton, Kenora and Sioux Lookout The entire Districts of: Rainy River and Kenora The remainder of: the District of Thunder Bay	

Province of New Brunswick

Counties of Saint John, Kings, Westmoreland, Albert and Charlotte, including: City of Saint John and City of Moncton and towns of: Rothesay, Dieppe, Riverview, St. Andrews, St. George, St. Stephen, Sackville, Shediac, Sussex. St. Martins and Alma and villages of: East Riverside, Kinghurst, Fairvale, Gondola Point, Grand Bay, Quispamsis, Renforth and Westfield	402
Counties of Carleton, Kent, Queens, Sunbury and York, including: City of Fredericton and towns of: Hartland, Woodstock, Oromocto, Nackawic, McAdam, Minto, Chipman, Richibucto and Bouctouche	401
Counties of Northumberland and Victoria, including towns of: Chatham, Grand Falls, Newcastle, Plaster Rock, Perth-Andover and Miramichi	405
Counties of Gloucester, Madawaska and Restigouche including: City of Bathurst, City of Campbelltown and City of Edmunston and towns of: Caraquet, Dalhousie, St. Leonard, Shippegan, Tracadie, St. Quentin and Tracadie	404

Province of Newfoundland and Labrador

Labrador District	006

Avalon District consisting of: City of St. John's including that part of the island east of highway 202 being a line between the communities of Old Shop and Chapel Arm in Trinity Bay to the north and Long Harbour and Ship Harbour in Placentia Bay to thesouth.	004
Bonavista and Burin District consisting of: That territory east of line drawn from Port Blandford in Bonavista Bay to English Harbour East in Fortune Bay, excluding the Avalon District	005
Remainder of Province consisting of: Those parts of the province of Newfoundland and Labrador, excluding the Avalon, Labrador and the Bonavista and Burin Districts	007

Province of Nova Scotia

Halifax – Dartmouth District including: Cities of Halifax and Dartmouth and Towns and Territories: Beaverbank, Bedford, Beechville, Colby Village, Cole Harbour, Eastern Passage, Hammonds Plain, Harrietsfield, Herring Cove, Ketch Harbour, Lakeside, Lakeview, Lawrencetown, Upper, Lawrencetown, West, Portuguese Cove, Port Wellis, Preston, Sackville, Lower, Sackville, Middle, Timberlea Waverley, Westphal, Windsor Junction	501
Sydney District including: City of Sidney and towns and territories: Bridgeport, Caledonia Mines, Coxheath, Dominion, Florence, Gardiner Mines, Glace Bay, Grand Lake Road, Howie Center, Lingan, Mira Road, New Aberdeen, New Victoria, New Waterford, North Sydney, Reserve, Reserve Mines, River Ryan, Scotchtown, Sydney Mines, Sydney River, Victoria, Victoria Mines	502
Cape Breton District including: the counties of: Inverness, Richmond, Victoria and Cape Breton (excluding Sydney District)	503
Remainder of Province including: the counties of:	500

Annapolis, Antigonish, Colchester, Cumberland, Digby, Guysborough, Hunts, Kings, Lunenburg, Pictou Queens, Shelbourne, Yarmouth, Halifax –excluding Halifax- Dartmouth District	

17. VEHICLE NUMBER

A 3 digit field (formatted as two digits plus a leading zero) number assigned by you to uniquely identify each vehicle which is transferred. The VEHICLE NUMBER must be the actual vehicle number on your policy.

- When entering the premium(s) for an occasional driver (class 05/female or 06/male) use the same vehicle number as that used for entering the premium(s) of the principal operator. And, if you reassign your vehicle numbers mid-term on your policy, transactions must be forwarded to the Pool System to ensure that the Pool VEHICLE NUMBERS are identical to the vehicle numbers you are using on your policy.

- In cases where the "class 05 or 06" driver is allowed to drive two or more vehicles on the same policy, and more than one of those vehicles have been transferred but only one "class 05 or 06" premium is charged, use the number of the vehicle with the higher limits and/or lower deductibles.

18. TYPE OF BUSINESS

A 1 digit field used to enter the Type of Business code:

Individually Rated Other than Farmers 1
Farmers 2
Claim Free New Drivers, With Driver Training 8
Claim Free New Drivers, Without Driver Training 9

*8 is to be used only for those claim-free New Drivers who have graduated from an Approved Driver Training Course. Other claim-free New Drivers are to be coded 9. A "New Driver" is one who has held a permanent driver's license for less than 5 years. On renewal, after a claim or at the end of the five year period, the Type of Business would revert to code 1 or 2.

Type of Business 8, “Claims Free New Drivers With Driver Training” and 9 “Claims Free New Drivers Without Driver Training” will no longer be valid within the Automobile Statistical Plan for Premium and Claim transactions with a Policy Effective Date of July 1, 2019 or later. Use Type of Business ‘1’ to represent Other than farmers/Claims free new drivers (with/without) driver training.

19. TYPE OF USE

A 2 digit field (numeric) used to enter the TYPE OF USE code

Provinces of Alberta, New Brunswick, Nova Scotia and Ontario

CLASS 01

- Principal Operator is 25 years of age and over.

- Automobile used for pleasure. Maximum driving 5 km one way to and from work or school, no business, professional or vocational use.
- Annual mileage not to exceed 16,000 kilometres (10,000 miles).
- No male driver under 25 years of age; no female or Gender X drivers under 25 years of age (not having a spouse or same-sex partner), without driver training.
- Not more than two drivers per automobile in the household, each of whom has held a valid operators license for the past three years.

CLASS 02
- Principal Operator is 25 years of age and over.
- If automobile used for driving to and from work, one way mileage not to exceed 10 miles (16 km.).
- No male driver under 25 years of age; no female or Gender X drivers under 25 years of age (not having a spouse or same-sex partner), without driver training.
- Not more than 2 drivers per automobile in the household.

CLASS 03
- Principal Operator is 25 years of age and over.
- No Male Driver under 25 years of age.
- Maximum 25% business use.

CLASS 04 Occassional Gender X Driver (under age 25)
CLASS 05 Occasional female driver (under age 25)
CLASS 06 Occasional male driver (under age 25)

Where the principal use of the vehicle qualifies for codes 01, 02, 03 or 07 and a separate premium is charged for the occasional use by a female or male driver under the age of 25 years, ONE premium record will be required for Third Party Liability/Property Damage and one for Collision or All Perils if applicable.

The first record should be fully completed. The codes and the premiums recorded will be those applying to the principal use of the vehicle (01, 02, 03 or 07).

The second record should be fully completed using CODE 05 or CODE 06 for the type of use. The separate premium (or that portion of the policy premium) charged for the Occasional Female or Male Driver under age 25, should be entered in the appropriate premium Columns. The premium totals of the two records when combined will equal the premium for the policy.

CLASS 07
- Automobile used for business purposes.
- Principal operator is 25 years of age and over.
- No MALE Drivers under 25 years of age.

Provinces of Alberta, Nova Scotia and Ontario

CLASS 08

Principal operator, whether applicant or not, married male under 21 years of age, residing with his spouse.

CLASS 09
Principal operator, whether applicant or not, married male under 25 years of age, but not under 21 years of age, residing with his spouse.

CLASS 10
Unmarried male principal operator, whether applicant or not, 16, 17 or 18 years of age.

CLASS 11
Unmarried male principal operator, whether applicant or not, 19 or 20 years of age.

CLASS 12
Unmarried male principal operator, whether applicant or not, 21 or 22 years of age.

CLASS 13
Unmarried male principal operator, whether applicant or not, 23 or 24 years of age.

CLASS 18
Principal operator, whether applicant or not, female or Gender X under 21 years of age.

CLASS 19
Principal operator, whether applicant or not, female or Gender X under 25 years of age, but not under 21 years of age.

Province of New Brunswick

CLASS 08
Principal operator, whether applicant or not, married male residing with his spouse.

CLASS 09
Principal operator, whether applicant or not, married male residing with his spouse.

CLASS 10
Unmarried male principal operator, whether applicant or not

CLASS 11
Unmarried male principal operator, whether applicant or not.

CLASS 12
Unmarried male principal operator, whether applicant or not.

CLASS 13
Unmarried male principal operator, whether applicant or not.

CLASS 18

Principal female operator, whether applicant or not.

CLASS 19
Principal female operator, whether applicant or not.

Province of Newfoundland and Labrador

CLASS 01
- Principal Operator is licensed 9 or more years.
- Automobile used for pleasure. Maximum driving 5 km one way to and from work or school, no business, professional or vocational use.
- Annual mileage not to exceed 16,000 kilometres (10,000 miles).
- Not more than two drivers per automobile in the household.

CLASS 02
- Principal Operator is licensed 9 or more years.
- If automobile used for driving to and from work, one way mileage not to exceed 10 miles (16 km.).
- No business, professional or vocational use.
- Not more than 2 drivers, per automobile, in the household.

CLASS 03
- Principal Operator is licensed 9 or more years.
- No business, professional or vocational use.

CLASS 05 Occasional driver
- Occasional operator less than 9 years licensed.

Where the principal use of the vehicle qualifies for codes 01, 02, 03 or 07 and a separate premium is charged for the occasional driver under the age of 25 years, ONE premium record will be required for Third Party Liability/Property Damage and one for Collision or All Perils if applicable.

The first record should be fully completed. The codes and the premiums recorded will be those applying to the principal use of the vehicle (01, 02, 03 or 07).

The second record should be fully completed using CODE 05 for the type of use. The separate premium (or that portion of the policy premium) charged for the Occasional

Driver should be entered in the appropriate premium Columns. The premium totals of the two records when combined will equal the premium for the policy.

CLASS 07
- Automobile used for business purposes.
- Principal Operator is licensed 9 or more years.

CLASS 10
Principal Operator is licensed less than 3 years.

CLASS 11
Principal Operator is licensed 3 or 4 years.

CLASS 12
Principal Operator is licensed 5 or 6 years.

CLASS 13
Principal Operator is licensed 7 or 8 years.

20. OCCASIONAL OPERATOR

A 1 digit field (numeric).1-9 used to enter the Occasional Operator if entering the premium for a class 05 or 06 driver and assign the same VEHICLE NUMBER as that used for the principal operator.

21. THIRD PARTY LIABILITY DRIVING RECORD

A 1 digit field (numeric) used to enter the driving record of the vehicle unless transmitting an entry for a class 06 driver, in which case the class 05 and 06 operator's driving record is entered.

Risks rated as having:

Less than 1 year's experience, without claim 0
years' experience, without claim 1
years' experience, without claim 2
years' experience, without claim 3
years' experience, without claim 4
years' experience, without claim 5
years' experience, or more, without claim 6

22. COLLISION/ALL PERILS DRIVING RECORD

A 1 digit field (numeric) used to enter the driving record of the vehicle unless transmitting an entry for a class 06 driver, in which case the class 05 and 06 driver's driving record is entered.

Risks rated as having:

Less than 1 year's experience, without claim 0
years' experience, without claim 1
years' experience, without claim 2
years' experience, without claim 3
years' experience, without claim 4
years' experience, without claim 5
years' experience, or more, without claim 6

23. ACCIDENT BENEFITS DRIVING RECORD – Ontario

A 1 digit code (numeric) used to enter the Accident Benefits Driving Record. If you do not maintain this data, use the Third Party Liability Driving Record.

Risks rated as having:

Less than 1 year's experience, without claim 0
year's experience, without claim 1
years' experience, without claim 2
years' experience, without claim 3
years' experience, without claim 4
years' experience, without claim 5
years' experience or more, without claim 6

24. GRID INDICATOR - Alberta

A one digit field (ALPHA) used to the Grid Indicator

Grid Risk... ..... Y
Non-Grid Risk... ..... N

This indicator is required for transaction code A B C D + E.

25. INEXPERIENCED OR EXPERIENCED DRIVER INDICATOR – Nova Scotia

A one digit field (Alpha) used to enter the Driver Indicator
Inexperienced Clean Driver Indicator ..... Y
Experienced Driver Indicator ..... N

This indicator is required for transaction code A B C D + E.

26. FOR FUTURE USE (Use Blanks)

OPERATOR INFORMATION

27. OPERATOR'S AGE

A 2 digit field (numeric) used to enter the age of the principal operator of the vehicle. When transmitting a "class 05 or 06" entry, show the age of the occasional driver under 25 (if more than one, the youngest) and not the age of the principal operator.

28. YEARS LICENSED

A 2 digit field (numeric) used to enter the actual number of years licensed of either the Principal Operator or the Class 05 or 06 Operator, as in the OPERATOR'S AGE.

29. NUMBER OF CHARGEABLE ACCIDENTS

A 2 digit field (numeric) in which the number of chargeable accidents as of the DATE the risk is bound.

30. NUMBER OF MINOR VIOLATIONS (TRAFFIC SAFETY CONVICTIONS)

A 2 digit field (numeric) in which the number of minor convictions is entered.

31. NUMBER OF MAJOR VIOLATIONS (SERIOUS TRAFFIC SAFETY CONVICTIONS)

A 2 digit field (numeric) in which the number of major convictions is entered.

32. NUMBER OF CRIMINAL CODE CONVICTIONS

A 1 digit field (numeric) in which the number of criminal code convictions is entered.

33. FOR FUTURE USE (Use Blanks)

COVERAGE INFORMATION

34. THIRD PARTY LIABILITY COVERAGE CODE

A 2 digit field (numeric) used to enter the Third Party Liability Coverage Code.

For Alberta, this field should be blank unless combined Third Party Liability reporting is used (in which case, use code 62). For all other RSP's, this field should be blank.

35. THIRD PARTY LIABILITY LIMIT CODE – Province of Alberta

Prior to July 1, 2005 a 1 digit field (numeric) used to enter the Third Party Liability

$ 200,000 2
$ 300,000 3
$ 500,000 5
$ 1,000,000 6
$ 2,000,000 7

After to July 1, 2005 a 1 digit field (numeric) used to enter the Third Party Liability Limits.

$ 200,000 2
$ 250,000 ..... A
$ 300,000 3
$ 400,000 ..... B
$ 500,000 5
$ 750,000 C
$ 1,000,000 6
$ 2,000,000 ..... D

Please be advised that these codes will apply to risks with effective dates on or after July 1, 2005 for Transaction Codes A, B, C, D, E, 2, 3, and 9.

Note: Limits Code "7" is not valid after July 1, 2005. If you are providing a limit in between two of the limits shown here, use the code for the higher limit.

36. THIRD PARTY LIABILITY LIMIT CODE – Ontario, New Brunswick, Newfoundland and Labrador, Nova Scotia

A 1 digit field (numeric) used to enter the Third Party Liability Limits.

$ 200,000	2
$ 300,000	3
$ 500,000	5
$ 1,000,000	6
$ 2,000,000	7

Note: Limits Code "7" is only valid in Ontario after May 1, 1998. If you are providing a limit in between two of the limits shown here, use the code for the higher limit.

37. THIRD PARTY LIABILITY PREMIUM – Provinces of Alberta, New Brunswick, Newfoundland and Labrador, Nova Scotia

A 7 digit field (numeric) used to enter the Third Party Liability Premium. For midterm transfers, the premium must be prorated. The premium must be preceded by a plus (+) or, if the premium amount is a credit, use the minus (-) sign in the left most position of the field.

This premium must include the premium for any endorsement affecting the Third Party Liability Coverage (for example: END No. 28 Reduction of Coverage as respects Operation by Named Person. Any policy level endorsements affecting this Premium must be attached to the vehicle transferred to the Risk Sharing Pool and the entire premium charged for the endorsement is to be included. This premium must also exclude any service charges for your monthly payment plan.

38. THIRD PARTY LIABILITY BODILY INJURY COVERAGE CODE– Province of Ontario, New Brunswick, Newfoundland and Labrador, and Nova Scotia

On or after July 1 1994, a 2 digit field (numeric) used to enter the Third Party Liability Bodily Injury coverage code. **You must use 10.**

Province of Alberta

For policies with a policy effective date on or after January 1, 2022, a 2 digit field (numeric) used to enter the Third Party Liability Bodily Injury coverage code. **You must use 10.**

39. THIRD PARTY LIABILITY BODILY INJURY PREMIUM – Province of Alberta, Ontario, New Brunswick, Newfoundland and Labrador, and Nova Scotia

A 7 digit field (numeric) used to enter the Third Party Liability Bodily Injury premium charged for the risk or refunded (in dollars only). This premium field must be used for all transactions on risks transferred on or after July 1, 1994 and for policies with a policy effective date on or after January 1, 2022 for Alberta. For midterm transfers, the premium must be prorated. The premium must be preceded by a plus (+) or, if the premium amount is a credit, use minus (-) sign in the left most position of the field, or the entire field must be blank if you are not entering a Third Party Liability Bodily Injury premium.

This premium must include the premium for any endorsement affecting the Third Party Liability Coverage (for example: Tort Deductible OPCF 48). Any policy level endorsements affecting this Premium must be attached to the vehicle transferred to the Risk Sharing Pool and the entire premium charged for the endorsement is to be included. This premium must also exclude any service charges for your monthly payment plan.

40. THIRD PARTY LIABILITY PROPERTY DAMAGE COVERAGE CODE – Province of Ontario, New Brunswick, Newfoundland and Labrador, and Nova Scotia

On or after July 1 1994, a 2 digit field (numeric) used to enter the Third Party Liability Property Damage coverage code. **You must use 11.**

Province of Alberta

For policies with a policy effective date on or after January 1, 2022, a 2 digit field (numeric) used to enter the Third Party Liability coverage code. **You must use 11.**

41. THIRD PARTY LIABILITY PROPERTY DAMAGE PREMIUM – Province of Alberta, Ontario, New Brunswick, Newfoundland and Labrador, and Nova Scotia

A 7 digit field (numeric) used to enter the Third Party Liability Property Damage premium charged for the risk or refunded (in dollars only). This premium field must be used for all transactions on risks transferred on or after July 1, 1994 and for policies with a policy effective on or after January 1, 2022 for Alberta. For midterm transfers, the premium must be prorated. The premium must be preceded by a plus (+) or, if the premium amount is a credit, use minus (-) sign in the left most position of the field, or the entire field must be blank if you are not entering a Third Party Liability Property Damage premium.

42. THIRD PARTY LIABILITY DIRECT COMPENSATION PROPERTY DAMAGE COVERAGE CODE– Province of Ontario, New Brunswick, Newfoundland and Labrador, and Nova Scotia

On or after July 1 1994, a 2 digit field (numeric) used to enter the Third Party Liability Direct Compensation Property Damage coverage code. **You must use 12.**

Province of Alberta

For policies with a policy effective date on or after January 1, 2022, a 2 digit field (numeric) used to enter the Third Party Liability Direct Compensation Property Damage coverage code. **You must use 12.**

43. THIRD PARTY LIABILITY DIRECT COMPENSATION PROPERTY DAMAGE DEDUCTIBLE CODE– Province of Alberta, Ontario, New Brunswick, Newfoundland and Labrador, and Nova Scotia

A 2 digit field (numeric) used to enter the Third Party Liability Direct Compensation Property Damage Deductible Code.

Third Party Liability Direct Compensation Property Damage Deductible

Full coverage..... 10
$25 deductible..... 11
$50 deductible..... 12
$100 deductible..... 13
$200 deductible..... 14
$250 deductible..... 15
$300 deductible..... 20
$500 deductible..... 26
$1,000 deductible 27
Over $ 1,000 deductible 28
Other deductible 99

44. FOR FUTURE USE (Use Blanks)

45. THIRD PARTY LIABILITY DIRECT COMPENSATION PROPERTY DAMAGE PREMIUM - Provinces of Alberta, Ontario, New Brunswick, Newfoundland and Labrador, and Nova Scotia

A 7 digit field (numeric) used to enter the Third Party Liability Direct Compensation Property Damage premium charged for the risk or refunded (in dollars only). This premium field must be used for all transactions on risks transferred on or after July 1, 1994 for Ontario, January 1, 2014 for New Brunswick and Nova Scotia and for policies with a policy effective date on or after January 1, 2022 for Alberta. For midterm transfers, the premium must be prorated. The premium must be preceded by a plus (+) or, if the premium amount is a credit, use minus (-) sign in the left most position of the field, or the entire field must be blank if you are not entering a Third Party Liability Direct Compensation Property Damage Premium.

46. UNINSURED AUTOMOBILE COVERAGE – Province of Ontario,

A 2 digit field (numeric) used to enter the Uninsured Automobile coverage code
Uninsured Automobile, with Excluded Driver 17
Uninsured Automobile, without Excluded Driver 18

UNINSURED AUTOMOBILE COVERAGE – Provinces of Alberta, New Brunswick, Newfoundland and Labrador, and Nova Scotia

A 2 digit field (numeric) used to enter the Uninsured Automobile coverage code
Coverage Code 90

47. UNINSURED AUTOMOBILE PREMIUM – Provinces of Ontario, New Brunswick, Newfoundland and Labrador, and Nova Scotia

A 7 digit field (numeric) used to enter the Uninsured Automobile premium charged for the risk or refunded (in dollars only). This premium field must be used for all transactions on risks transferred on or after July 1, 1994. For midterm transfers, the premium must be prorated. The premium must be preceded by a plus (+) or, if the premium amount is a credit, use minus (-) sign in the left most position of the field, or the entire field must be blank if you are not entering a Uninsured Automobile premium.

48. UNDERINSURED MOTORIST COVERAGE CODE –Provinces of Ontario, New Brunswick, Nova Scotia and Newfoundland and Labrador

A 2 digit field (numeric) used to enter the Underinsured Motorist Coverage Code

$200,000 02
$300,000 03
$500,000 05
$1,000,000 06
$2,000,000 07

UNDERINSURED MOTORIST COVERAGE CODE – Province of Alberta

Prior to July 1, 2005 a 2 digit field (numeric) used to enter the **Underinsured Motorist Coverage Code**

$200,000 02
$300,000 03
$500,000 05
$1,000,000 06
$2,000,000 07

On or after July 1, 2005 a 2 digit field (numeric) used to enter the **Underinsured Motorist Coverage Code**

$200,000 02
$250,000 ..... 0A
$300,000 03
$400,000 ..... 0B
$500,000 05
$750,000 ..... 0C
$1,000,000 06
$2,000,000 ..... 0D

Please be advised that these codes will apply to risks with **effective dates on or after July 1, 2005 for Transaction Codes A, B, C, D, E, 2, 3, and 9**

49. FOR FUTURE USE (Use Blanks)

50. UNDERINSURED MOTORIST PREMIUM

A 7 digit field (numeric) used to enter the Underinsured Motorist premium charged for the risk or refunded (in dollars only). For midterm transactions, the premium must be prorated. If the premium is a credit, use a minus (-) sign in the left most position of the field. (The left most position of the field must be (+) for positive or (-) for negative), or the entire field should be left blank if you are not entering an UNDER INSURED MOTORIST PREMIUM).

This premium must include the premium for any endorsement affecting this coverage. Any policy level endorsement affecting this premium must be attached to the vehicle transferred to the Pool and the entire premium charged for the endorsement is to be included. This premium must also exclude any service charges for your monthly payment plan.

51. ACCIDENT BENEFITS COVERAGE CODE - Ontario

For policies that are effective prior to July 1st, 2026, a 2 digit field (numeric) used to enter the Accident Benefits Coverage Code

Basic only *with excluded* driver endorsement, excluding Uninsured Automobile..... 73
Basic only *without excluded* driver endorsement, excluding Uninsured Automobile 74
Enhanced *with excluded* driver endorsement, excluding Uninsured Automobile..... 75
Enhanced *without excluded* driver endorsement, excluding Uninsured Automobile 76

For policies with a policy effective date on or after July 1st, 2026, the Accident Benefit coverage code field must be reported as blank.

ACCIDENT BENEFITS COVERAGE CODE- Alberta, New Brunswick and Newfoundland and Labrador

A 2 digit field (numeric) used to enter the Accident Benefits Coverage Code
Coverage Code 78

ACCIDENT BENEFITS COVERAGE CODE- Alberta

For policies that are effective on or after January 1st, 2027, the Accident Benefits Coverage Code must be reported as blank.

ACCIDENT BENEFITS COVERAGE CODE- Nova Scotia

A 2 digit field (numeric) used to enter the Accident Benefits Coverage Code
Basic Coverage Code..... 78
Enhanced Coverage with Optional Supplementary Benefits 79

52. ACCIDENT BENEFITS PREMIUM

A 7 digit field (numeric) used to enter the Accident Benefits premium charged for the risk or refunded (in dollars only). For mid-term transactions, the premium must be prorated. If the premium is a credit, use a minus (-) sign in the left most position of the field. (The left most position of the field must be (+) for positive or (-) for negative or the entire field is blank if you are not entering an ACCIDENT BENEFITS PREMIUM).

53. COLLISION/ALL PERILS COVERAGE - Ontario

A 3 digit field (numeric) used to enter the Collision/All Perils Coverage Code.

All Perils

$100 deductible.....413
$ 200 deductible.....414
$ 250 deductible.....415
$ 300 deductible.....420
$ 500 deductible.....426
$1000 deductible 427
Over $1000 deductible 428
Other Deductible Coverages including Disappearing
Deductible Coverage and others of a similar nature 499

Collision

$ 100 deductible.....313
$ 200 deductible.....314
$ 250 deductible.....315
$ 300 deductible.....320
$ 500 deductible.....326
$1000 deductible 327
Over $1,000 deductible 328
Other Deductible Coverages including Disappearing
Deductible Coverage and others of a similar nature 399

54. COLLISION/ALL PERILS COVERAGE CODE – Alberta, New Brunswick, Nova Scotia and Newfoundland and Labrador

A 2 digit field plus a blank (numeric) used to enter the Collision/All Perils Coverage Code

All Perils

$ 100 deductible.....43
$ 200 deductible.....44
$ 250 deductible.....45
$ 500 deductible.....46
$1000 deductible 47
Over $1000 deductible 48
Other Deductible Coverages including Disappearing
Deductible Coverage and others of a similar nature 49

Collision

$ 100 deductible.....33

$ 200 deductible 34
$ 250 deductible 35
$ 500 deductible 36
$1000 deductible 37
Over $1,000 deductible 38
Other Deductible Coverages including Disappearing
Deductible Coverage and others of a similar nature 39

55. COLLISION/ALL PERILS PREMIUM

A 7 digit field (numeric) used to enter the Collision or All Perils premium charged for the risk or refunded (in dollars only). For midterm transactions, the premium must be prorated. If the premium amount is a credit, use a minus (-) sign in the left most position of the field. (The left most position of the field must be (+) for positive or (-) for negative or the entire field should be blank if you are not entering a COLLISION/ALL PERILS PREMIUM).

This premium must include the premium for any endorsement affecting this coverage. Any policy level endorsement affecting this premium must be attached to the vehicle transferred to the Pool and the entire premium charged for the endorsement is to be included. This premium must also exclude any service charges for your monthly payment plan.

56. COMPREHENSIVE/SPECIFIED PERILS COVERAGE (with or without END. No.13c - Glass Coverage) – Province of Ontario

A 3 digit field (numeric) used to enter the Comprehensive/Specified Perils Coverage Code.

Comprehensive
$ 50 deductible 812
$ 100 deductible 813
$ 200 deductible 814
$ 250 deductible 815
$ 300 deductible 820
$ 500 deductible 826
$1000 deductible 827
Over $1000 deductible 828
Other Deductible Coverages including Disappearing
Deductible Coverage and others of a similar nature 899

Specified Perils
$ 50 deductible 212
$ 100 deductible 213
$ 200 deductible 214
$ 250 deductible 215
$ 300 deductible 220
$ 500 deductible 226
$1000 deductible 227
Over $1000 deductible 228

Other Deductible Coverages including Disappearing
Deductible Coverage and others of a similar nature 299

COMPREHENSIVE/SPECIFIED PERILS COVERAGE CODE - Provinces of Alberta, New Brunswick, Nova Scotia and Newfoundland and LabradorA 2 digit field plus a blank (numeric) used to enter the Comprehensive/Specified Perils Coverage Code

Comprehensive
$ 50 deductible..... 82
$ 100 deductible..... 83
$ 200 deductible..... 84
$ 250 deductible..... 85
$ 500 deductible..... 86
$1000 deductible 87
Over $1000 deductible 88
Other Deductible Coverages including Disappearing
Deductible Coverage and others of a similar nature 89

Specified Perils
$ 50 deductible..... 22
$ 100 deductible..... 23
$ 200 deductible..... 24
$ 250 deductible..... 25
$ 500 deductible..... 26
$1000 deductible 27
Over $1000 deductible 28
Other Deductible Coverages including Disappearing
Deductible Coverage and others of a similar nature..... 29

57. FOR FUTURE USE (Use Blanks)

58. MEDICAL, REHABILITATION AND ATTENDANT CARE - ONTARIO

On or after June 1st, 2016 and for policies that are effective prior to July 1st , 2026,a 1 digit field (numeric) to indicate if added coverage beyond the basic level as defined in the Automobile Statistical Plan.

Medical & Rehabilitation and Attendant Care	Basic Coverage	0	Basic Coverage $65,000 combined limit
	Option 1	1	$130,000 combined limit
	Option 2	2	$1,000,000 combined limit

For policies that are effective on or after July 1st, 2026, use a 1 digit filed (numeric) to indicate Ontario Accident Benefit Coverage selections. For Mandatory coverages, use code 9

	Code	
	9	All coverages in Optional AccBen grouping are selected

Medical & Rehabilitation and Attendant Care	8	Partial opt-out of at least one of the optional coverages within the grouping.
	7	Opt-out of all of the optional coverages within the grouping

59. CATASTROPHIC IMPAIRMENTS - ONTARIO

On or after June 1st, 2016, and for policies that are effective prior to July 1st, 2026, a 1 digit field (numeric) to indicate if added coverage beyond the basic level as defined in the Automobile Statistical Plan.

Catastrophic Impairments	Basic Coverage	0	Basic Coverage $1,000,000
	Option 1	1	Additional $1,000,000

For policies that are effective on or after July 1st, 2026, use a 1 digit filed (numeric) to indicate Ontario Accident Benefit Coverage selections. For single coverage opt-out, use code 7.

	Code	
Catastrophic Impairments	9	All coverages in Optional AccBen grouping are selected
	8	Partial opt-out of at least one of the optional coverages within the grouping.
	7	Opt-out of all of the optional coverages within the grouping

60. COMPREHENSIVE/SPECIFIED PERILS PREMIUM

A 7 digit field (numeric) used to enter the Comprehensive or Specified Perils premium charged for the risk or refunded (in dollars only). For midterm transactions, the premium must be prorated. If the premium is a credit, use a minus (-) sign in the left most position of the field. (The left most position of the field must be (+) for positive or (-) for negative or the entire field should be blank if you are not entering a COMPREHENSIVE/SPECIFIED PERILS PREMIUM).

This premium must include the premium for any endorsement affecting this coverage. Any policy level endorsement affecting this premium must be attached to the vehicle transferred to the Pool and the entire premium charged for the endorsement is to be included. This premium must also exclude any service charges for your monthly payment plan.

61. TOTAL PREMIUMS

A 7 digit field (numeric) in which the total premium is to be entered. This must include all debit and credit premiums entered on this transaction record. (The left most position of the field must be (+) or for positive or (-) for negative or the entire field must be blank if you are not entering a TOTAL PREMIUM). This premium must also exclude any service charges for your monthly payment plan.

62. THIRD PARTY BODILY INJURY – OPTIONAL COVERAGE – ONTARIO

On or after September 1st, 2010, a 1 digit field (numeric) to indicate if added coverage beyond the basic level as defined in the Automobile Statistical Plan.

Bodily Injury	Basic Coverage	0	Added Coverage to Offset Tort Deductible OPCF 48 – not selected
	Optional	1	Add Coverage to Offset Tort Deductible OPCF 48 selected -$20,0000 deductible (not at fault accident victims) $10,000 deductible (family members under the Family Law Act)

63. MEDICAL and REHABILITATION - ONTARIO

On or after September 1st, 2010 and prior to June 1st, 2016, a 1 digit field (numeric) to indicate if added coverage beyond the basic level as defined in the Automobile Statistical Plan.

Basic Coverage	0	Basic Coverage
Option 1	1	$100,000 non-catastrophic
Option 2	2	$1,100,000 for Medical and Rehabilitation and $1,072,000 for Attendant Care

64. ATTENDANT CARE - ONTARIO

On or after September 1st, 2010 and prior to June 1st, 2016, a 1 digit field (numeric) to indicate if added coverage beyond the basic level as defined in the Automobile Statistical Plan.

Basic Coverage	0	Basic Coverage
Option 1	1	$72,000 non-catastrophic
Option 2	2	$1,100,000 for Medical and Rehabilitation and $1,072,000 for Attendant Care

65. CAREGIVER; HOUSEKEEPING and HOME MAINTENANCE – ONTARIO

On or after September 1st, 2010, and for policies that are effective prior to July 1st, 2026, a 1 digit field (numeric) to indicate if added coverage beyond the basic level as defined in Automobile Statistical Plan.

Basic Coverage	0	Basic Coverage
Optional (non-catastrophic)	1	Housekeeping and home maintenance up to $100 per week, Caregiver benefits up to $250 per week plus $50 per dependant

For policies that are effective on or after July 1st, 2026, use a 1 digit filed (numeric) to indicate Ontario Accident Benefit Coverage selections.

	Code	
Caregiver; Housekeeping and Home Maintenance	9	All coverages in Optional AccBen grouping are selected
	8	Partial opt-out of at least one of the optional coverages within the grouping.
	7	Opt-out of all of the optional coverages within the grouping

66 INCOME REPLACEMENT; NON-EARNER - ONTARIO

On or after September 1st, 2010, an for policies that are effective prior to July 1st, 2026, a 1 digit field (numeric) to indicate if added coverage beyond the basic level as defined in Automobile Statistical Plan.

Basic Coverage	0	Basic Coverage
Option 1	1	Maximum $600 per week up to 70% of gross income
Option 2	2	Maximum $800 per week up to 70% of gross income
Option 3	3	Maximum $1,000 per week up to 70% of gross income

For policies that are effective on or after July 1st, 2026, use a 1 digit filed (numeric) to indicate Ontario Accident Benefit Coverage selections.

	Code	
Income Replacement; Non-Earner	9	All coverages in Optional AccBen grouping are selected
	8	Partial opt-out of at least one of the optional coverages within the grouping.
	7	Opt-out of all of the optional coverages within the grouping

67 DEPENDANT CARE; EXPENSE FOR VISTORS; LOST EDUCATIONAL EXPENSE; DAMAGE TO CLOTHING, GLASSES ETC. – ONTARIO

On or after September 1st, 2010,and for policies that are effective prior to July 1st, 2026, a 1 digit field (numeric) to indicate if added coverage beyond the basic level as defined in Automobile Statistical Plan.

Basic Coverage	0	None offered
Optional	1	$75 per week for the first dependant and $25 for every additional dependant, up to $150 per week

For policies that are effective on or after July 1st, 2026, use a 1 digit filed (numeric) to indicate Ontario Accident Benefit Coverage selections.

	Code	
Dependant Care; Expense for Vistors; Lost Educational Expense; Damage to Clothing, Glasses Etc.	9	All coverages in Optional AccBen grouping are selected
	8	Partial opt-out of at least one of the optional coverages within the grouping.
	7	Opt-out of all of the optional coverages within the grouping

68. DEATH; FUNERAL – ONTARIO

On or after September 1st, 2010,and for policies that are effective prior to July 1st, 2026 a 1 digit field (numeric) to indicate if added coverage beyond the basic level as defined in Automobile Statistical Plan.

Basic Coverage	0	Basic Coverage
Optional	1	$50,000 eligible spouse; $20,000 each dependant; maximum $8,000 funeral expenses

For policies that are effective on or after July 1st, 2026, use a 1 digit filed (numeric) to indicate Ontario Accident Benefit Coverage selections.

	Code	
Death; Funeral	9	All coverages in Optional AccBen grouping are selected
	8	Partial opt-out of at least one of the optional coverages within the grouping.
	7	Opt-out of all of the optional coverages within the grouping

69 INDEXATION – ONTARIO

On or after September 1st, 2010, and for policies that are effective prior to July 1st, 2026, a 1 digit field (numeric) to indicate if added coverage beyond the basic level as defined in Automobile Statistical Plan.

Basic Coverage	0	Basic Coverage
Optional	1	Certain weekly benefit payments and monetary limits will increase on an annual basis to reflect changes in cost of living

For policies that are effective on or after July 1st, 2026, use a 1 digit filed (numeric) to indicate Ontario Accident Benefit Coverage selections. For single coverage opt-out, use code 7.

	Code	
Indexation	9	All coverages in Optional AccBen grouping are selected
	8	Partial opt-out of at least one of the optional coverages within the grouping.
	7	Opt-out of all of the optional coverages within the grouping

APPENDIX P-2

Rejection/Error Codes

The following error messages will reflect conditions on your rejection or error premium transactions, when you view the Premium Transaction Screen in **Correct**. The short bold message is initially displayed, with an option to access the larger more detailed description of data required, some with tips as to the probable cause of the error.

CATAGORY	REASON CODE	DESCRIPTION
File	F01	When submitted file has record length anything other than 150, 270 length
File	F02	One or many key fields are missing. Or the user does not have access to submit this file for the reporting company.
Batch	B01	Invalid Reporting Company - The reporting company does not exist
Batch	B02	The first 18 bytes of the record does not match with the first 18 byte of the trailer record
Batch	B03	There is no record (record type 1 or 3) before the trailer
Batch	B04	Record count does not match with specified trailer record count
Batch	B05	Duplicate Batches are batches with the same values on Primary Keys (First 18 Bytes on Record format)
Batch	B06	Invalid Entry Date - The value for Entry Date should be a current year/month or one of the two following months. If it is first week of the month, then Entry Date can also include the previous month
Batch	B07	Invalid Branch Code - The branch does not belong to the reporting company
Batch	B08	Invalid RSP Identifier - The reporting company does not have access to the Risk Sharing Pool or does not belong to the Risk Sharing Pool
Batch	B09	Invalid Batch Code. The batch code is blank
Batch	B10	Invalid Record identifier (not one of these values 1, 2,3 & 4)
Batch	B11	Missing Trailer
Batch	B12	Missing Allowance Factor
Batch	B13	Duplicate Batch
Transaction	T01	Transfer Limit Exceeded or there is no Transfer Limit for your Company

FIELD AND RELATIONSHIP ERRORS

FIELD NAME	ERROR NO.	ERROR MESSAGE
POLICY NUMBER	005	**Policy Number is Missing** The POLICY NUMBER is a mandatory field. An all-zero POLICY NUMBER is considered missing.
AGENCY NUMBER	006	**Agency Number is Missing** The AGENCY NUMBER is a mandatory field.
TRANSFER DATE	007	**Invalid Transfer Date** The TRANSFER DATE must be formatted as CCYYMMDD and represent an actual calendar date. For example, February 30 is an invalid date.
TRANSFER DATE	008	**Invalid Transfer Date/Expiry Date/Entry Date Combination** The TRANSFER DATE must be prior to the EXPIRY DATE, and must not be greater than the ENTRY DATE.
TRANSFER DATE	009	**Term of Risk Exceeds 12 Months** The period from the TRANSFER DATE to the EXPIRY DATE must be 12 months or less.
EXPIRY DATE	010	**Invalid Expiry Date** The expiry date must be formatted as CCYYMMDD and represent an actual calendar date. For example, February 30 is an invalid date.
CHARGEABLE ACCIDENTS	011	**Invalid No. of Chargeable Accidents** The NUMBER OF CHARGEABLE ACCIDENTS is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be a number in the range of 00 - 99.
MINOR CONVICTIONS	012	**Invalid No. of Minor Convictions** The NUMBER OF MINOR CONVICTIONS is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be a number in the range of 00 - 99.
MAJOR CONVICTIONS	013	**Invalid No. of Major Convictions** he NUMBER OF MAJOR CONVICTIONS is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be a number in the range of 00 - 99.
CRIMINAL CODE CONVICTIONS	014	**Invalid No. of Criminal Code Convictions** The NUMBER OF CRIMINAL CODE CONVICTIONS is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be a number in the range of 0 - 9 .
VEHICLE NUMBER	020	**Invalid Vehicle Number** The VEHICLE NUMBER is a mandatory field and must be number in the range of 001 - 999.

FIELD NAME	ERROR NO.	ERROR MESSAGE
OCCASIONAL OPERATOR	021	**Invalid Occasional Operator** The OCCASIONAL OPERATOR must be 1-9 or blank, where 1-9 indicates that the premium is for a class 04 05 or 06 Operator
ENTRY NUMBER	022	**Invalid or Missing Entry Number** The ENTRY NUMBER is a mandatory field and must be 01 for an original entry (TRANSACTION CODE A, B, C, D or E) or a number in the range of 02 - 99 for a subsequent entry (TRANSACTION CODE 2, 3 or 9).
TERRITORY CODE	023	**Invalid Territory Code** The TERRITORY CODE is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be one of those codes listed in the Definitions of Premium Transfer Fields.
TERRITORY CODE, RSP IDENTIFIER COMBINATION	024	**Territory Code, RSP Identifier Combination is Invalid** The Territory Code must be in the same jurisdiction as the RSP Identifier
TYPE OF BUSINESS	025	**Invalid Type of Business Code** The TYPE OF BUSINESS is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be listed in the Definitions of Premium Transfer Fields.
TYPE OF USE OCCASIONAL OPERATOR	027	**Invalid Type of Use for Class 05 or 06** When the TYPE OF USE code is 04 05 or 06, the OCCASIONAL OPERATOR must be 1-9 and you must use the same vehicle number as that used for the principal operator.
TYPE OF USE	028	**Invalid Type of Use Code** The TYPE OF USE is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be listed in the Definitions of Premium Transfer Fields.
CLASS 05 OR 06	029	**Invalid Class 05 or 06 Coverage Combination** When the TYPE OF USE is 04 05 or 06, only THIRD PARTY, LIABILITY, ACCIDENT BENEFITS and ALL PERILS/COLLISION is acceptable.
OPERATOR'S AGE	030	**Invalid Operator's Age** The OPERATOR'S AGE is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be number in the range of 00- 99.
YEARS LICENSED	031	**Invalid Years Licensed** The YEARS LICENSED is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be a number in the range of 00 - 99.

FIELD NAME	ERROR NO.	ERROR MESSAGE
TRANSACTION CODE	032	**Invalid Transaction Code** The TRANSACTION CODE must be A, B, C, D, and E, 2, 3 or 9.
TYPE OF USE	033	**Invalid Age/Type of Use Relationship - Ontario, Alberta, and Nova Scotia** The following relationship must exist: Type of Use — Age 01, 02, 03 — 25 or more 04,05, 06 — under 25 08 and 18 — under 21 09 and 19 — 21 to 24 10 — 18 years or less 11 — 19, 20 12 — 21, 22 13 — 23, 24
CANCELLATION TRANSACTION CODE 3	037	**Transaction Code 3 - Cancellation - with Invalid Non-Credit Premiums** For a cancellation, deletion of a vehicle or deletion of a coverage (TRANSACTION CODE 3) must have reported PREMIUMS in a credit position (zero amount is OK).
TRANSACTION CODES WITH INVALID CREDIT PREMIUMS	038	**Transaction Codes A, B, C, D or E with Invalid Credit Premium** For an original entry (new business, renewal, additional vehicle or mid-term transfer - TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) must have reported PREMIUMS in a debit amount.
TPL DRIVING RECORD	039	**Third Party Liability Driving Record Missing** The THIRD PARTY LIABILITY DRIVING RECORD is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2).
TPL DRIVING RECORD	040	**Invalid Third Party Liability Driving Record** The Third Party Liability Driving Record must be 0, 1, 2, 3, 4, 5 or 6.
TPL COVERAGE CODE	041	**Invalid Third Party Liability Coverage Code -For Alberta only -** The THIRD PARTY LIABILITY COVERAGE CODE is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be coded as 62. For policies with a policy effective date on or after January 1, 2022, this field should be blank. For TRANSACTION CODES 3 & 9, if the THIRD PARTYLIABILITY PREMIUM has been reported, the COVERAGE CODE must be present. For Non-Alberta - must be blank.

FIELD NAME	ERROR NO.	ERROR MESSAGE
TPL LIMIT	042	**Invalid Third Party Liability Limit Code** The THIRD PARTY LIABILITY LIMIT is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be listed in the Definitions of Premium Transfer Fields.
TPL PREMIUM	043	**Third Party Liability Premium is Not Numeric or Missing** **For Alberta only -** The THIRD PARTY LIABILITY PREMIUM is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be numeric. For policies with a policy effective date on or after January 1, 2022, this field should be blank. For TRANSACTION CODES 3 & 9, if the THIRD PARTY LIABILITY COVERAGE CODE has been reported, the PREMIUM must be present. For Non-Alberta – must be blank.
ACCIDENT BENEFIT DRIVING RECORD	044	**Accident Benefit Driving Record Missing – For Ontario Only** The ACCIDENT BENEFITS DRIVING RECORD is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) when NOT a Class 04 05or 06 operator. When ACCIDENT BENEFITS COVERAGE CODE is reported for a Class 05 or 06 operator then DRIVING RECORD must be present.
ACCIDENT BENEFIT DRIVING RECORD	045	**Invalid Accident Benefit Driving record – For Ontario Only** The ACCIDENT BENEFITS DRIVING RECORD must a number in the range of 0 - 6. For Non-Ontario must be blank.
ACCIDENT BENEFIT COVERAGE CODE	047	**Invalid Accident Benefit Coverage** The ACCIDENT BENEFTIS COVERAGE CODE is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) when NOT a Class 04 05 or 06 operator. For Class 05 or 06 operators or for TRANSACTION CODES 3 & 9, if the ACCIDENT BENEFITS PREMIUM has been reported, the COVERAGE CODE must be present. **For Ontario** must be coded as 73 - 76. **For New Brunswick** must be 78 or 79. **For Nova Scotia** must be 78 **For Alberta** must be 78.
A/B PREMIUM	048	**Accident Benefits Premium Not Numeric or Missing** The ACCIDENT BENEFITS PREMIUM is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) when NOT a Class 04 05 or 06 operator. For Class 05 or 06 operators or for TRANSACTION CODES 3 & 9, if the ACCIDENT BENEFITS COVERAGE CODE has been reported, the PREMIUM must be present**.**

FIELD NAME	ERROR NO.	ERROR MESSAGE
UNDERINSURED MOTORIST COVERAGE	049	**Invalid Underinsured Motorist Coverage - Ontario, New Brunswick, Nova Scotia, Newfoundland and Labrador** When an UNDERINSURED MOTORIST PREMIUM is recorded, the UNDERINSURED MOTORIST coverage must be (02, 03, 05, 06, 07) **Invalid Underinsured Motorist Coverage - Alberta** When an UNDERINSURED MOTORIST PREMIUM is recorded, the UNDERINSURED MOTORIST coverage must be (02, 03, 05, 06, 07) Prior to July 1, 2005 When an UNDERINSURED MOTORIST PREMIUM is recorded, the UNDERINSURED MOTORIST coverage must be (02, 0A, 03, 0B, 05, 0C, 06, 0D) After to July 1, 2005.
UNDERINSURED MOTORIST PREMIUM	050	**Underinsured Premium Not Numeric** When an UNDERINSURED MOTORIST COVERAGE is recorded, the premium must be numeric.
COLLISION/ALL PERILS DRIVING RECORD	052	**Invalid Collision/All Perils Driving Record** The COLLISION/ALL PERILS DRIVING RECORD must be 0, 1, 2, 3, 4, 5 or 6.
COLLISION/ ALL PERILS DRIVING RECORD	053	**Collision/All Perils Driving Record Missing** The COLLISION/ ALL PERILS DRIVING RECORD must be reported when COLLISION/ ALL PERILS COVERAGE CODE OR PREMIUM is reported on an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2).
COLLISION/ALL PERILS COVERAGE CODE	054	**Invalid Collision/All Perils Coverage Code – Alberta, New Brunswick, Nova Scotia.** The Collision Coverage code recorded you must use 33 to 39 or the All Perils Coverage Code 43 to 49. **Invalid Collision/All Perils Coverage Code – Newfoundland and Labrador.** The Collision Coverage code recorded you must use 30 to 39 or the All Perils Coverage Code 40 to 49. **Invalid Collision/All Perils Coverage Code - Ontario** The Collision Coverage Code recorded you must use 313 to 315, 320, 326 to 328 and 399 or the All Perils Coverage Code 413 to 415, 420, 426 to 428 and 499

FIELD NAME	ERROR NO.	ERROR MESSAGE
COLLISION/ALL PERILS PREMIUM	055	**Collision/All Perils Premium Not Numeric or Missing** When the COLLISION/ALL PERILS COVERAGE code is recorded, the COLLISION/ALL PERILS PREMIUM must be present and must be a number.
COMPREHENSIVE /SPECIFIED PERILS COVERAGE CODE	056	**Invalid Comprehensive/Specified Perils Coverage Code – Alberta, New Brunswick, Nova Scotia** The Comprehensive Coverage Code reported must be 82 to 89 and the Specified Perils Coverage Code 22 to 29. **Invalid Comprehensive/Specified Perils Coverage Code – Newfoundland and Labrador** The Comprehensive Coverage Code reported must be 80 to 89 and the Specified Perils Coverage Code 20 to 29. **Invalid Comprehensive/Specified Perils Coverage Code – Ontario** The Comprehensive Coverage Code reported must be 812 to 815, 820, 826 to 828 and 899 or the Specified Perils Coverage Code 212 to 215, 220, 226 to 228 and 299.
COMPREHENSIVE /SPECIFIED PERILS PREMIUM	057	**Comprehensive/Specified Perils Premium not Numeric or Missing** When a COMPREHENSIVE/SPECIFIED PERILS COVERAGE code is recorded, the COMPREHENSIVE/SPECIFIED PERILS PREMIUM must be present and must be a number.
TOTAL PREMIUMS	062	**Total Premium Does Not Equal the Sum of the Individual Premiums** The Total Premium field is mandatory.
TOTAL PREMIUMS IS ZERO ON A CANCELLATION	064	**Total Premium is zero on a cancellation** The total premium cannot be zero. There must be at least one premium amount coded on a Cancellation.
ALL PERILS IS NOT VALID WITH COMP/SPECIFIED PERILS	066	**All Perils is not Valid with Comprehensive/Specified Perils** All Perils is not valid with Comprehensive/Specified Perils coverages.
COMP/SPECIFIED IS NOT VALID WITH ALL PERILS	066	**Comprehensive/Specified Perils is not Valid with All Perils** Comprehensive/Specified Perils coverage is not valid All Perils

FIELD NAME	ERROR NO.	ERROR MESSAGE
MASS MERCHANDISING INDICATOR	067	**Invalid Mass Merchandising Indicator For Ontario** The MASS MERCHANDISING INDICATOR is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be either N or Y. For Non-Ontario must be blank.
TPL-BI COVERAGE CODE	201	**Invalid TPL - BI Coverage Code** The THIRD PARTY LIABILITY BI COVERAGE CODE is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be coded as 10. For TRANSACTION CODES 3 & 9, if the THIRD PARTY LIABILITY BI PREMIUM has been reported, the COVERAGE CODE must be present. For Alberta – if the TPL code has been reported, then the TPL-BI coverage code field must be blank.
TPL-BI PREMIUM	202	**TPL - BI Premium is Not Numeric or Missing** The THIRD PARTY LIABILITY BI PREMIUM is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be numeric. For TRANSACTION CODES 3 & 9, if the THIRD PARTY LIABILITY BI COVERAGE CODE has been reported, the PREMIUM must be present. For Alberta – if the TPL premium has been reported, then the TPL-BI premium field must be blank.
TPL-PD COVERAGE CODE	203	**Invalid TPL - PD Coverage Code** The THIRD PARTY LIABILITY PD COVERAGE CODE is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be coded as 11. For TRANSACTION CODES 3 & 9, if the THIRD PARTY LIABILITY PD PREMIUM has been reported, the COVERAGE CODE must be present. For Alberta - if the TPL code has been reported, then the TPL-PD coverage code field must be blank.
TPL-PD PREMIUM	204	**TPL - PD Premium is Not Numeric or Missing** The THIRD PARTY LIABILITY PD PREMIUM is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be numeric. For TRANSACTION CODES 3 & 9, if the THIRD PARTY LIABILITY PD COVERAGE CODE has been reported, the PREMIUM must be present. For Alberta - if the TPL premium has been reported, then the TPL-PD premium field must be blank.

FIELD NAME	ERROR NO.	ERROR MESSAGE
TPL-DCPD COVERAGE CODE	205	**Invalid TPL - DCPD Coverage Code** The THIRD PARTY LIABILITY DCPD COVERAGE CODE is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be coded as 12. For TRANSACTION CODES 3 & 9, if the THIRD PARTY LIABILITY DCPD PREMIUM has been reported, the COVERAGE CODE must be present. For Alberta - if the TPL code has been reported, then the TPL-DCPD coverage code field must be blank.
TPL-DCPD PREMIUM	206	**TPL - DCPD Premium is Not Numeric or Missing** The THIRD PARTY LIABILITY DCPD PREMIUM is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be numeric. For TRANSACTION CODES 3 & 9, if the THIRD PARTY LIABILITY DCPD COVERAGE CODE has been reported, the PREMIUM must be present. For Alberta - if the TPL premium has been reported, then the TPL-DCPD premium field must be blank.
UNINSURED AUTOMOBILE COVERAGE CODE	209	**Invalid Uninsured Automobile Coverage Code –** **For Non-Alberta -** UNINSURED AUTOMOBILE COVERAGE CODE is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2). **For Ontario** - must be coded as 17 or 18. **For New Brunswick and Nova Scotia and Newfoundland and Labrador** - must be coded as 90. For TRANSACTION CODES 3 & 9, ifthe UNINSURED AUTOMOBILE PREMIUM has been reported, the COVERAGE CODE must bepresent. **For Alberta** - must be Blank.
UNINSURED AUTOMOBILE PREMIUM	210	**UA Premium is Not Numeric or Missing** **For Non-Alberta** - UNINSURED AUTOMOBILE PREMIUM is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be numeric. For TRANSACTION CODES 3 & 9, if the UNINSURED AUTOMOBILE COVERAGE CODE has been reported, the PREMIUM must be present. **For Alberta** - must be blank.
TPL-DCPD DEDUCTIBLE CODE	215	**Invalid TPL - DCPD Deductible code** The DCPD Deductible Code 10 to 15, 20, 26 to 28 and 99 is invalid or has been reported with a transfer date prior to January 1, 1997.
TPL-DCPD DEDUCTIBLE COVERAGE	216	**Invalid TPL - DCPD Coverage / Deductible Combination** When DCPD Deductible Code 10 to 15, 20, 26 and 99 has been reported the DCPD Coverage Code 12 must be present.

FIELD NAME	ERROR NO.	ERROR MESSAGE
GRID INDICATOR	219	**Grid Indicator invalid – Alberta** For Alberta - The GRID INDICATOR is mandatory for an original entry (TRANSACTION CODE A, B, C, D or E) or a reinstatement (TRANSACTION CODE 2) and must be Y or N. For non- Alberta must be blank.
GRID INDICATOR/RSP IDENTIFIER COMBINATION	220	**Grid Indicator/RSP Identifier Combination – Alberta** If RSP Indicator is "Y", then RSP Identifier must be "200 If RSP Indicator is "N", then RSP Identifier must be "250"
TRANSFER DATE	222	**Transfer Date invalid** The transfer date for **Ontario** must be on or after January 1, 1993 The transfer date for **Alberta** must be on or after October 1, 2004 The transfer date for **New Brunswick** must be on or after January 1, 2005 The transfer date for **Nova Scotia** must be on or after November 15, 2006. **The transfer date for Newfoundland and Labrador must be on or after July 1, 2020**
INEXPERIENCED/ EXPERIENCED DRIVER INDICATOR	225	**Inexperienced/Experienced Driver Indicator is Invalid** Inexperienced/Experienced Driver Indicator must have a value "Y" or "N" **(This is valid for Nova Scotia only)**
YEARS LICENSED/ INEXPERIENCED CLEAN DRIVER INDICATOR	226	**Invalid Years Licensed/Inexperienced Clean Driver Indicator** If Inexperience Clean Driver Indicator ="Y", then Years Licensed must be 00-05
TRANSACTION CODE "E"	227	**Invalid Use of Transaction Code "E"** Transaction Code "E" reported for a Principal Operator; can only be used when reporting an Occasional Operator
THIRD PARTY BODILY INJURY OPTIONAL COVERAGE	228	**Invalid Third Party Bodily Injury Optional Coverage** For policies effective on or after September 1, 2010. If the Third Party Bodily Injury coverage code is reported as "10", the Optional Bodily Injury Benefit coverage code must be "0' for basic or "1" for enhance.

FIELD NAME	ERROR NO.	ERROR MESSAGE
INCREASED MEDICAL AND REHABILITATION	229	**Invalid Medical and Rehabilitation** For policies effective on or after September 1, 2010 and prior to June 1, 2016 the Optional Benefits must be: 0 - Basic 1 - $100, 000 Non-Catastrophic 2 - $1,100,000 for Medical and Rehabilitation $1,072,000 for Attendant Care
ATTENDANT CARE	230	**Invalid Attendant Care** For policies effective on or after September 1, 2010 and prior to June 1, 2016 the Optional Benefits must be: 0 - Basic 1 - $72, 000 Non-Catastrophic 2 - $1,100,000 for Medical and Rehabilitation $1,072,000 for Attendant Care
CAREGIVER;; HOUSEKEEPING AND HOME MAINTENANCE	231	**Invalid Caregiver; Housekeeping and Home Maintenance** For policies effective on or after July 1, 2026 the Optional Benefits must be: 9 - All coverage in Optional AccBen Grouping are delected 8 - Partial opt-out of at least one of the optional coverages. 7 - Opt-out of all optional coverages in the grouping
INCOME REPLACEMENT; NON-EARNER	232	**Invalid Income Replacement; Non-Earner** For policies effective on or after July 1, 2026 the Optional Benefits must be: 9 - All coverage in Optional AccBen Grouping are delected 8 - Partial opt-out of at least one of the optional coverages. 7 - Opt-out of all optional coverages in the grouping
DEPENDANT CARE; EXPENSE FOR VISITORS; LOST EDUCATIONAL EXPENSE; DAMAGE TO CLOTHING, GLASSES ETC.	233	**Invalid Dependant Care; Expenses for Vistors; Lost Educational Expense; Damage to Clothing, Glasses Etc.** For policies effective on or after July 1, 2026the Optional Benefits must be: 9 - All coverages in Optional AccBen Grouping are selected 8 - Partial opt-out of at least one optional coverages 7 - Opt-out of all of the optional coverages in the grouping
DEATH; FUNERAL	234	**Invalid Death; Funeral** For policies effective on or after July 1, 2026 the Optional Benefits must be: 9 - All coverages in the Optional AccBen Grouping are selected 8 - Partial opt-out of at least one of the optional coverages 7 - Opt-out of all of the optional coverages in the groupinh

FIELD NAME	ERROR NO.	ERROR MESSAGE
INDEXATION	235	**Invalid Indexation** For policies effective on or after July 1, 2026 the Optional Benefits must be: 9 - All coverages in Optional AccBen Grouping are selected 8 - Partial opt-out of at least one of the optional coverages 7 - Opt-out of all of the optional coverages in the grouping
OPTIONAL ACCIDENT BENEFITS, MEDICAL, REHABILITATION AND ATTENDANT CARE COMBINATION	236	**Optional Accident Benefits, Medical, Rehabilitation and Attendant Care Combination is Invalid** For policies effective on or after September 1, 2010 and prior to June 1, 2016 the Optional Benefits Combination must be: If Optional Benefits "2" is reported for Medical and Rehabilitation the same value must be reported for Attendant Care
ACCIDENT BENEFITS OPTIONAL (BASIC)	237	**Basic Optional Accident Benefits is Invalid** For policies effective on or after September 1, 2010 and prior to July 1, 2026. If Accident Benefits Coverage Code is reported "73" or "74 (basic coverage only) all Accident Benefits Optional coverage codes must be "0".
ACCIDENT BENEFITS OPTIONAL (ENHANCE)	238	**Enhanced Optional Accident Benefits is Invalid** For policies effective on or after September 1, 2010 and prior to July 1, 2026. If Accident Benefits Coverage Code is reported "75" or "76 (enhance only) at least one of the Accident Benefits Optional coverage codes must be ">0".
MEDICAL, REHABILITATION AND ATTENDANT CARE	239	**Invalid Medical, Rehabilitation and Attendant Care** For policies effective on or after June 1, 2016 and prior to July 1, 2026, the Optional Benefits must be: 0 - Basic 1 - $130,000 combined limit 2 - $1,000,000 combined limit
CATASTROPHIC IMPAIRMENTS	240	**Invalid Catastrophic Impairments** For policies effective on or after June 1, 2016 and prior to July 1, 2026, the Optional Benefits must be: 0 - Basic Coverage $1,000,000 1 - Additional $1,000,000
DISCONTINUED OR NEW OPTIONAL ACCIDENT BENEFITS	241	**Invalid Discontinued or New Optional Accident Benefits** Either discontinued or new Optional Accident Benefits fields can be reported on all policies with a policy effective date of June 1, 2016 until May 31, 2017 in the province of Ontario.
CLASS 05	242	**Class 05 with an Invalid Coverage** When the TYPE OF USE is 05 or only THIRD PARTY, LIABILITY, ACCIDENT BENEFITS and ALL PERILS/COLLISION is acceptable.

FIELD NAME	ERROR NO.	ERROR MESSAGE
TYPE OF USE	243	**Invalid Years Licensed/Type of Use Relationship – Newfoundland and Labrador** The following relationship must exist: Type of Use — Years Licensed 01, 02, 03 — 9 or more 05 — Less than 9 07 — 9 or more 10 — Less than 3 11 — 3 or 4 12 — 5 or 6 13 — 7 or 8
TRANSACTION CODE	244	For policies with a policy effective of January 1, 2027 or greater, transactions will not be accepted in the Alberta Grid pool.

EDITS AGAINST PREVIOUSLY ACCEPTED DATA

FIELD NAME	ERROR NO.	ERROR MESSAGE
ALL PERILS IS NOT VALID WITH COMP/SPECIFIED PERILS	065	**All Perils is not Valid with Comprehensive/Specified Perils** All Perils is not valid with Comprehensive/Specified Perils coverages.
COMP/SPECIFIED IS NOT VALID WITH ALL PERILS		**Comprehensive/Specified Perils is not Valid with All Perils** Comprehensive/Specified Perils coverage is not valid All Perils
DUPLICATE ORIGINAL ENTRY FOR THIS RISK	070	**Duplicate Original Entry for this Risk** An original entry (new business, renewal, mid-term transfer or additional vehicle - TRANSACTION CODE A, B, C, D, E) is transmitted to transfer a risk for a period which overlaps a risk period already on the Pool System for the same COMPANY NUMBER/POLICY NUMBER /VEHICLE NUMBER which is either in force or has not been cancelled flat. Check COMPANY NUMBER, POLICY NUMBER, VEHICLE NUMBER, TRANSFER DATE and EXPIRY DATE for accuracy on this transaction and the previous transaction. If you are rewriting the risk, be sure your flat cancellation has been accepted.

NO MASTER ON FILE FOR THIS RISK	071	**No Master on file for this Risk** A subsequent entry is transmitted (transaction code 2, 3 or 9) but there is no record on the Pool System for the risk under the COMPANY NUMBER/POLICY NUMBER/VEHICLE NUMBER/TRANSFER DATE and EXPIRY DATE compatible with the TRANSFER DATE of this entry. Check COMPANY NUMBER, POLICY NUMBER, VEHICLE NUMBER, TRANSFER DATE and EXPIRY DATE for accuracy on this and the previous transaction. Check that your original entry has been accepted by the Nova Scotia Pool System.
NO PRINCIPAL OPERATOR TRANSFERRED FOR THE PERIOD OF OCCASIONAL OPERATOR	072	**No Principal Operator Transferred for Period of Occasional Operator** An original entry (new business, renewal, additional vehicle or mid-term transfer - TRANSACTION CODE A, B, C, D, E) is transmitted with an occasional driver but there is no record on the Pool System for the principal operator under the same COMPANY NUMBER/POLICY NUMBER/VEHICLE NUMBER/TRANSFER DATE and EXPIRY DATE that includes the Transfer Period now recorded.
CANCELLATION OF COVEAGE FOR WHICH A CLAIM WAS REPORTED	073	**Cancellation Coverage for Which a Claim was Reported** A cancellation, or deletion of coverage entry (TRANSACTION CODE 3) is transmitted which cancels - a coverage from a date equal to or prior to the loss date of a claim reported under that coverage and which is still open, or, - which is closed and for which payments have been made. **Usually caused by an error in the cancellation date.** If you are cancelling a risk flat prior to rewriting and such a rejection occurs, it will be necessary: - to reverse all paymentsand - close the claim, - then cancel all coverages flat prior to rewriting the risk and processing the necessary claim transactions again. - refer to “How to Correct Key Fields”.

TRANSFER AND EXPIRY DATE	074	**Transfer or Expiry Date is Out of Range of Original** A subsequent entry (Transaction Code 2, 3, or 9) is transmitted for a COMPANY NUMBER/POLICY NUMBER/VEHICLE NUMBER which is in the Pool System - but one of the following three conditions exist: - the TRANSFER DATE of the entry does not fall within a Transfer Period already inthe Pool System. - the EXPIRY DATE of the entry does not fall within a Transfer Period already in the Pool System. - the TRANSFER and EXPIRY DATES of the entry fall within two **different** transfer periods already in the Pool System. Usually caused by an error - in POLICY NUMBER, VEHICLE NUMBER orTRANSFER/EXPIRY DATES on the current entry - by the fact that the original entry for the risk has been in error and not yet been retransmitted. - it can also be caused by an error in the TRANSFER/EXPIRY DATES of the originalentry.
TYPE OF USE CLASS 05/06	075	**No Master on File for Class 05 or 06 Transfer** The entry for a class 05 or 06 risk was the first or only risk transmitted under that POLICY NUMBER for the Transfer Period in the Pool System.
CHANGE IN COVERAGE PREVIOUSLY CANCELLED	076	**Change On A Coverage Previously Cancelled** An entry with TRANSACTION CODE 9 and crediting at least one of the coverages for a period of a risk which is recorded as being cancelled. - Note that an entry with TRANSACTION CODE 2 and debit premiums is processed as a reinstatement or a rewrite if the risk was previously cancelled.
TRANSACTION CODE “3” CANCELLED ONLY MANDATORY COVERAGES	077	**Transaction Has Reduced Part of the Transfer Period on any of these coverages to zero - (Third Party Liability, or Accident Benefits**. A risk cannot remain in the Pool if a TRANSACTION CODE 3 cancels the THIRD PARTY LIABILITY COVERAGES and/or ACCIDENT BENEFITS COVERAGE. Other coverages may not remain in force. This error will also occur if you attempt to endorse or reinstate a risk which has been previously cancelled, unless your endorsement or reinstatement includes mandatory coverage codes. ☞ Please note when temporarily suspending coverages, use a Code 9 to avoid thiserror.

PREMIUM IN A CREDIT POSITION	078	**Coverage Premium Reduced to a Credit Position** A refund amount for at least one of the coverages exceeds the premium previously transferred to the Pool.
CHANGE OF CLASS 05/06	079	**Change of Class From/To 05 or 06 creating an Invalid Vehicle Number** The entry shows TYPE OF USE 05 or 06 but the TYPE OF USE on the Pool System was not 06, or vice versa.
TRANSACTION CODE "A"	080	**Invalid use of Transaction Code 'A'** Risk identified with Transaction Code 'A', but policy already exists on the database. Code 'A' can only be used when reporting the first transaction of a new risk being ceded to the pool.
TRANSACTION CODE "B"	081	**Invalid use of Transaction Code 'B'.** Risk identified with Transaction Code 'B', but risk already exists on the database for the previous term. Code 'B' can only be used when reporting a risk not ceded to the pool in the previous term.
TRANSACTION CODE "C"	082	**Invalid use of Transaction Code 'C'** Risk identified with Transaction Code 'C', but risk does not exist on the database. Code 'C' can only be used when reporting a renewal on a policy already ceded to the pool.
TRANSACTION CODE "2"	083	**Invalid use of Transaction Code '2'.** Transaction code '2' entry does not qualify for a re- instatement. Reinstatement issued for a risk which has not been cancelled.
TRANSACTION CODE "9"	084	**Invalid use of Transaction Code '9'.** Transaction Code '9' changes cannot be applied to a risk in a cancelled status code "3".
OCCASIONAL OPERATOR	085	**Invalid use of Transaction code for Occasional Operator** Transaction code used for Occasional Operator does not match the Transaction Code previously reported on the matching Principal Operator.
OCCASIONAL OPERATOR	086	**Occasional Operator is still active** This error code occurs when a cancellation or deletion of coverage entry is processed using transaction code 3. To correct this error, occasional operator must be removed first also using transaction code 3.
OCCASIONAL OPERATOR	087	**Liability Coverage code(s) must be corresponding with the Liability Coverage code(s) as issued on the Principal Operator** Liability Coverage code(s) on the Occasional Operator must match the Liability Coverage code(s) on the Principal Operator for the same risk.

APPENDIX P-3

Data required for Common Business Transactions – Risk Premiums

Single Transactions

B =	If no change in data required, leave as blanks or transmit unchanged data.	M*** =	Not Mandatory for Deletion of Optional Coverage
M =	Mandatory	O =	Optional
M* =	Mandatory for 05 or 06 Operator if coverage is reported	R =	Zero is acceptable but At Least One Premium Amount Must be Reported on a Cancellation
M** =	Not mandatory for 05 or 06 operator.	X=	Not necessary

Field Name	New Business Renewals Add Class 05/06 Add New Veh.	Reinstatement of a Risk or Class 05/06	All Risk /Premium Chnages	Cancellation of a Rish, 05/06 or Del. Coverage
Transaction	A, B, C, D or E	2	9	3
RSP Identifier	M	M	M	M
Record Identifier	M	M	M	M
Batch Code	M	M	M	M
Entry Year/Month	M	M	M	M
Company number	M	M	M	M
Branch Code	M	M	M	M
Agency Code	O	O	X	X
Entry Number	M	M	M	M
Transaction Code	M	M	M	M
Policy Number	M	M	M	M
Transfer Date	M	M	M	M
Expiry Date	M	M	M	M
Mass Merchandising Indicator (ONT)	M	M	B	X
Territory	M	M	B	X
Vehicle Number	M	M	M	M
Type of Business	M	M	B	X
Type of Use	M	M	B	X
Occasional Operator	M*	M*	M*	M*
Third Party Liab Driving Record	M	M	B	X

B =	If no change in data required, leave as blanks or transmit unchanged data.	M*** =	Not Mandatory for Deletion of Optional Coverage
M =	Mandatory	O =	Optional
M* =	Mandatory for 05 or 06 Operator if coverage is reported	R =	Zero is acceptable but At Least One Premium Amount Must be Reported on a Cancellation
M** =	Not mandatory for 05 or 06 operator.	X=	Not necessary

Field Name	New Business Renewals Add Class 05/06 Add New Veh.	Reinstatement of a Risk or Class 05/06	All Risk /Premium Chnages	Cancellation of a Rish, 05/06 or Del. Coverage
Accident Benefits Driving Record (ONT)	M (M*)	M(M*)	B	X
Coll./All Perils Driving Record	O	O	B	X
Grid Indicator (ALTA)	M	M	X	M
Inexperienced or Experienced Driver Indicator (NB)	M	M	B	M
Operator's Age	M	M	B	X
Years Licensed	M	M	B	X
Number of Chargeable Accidents	R	R	B	X
Number of Minor Convictions	R	R	B	X
Number of Major Convictions	R	R	B	X
Number of Criminal Code Convictions	R	R	B	X
Third Party Liab. Coverage Code (ALTA, NB, NS)	M	M	B	M(M***)
Third Party Liab. Limit	M	M	B	M(M***)
Third Party Liab. Premium (ALTA, NB, NS)	M	M	B	R(M***)
Third Party Liab. – B.I. Coverage Code – (ONT)	M	M	B	M(M***)
Third Party Liab. – B.I. Premium – (ONT)	M	M	B	R(M***)
Third Party Liab. – P.D. Coverage Code (ONT)	M	M	B	M(M***)
Third Party Liab. – P.D. Premium – (ONT)	M	M	B	R(M***)
Third Party Liab. – D.C.P.D. Coverage Code – (ONT)	M	M	B	M(M***)
Third Party Liab. – D.C.P.D. Deductible Code – (ONT)	M	M	B	M(M***)

B =	If no change in data required, leave as blanks or transmit unchanged data.	M*** =	Not Mandatory for Deletion of Optional Coverage
M =	Mandatory	O =	Optional
M* =	Mandatory for 05 or 06 Operator if coverage is reported	R =	Zero is acceptable but At Least One Premium Amount Must be Reported on a Cancellation
M** =	Not mandatory for 05 or 06 operator.	X=	Not necessary

Field Name	New Business Renewals Add Class 05/06 Add New Veh.	Reinstatement of a Risk or Class 05/06	All Risk /Premium Chnages	Cancellation of a Rish, 05/06 or Del. Coverage
Third Party Liab. – D.C.P.D. Premium – (ONT)	M	M	B	R(M***)
Uninsured Automobile Coverage Code (ONT, NB, NS)	M	M	B	M(M***)
Uninsured Automobile Premium (ONT, NB, NS)	M	M	B	R(M***)
Underinsured Motorist Coverage Code	O	O	B	O
Underinsured Motorist Premium	O	O	B	O
Accident Benefits Coverage Code	M (M**)	M (M**)	B	M(M***)
Accident Benefits Premium	M (M**)	M (M**)	B	R(M***)
Coll./All Perils Coverage Code	O	O	B	O
Coll./All Perils Premium	O	O	B	O
Comp./S.P. Coverage Code	O	O	B	O
Comp./S.P. Premium	O	O	B	O
Total Premiums	M	M	R	M
Third Party Liability Bodily Injury – added Coverage to offset Tort Deductible – (Ontario)	M(M*)	M(M*)	M(M*)	M(M*)
Accident Benefits Optional Coverage - Attendant Care – (Ontario)	M(M*)	M(M*)	M(M*)	M(M*)
Accident Benefits Optional Coverage - Care giver; Housekeeping and Home Maintenance - (Ontario)	M(M*)	M(M*)	M(M*)	M(M*)
Accident Benefits Optional Coverage - Income Replacement; Non-Earner - (Ontario)	M(M*)	M(M*)	M(M*)	M(M*)

B =	If no change in data required, leave as blanks or transmit unchanged data.	M*** =	Not Mandatory for Deletion of Optional Coverage
M =	Mandatory	O =	Optional
M* =	Mandatory for 05 or 06 Operator if coverage is reported	R =	Zero is acceptable but At Least One Premium Amount Must be Reported on a Cancellation
M** =	Not mandatory for 05 or 06 operator.	X=	Not necessary

Field Name	New Business Renewals Add Class 05/06 Add New Veh.	Reinstatement of a Risk or Class 05/06	All Risk /Premium Chnages	Cancellation of a Rish, 05/06 or Del. Coverage
Accident Benefits Optional Coverage - Dependant Care; Expense for Vistors; Lost Education Expense; Damage To Clothes, Glasses Etc. – (Ontario)	M(M*)	M(M*)	M(M*)	M(M*)
Accident Benefits Optional Coverage – Death; Funeral – (Ontario)	M(M*)	M(M*)	M(M*)	M(M*)
Accident Benefits Optional Coverage - Indexation – (Ontario)	M(M*)	M(M*)	M(M*)	M(M*)

Appendix C-1

Definitions of Claim Transfer Fields

Batching of Transaction – Claims Submission Information

1. RECORD IDENTIFIER

A one digit field (numeric) used to identify the record type (Claims). Each record must contain Record Identifier.

Claims Record	=	3
Claims Trailer Record	=	4

2. RSP IDENTIFIER

A 3 digit (numeric) used to identify each Risk Sharing Pool

Ontario	100
Grid	200
Non-Grid	250
New Brunswick	300
Nova Scotia	400
Newfoundland and Labrador	500

3. BATCH CODE

A 3 digit field (alpha/numeric) used to identify the batch containing the transfer records.

4. ENTRY YEAR/MONTH

A 6 digit field (numeric) used for the YEAR and MONTH (CCYYMM) in which the transaction record is to be processed.

5. COMPANY NUMBER

A 3 digit code (numeric) assigned by FA's Statistical Service Provider and used by the Risk Sharing Pools to identify each Member. A company group reporting under a single company number must ensure no other numbers are used.

6. BRANCH CODE

A 2 digit code (alpha/numeric) transmitted to segregate your transactions by branch.

7. TRANSACTION CODE

A 1 digit code which identifies the type of transaction transmitted.

CODE 1: This code is used to open a CLAIM/COVERAGE/KIND OF LOSS for this DATE OF LOSS with reserve.

CODE 2: This code is used to transfer subsequent payment/recoveries, and increase or decrease the reserve on a claim which is to remain open.

CODE 3: This code is used to close a CLAIM/COVERAGE/KIND OF LOSS for the following transactions:

Final Payment - a payment/recovery on a CLAIM/COVER/KIND OF LOSS, and if applicable, accompanied on the same line by an amount reducing the outstanding reserve to zero.

Closing Reserve - to close a claim with/without payment by reducing the outstanding reserve to zero.

Initial/Final Payment - to transfer a payment after which the file is considered closed

Additional Payment - after a claim has been closed.

CODE 4: - This code is used to re-open a reserve on a claim which has already been closed.
- You must not use this code to re-open a reserve for the sole purpose of transmitting an additional payment; such a payment must be transferred using TRANSACTION 3.

8. FOR FUTURE USE (Use Blanks)

9. POLICY NUMBER
Policy Number is 20 digits (alpha/numeric) to identify the policy which contains the risk being transferred. This number must be identical on this and all subsequent entries.

10. FOR FUTURE USE (Use Blanks)

11. VEHICLE NUMBER
Vehicle Number is 3 digit field (formatted as two digits plus a leading zero) which identifies the particular vehicle on which the claim has been made and must match the VEHICLE NUMBER as recorded on the POLICY NUMBER at the DATE OF LOSS.

12. OCCASIONAL DRIVER
A one digit field (numeric) 1-9 used when transmitting an entry for a Third Party, Accident Benefits or Collision claim incurred by a driver classified as Class 05 or 06.

13. FOR FUTURE USE (Use Blanks)

14. CLAIM NUMBER
A 20 character field (alpha/numeric) used to identify the claim transferred. This number must be identical on this and all subsequent entries, for this occurrence.

15. DATE OF LOSS
This is an 8 digit field (CCYYMMDD) used to enter the date on which the loss occurred. This must be identical on this and all subsequent entries, for this occurrence.

16. CLAIM TRANSACTION DATE

This is an 8 digit field (CCYYMMDD) used to enter the date on which the claim is posted to the member's own system. All Claim transactions must be submitted within 30 days from Claim Transaction Date and the Pool Submission date.

17. FOR FUTURE USE (Use Blanks)

18. KIND OF LOSS

Kind of Loss codes 3 digits field reported as 2 character codes left justified and blank (space character) filled.

KIND OF LOSS - Province of Ontario

SECTION A: Third Party Liability

B.I. claims outside of Ontario by passengers in the automobile insured by the reporting company (Passenger Hazard).	03
B.I. claims outside of Ontario by any other third party	04
B.I. claims in Ontario by passengers in the automobile (PH) insured by the reporting company (over the threshold)	05
B.I. claims in Ontario by any other third party (over the threshold)	06
Loss Transfer provisions (applies to the company making the loss transfer payment only)	07
Damage to contents not owned by the insured but under his care, custody or control (direct compensation)	14
Property damage to third party vehicle or contents thereof or to other property not under the care, custody or control of the insured (third party vehicle outside Ontario)	15
Property damage to insured vehicles constituting a total loss when END. No. 43 or 43a or 19a is applicable (direct compensation)	12
Other property damage to insured vehicles (direct compensation)	16
Property damage to contents owned by the insured (direct compensation)	17
Loss of use (direct compensation)	18
Loss to trailers not owned by the insured but under insured's control	19

SECTION B: Accident Benefits

- **PRIOR TO JANUARY 1ST 1994**

Funeral services	40
Medical, excluding rehabilitation and long term care	41

Rehabilitation - vocational	45
- renovations	43
Long term care	46
Death benefit	42
Disability income benefit	44
Dependant care income benefit	48
Replacement of clothing, hearing aids, glasses and other devices	49

- **ON OR AFTER JANUARY 1ST 1994**

Funeral Benefit	40
Death Benefit	42
Medical, excluding all rehabilitation and attendant care	41
Rehabilitation - Renovations	43
Rehabilitation - All other	45
Attendant Care	46
Caregiver Disability Income Benefit	48
Employed/Deemed Employed	80
Disability Income Benefit	
Student/Pre-School	81
Disability Income Benefit	
All Others Disability Income Benefit	82
Visitation Expenses Benefit	83
Dependant Care Expenses Benefit	84
Housekeeping and Home Maintenance	85
Expenses Benefit	
Costs of Examinations	86
All Other, including replacement to Clothing,	87
Hearing Aids, Glasses, and Other Devices	
Uninsured Motorist Benefits	39
Uninsured Automobile Benefit, Bodily Injury	36

Uninsured Automobile Benefit, Property Damage	38
Accidents occurring in Quebec, payments in excess of Ontario Benefits	37

SECTION C: PHYSICAL DAMAGE

Loss or Damage to Insured Auto:	
Collision Claims	20
Fire Claims	21
Theft Claims	22
Theft to the Entire Vehicle	23
Theft of Contents of the Vehicle	24
Malicious Mischief and Vandalism	25
Glass Claims	26
Other Claims	27
Windstorm	28
Hail	29
Impact with a live undomesticated animal	2A

SECTION D: UNDERINSURED MOTORIST COVERAGE

Underinsured Motorist Claim	35

KIND OF LOSS - Province of Alberta

Kind of Loss codes are reported as 2 character codes left justified and blank (space character) filled.

SECTION A: Third Party Liability – Kind of Loss Codes

Bodily Injury Claims – by PASSENGERS in the Automobile insured by the reporting company	01
By any other Third Party	02
Property Damage Claims	09
Bodily Injury Claims outside Alberta, by passengers in the automobile, insured by the reporting company	03

Bodily Injury Claims outside Alberta, by any other third party	04
Bodily Injury Claims in Alberta, by passengers in the automobile, insured by the reporting company prior to January 1, 2027	05
Bodily Injury Claims in Alberta, by any other third party prior to January 1, 2027	06
Loss Transfer provision (applies to the company making the loss transfer indemnification payment to the insurer paying the accident benefits) on or after January 1, 2027	07
Damage to contents, not owned by the insured but under his care, custody or control (direct compensation)	14
Property Damage to third party vehicle, or contents thereof, or to other property not under the care, custody or control of the insured	15
Property Damage to insured vehicles, constituting a total loss when SEF 43R or 43R(L) (Leased vehicle) or SEF 19a is applicable (direct compensation)	12
Other Property Damage to insured vehicles (direct compensation)	16
Property Damage to contents owned by the insured (direct compensation)	17
Loss of use (direct compensation)	18
Damage to trailers, not owned by the insured but under his care, custody or control (direct compensation)	19
Losses in excess of provincial benefits where policyholder has the right to sue for them, as outlined in the regulations on or after January 1, 2027	031
Tort Bar Exceptions on or after January 1, 2027	051

SECTION B: Accident Benefits – Kind of Loss Codes
Prior to January 1st, 2027

Funeral Services	30
Medical Expenses	31
Death Benefits	32
Disability Income Benefits	34
Uninsured Motorist Benefits	39

On or after January 1st, 2027

Funeral and interment expense • As prescribed in section 43 of Bill 47	400
Grief counselling expenses • As prescribed in section 44 of Bill 47	401
Health care and related expenses	410

• As prescribed in section 10 of Bill 47	
Daily living assistance expenses • As prescribed in section 13 of Bill 47 (Health care & related expenses)	411
Expenses for car of other persons • As prescribed in section 14 of Bill 47 (Health care & related expenses)	412
Expenses respecting family enterprise (help to hire someone else to replace you in a family business, i.e., part time bookkeeping for spouse's small business) • As prescribed in section 15 of Bill 47 (Health care & related expenses)	413
Other Expenses • As prescribed in section 16 of Bill 47 (Health care & related expenses)	414
Lump sum indemnity for a permanent impairment. • As prescribed in section 36-38 of Bill 47 (Permanent impairment)	415
Death benefit for spouse or partner • As prescribed in section 39 of Bill 47	421
Death benefit for dependent • As prescribed in section 40-41 of Bill 47	422
Death benefit for non-dependent child or parent • As prescribed in section 42 of Bill 47	423
Rehabilitation • As prescribed in section 11 of Bill 47 (Health care & related expenses)	430
Loss Transfer Recovery - Funeral and interment expenses	600
Loss Transfer Recovery - Grief counselling expenses	601
Loss Transfer Recovery - Health care and related expenses	610
Loss Transfer Recovery - Daily living assistance expenses	611
Loss Transfer Recovery - Expenses for care of other persons	612
Loss Transfer Recovery - Expenses respecting family enterprise	613
Loss Transfer Recovery - Other Expenses • As prescribed in section 16 of Bill 47	614
Loss Transfer Recovery - Lump sum indemnity for a permanent impairment	615
Loss Transfer Recovery - Death benefit for spouse or partner • As prescribed in section 39 of Bill 47	621
Loss Transfer Recovery - Death benefit for dependent • As prescribed in section 40-41 of Bill 47	622
Loss Transfer Recovery - Death benefit for non-dependent child or parent • As prescribed in section 42 of Bill 47	623
Loss Transfer Recovery - Rehabilitation	630
Full-time earners income replacement	801

• As prescribed in section 18 and 19 of Bill 47	
Self-employed earners income replacement • As prescribed in section 18 and 19 of Bill 47	802
Temporary and part-time earners income replacement • As prescribed in section 20 of Bill 47	803
Student entitled to income replacement benefits • As prescribed in section 23, 24, 25, and 26 of Bill 47	810
Minor entitled to income replacement benefits • As prescribed in sections 28, 29, 30 and 31 of Bill 47	811
Lump sum indemnity for each of school year not completed (kindergarten to Grade 12) • As prescribed in section 27 of Bill 47	812
Lump sum indemnity for each school year not completed (Postsecondary) • As prescribed in section 22 of Bill 47	813
Non-earners • As prescribed in section 21 of Bill 47	820
Retirement income benefits • As prescribed in section 34 of Bill 47	821
Caregiver benefit • As prescribed in section 32 of Bill 47	822
Transportation, lodging, other expenses. • As prescribed in section 12 of Bill 47 (Health care & related expenses)	830
Loss Transfer Recovery - Full-time earners	901
Loss Transfer Recovery - Self-employed earners	902
Loss Transfer Recovery - Temporary and part-time earners	903
Loss Transfer Recovery - Student entitled to income replacement benefits	910
Loss Transfer Recovery - Minor entitled to income replacement benefits	911
Loss Transfer Recovery - Non-earners	920
Loss Transfer Recovery - Retirement income benefits	921
Loss Transfer Recovery - Caregiver benefit	922
Loss Transfer Recovery - Transportation, lodging, other expenses	930

SECTION C: PHYSICAL DAMAGE

Loss or Damage to Insured Auto:	
Collision Claims	20
Fire Claims	21

Theft Claims	22
Theft to the Entire Vehicle	23
Theft of Contents of the Vehicle	24
Malicious Mischief and Vandalism	25
Glass Claims	26
Other Claims	27
Windstorm	28
Hail	29
Impact with a live undomesticated animal	2A

SECTION D: UNDERINSURED MOTORIST COVERAGE

Underinsured Motorist Claim	35

KIND OF LOSS - Province of New Brunswick

Kind of Loss codes are reported as 2 character codes left justified and blank (space character) filled.

SECTION A: Third Party Liability – Kind of Loss Codes

Bodily Injury Claims outside New Brunswick, by passengers in the automobile, insured by the reporting company	03
Bodily Injury Claims outside New Brunswick, by any other third party	04
Bodily Injury Claims in New Brunswick, by passengers in the automobile, insured by the reporting company	05
Bodily Injury Claims in New Brunswick, by any other third party	06
Damage to contents, not owned by the insured but under his care, custody or control (direct compensation)	14
Property Damage to third party vehicle, or contents thereof, or to other property not under the care, custody or control of the insured	15
Property Damage to insured vehicles, constituting a total loss when N.B.E.F. no. 43R or 19a is applicable (direct compensation)	12
Other Property Damage to insured vehicles (direct compensation)	16
Property Damage to contents owned by the insured (direct compensation)	17
Loss of use (direct compensation)	18

Damage to trailers, not owned by the insured but under his care, custody or control (direct compensation)	19

SECTION B: Accident Benefits – Kind of Loss Codes

Funeral Services	30
Medical Expenses	31
Death Benefits	32
Disability Income Benefits	34
Uninsured Motorist Benefits	39

SECTION C: PHYSICAL DAMAGE

Loss or Damage to Insured Auto:	
Collision Claims	20
Fire Claims	21
Theft Claims	22
Theft to the Entire Vehicle	23
Theft of Contents of the Vehicle	24
Malicious Mischief and Vandalism	25
Glass Claims	26
Other Claims	27
Windstorm	28
Hail	29
Impact with a live undomesticated animal	2A

SECTION D: UNDERINSURED MOTORIST COVERAGE

Underinsured Motorist Claim	35

UNINSURED MOTORIST COVERAGE

Uninsured Automobile Claim	39

KIND OF LOSS - Province of Newfoundland and Labrador

Kind of Loss codes are reported as 2 character codes left justified and blank (space character) filled.

SECTION A: Third Party Liability – Kind of Loss Codes

Bodily Injury Claims – by PASSENGERS in the Automobile insured by the reporting company	01
By any other Third Party	02
Property Damage Claims	09
Bodily Injury Claims outside Newfoundland and Labrador, by passengers in the automobile, insured by the reporting company	03
Bodily Injury Claims outside Newfoundland and Labrador, by any other third party	04
Bodily Injury Claims in Newfoundland and Labrador, by passengers in the automobile, insured by the reporting company	05
Bodily Injury Claims in Newfoundland and Labrador, by any other third party	06
Damage to contents, not owned by the insured but under his care, custody or control (direct compensation)	14
Property Damage to third party vehicle, or contents thereof, or to other property not under the care, custody or control of the insured	15
Property Damage to insured vehicles, constituting a total loss when SEF 43R or 43R(L) (Leased vehicle) or SEF 19a is applicable (direct compensation)	12
Other Property Damage to insured vehicles (direct compensation)	16
Property Damage to contents owned by the insured (direct compensation)	17
Loss of use (direct compensation)	18
Damage to trailers, not owned by the insured but under his care, custody or control (direct compensation)	19

SECTION B: Accident Benefits – Kind of Loss Codes

Funeral Services	30
Medical Expenses	31
Death Benefits	32
Disability Income Benefits	34
Uninsured Motorist Benefits	39

SECTION C: PHYSICAL DAMAGE

Loss or Damage to Insured Auto:	

Collision Claims	20
Fire Claims	21
Theft Claims	22
Theft to the Entire Vehicle	23
Theft of Contents of the Vehicle	24
Malicious Mischief and Vandalism	25
Glass Claims	26
Other Claims	27
Windstorm	28
Hail	29
Impact with a live undomesticated animal	2A

SECTION D: UNDERINSURED MOTORIST COVERAGE

Underinsured Motorist Claim	35

UNINSURED AUTOMOBILE COVERAGE

Uninsured Automobile Claim	39

KIND OF LOSS - Province of Nova Scotia

Kind of Loss codes are reported as 2 character codes left justified and blank (space character) filled.

SECTION A: Third Party Liability – Kind of Loss Codes

Bodily Injury Claims outside Nova Scotia, by passengers in the automobile, insured by the reporting company	03
Bodily Injury Claims outside Nova Scotia, by any other third party	04
Bodily Injury Claims in Nova Scotia, by passengers in the automobile, insured by the reporting company	05
Bodily Injury Claims in Nova Scotia, by any other third party	06
Damage to contents, not owned by the insured but under his care, custody or control (direct compensation)	14
Property Damage to third party vehicle, or contents thereof, or to other property not under the care, custody or control of the insured	15

Property Damage to insured vehicles, constituting a total loss when endst no. 43 or 19a is applicable (direct compensation)	12
Other Property Damage to insured vehicles (direct compensation)	16
Property Damage to contents owned by the insured (direct compensation)	17
Loss of use (direct compensation)	18
Damage to trailers, not owned by the insured but under his care, custody or control (direct compensation)	19

SECTION B: Accident Benefits – Kind of Loss Codes

Funeral Services	30
Medical Expenses	31
Death Benefits	32
Disability Income Benefits	34
Uninsured Motorist Benefits	39

SECTION C: PHYSICAL DAMAGE

Loss or Damage to Insured Auto:

Collision Claims	20
Fire Claims	21
Theft Claims	22
Theft to the Entire Vehicle	23
Theft of Contents of the Vehicle	24
Malicious Mischief and Vandalism	25
Glass Claims	26
Other Claims	27
Windstorm	28
Hail	29
Impact with a live undomesticated animal	2A

SECTION D: UNDERINSURED MOTORIST COVERAGE

Underinsured Motorist Claim	35

UNINSURED AUTOMOBILE COVERAGE

Uninsured Automobile Claim	39

19. PAID LOSS AMOUNT

An 8 digit field (numeric) used to enter the gross amount of the loss paid towards settlement of the claim (in dollars only). Transactions for salvage (exclusive of any applicable GST/HST collected with salvage), recovery, cancelled cheque or reversals are coded by using a minus sign in the left most position of the field. (The left most position must be (+) for positive or (-) for negative or the entire field is blank if you are not entering a PAID LOSS AMOUNT).

20. PAID EXPENSE AMOUNT

A 7 digit field (numeric) used to enter the gross amount of those expenses incurred including sales taxes (e.g. GST, HST) paid on eligible expenses in the course of settlement of the claim (in dollars only). Transactions for cancelled cheque or reversals are coded by using a minus sign in the left most position of the field. (The left most position must be (+) for positive or (-) for negative or the entire field must be blank if you are not entering a PAID EXPENSE AMOUNT.)

The Risk Sharing Pools do not reimburse fees for investigation costs, for example, independent adjusters or appraisers or the cost of staff adjusters or appraisers employed by you.

- Information can be found in the RSP Claims Guide for legal and professional fees that can be transferred to the Pools.

21. RESERVE CHANGE AMOUNT

The Pool maintains, according to your transmissions, an outstanding reserve figure (in dollars only).

For each Kind of Loss under each coverage of a claimant 8 digit field (numeric) used to transmit the reserve must be established. These reserve figures are maintained on an increase/decrease basis. When you change a reserve figure, the new reserve is not transmitted, only the increase or decrease that will bring the prior reserve figure to the new level. Decreases in reserves are identified by coding a minus sign in the left most position of the field. (The left most position must be plus (+) for positive or (-) minus for negative or the entire field is blank if you are not entering a RESERVE CHANGE AMOUNT).

You must establish, maintain and fund reserves on your claim file according to the insurance regulator.

22. EXPENSE CODE

A 1 digit field (alpha/numeric) used to identify the type of expense:

First Party Legal	A
All Other Professional Fees as listed in No. 20	B

23. FOR FUTURE USE (Use Blanks)

24. EXCLUDED DRIVER

A 1 digit field (alpha/numeric) used to identify the presence of an excluded driver on the claim transaction.

No	0
Yes	1

25. COVERAGE CODE

(1) Province of Ontario

A 2 digit field (numeric) used to enter the COVERAGE CODE recorded on the risk/premium

Third Party Liability Coverage Codes (For risks with a transfer date prior to July 1st, 1994)

Third Party Liability	62

Third Party Liability Coverage Codes (For risks with a transfer date on or after July 1st, 1994)

T.P.L. - Bodily Injury	10
T.P.L. - Property Damage	11
T.P.L. - Direct Compensation Property Damage	12

Collision Coverage Codes (For risks with a transfer date prior to January 1st 1997)

$ 100 deductible	33
$ 200 deductible	34
$ 250 deductible	35
$ 500 deductible	36
$1000 deductible	37
Over $1000 deductible	38
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	39

Collision Coverage Codes (For risks with a transfer date on or after January 1st 1997)

$ 100 deductible	313
$ 200 deductible	314
$ 250 deductible	315
$ 300 deductible	320

$500 deductible	326
$1000 deductible	327
Over $1000 deductible	328
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	399

All Perils Coverage Codes (For risks with a transfer date prior to January 1st 1997)

$ 100 deductible	43
$ 200 deductible	44
$ 250 deductible	45
$500 deductible	46
$1000 deductible	47
Over $1000 deductible	48
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	49

All Perils Coverage Codes (For risks with a transfer date on or after January 1st 1997)

$ 100 deductible	413
$ 200 deductible	414
$ 250 deductible	415
$300 deductible	420
$500 deductible	426
$1000 deductible	427
Over $1000 deductible	428
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	499

Comprehensive Coverage Codes (For risks with a transfer date prior to January 1st 1997)

$ 50 deductible	82
$ 100 deductible	83
$ 200 deductible	84

$ 250 deductible	85
$ 500 deductible	86
$ 1000 deductible	87
Over $1000 deductible	88
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	89

Comprehensive Coverage Codes (For risks with a transfer date on or after January 1st 1997)

$ 50 deductible	812
$ 100 deductible	813
$ 200 deductible	814
$ 250 deductible	815
$ 300 deductible	820
$ 500 deductible	826
$ 1000 deductible	827
Over $1000 deductible	828
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	899

Specified Perils Coverage Codes (For risks with a transfer date prior to January 1st 1997)

$ 50 deductible	22
$ 100 deductible	23
$ 200 deductible	24
$ 250 deductible	25
$ 500 deductible	26
$ 1000 deductible	27
Over $1000 deductible	28
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	29

Specified Perils Coverage Codes (For risks with a transfer date on or after January 1st 1997)

$ 50 deductible	212

$ 100 deductible	213
$ 200 deductible	214
$ 250 deductible	215
$ 300 deductible	220
$ 500 deductible	226
$ 1000 deductible	227
Over $1000 deductible	228
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	299

Accident Benefits Coverage Codes

Basic with excluded driver endorsement	73
Basic without excluded driver endorsement	74
Enhanced with excluded driver endorsement	75
Enhanced without excluded driver endorsement	76
With Excluded Driver, excluding Uninsured Automobile	14
Without Excluded Driver, excluding Uninsured Automobile	15

Uninsured Motorist Coverage Codes

Uninsured Automobile, with Excluded Driver	17
Uninsured Automobile, without Excluded Driver	18

Underinsured Motorist Coverage Codes

$ 200,000	02
$ 300,000	03
$ 500,000	05
$1,000,000	06
$2,000,000	07

(2) <u>Province of Alberta</u>

A 2 digit field (numeric) used to enter the COVERAGE CODE recorded on the risk/premium.

Third Party Liability Coverage Codes

Third Party Liability	62

T.P.L. - Bodily Injury	10
T.P.L. - Property Damage	11
T.P.L. - Direct Compensation Property Damage	12

Collision Coverage Codes

$ 100 deductible	33
$ 200 deductible	34
$ 250 deductible	35
$ 500 deductible	36
$1000 deductible	37
Over $1000 deductible	38
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	39

All Perils Coverage Codes

$ 100 deductible	43
$ 200 deductible	44
$ 250 deductible	45
$ 500 deductible	46
$1000 deductible	47
Over $1000 deductible	48
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	49

Comprehensive Coverage Codes

$ 50 deductible	82

$ 100 deductible	83
$ 200 deductible	84
$ 250 deductible	85
$ 500 deductible	86
$1000 deductible	87
Over $1000 deductible	88
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	89

Specified Perils Coverage Codes

$ 50 deductible	22
$ 100 deductible	23
$ 200 deductible	24
$ 250 deductible	25
$ 500 deductible	26
$1000 deductible	27
Over $1000 deductible	28
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	29

Accident Benefits

Coverage Codes	78

Underinsured Motorist Coverage Codes

$ 200,000	02
$ 300,000	03
$ 500,000	05
$1,000,000	06
$2,000,000	07

(3) COVERAGE CODE– Province of New Brunswick

A 2 digit field (numeric) used to enter the COVERAGE CODE recorded on the risk/premium.

Third Party Liability Coverage Codes (For risks with a transfer date prior to January 1st, 2014)

Third Party Liability	62

Third Party Liability Coverage Codes (For risks with a transfer date on or after January 1st, 2014)

T.P.L. - Bodily Injury	10
T.P.L. - Property Damage	11
T.P.L. - Direct Compensation Property Damage	12

Collision Coverage Codes

$ 100 deductible	33
$ 200 deductible	34
$ 250 deductible	35
$ 500 deductible	36
$1000 deductible	37
Over $1000 deductible	38
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	39

All Perils Coverage Codes

$ 100 deductible	43
$ 200 deductible	44
$ 250 deductible	45
$ 500 deductible	46
$1000 deductible	47
Over $1000 deductible	48

Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	49

Comprehensive Coverage Codes

$ 50 deductible	82
$ 100 deductible	83
$ 200 deductible	84
$ 250 deductible	85
$ 500 deductible	86
$1000 deductible	87
Over $1000 deductible	88
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	89

Specified Perils Coverage Codes

$ 50 deductible	22
$ 100 deductible	23
$ 200 deductible	24
$ 250 deductible	25
$ 500 deductible	26
$1000 deductible	27
Over $1000 deductible	28
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	29

Accident Benefits

Coverage Codes	78

Underinsured Motorist Coverage Codes

$ 200,000	02

$ 300,000	03
$ 500,000	05
$1,000,000	06
$2,000,000	07

(4) **COVERAGE CODE– Province of Newfoundland and Labrador**

A 2 digit field (numeric) used to enter the COVERAGE CODE recorded on the risk/premium.

Third Party Liability Coverage Codes (For risks with a transfer date prior to January 1st, 2021)

Third Party Liability	62

Third Party Liability Coverage Codes (For risks with a transfer date on or after January 1st, 2021)

T.P.L. - Bodily Injury	10
T.P.L. - Property Damage	11
T.P.L. - Direct Compensation Property Damage	12

Collision Coverage Codes

Full coverage	30
$ 25 deductible	31
$ 50 deductible	32
$ 100 deductible	33
$ 200 deductible	34
$ 250 deductible	35
$ 500 deductible	36
$1000 deductible	37
Over $1000 deductible	38
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	39

All Perils Coverage Codes

Full coverage	40
$ 25 deductible	41
$ 50 deductible	42
$ 100 deductible	43
$ 200 deductible	44
$ 250 deductible	45
$ 500 deductible	46
$1000 deductible	47
Over $1000 deductible	48
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	49

Comprehensive Coverage Codes

Full coverage	80
$ 25 deductible	81
$ 50 deductible	82
$ 100 deductible	83
$ 200 deductible	84
$ 250 deductible	85
$ 500 deductible	86
$1000 deductible	87
Over $1000 deductible	88
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	89

Specified Perils Coverage Codes

Full coverage	20
$ 25 deductible	21
$ 50 deductible	22

$ 100 deductible	23
$ 200 deductible	24
$ 250 deductible	25
$ 500 deductible	26
$1000 deductible	27
Over $1000 deductible	28
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	29

Accident Benefits

Coverage Codes	78

Underinsured Motorist Coverage Codes

$ 200,000	02
$ 300,000	03
$ 500,000	05
$1,000,000	06
$2,000,000	07

(5) <u>COVERAGE CODE – Province of Nova Scotia</u>

A 2 digit field (numeric) used to enter the COVERAGE CODE recorded on the risk/premium.

Third Party Liability Coverage Codes (For risks with a transfer date prior to January 1st, 2014)

Third Party Liability	62

Third Party Liability Coverage Codes (For risks with a transfer date on or after January 1st, 2014)

T.P.L. - Bodily Injury	10
T.P.L. - Property Damage	11
T.P.L. - Direct Compensation Property Damage	12

Collision Coverage Codes

$ 100 deductible	33
$ 200 deductible	34
$ 250 deductible	35
$ 500 deductible	36
$1000 deductible	37
Over $1000 deductible	38
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	39

All Perils Coverage Codes

$ 100 deductible	43
$ 200 deductible	44
$ 250 deductible	45
$ 500 deductible	46
$1000 deductible	47
Over $1000 deductible	48
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	49

Comprehensive Coverage Codes

$ 50 deductible	82
$ 100 deductible	83
$ 200 deductible	84
$ 250 deductible	85
$ 500 deductible	86
$1000 deductible	87
Over $1000 deductible	88
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	89

Specified Perils Coverage Codes

$ 50 deductible	22
$ 100 deductible	23
$ 200 deductible	24
$ 250 deductible	25
$ 500 deductible	26
$1000 deductible	27
Over $1000 deductible	28
Other Deductible Coverages including Disappearing Deductible Coverage & Others of a similar nature	29

Accident Benefits

Basic Coverage Codes	78
Enhanced Coverage with Optional Supplementary Benefits	79

Underinsured Motorist Coverage Codes

$ 200,000	02
$ 300,000	03
$ 500,000	05
$1,000,000	06
$2,000,000	07

Uninsured Automobile Coverage Code	90

26. FOR FUTURE USE (Use Blanks)

Appendix C-2

Error Codes

The following error messages reflect edit error conditions on your claim transaction, when you view the Claim Transaction Screen. The short bold message is initially displayed, with an option to access the larger more detailed description of data required, some with tips as to the probable cause of the error.

FIELD AND RELATIONSHIP ERRORS

FIELD NAME	ERROR NO.	DESCRIPTION
POLICY NUMBER	094	**Policy Number is Missing** The POLICY NUMBER is a mandatory field, accepting only A- Z, 0-9, embedded blanks, and certain special characters. An all zero POLICY NUMBER is considered missing.
VEHICLE NUMBER	095	**Vehicle Number is Missing** The VEHICLE NUMBER is a mandatory field and must be number in the range of 001 - 999.
OCCASIONAL OPERATOR	096	**Invalid Occasional Operator** The OCCASIONAL OPERATOR must only be reported for a Class 05 or 06 driver as a number in the range of 1 - 9, otherwise must be blank.
CLAIM NUMBER	097	**Claim number is Missing** The CLAIM is a mandatory field, accepting only A-Z, 0-9, embedded blanks, and certain special characters. An all zero CLAIM NUMBER is considered missing.
DATE OF LOSS	098	**Date of loss is an Invalid Date** The DATE OF LOSS must be formatted as CCDDMMYY and represent an actual calendar date and be less than or equal to the ENTRY DATE; for example, dates such as February 30 are invalid.
DATE OF LOSS	099	**The Date of Loss does not fall within the Transfer Period** When a claim entry is transmitted for a risk on the Pool System, the DATE OF LOSS must fall within the Transfer Period. Usually caused by an error in the DATE OF LOSS or because the original risk/premium transaction has been rejected and not retransmitted.

FIELD NAME	ERROR NO.	DESCRIPTION
KIND OF LOSS CODE	100	**Invalid Kind of Loss is Invalid** The kind of loss codes must be **Province** — **Kind of Loss** **Ontario** — 03 – 07, 10, 12, 14 – 29, 2A, 35 – 39, 40 – 46, 48, 49, 80 - 87. **Alberta** — 01-06, 09,12, 14 - 29, 2A, 30, 31, 32, 34, 35, 39 **New Brunswick** — 03 – 06, 12, 14 – 29, 2A, 30 – 32, 34, 35, 39 **Nova Scotia** — 03 – 06, 12, 14 – 29, 2A, 30– 32, 34, 35, 39 **Newfoundland & Labrador** — 01-06, 09, 12, 14-29, 2A,30-34, 35, 39
PAID LOSS AMOUNT	101	**Paid Loss Amount Not Numeric** The PAID LOSS AMOUNT must be a number.
PAID EXPENSE AMOUNT	102	**Paid Expense Amount Not Numeric** The PAID EXPENSE AMOUNT must be a number.
RESERVE AMOUNT	103	**Reserve Change Amount Not Numeric** The RESERVE CHANGE AMOUNT must be a number.
TRANSACTION CODE	104	**Invalid Transaction Code** The TRANSACTION CODE must be 1 (new claim) with a reserve amount, 2 (additional payment/reserve), 3 (close a claim) or 4 (reopen a claim) with a reserve amount.
EXPENSE CODE	105	**Invalid Expense Code** The EXPENSE CODE must be A or B.
EXCLUDED DRIVER	106	**Excluded Driver Code Missing or Invalid** The EXCLUDED DRIVER CODE is mandatory and must be 0 or 1.

FIELD NAME	ERROR NO.	DESCRIPTION
COVERAGE CODE	107	**Coverage Code is Invalid** **Province** — **Coverage Codes** **Ontario** — 02, 03, 05, 06, 07, 10, 11, 12, 14, 15, 17, 18, 22 – 29, 33 – 39, 43 – 49, 50, 62, 73 – 76, 82 – 89, 212 – 215, 220, 226 – 228, 299, 313 – 315, 320, 326 – 328, 399, 413 – 415, 420, 426 – 428, 499 73-76 valid for policies with effective date prior to July 1, 2026 Submit BLANK for AccBen Claims for policies effective on or after July 1, 2026. **Alberta** — 0A, 0B, 0C, 0D 02, 03, 05, 06, 07, 10-12, 22 – 29, 33 - 39, 43 - 49, 62, 78, 82-89 **New Brunswick** — 02, 03, 05, 06, 07, 10-12, 22 – 29, 33 - 39, 43 – 49, 78, 82 – 89, 90 **Nova Scotia** — 02, 03, 05, 06, 07, 10-12, 22 – 29, 33 - 39, 43 – 49, 78, 82 – 89, 90 **Newfoundland & Labrador** — 02-03, 05-07, 10-12, 20-29, 30-39, 40-49, 62, 78, 80-89, 90

FIELD NAME	ERROR NO.	DESCRIPTION
KIND OF LOSS/ COVERAGE COMBINATION	108	**Invalid Kind of Loss/Coverage Combination** The kind of loss/coverage combination must follow the original coding on the premium transaction: **Province** **Ontario** **Coverage** — **Kind of Loss** 02, 03, 05, 06, 07 — 35 62 — 03, 04, 05, 06, 07, 12, 14, 15, 16, 17, 18, 19 10 — 03, 04, 05, 06, 07 11 — 15 12 — 12, 14, 16, 17, 18, 19 73, 74, 75, 76 or BLANK — 36 - 46, 48, 80- 87 14, 15 — 37, 39, 40-49, 80-87 17, 18 — 36, 38 22 to 29 — 21, 22, 27 33 to 39 — 20 43 to 49 — 20, 21, 22, 23,24,25,26,27,28,29,2A 82 to 89 — 21, 22, 23,24,25,26,27,28,29, 2A 212 to 215, 220 226 to 228, 299 — 21, 22, 23,24,25,26,27,28,29 313 to 315, 320, 326 to 328, 399 — 20 413 to 415, 420 426 to 428, 499 — 20, 21, 22, 23,24,25,26,27,28,29, 2A 812 to 815, 820 826 to 828, 899 — 21, 22, 23,24,25,26,27,28,29, 2A 50 — 10

KIND OF LOSS/ COVERAGE COMBINATION (Continued)	108	**Alberta** **Coverage** — **Kind of Loss** 02, 03, 05,06, 07 — 35 0A, 0B, 0C, 0D 90 — 39 62 — 01-06, 09, 12, 14-19 10 — 03, 04, 05, 06, 11 — 15 12 — 12, 14, 16, 17, 18, 19 78 or Blank — 30, 31, 32, 34,39,400, 401, 410-415, 421-423, 430, 600, 601, 610-615, 621-623, 630, 801-803, 810-813, 820-822, 830, 901-903, 910, 911, 920-922,930 22 to 29 — 21, 22, 23,24,25,26,27,28,29 33 to 39 — 20 43 to 49 — 20, 21, 22,23,24,25,26,27,28,29, 2A 82 to 89 — 21, 22, 23,24,25,26,27,28,29,2A **New Brunswick** **Coverage** — **Kind of Loss** 02, 03, 05,06, 07 — 35 90 — 39 62 — 03, 04, 05, 06, 12, 14, 15, 16, 17, 18 & 19 10 — 03, 04, 05, 06, 11 — 15 12 — 12, 14, 16, 17, 18, 19 78 — 30-32, 34, 39 22 to 29 — 21, 22, 23,24,25,26,27,28,29

FIELD NAME	ERROR NO.	DESCRIPTION	
		33 to 39	20
		43 to 49	20, 21, 22,23,24,25,26,27,28,29, 2A
		82 to 89	21, 22, 23,24,25,26,27,28,29,2A

FIELD NAME	ERROR NO.	DESCRIPTION
KIND OF LOSS/ COVERAGE COMBINATION (Continued)	108	**Nova Scotia** **Coverage** — **Kind of Loss** 02, 03, 05, 06, 07 — 35 90 — 39 62 — 01, 02, 09 10 — 03, 04, 05, 06, 11 — 15 12 — 12, 14, 16, 17, 18, 19 78 — 30-32, 34, 39 22 to 29 — 21, 22, 23,24,25,26,27,28,29 33 to 39 — 20 43 to 49 — 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 2A 82 to 89 — 21, 22, 23,24,25,26,27,28,29, 2A **Newfoundland & Labrador** **Coverage** — **Kind of Loss** 02 – 03, 05 – 07 — 35 90 — 39 62 — 01 – 06, 09, 12, 14 – 19 10 — 01 – 06 11 — 15 12 — 12, 14, 16 – 19 78 — 30-32, 34, 39 20 to 29 — 21 – 29 30 to 39 — 20 40 to 49 — 20 – 29 , 2A 80 to 89 — 21 – 29, 2A

FIELD NAME	ERROR NO.	DESCRIPTION
CLAIM TRANSACTION DATE	109	**Claim Transaction Date is Invalid** The Claim Transaction Date must be CCYYMMDD and represent the actual calendar date the claim was posted to the member. The Claim Transaction Date cannot be prior to the Loss Date and it cannot be after the Submission Date. Such date as February 30 is invalid.

ERRORS AGAINST PREVIOUSLY ACCEPTED DATA

FIELD NAME	ERROR NO.	ERROR MESSAGE
COMPANY/POLICY NUMBER/VEHICLE NUMBER/ OCCASIONAL OPERATOR	111	**This Company Number/Policy Number is Not on System** This transaction must contain, in addition to a RSP IDENTIFIER, COMPANY NUMBER and POLICY NUMBER previously accepted, but also a VEHICLE NUMBER and OCCASIONAL OPERATOR previously accepted.
COVERAGE/KIND OF LOSS	112	**Coverage/Kind of Loss is Not Unique on a New Claim** A new claim (TRANSACTION CODE 1) must have a unique combination of CLAIM NUMBER, COVERAGE, KIND OF LOSS. Usually caused by an error in TRANSACTION CODE.
COVERAGE/KIND OF LOSS FOR THIS SUBSEQUENT ENTRY	113	**No Matching Coverage/Kind of Loss for this Subsequent Entry** A subsequent entry (TRANSACTION CODE 2, 3 OR 4) must have a CLAIM NUMBER, COVERAGE CODE and KIND OF LOSS CODE previously accepted. The subsequent entry could be a TRANSACTION CODE 2 or 4, or TRANSACTION CODE 3 with a reserve change amount. A TRANSACTION CODE 3 without a reserve change is considered as a new claim if there is no matching Claim Number/Coverage/ Kind of Loss Code previously accepted for the risk.

FIELD NAME	ERROR NO.	ERROR MESSAGE
COVERAGE/KIND OF LOSS FOR THIS SUBSEQUENT ENTRY	114	An entry with TRANSACTION CODE 2 is being submitted, but the file shows that the claim under the same Claim/Coverage/Kind of Loss Code/Date of Loss has been **closed previously**. Usually caused by an error in TRANSACTION CODE or - because a **re-opening entry has been rejected** and **not yet been resubmitted** or - is being processed in the same list as the current entry.
COVERAGE NOT IN FORCE FOR THIS RISK AT THIS DATE OF LOSS	115	**Coverage Not in Force for this Risk at this Date of Loss** A claim transaction must have coverage in force as of the DATE OF LOSS.
RESERVE OR PAID LOSS OR EXPENSE HAS A CREDIT AMOUNT	116	**Reserve or Paid Loss or Expense has a Credit Amount** The entry transmitted causes one of the cumulative amounts on the Pool System to become credit.
DATE OF LOSS	117	**Policy Term not Active for Date of Loss** When a claim entry is transmitted for a risk on the Pool System, the Policy Term for which the DATE OF LOSS falls within must be active.
CLOSING CLAIM NUMBER/KIND OF LOSS WITH OUTSTANDING RESERVE	118	**Closing Claim Number/Kind of Loss with Outstanding Reserve** A closed claim - TRANSACTION CODE 3 must reduce the outstanding reserve amount to zero. Often caused by transmitting in the same batch 2 transactions with TRANSACTION CODE 3.
DATE OF LOSS DOES NOT MATCH FOR THIS CLAIM/KIND	119	**Date of Loss Does Not Match For This Claim/Kind** A subsequent entry (TRANSACTION CODE 2, 3 OR 4) for a CLAIM NUMBER, COVERAGE and KIND OF LOSS must have the same DATE OF LOSS as previously transmitted.
REOPENING CLAIM/KIND NOT YET CLOSED	120	**Reopening Claim/Kind Not Yet Closed** A reopening entry (TRANSACTION CODE 4) must be transmitted only after the closing TRANSACTION CODE 3 has been accepted to the same CLAIM NUMBER/COVERAGE/KIND OF LOSS.

FIELD NAME	ERROR NO.	ERROR MESSAGE
DATE OF LOSS/DISPATCH DATE COMBINATION	121	**Invalid Date of Loss/Pool Submission Date Combination** The Pool Submission Date on the original risk/premium transaction in accordance with the rules must be prior to the DATE OF LOSS and the Pool Submission date did not satisfy the requirements of the Pool. The original risk transaction would have a new Pool Effective Date. If this claim error occurred because the original premium transaction submitted was in error due to an incorrect POLICY NUMBER, TRANSFER DATE or EXPIRY DATE, and later resubmitted within the prescribed period, refer to the section "Key Fields"
CLAIM REPORTED DATE	123	**Claim Reported Date is out of Range** CLAIM REPORTED DATE cannot be more than a year earlier than the date the claim is reported to the pool for a new claim (TRANSACTION CODE 1) or for a Subsequent entry (TRANSACTION CODE 2, 3, 4) the CLAIM REPORTED DATE must be the same date as the original entry. (This edit is disabled for submission effective July 1, 2011
BRANCH CODE	125	**Branch Code Different from Original Transaction** All claims transactions must be transferred under the same branch code as the original transaction. A new branch code can only be transferred if the claim is closed.

Appendix C-3

Field Name	*Open Claim Coverage Kind of Loss*	*Payments/ Recoveries Change Reserves Add Pay*	*Close C/C/K Final Pay Close Reserve F&F*	*Re-open A Res.*
Transaction Code	**1**	**2**	**3**	**4**
RSP Identifier	M	M	M	M
Record Type	T	T	T	T
Batch Code	M	M	M	M
Entry Year/Month	M	M	M	M
Company Number	M	M	M	M
Branch Code	M	M	M	M
Policy Number	M	M	M	M
Vehicle Number	M	M	M	M
Occasional Driver	O	O	O	O
Claim Number	M	M	M	M
Date of Loss	M	M	M	M
Claim Transaction Date	M	M	M	M
Coverage Code	M	M	M	M
Kind of Loss	M	M	M	M
Paid Amount	O	O	O	O
Paid Expense Amount	O	O	O	O
Reserve Amount	O	O	O	O
Expense Code	O	O	O	O
Excluded Driver	O	O	O	O
Filler	T	T	T	T

M = Mandatory (must be present on all transactions) O = Optional 1 = 0 is an acceptable value
R = Required for transactions in this column
T = Required if using FTP & Web Services
B = If no change in data required, leave as blanks or transmit unchanged Data