



Mapping: Property & Casualty/Surety

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AGENDA

- Getting Started
 - Source, Destination, Business Message
- ACORD References
 - PDF, Help File
- Let's Map!
 - Walkthrough NAIC Code
 - Working together 😊
- Conclusion
- Questions and Answers

Getting Started

Getting Started

- What's the context/service?
 - Ex. Request for Quote
 - Ex. Billing Inquiry
- What is the source of the data?
- What is the destination of the data?

What is the source of the data?

- What do you mean by “source of the data?”
- How much do I need to know about the data provider?

What is the destination of the data?

- What do you mean by “destination of the data?”
- How technical do we have to be in defining the destination?
- If our messages are being exchanged internally do we need to know the destination?

Transaction / Business Message

- Is there a transaction in the standard that supports the service?
- Narrow the focus by defining:
 - Participant
 - Process
 - Product

RECAP

- Getting Started
 - Source
 - Destination
 - Business Message

ACORD References

PDF

Help File

RECAP

- ACORD References
 - PDF
 - Help File

Let's Map

Walkthrough – NAIC Code

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)						
					NAIC CODE	TAX TERR
					TELEPHONE NUMBER	
CO/PLAN			POL#:			
			ACCT#:			
EFFECTIVE DATE	EXPIRATION DATE		DIRECT BILL AGENCY RII I		MAIL POLICY TO AGENT MAIL POLICY TO APPI	PAYMENT PLAN

PersAutoPolicyAddRq/

PersAutoPolicyAddRq/PersPolicy/

PersAutoPolicyAddRq/PersPolicy/NAICCd



PCS Example - Applicant Surname-1

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) 				NAIC CODE		TAX TERR	
				TELEPHONE NUMBER			
CO/PLAN			POL#:				
			ACCT#:				
EFFECTIVE DATE	EXPIRATION DATE		DIRECT BILL		MAIL POLICY TO AGENT	PAYMENT PLAN	
			AGENCY BILL		MAIL POLICY TO APPL		

[PersAutoPolicyAddRq/](#)

[PersAutoPolicyAddRq/InsuredOrPrincipal/](#)

[PersAutoPolicyAddRq/InsuredOrPrincipal/GeneralPartyInfo](#)

[PersAutoPolicyAddRq/InsuredOrPrincipal/GeneralPartyInfo/NameInfo](#)



PCS Example - Applicant Surname-2

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) 				NAIC CODE		TAX TERR	
				TELEPHONE NUMBER			
CO/PLAN			POL#:				
			ACCT#:				
EFFECTIVE DATE	EXPIRATION DATE		DIRECT BILL		MAIL POLICY TO AGENT	PAYMENT PLAN	
			AGENCY BILL		MAIL POLICY TO APPL		

PersAutoPolicyAddRq/InsuredOrPrincipal/GeneralPartyInfo/
 NameInfo/PersonName

PersAutoPolicyAddRq/InsuredOrPrincipal/GeneralPartyInfo/
 NameInfo/Surname



PCS Example – Insured Birth Date - 1

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not)]

#	NAME (AS IT APPEARS ON LICENSE)	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH	OCC	DATE LIC	STDT >100	GOOD STDT T	I

PersAutoPolicyAddRq/
 PersAutoPolicyAddRq/InsuredOrPrincipal/
 PersAutoPolicyAddRq/InsuredOrPrincipal/InsuredOrPrincipalInfo/



PCS Example – Insured Birth Date - 2

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not)]

#	NAME (AS IT APPEARS ON LICENSE)	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH	OCC	DATE LIC	STDT >100	GOOD I STDT T



PersAutoPolicyAddRq/InsuredOrPrincipal/InsuredOrPrincipal
nfo/

PersAutoPolicyAddRq/InsuredOrPrincipal/InsuredOrPrincipal
nfo/PersonInfo

PersAutoPolicyAddRq/InsuredOrPrincipal/InsuredOrPrincipal
nfo/PersonInfo/BirthDt



PCS Example – Governing Driver - 1

VEHICLE DESCRIPTION/USE

TOTAL NUMBER OF VEHICLE

VEH	YEAR	MAKE, MODEL AND BODY TYPE										VIN/REGISTERED STATE		
VEH	COST NEW	SYMBOL AGE GRP	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR-AGED	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER



[PersAutoPolicyAddRq/](#)

[PersAutoPolicyAddRq/PersAutoLineBusiness/](#)



PCS Example – Governing Driver - 2

VEHICLE DESCRIPTION/USE

TOTAL NUMBER OF VEHICLE

VEH	YEAR	MAKE, MODEL AND BODY TYPE											VIN/REGISTERED STATE	
VEH	COST NEW	SYMBOL AGE GRP	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR-AGED	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER



[PersAutoPolicyAddRq/PersAutoLineBusiness/PersVeh](#)

[PersAutoPolicyAddRq/PersAutoLineBusiness/PersVeh/
@RatedDriverRef](#)



PCS Example – Vehicle Number

VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
\$	\$	\$	\$

PersAutoPolicyAddRq/

PersAutoPolicyAddRq/PersAutoLineBusiness/

PersAutoPolicyAddRq/PersAutoLineBusiness/PersVeh

PersAutoPolicyAddRq/PersAutoLineBusiness/PersVeh/
ItemInfo

PersAutoPolicyAddRq/PersAutoLineBusiness/PersVeh/
ItemInfo/AgencyId



PCS Example – Question Answer - 1

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)		
10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?		
11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)		
12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)		
13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		
14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?		
15. IS THIS BROKERED BUSINESS TO THE AGENT?		
16. HAS AGENT INSPECTED VEHICLE?		
17. ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN? IF YES, PROVIDE NAME OF PLAN AND PERSONS COVERED IN REMARKS.		

[PersAutoPolicyAddRq/](#)

[PersAutoPolicyAddRq/PersAutoLineBusiness/](#)



PCS Example – Question Answer - 2

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)		
10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?		
11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)		
12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)		
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14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?		
15. IS THIS BROKERED BUSINESS TO THE AGENT?		
16. HAS AGENT INSPECTED VEHICLE?		
17. ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN? IF YES, PROVIDE NAME OF PLAN AND PERSONS COVERED IN REMARKS.		

[PersAutoPolicyAddRq/PersAutoLineBusiness/Question Answer](#)

[PersAutoPolicyAddRq/PersAutoLineBusiness/Question Answer/QuestionCd="AutoP06"](#)



PCS Example - Remarks - 1

REMARKS

PersAutoPolicyAddRq/

PersAutoPolicyAddRq/RemarkText

PersAutoPolicyAddRq/RemarkText/@IdRef="Drv01"

PCS Example – Prior Carrier

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER

PersAutoPolicyAddRq/

PersAutoPolicyAddRq/PersPolicy

PersAutoPolicyAddRq/PersPolicy/OtherOrPriorPolicy

PersAutoPolicyAddRq/PersPolicy/OtherOrPriorPolicy/
InsurerName



PCS Example – Coverage And Limit - 1

COVERAGES/PREMIUMS

COVERAGES	LIMITS OF LIABILITY					
SINGLE LIMIT LIABILITY (CSL)	\$	EA ACCIDENT				
BODILY INJURY LIABILITY	\$	EA PERSON		\$	EA ACCIDENT	
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT				
SUPPLEMENTAL SPOUSAL LIABILITY		INCLUDED		NOT INCLUDED		
PERSONAL INJURY PROTECTION	\$				\$	DEDUCTIBLE
WORK LOSS COORDINATION		YES		NO		
MED EXP ELIMINATION		NAMED INSURED ONLY			NAMED INSURED AND RELATIVES	
ADDITIONAL PERSONAL INJURY PROTECTION	\$		\$	WORK LOSS	\$	OTHER EXP \$ DEATH BEN
OBEL	\$					
MEDICAL PAYMENTS	\$	EA PERSON				

PersAutoPolicyAddRq/

PersAutoPolicyAddRq/PersAutoLineBusiness



PCS Example – Coverage And Limit - 2

COVERAGES/PREMIUMS

COVERAGES	LIMITS OF LIABILITY					
SINGLE LIMIT LIABILITY (CSL)	\$	EA ACCIDENT				
BODILY INJURY LIABILITY	\$	EA PERSON		\$	EA ACCIDENT	
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT				
SUPPLEMENTAL SPOUSAL LIABILITY		INCLUDED		NOT INCLUDED		
PERSONAL INJURY PROTECTION	\$				\$	DEDUCTIBLE
WORK LOSS COORDINATION		YES		NO		
MED EXP ELIMINATION		NAMED INSURED ONLY			NAMED INSURED AND RELATIVES	
ADDITIONAL PERSONAL INJURY PROTECTION	\$		\$	WORK LOSS	\$	OTHER EXP \$ DEATH BEN
OBEL	\$					
MEDICAL PAYMENTS	\$	EA PERSON				

PersAutoPolicyAddRq/PersAutoLineBusiness

PersAutoPolicyAddRq/PersAutoLineBusiness/PersVeh



PCS Example – Coverage And Limit - 3

COVERAGES/PREMIUMS

COVERAGES	LIMITS OF LIABILITY							
SINGLE LIMIT LIABILITY (CSL)	\$	EA ACCIDENT						
BODILY INJURY LIABILITY	\$	EA PERSON		\$	EA ACCIDENT			
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT						
SUPPLEMENTAL SPOUSAL LIABILITY		INCLUDED		NOT INCLUDED				
PERSONAL INJURY PROTECTION	\$					\$	DEDUCTIBLE	
WORK LOSS COORDINATION		YES		NO				
MED EXP ELIMINATION		NAMED INSURED ONLY			NAMED INSURED AND RELATIVES			
ADDITIONAL PERSONAL INJURY PROTECTION	\$		\$	WORK LOSS	\$	OTHER EXP	\$	DEATH BEN
OBEL	\$							
MEDICAL PAYMENTS	\$	EA PERSON						

PersAutoPolicyAddRq/PersAutoLineBusiness/PersVeh/
Coverage

PersAutoPolicyAddRq/PersAutoLineBusiness/PersVeh/
Coverage/CoverageCd="MEDPM"



PCS Example – Coverage And Limit - 4

COVERAGES/PREMIUMS

COVERAGES	LIMITS OF LIABILITY					
SINGLE LIMIT LIABILITY (CSL)	\$	EA ACCIDENT				
BODILY INJURY LIABILITY	\$	EA PERSON		\$	EA ACCIDENT	
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT				
SUPPLEMENTAL SPOUSAL LIABILITY		INCLUDED		NOT INCLUDED		
PERSONAL INJURY PROTECTION	\$				\$	DEDUCTIBLE
WORK LOSS COORDINATION		YES		NO		
MED EXP ELIMINATION		NAMED INSURED ONLY			NAMED INSURED AND RELATIVES	
ADDITIONAL PERSONAL INJURY PROTECTION	\$		\$	WORK LOSS	\$	OTHER EXP \$ DEATH BEN
OBEL	\$					
MEDICAL PAYMENTS	\$	EA PERSON				

PersAutoPolicyAddRq/PersAutoLineBusiness/PersVeh/
Limit/FormatCurrencyAmt

PersAutoPolicyAddRq/PersAutoLineBusiness/PersVeh/
Limit/LimitAppliesToCd="PerPerson"



RECAP

- Let's Map
 - Walkthrough NAIC Code
 - Working together 😊

Conclusion

CONCLUSION

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