

SERFF Tracking Number: AMAX-125854354 State: Arkansas  
Filing Company: American Association of Insurance Services State Tracking Number: EFT \$50  
Company Tracking Number: AAIS-2008-60  
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine  
Product Name: Statistical Plans  
Project Name/Number: BT Stat Plan - AAIS-2008-60 /AAIS-2008-60

## Filing at a Glance

Company: American Association of Insurance Services

Product Name: Statistical Plans SERFF Tr Num: AMAX-125854354 State: Arkansas  
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 09.0006 Other Personal Inland Marine Co Tr Num: AAIS-2008-60 State Status: Fees received  
Filing Type: Rule Co Status: Reviewer(s): Alexa Grissom, Betty Montesi  
Author: SPI AAIS Disposition Date: 10/14/2008  
Date Submitted: 10/10/2008 Disposition Status: Filed  
Effective Date Requested (New): 01/01/2009 Effective Date (New): 01/01/2009  
Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: BT Stat Plan - AAIS-2008-60 Status of Filing in Domicile:  
Project Number: AAIS-2008-60 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 10/14/2008  
State Status Changed: 10/10/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
RE: AAIS-2008-60  
Boatowners Program  
Revised Statistical Plan

On behalf of our members and subscribers, the American Association of Insurance Service (AAIS) is submitting a revised (01/09) statistical plan for the Boatowners Program.

<i>SERFF Tracking Number:</i>	<i>AMAX-125854354</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Association of Insurance Services</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AAIS-2008-60</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0006 Other Personal Inland Marine</i>
<i>Product Name:</i>	<i>Statistical Plans</i>		
<i>Project Name/Number:</i>	<i>BT Stat Plan - AAIS-2008-60 /AAIS-2008-60</i>		

A statistical plan is a document which sets forth the reporting instructions that companies must follow when reporting their statistical data for policies written in a given state to their chosen statistical agent. We submit these documents for your information in acting as a statistical agent for companies writing business in your state. These documents do not directly have any impact, but they do serve as the basis for collecting data which would then be used to determine the adequacy of existing loss costs (where applicable).

The Filing Memorandum provides background for this submission and detailed descriptions of the materials being filed. A copy of the Statistical Plan is enclosed.

We propose that the Statistical Plan described in this filing become effective January 1, 2009.

## Company and Contact

### Filing Contact Information

Jolanda Staten, Filing Specialist	jolandas@aaisonline.com
1745 South Naperville Road	(630) 681-8347 [Phone]
Wheaton, IL 60187-8132	(630) 681-8356[FAX]

### Filing Company Information

American Association of Insurance Services	CoCode: 31400	State of Domicile: Delaware
1745 S. Naperville Road	Group Code:	Company Type:
Wheaton, IL 60187-8132	Group Name:	State ID Number:
(630) 681-8347 ext. [Phone]	FEIN Number: 36-2021360	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Association of Insurance Services	\$50.00	10/10/2008	23117644

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	10/14/2008	10/14/2008

*SERFF Tracking Number:*      *AMAX-125854354*                      *State:*                      *Arkansas*  
*Filing Company:*              *American Association of Insurance Services*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *AAIS-2008-60*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0006 Other Personal Inland Marine*  
*Product Name:*              *Statistical Plans*  
*Project Name/Number:*      *BT Stat Plan - AAIS-2008-60 /AAIS-2008-60*

## **Disposition**

Disposition Date: 10/14/2008  
Effective Date (New): 01/01/2009  
Effective Date (Renewal):  
Status: Filed  
Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Filing Memo	Filed	Yes
<b>Supporting Document</b>	BT Stat Plan Mockup	Filed	Yes
<b>Supporting Document</b>	Copyrighted Materials	Filed	Yes
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Filed	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Filed	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
<b>Rate</b>	Boatowners Statistical Plan	Filed	Yes

*SERFF Tracking Number:*      *AMAX-125854354*                      *State:*                      *Arkansas*  
*Filing Company:*              *American Association of Insurance Services*      *State Tracking Number:*      *EFT \$50*  
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*Project Name/Number:*      *BT Stat Plan - AAIS-2008-60 /AAIS-2008-60*

## **Rate Information**

Rate data does NOT apply to filing.

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Boatowners Statistical Plan	1 - 62	Replacement	1 - 62.PDF

# **BOATOWNERS STATISTICAL PLAN**

## **LINE 16**

**AMERICAN ASSOCIATION OF INSURANCE SERVICES  
1745 SOUTH NAPERVILLE ROAD -- WHEATON, IL 60189-8132**



# AMERICAN ASSOCIATION OF INSURANCE SERVICES

## TABLE OF CONTENTS

SECTION I - GENERAL INSTRUCTIONS	Page	Revised
<b>Part A - Reporting Instructions</b>		
1. Experience to be Reported .....	1	1/1/09
1.1 Definition of Allocated Loss Adjustment Expenses .....	1-2	1/1/09
2. Timing of Submissions .....	2	1/1/09
3. Method of Reporting - Media and Transmittals .....	3	1/1/09
3.1 Media .....	3	1/1/09
3.2 Transmittal(s) .....	3	1/1/09
4. External Filing Labels for Electronic Media .....	4	1/1/09
5. Where to Send Statistical Submissions .....	4	1/1/09
<b>Part B - Filing Media</b>		
1. Acceptable Media for Statistical Reporting .....	5	1/1/09
2. Instructions for Filing in EBCDIC Format .....	5	1/1/09
3. Instructions for Filing via PC Media, E-mail, or the Internet in ASCII Format.....	6-7	1/1/09
4. Instructions for Filing via Bordereau .....	8	1/1/09
<b>Part C - General Coding Instructions</b>		
1. How to Use this Plan.....	9	1/1/09
2. Number of Statistical Records Required Per Policy .....	9	1/1/09
3. Minimum Premiums .....	9	1/1/09
4. Premium Bearing Endorsements at Inception/Renewal.....	10	1/1/09
5. Cancellations .....	10	1/1/09
6. Policy Changes .....	10	1/1/09
7. This Rule Number is Reserved for Future Use .....	11	1/1/09
8. Limited Coding .....	11	1/1/09
9. Loss Coding .....	12	1/1/09
10. Report "Blank" Field Option .....	12	1/1/09
11. Special Coding Situations .....	12	1/1/09
<b>Part D - Corrections to Invalid Data</b>		
1. Error Detail Reports .....	13	1/1/09
2. Corrections to Invalid Codes .....	13	1/1/09
3. Resubmissions .....	13	1/1/09
4. Timing of Corrections.....	13	1/1/09

# AMERICAN ASSOCIATION OF INSURANCE SERVICES

## TABLE OF CONTENTS

<b>SECTION II - CODING INSTRUCTIONS</b>		<b>Page</b>	<b>Revised</b>
1.	Index.....	14	1/1/09
2.	Record Layout - Premium Transactions.....	15	1/1/09
3.	Record Layout - Loss Transactions.....	16	1/1/09
4.	Line of Insurance.....	17	1/1/09
5.	Accounting Date.....	17	1/1/09
6.	Company Code.....	17	1/1/09
7.	State Code.....	18	1/1/09
8.	County Code.....	18	1/1/09
9.	Transaction Code.....	19	1/1/09
10.	Premium and Loss Amounts.....	20	1/1/09
11.	Program Code.....	20	1/1/09
12.	Coverage Code.....	21	1/1/09
13.	Limit of Insurance.....	22	1/1/09
14.	Type of Hull.....	22	1/1/09
15.	Hull Material.....	23	1/1/09
16.	Year of Manufacture.....	23	1/1/09
17.	Length.....	24	1/1/09
18.	Deductible Type.....	24	1/1/09
19.	Deductible Amount.....	25	1/1/09
20.	Navigational Territory.....	26	1/1/09
21.	Named Storm Deductible.....	27	1/1/09
22.	Exposure.....	27	1/1/09
23.	Claim Count.....	28	1/1/09
24.	Months Covered.....	29	1/1/09
25.	Type of Loss.....	30	1/1/09
26.	Cause of Loss.....	31	1/1/09
27.	Accident Date.....	31	1/1/09
28.	Policy Term Effective Date.....	32	1/1/09
29.	Lay-Up Period.....	32	1/1/09
30.	Policy Number (premiums).....	33	1/1/09
31.	Claim Number.....	33	1/1/09
32.	Claim Identifier.....	33	1/1/09
33.	Single/Multiple Owner Indicator.....	34	1/1/09
34.	ZIP Code.....	34	1/1/09
35.	Medical Payments Limit.....	35	1/1/09
36.	Uninsured Limit.....	35	1/1/09
37.	Loss Settlement Indicator.....	36	1/1/09
38.	Operator Experience.....	36	1/1/09
39.	Power.....	37	1/1/09
40.	Maximum Speed.....	37	1/1/09
41.	Fuel Type.....	38	1/1/09
42.	Horsepower.....	38	1/1/09
43.	Policy Number (losses).....	39	1/1/09
44.	Annual Statement Line of Business.....	39	1/1/09
<b>SECTION III - FORMS MASTERS</b>		<b>Page</b>	<b>Revised</b>
1.	Forms Notes.....	40	1/1/09
2.	Transmittal - Statistical Experience Report.....		5/1/97
3.	Experience Report Form - Boatowners Premiums.....		1/1/09
4.	Experience Report Form - Boatowners Losses.....		1/1/09

# **SECTION I**

## **GENERAL INSTRUCTIONS**



## PART A - REPORTING INSTRUCTIONS

### 1. EXPERIENCE TO BE REPORTED

Any policy written or coverage provided under the **Ocean Marine** line of business (Annual Statement, line 8) **must not** be included with this experience.

This statistical plan captures all direct premium and loss activity for the following:

- Boatowners policies
- Endorsements that are approved for use with the Boatowners Program

**Include** statistics for:

- Salvage recovery
- Subrogation recovery
- Allocated loss adjustment expenses (ALAE)

**Do not include or adjust** statistics for:

- Reinsurance business ceded
- Reinsurance business assumed
- Unallocated loss adjustment expenses (ULAE)
- Estimates for incurred but not reported losses (IBNR)
- Endorsements written on forms from other lines of business\*

\* Endorsements written on forms not approved for use with the Boatowners Program must be reported according to the instructions in the statistical plan for the line with which the endorsement is associated and **not** included in the experience for this line.

The reported statistics will be separated by AAIS into property coverage and liability coverage. The property coverage statistics will be reported to Insurance Departments under the Inland Marine line of business. The liability coverage statistics will be reported to Insurance Departments under the Personal Liability line of business.

#### 1.1 Definition of Allocated Loss Adjustment Expenses

Allocated loss adjustment expenses (ALAE) are reported separately under their own transaction codes. Unless otherwise stated, all ALAE records are coded in the same detail as losses.

By definition, allocated loss adjustment expenses are claim settlement costs directly assignable to specific claims. A list of what this includes and excludes follows.

##### a. Allocated loss adjustment expenses include:

- i. Attorney's fees or expenses -  
This includes attorney's fees for claims in suit
- ii. Litigation expenses -  
This includes court and other specific items of expense such as:
  - Medical examination to determine the extent of company's liability
  - Expert medical or other testimony
  - Laboratory and X-Ray
  - Autopsy
  - Stenographic
  - Witnesses and summonses
  - Copies of documents

## **1.1 Definition of Allocated Loss Adjustment Expenses (continued)**

### **b. Allocated loss adjustment expenses do not include:**

- i. Adjuster's fees or expenses --  
Fees paid to independent adjusters, or attorneys, for adjusting claims
- ii. Salaries and traveling expenses of company employees --  
Not including amounts allocated as attorney's fees for claims in a suit
- iii. Overhead

## **2. TIMING OF SUBMISSIONS**

All data is to be reported quarterly.

Data is due in the AAIS office no later than 60 calendar days following the close of the period being reported. Companies that are not able to file on time must have a company officer notify *AAIS's Data Management Department* in writing as soon as possible.

### 3. METHOD OF REPORTING -- MEDIA AND TRANSMITTALS

The statistical filing consists of two parts: the media (data) and the transmittal(s). Each part must be present for the filing to be accepted.

#### 3.1 Media

Submit on one of the following:

- Disks (3½", CDs, or DVDs)
- Cartridges (3480 or 3490)
- Bordereau or computer printed list
- e-mail files
- internet files

See SECTION 1, PART B -- FILING MEDIA for specific guidelines.

#### 3.2 Transmittal(s)

At least one transmittal must accompany every statistical submission. The transmittal form (SD-104) is located in SECTION III. It requires summarizing the written premium, written exposure, paid loss, outstanding loss, paid claim count, outstanding claim count, paid allocated loss adjustment expense, outstanding allocated loss adjustment expense experience, and number of records by state. The form also calls for a grand total for each of these data elements for all states reported.

*EXPOSURE* count is the sum of all values reported in the *EXPOSURE* field for all premium records. Paid *CLAIM COUNT* is the sum of all values reported in the *CLAIM COUNT* field for all paid loss records (excluding paid ALAE records). Outstanding *CLAIM COUNT* is the sum of all values reported in the *CLAIM COUNT* field for all outstanding loss records (excluding outstanding ALAE records). Record count is simply a count of the number of statistical records submitted. In the case of bordereau and computer printed lists, the record count is the number of lines submitted.

Each form must be completed in full, including *LINE OF INSURANCE*, *COMPANY CODE*, and company name. Companies writing in multiple states should use as many sheets as are required. The grand total line need only be completed on the last page.

If the quarterly submission contains some policies that were booked in previous quarters, **each quarter of experience must be summarized on a separate transmittal.**

**For example:** On April 2, a company records the premium for a policy into the company's accounting system with a booked date of March 28. For whatever reason, this record is not reported in the first quarter submission sent to AAIS. If this record appears in the second quarter submission, the premium for this record must be part of a separate first quarter transmittal. **The premium must not be included in the second quarter transmittal.**

Multiple transmittals are also required whenever companies are reporting annual submissions, multiple quarterly submissions, resubmissions, or supplemental submissions. Usually, AAIS will accept multiple quarterly submissions only for those companies that are having processing problems or are a new statistical reporting company. In any case, a separate transmittal is required for each quarter of data that is included in the submission.

Specify the type of submission by checking the resubmission, new submission, or supplemental submission/correction box on the transmittals.

#### 4. EXTERNAL FILING LABELS FOR ELECTRONIC MEDIA

Electronic media must be clearly marked with the following:

- *COMPANY CODE*
- Report period
- *LINES OF INSURANCE*
- Number of disks or cartridges
- Number of records in the submission
- Machine and operating system used to create the electronic media

Example of External Label:

-----  
COMPANY 9999  
2nd Qtr. 2009  
Boatowners (Line 16)  
IBM AS/400  
3490 Cartridge  
Cartridge 1 of 2  
619,720 Records in Total  
-----

#### 5. WHERE TO SEND STATISTICAL SUBMISSIONS

Send all physical media and transmittal(s) to:

Data Management Department  
American Association of Insurance Services  
1745 South Naperville Road  
Wheaton, IL 60189-8132

Send all e-mail submissions to [stats@AAISonline.com](mailto:stats@AAISonline.com).

## PART B -- FILING MEDIA

### 1. ACCEPTABLE MEDIA FOR STATISTICAL REPORTING

The following is a list of the only acceptable methods for reporting statistical submissions to AAIS.

a. E-mail Files

Officially, there are no restrictions on the file size of an e-mail data submission. However, most computer systems have "fire walls" that could pose a problem in transmitting an e-mail data submission of considerable size. As such, we ask that all submissions of greater than 50,000 records be zipped. Depending on the number of records being submitted, it may be necessary to split the data submission into multiple parts (e.g., by *LINE OF INSURANCE* or by report month). However, that won't be necessary unless instructed to do so by AAIS. See rule 3 of this section for more on submitting via e-mail.

b. Three and one-half inch (3½") Diskettes

c. Half Inch (½") Cartridges

IBM 3480 half inch (½) cartridges with 38K density in EBCDIC format **without hardware or software compaction.**

IBM 3490 half inch (½) cartridges with 38K density in EBCDIC format.

d. Compact Disks (CDs)

e. Digital Video Disks (DVDs)

f. Internet Files -- Contact AAIS's *Data Management Department* for details.

g. Bordereau Forms or Computer Printed Lists

Submitting via bordereau forms or computer printed lists is acceptable as long as the number of records is less than 50. Any submission requiring AAIS staff to manually key in statistical records in excess of 50 will be charged accordingly. See Rule 4 of this section for more on submitting via bordereau forms.

### 2. INSTRUCTIONS FOR FILING IN EBCDIC FORMAT

The EBCDIC file format generated by a mainframe (or midrange) system should have the following characteristics:

- Decimal points are **not** permitted in the *PREMIUM/LOSS AMOUNT* fields (the right two positions are assumed to be cents).
- The amount fields (*PREMIUM/LOSS AMOUNT* and *EXPOSURE/CLAIM COUNT*) must be signed with the sign in the low order (units) position of the field. Unused high order positions must be zero-filled.
- Records may be blocked or unblocked.

### 3. INSTRUCTIONS FOR FILING VIA PC MEDIA, E-MAIL, OR THE INTERNET IN ASCII FORMAT

When submitting data files on 3½" Diskettes, CDs, DVDs, or through e-mail or the internet, there are two ASCII text file formats (and file naming conventions) available. The reason for having the two methods is due to how the files are generally created by the system in use, either from a mainframe or from a PC.

#### a. PC ASCII File Format

The ASCII text file format generated by a PC should have these characteristics:

- Not comma delimited
- Decimal points in the *PREMIUM/LOSS AMOUNT* field are required
- Do NOT fill unused positions of the *PREMIUM/LOSS AMOUNT* and *EXPOSURE/CLAIM COUNT* fields with zeros
- Negative signs should precede the *PREMIUM/LOSS AMOUNTS* and *EXPOSURE/CLAIM COUNTS*
- Nothing should appear on a record beyond position 150 as this is the end of the record
- The end of each record should have a "carriage return/line feed"

#### ***File Naming Guidelines:***

In order to identify the file format of the data, the quarter being submitted, and the company submitting the data, we ask that the following file naming convention be used:

CCCCLLYYQPC.txt

CCCC = The assigned four-digit *COMPANY CODE* -- When submitting a group of companies in a single data file, code the primary company in the group.

LL = When the data file includes more than a single *LINE OF INSURANCE*, use ML to indicate multiple lines. When the data file includes a single *LINE OF INSURANCE*, indicate the line being submitted with the two-digit numeric *LINE OF INSURANCE* code assigned within the statistical plan. This is necessary for those systems that generate separate files for each *LINE OF INSURANCE*.

YY = The two-digit year

Q = The quarter of data being submitted

PC = PC file format indicator

**3. INSTRUCTIONS FOR FILING VIA PC MEDIA, E-MAIL, OR THE INTERNET IN ASCII FORMAT (continued)**

b. Mainframe ASCII File Format

The ASCII text file format generated by a mainframe (or midrange) system should have these characteristics:

- Not comma delimited
- Decimal points are **not** permitted in the *PREMIUM/LOSS AMOUNT* fields
- Nothing should appear on a record beyond position 150 as this is the end of the record
- The end of each record should have a "carriage return/line feed"
- Negative signs should be indicated in the low order (units) position of the amount fields (*PREMIUM/LOSS AMOUNT* and *EXPOSURE/CLAIM COUNT*). Negative values must be signed, while positive values may be signed or unsigned as indicated below:

<u>Negative Amounts</u>		<u>Unsigned Positive Amounts</u>		<u>Signed Positive Amounts</u>	
<u>Numeric Value</u>	<u>Symbol</u>	<u>Numeric Value</u>	<u>Symbol</u>	<u>Numeric Value</u>	<u>Symbol</u>
-0	}	0	0	+0	{
-1	J	1	1	+1	A
-2	K	2	2	+2	B
-3	L	3	3	+3	C
-4	M	4	4	+4	D
-5	N	5	5	+5	E
-6	O	6	6	+6	F
-7	P	7	7	+7	G
-8	Q	8	8	+8	H
-9	R	9	9	+9	I

***File Naming Guidelines:***

In order to identify the file format of the data, the quarter being submitted, and the company submitting the data, we ask that the following file naming convention be used:

CCCCLLYYQMF.txt

CCCC = The assigned four-digit *COMPANY CODE* -- When submitting a group of companies in a single data file, code the primary company in the group.

LL = When the data file includes more than a single *LINE OF INSURANCE*, use ML to indicate multiple lines. When the data file includes a single *LINE OF INSURANCE*, indicate the line being submitted with the two-digit numeric *LINE OF INSURANCE* code assigned within the statistical plan. This is necessary for those systems that generate separate files for each *LINE OF INSURANCE*.

YY = The two-digit year

Q = The quarter of data being submitted

MF = Mainframe file format indicator

#### 4. INSTRUCTIONS FOR FILING VIA BORDEREAU

Examine the attached forms to determine the items to be reported.

<b>Form</b>	<b>Description</b>
SD-561	Boatowners - Premiums
SD-562	Boatowners - Losses

There is a copy of each form in SECTION III. These should be used to duplicate the forms needed to complete the filing.

Look up each field name in SECTION II to find the codes and instructions to be used in reporting.

## PART C - GENERAL CODING INSTRUCTIONS

### 1. HOW TO USE THIS PLAN

Filing requirements are the same regardless of whether a company submits disks, cartridges, e-mail submissions, internet submissions, or bordereau forms. The computer record layouts contain a few data items not required on the bordereau forms because these items are implied by such things as titles and form numbers.

The record layouts are located at the front of SECTION II while the bordereau forms are located in SECTION III. The rest of this part of SECTION I contains general coding instructions on such subjects as cancellations, mid-term changes, and corrections to errors. **This section must be read and understood before continuing to the detailed instructions.**

The items of information required on each statistical record are shown on the record layouts, on the bordereau forms, and in the index at the front of SECTION II. The codes to be used and the instructions needed to select a code for each item are located in SECTION II.

### 2. NUMBER OF STATISTICAL RECORDS REQUIRED PER POLICY

When a policy is written, the number of records it produces depends on the number of different coverages the policy includes, the way in which the coverages are rated, and the number and type of endorsements attached.

Although there may be exceptions to this rule depending on the type of Boatowners Program in use, in general each separately rated coverage for each insured boat or trailer produces a separate statistical record.

Premium bearing endorsements which provide coverage or perils that are not provided in the basic policy (e.g., personal effects endorsement coverage) will typically require additional records. The experience for these types of endorsements is reported separately through *COVERAGE CODES* 7 and 8.

### 3. MINIMUM PREMIUMS

When a minimum premium rule is invoked at the policy or coverage level, use one of the following reporting methods:

- a. The entire minimum premium shall be allocated to the applicable premium records in proportion to the manual premium(s) for such records.
- b. The premium(s) that would have been developed if no minimum premium(s) were applicable shall be reported in full statistical detail. The difference between the minimum premium and the premium otherwise applicable shall be LIMITED CODED (see Rule 8 in this section).

#### 4. PREMIUM BEARING ENDORSEMENTS AT INCEPTION/RENEWAL

There are three rules covering this subject:

- a. Any endorsement not approved for use with the Boatowners Program (such as a Homeowners endorsement) must be coded according to the statistical plan for the *LINE OF INSURANCE* with which the endorsement is associated.
- b. Expansion of basic limits by endorsement does **not** require a separate statistical record. The extra premium is combined with the basic premium and reported in a single record.
- c. Additional coverage which is excluded in the basic form and added back in by a premium bearing endorsement requires a separate statistical record.

Refer to Rule 6 in this section for the applicable reporting procedures when an endorsement is added during the policy period.

#### 5. CANCELLATIONS

When a policy is canceled, resubmit the original statistical record(s) with the following changes:

- a. The *PREMIUM AMOUNT* field must be changed to reflect the amount of unearned premium. This is done by entering the returned premium as a negative amount.
- b. The sign of the *EXPOSURE* field must be changed to negative.
- c. The *MONTHS COVERED* code must be changed to reflect the time remaining on the policy or installment period at the time of the cancellation.
- d. The *ACCOUNTING DATE* must be changed to the date of the cancellation.

#### 6. POLICY CHANGES

This rule applies to all types of changes, whether effective at inception or effective midterm.

- a. Additions or deletions of coverage with a corresponding premium adjustment are to be reported in full detail, reflecting the term of the change.
- b. All other changes must be reported using one of the following two methods:

1. With Full Coding:

Offset records shall be made to cancel the unearned premium for the records affected by the changes. New premium records reflecting the revised codes shall be made to report the premium for the remainder of the policy period. All unchanged codes on the new records shall be identical to those codes on the original records.

2. With Limited Coding (see Rule 8 in this section).

These instructions apply only to premium records because loss records always reflect the policy conditions at the time of the loss and are unaffected by policy changes occurring after the loss.

## 7. THIS RULE NUMBER IS RESERVED FOR FUTURE USE

## 8. LIMITED CODING

This rule is not a requirement. It is being provided for those systems incapable of reporting changes to policies in the actuarially sound two-step off-set/on-set procedure described in Rule 6.b.1 in this section of this statistical plan.

Premium records with Limited Coding require that only the following fields be reported:

- *LINE OF INSURANCE* (pos. 1-2)
- *ACCOUNTING DATE* (pos. 3-5)
- *COMPANY CODE* (pos. 6-9)
- *STATE CODE* (pos. 10-11)
- *TRANSACTION CODE* (pos. 16)
- *PREMIUM AMOUNT* (pos. 17-26)
- *COVERAGE CODE* (pos. 28)
- *MONTHS COVERED* (pos. 49-50)
- *POLICY TERM EFFECTIVE DATE* (pos. 60-63)
- *POLICY NUMBER* (pos. 66-79)
- *ANNUAL STATEMENT LINE OF BUSINESS* (pos. 122-124)

Fields other than the ones listed above are to be left blank or reported with their applicable "does not apply" codes.

The *STATE CODE* is that to which the premium was assigned in the company's Annual Statement.

This Limited Coding option is **not** to be used in the following situations:

- issuing a policy or coverage
- canceling a policy or coverage
- when the *STATE CODE* or *COVERAGE CODE* data elements are changed

For example:

- a. if the insured moves from Washington (*STATE CODE* 46) to California (*STATE CODE* 04), the limited coding option may not be used because the *STATE CODE* field is a required data element under the limited coding procedures. In cases like this, you must follow the actuarially sound two-step off-set/on-set procedure described in Rule 6.b.1 in this section of this statistical plan.
- b. if the *DEDUCTIBLE AMOUNT* changed from \$250 to \$500, the limited coding option may be used because the *DEDUCTIBLE AMOUNT* field is not a required data element under the Limited Coding option.

## 9. LOSS CODING

Loss records are coded according to the conditions of the policy at the time of the loss. In addition, a loss record must be reported with the same coding as the premium record which reported the coverage to which the claim is assigned. Some additional fields are required on loss records since claims require additional pieces of information. The following is a list of fields that require special attention when coding loss records.

- a. *COVERAGE CODE* - Some policies generate additional premium records because of premium bearing endorsements. If a claim is covered by one of these endorsements, the loss record must carry the *COVERAGE CODE* of the endorsement.
- b. *TYPE OF LOSS* - It is quite possible for a single accident to trigger loss payments under multiple coverages. This field is used to identify the coverage under which the claim is paid and is more specific than what is reported within the actual *COVERAGE CODE* field. This may result in multiple loss records with different *TYPE OF LOSS* codes against a single coverage.

Example -- The insured boat collides into another boat (not owned by the insured) causing damage to both boats as well as injury to the operator of the other boat. In this case, the damage to the policyholder's boat results in a claim against the property coverage (*COVERAGE CODE* 1) of the policy and is identified as such with *TYPE OF LOSS* code 1 (property coverage - boat and motor or trailer). However, the injury to the operator of the other boat and the damage to the other boat results in two separate loss records against the liability coverage (*COVERAGE CODE* 3). These two records are reported with *TYPE OF LOSS* code 4 (liability - bodily injury) and *TYPE OF LOSS* code 5 (liability - property damage). When a claim from a single occurrence affects two separately reported coverages or two separately identified *TYPES OF LOSS*, the specific reason which triggered the claim associated with each coverage must be reported.

- c. *CAUSE OF LOSS* - The general rule for coding the *CAUSE OF LOSS* field is to code the *CAUSE OF LOSS* that initiated the series of events that led up to the loss. Applying this rule will typically result in a single *CAUSE OF LOSS* code for a given claim.
- d. *CLAIM COUNT* - The general rule for coding the *CLAIM COUNT* field is to code the first reported loss record with a *CLAIM COUNT* of 1. All subsequent loss records for that claim must carry a *CLAIM COUNT* of 0, whether they are paid or outstanding loss records. See the *CLAIM COUNT* field for additional instructions.

## 10. REPORT "BLANK" FIELD OPTION

The instructions provided in most fields include statements as to when a field does not apply and how that field should be reported in those situations. In lieu of reporting the applicable "does not apply" code within a field, a company may leave the field blank or report valid information called for in the field.

## 11. SPECIAL CODING SITUATIONS

The instructions in this statistical plan may not cover every coding situation. It is recognized that the desire to keep the plan as concise and straightforward as possible may cause a lack of clarity in special situations. The general rule is to "code it like it is rated," but where this does not help, AAIS's *Data Management Department* is available to answer questions.

Companies are urged to make use of AAIS's *Data Management Department*. Write, phone, or visit the AAIS offices in Wheaton, Illinois.

## PART D - CORRECTIONS TO INVALID DATA

### 1. ERROR DETAIL REPORTS

After AAIS receives the data submission, it is processed through an edit program. If any coding errors are detected, the edit program produces an Error Detail Report. This report lists each record that is in error up to a maximum of 500 records. After that, each 100th record that contains one or more invalid codes is listed.

The invalid codes are marked with an asterisk (" \* ") to the right of each invalid code. Column headings and field position numbers are provided to help determine the field in error.

### 2. CORRECTIONS TO INVALID CODES

After each problem is identified, and the correct codes are determined, a company has two options for correcting the data.

- a. Supplemental Submission - Submit two records for each record in error. The first record must cancel an invalid record (see SECTION 1, Part C, Rule 5 for the rules regarding cancellation). The second record must then reflect the corrected code(s). This procedure, in effect, cancels and rewrites all records that contain invalid codes.
- b. Write the correct code next to the invalid code on the Error Detail Report and return the report to AAIS for corrections.

**The above options may not be used if AAIS requests a resubmission.**

### 3. RESUBMISSIONS

If too many errors are detected by the Error Detail Report or the errors are too severe, *AAIS's Data Management Department* may require a resubmission. Since AAIS receives both supplemental submissions and resubmissions, **always clearly indicate the type of data that is/are being submitted.** For example:

- a. 2nd quarter 2009 resubmission (Line 16)
- b. 4th quarter 2009 quarterly submission (Line 16)  
3rd quarter 2009 resubmission (Line 32)
- c. 3rd quarter 2010 quarterly submission (Lines 16, 31, and 32)  
2nd quarter 2010 resubmission (Line 16)  
2nd quarter 2010 supplemental submission (Line 16)

Each combination of report quarter and *LINE OF INSURANCE* will require a separate transmittal. (See SECTION 1, PART A, Rule 3.2 for additional information on reporting transmittals.)

### 4. TIMING OF CORRECTIONS

Corrections must be submitted to AAIS within 2 weeks of receiving the Error Detail Reports.



# **SECTION II**

## **CODING INSTRUCTIONS**



**AMERICAN ASSOCIATION OF INSURANCE SERVICES  
BOATOWNERS STATISTICAL PLAN INDEX**

<b>Data Item</b>	<b>Page Number</b>	<b>Record Positions</b>	<b>Applies Only to</b>
Accident Date.....	31	56-59	Losses
Accounting Date.....	17	3-5	
Annual Statement Line of Business .....	39	122-124	
Cause of Loss .....	31	52-53	Losses
Claim Count .....	28	44-48	Losses
Claim Identifier .....	33	78-79	Losses
Claim Number .....	33	66-77	Losses
Company Code .....	17	6-9	
County Code .....	18	12-14	
Coverage Code.....	21	28	
Deductible Amount.....	25	41	
Deductible Type .....	24	40	
Exposure .....	27	44-48	Premiums
Fuel Type .....	38	101	
Horsepower.....	38	102-105	
Hull Material .....	23	34	
Lay-Up Period .....	32	64-65	
Length .....	24	37-39	
Limit of Insurance.....	22	29-32	
Line of Insurance.....	17	1-2	
Loss Amount .....	20	17-26	Losses
Loss Settlement Indicator.....	36	96	
Maximum Speed .....	37	99-100	
Medical Payments Limit .....	35	90-91	
Months Covered.....	29	49-50	Premiums
Named Storm Deductible .....	27	43	
Navigational Territory .....	26	42	
Operator Experience .....	36	97	
Policy Number (premiums).....	33	66-79	Premiums
Policy Number (losses) .....	39	108-121	Losses
Policy Term Effective Date .....	32	60-63	
Power .....	37	98	
Premium Amount .....	20	17-26	Premiums
Program Code.....	20	27	
Single/Multiple Owner Indicator.....	34	80	
State Code .....	18	10-11	
Transaction Code.....	19	16	
Type of Hull .....	22	33	
Type of Loss .....	30	51	Losses
Uninsured Limit .....	35	92-95	
Year of Manufacture.....	23	35-36	
ZIP Code .....	34	81-85	







# AMERICAN ASSOCIATION OF INSURANCE SERVICES

## RECORD LAYOUT -- BOATOWNERS (16)

### LOSS TRANSACTIONS

Line of Insurance	1	Type of Loss	51	Fuel Type	101
Accounting Month		Cause of Loss		Horsepower	
Accounting Year	5	Reserved			
Company Code		Reserved	55		105
		Accident Date		Reserved	
State Code	10				
County Code		Policy Term Effective Date	60		110
Reserved	15	Lay-Up Period	65	Policy Number	
Transaction Code					115
	20		70		120
Loss Amount		Claim Number			
				Annual Statement Line of Business	
	25		75		125
Program Code		Claim Identifier			
Coverage Code		Single/Multiple Owner	80		130
Limit of Insurance	30	Zip Code			
Type of Hull					
Hull Material			85		135
Year of Manufacture	35	Reserved		Reserved	
Length					
Deductible Type	40	Medical Payments Limit	90		140
Deductible Amount					
Navigational Territory		Uninsured Limit			
Named Storm Deductible			95		145
	45	Loss Settlement Ind.			
Claim Count		Operator Experience			
		Power			
Reserved		Maximum Speed	100		150
	50				



**LINE OF INSURANCE (Pos. 1-2)**

This code allows computer programs to identify the *LINE OF INSURANCE* and the AAIS statistical plan in use.

Code	Line of Insurance
16	Boatowners

**ACCOUNTING DATE (Pos. 3-5)**

Code the calendar month and the last digit of the calendar year in which the premium was booked or the loss or allocated loss adjustment expense was paid, regardless of the *POLICY TERM EFFECTIVE DATE* or the *ACCIDENT DATE*.

For outstanding loss and outstanding allocated loss adjustment expense records, code the last month of the calendar quarter and the last digit of the calendar year.

For Example:

Sample Code	Sample Accounting Date
018	January, 2008
079	July, 2009
100	October, 2010
121	December, 2011

**COMPANY CODE (Pos. 6-9)**

Enter the four-digit *COMPANY CODE* as assigned by AAIS.

Company groups must report under each individual *COMPANY CODE*.

**STATE CODE (Pos. 10-11)**

On premiums and losses, code the state to which the business was booked within the company's Annual Statement on Statutory Page 14.

Code	State	Code	State
01	Alabama	25	Montana
54	Alaska	26	Nebraska
02	Arizona	27	Nevada
03	Arkansas	28	New Hampshire
04	California	29	New Jersey
05	Colorado	30	New Mexico
06	Connecticut	31	New York
07	Delaware	32	North Carolina
08	District of Columbia	33	North Dakota
09	Florida	34	Ohio
10	Georgia	35	Oklahoma
52	Hawaii	36	Oregon
11	Idaho	37	Pennsylvania
12	Illinois	58	Puerto Rico
13	Indiana	38	Rhode Island
14	Iowa	39	South Carolina
15	Kansas	40	South Dakota
16	Kentucky	41	Tennessee
17	Louisiana	42	Texas
18	Maine	43	Utah
19	Maryland	44	Vermont
20	Massachusetts	45	Virginia
21	Michigan	46	Washington
22	Minnesota	47	West Virginia
23	Mississippi	48	Wisconsin
24	Missouri	49	Wyoming

**COUNTY CODE (Pos. 12-14)**

On all "core" property coverage records (*COVERAGE CODES* 1, 2, A, and B), all trailer coverage records (*COVERAGE CODE* 6), all "core" liability coverage records (*COVERAGE CODES* 3 and 4), and all uninsured boater coverage records (*COVERAGE CODE* 5), report the code representing the county associated with the primary berth/storage location of the insured boat. "Primary" is defined to be greater than 50% of the time.

The AAIS County Code Manual is available from AAIS's *Data Management Department*.

*This field does not apply in the following situations (report code 000):*

- *All Limited Coding records (TRANSACTION CODE 8)*
- *The "all other" coverage records (COVERAGE CODES 7 and 8)*

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 000 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**TRANSACTION CODE (Pos. 16)**

This code identifies the type of transaction represented by the statistical record.

For outstanding loss and outstanding loss adjustment expense records, report the final reserve amount at the end of each quarter.

Outstanding allocated loss adjustment expense data is reported only when it is reserved on a case basis. Companies that do not reserve this expense on a case basis may not report *TRANSACTION CODE 7* records. See PART A - REPORTING INSTRUCTIONS, Section 1.1, for the definition of allocated loss adjustment expenses.

Code	Transaction Type
1 8	<b>Premium Transactions:</b> Premium or Cancellation Limited Coding
2 3 6 7	<b>Loss Transactions:</b> Paid loss Outstanding loss Paid allocated loss adjustment expense Outstanding allocated loss adjustment expense

*Refer to SECTION I, PART C, Rule 8 for the specific instances in which the Limited Coding transaction type may be used.*

**PREMIUM AND LOSS AMOUNTS (Pos. 17-26)**

This field is not a code. It is the actual premium, loss, or allocated loss adjustment expense amount, reported in dollars and cents. For electronic submissions, sign this field according to the rules of EBCDIC or ASCII format. For bordereau entries, negative amounts are preceded by a dash (-), while positive amounts are unmarked.

Outstanding loss and outstanding allocated loss adjustment expense amounts must always be the full amount reserved for the claim as of the end of the quarter, and therefore will never be a negative amount. The full value must be reported for each quarter it remains outstanding. For example, assume that a claim valued at \$5,000 is not paid off by the end of the first quarter 2009. Therefore, an outstanding loss record for \$5,000 with an accounting date of 039 is reported. During the second quarter, the reserve amount is raised \$3,000. If nothing is paid on this claim by the end of the second quarter, an outstanding loss record dated 069 for the total amount reserved, \$8,000, is required. Do not report the amount of the increase.

Salvage and subrogation loss payments are to be reported as negative paid loss records.

**PROGRAM CODE (Pos. 27)**

This code identifies the basic rules and forms used to write the policy.

Code	Program Being Used
1	AAIS Program
3	ISO Program
5	Independent Program

*This field does not apply in the following situation (report code 0):*

*— All Limited Coding records (TRANSACTION CODE 8)*

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situation, it is permissible to leave the field blank or report any of the available codes.*

**COVERAGE CODE (Pos. 28)**

For the insured boats with all applicable motors and/or trailers, identify the individual coverages being reported with the applicable *COVERAGE CODES*.

When reporting losses, always report the same *COVERAGE CODE* that was reported on the premium record with which the loss is associated.

The *TYPE OF LOSS* field (pos. 51) is used to further identify the coverage affected by the loss.

**AAIS Program User Notes:** This list of *COVERAGE CODES* includes options that do not apply to AAIS Program Users. Take note of the following when reporting boats insured under the AAIS Boatowners Program (*PROGRAM CODE 1*):

- *COVERAGE CODE 2* should never be used to report the property coverage for a boat because theft coverage is always included, with no option to exclude it.
- *COVERAGE CODES A* and *B* should never be used to report the property coverage for a boat because PD-collision and PD-comprehensive are not rated separately.
- *COVERAGE CODE 4* should never be used to report the liability coverage for a boat because uninsured boater coverage is always included, with no option to exclude it (except in South Dakota).
- *COVERAGE CODE 5* should never be used to report uninsured boater coverage because it is a built in component within the liability premium charge.

**Independent Program User Notes:** Companies with separate bodily injury, property damage, and medical payments premium charges for the liability coverage should report the combined premium as a single liability record. The liability limit to report should be the bodily injury limit.

Code	Coverage Description
	<b>Property Coverage:</b>
1	Physical Damage/Property Coverage with Theft
2	Physical Damage/Property Coverage without Theft
A	Physical Damage - Collision
B	Physical Damage - Comprehensive
6	Trailer Coverage
7	All Other Property Coverage
	<b>Liability Coverage:</b>
3	Liability with Uninsured Coverage
4	Liability without Uninsured Coverage
5	Uninsured Coverage
8	All Other Liability Coverage
9	Minimum Premium record subject to SECTION I, PART C, Rule 3.b

**LIMIT OF INSURANCE (Pos. 29-32)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B) and all trailer coverage records (COVERAGE CODE 6) report the property coverage limit in thousands of dollars. On liability records with COVERAGE CODES 3 and 4, report the per occurrence limit in thousands of dollars. For both property and liability records, always round odd dollar amounts to the nearest \$1,000.

For trailer coverage (COVERAGE CODE 6), report all amounts under \$500 as \$1,000 (code 0001).

For example:

Sample Code	Sample Limit
0000	Does not apply
0001	\$500
0002	\$1,500
0025	\$25,000
0033	\$32,800
0300	\$300,000
1000	\$1,000,000

*This field does not apply in the following situations (report code 0000):*

- All Limited Coding records (TRANSACTION CODE 8)
- All uninsured coverage records (COVERAGE CODE 5)
- The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0000 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**TYPE OF HULL (Pos. 33)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), code the hull type of the boat.

Code	Type of Hull
0	Does not apply
1	Cabin Cruiser
2	Open Cockpit
3	Sailboat
A	Houseboat
B	Pontoon
6	Canoe/Kayak
7	Bass Boat
8	Personal Watercraft
9	All other

*This field does not apply in the following situations (report code 0):*

- All Limited Coding records (TRANSACTION CODE 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**HULL MATERIAL (Pos. 34)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), code the material of the hull.

Code	Hull Material
0	Does not apply
1	Fiberglass
2	Wood
3	Metal
9	All other

*This field does not apply in the following situations (report code 0):*

- All Limited Coding records (TRANSACTION CODE 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**YEAR OF MANUFACTURE (Pos. 35-36)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), code the last two digits of the actual year in which the covered boat was manufactured.

For example:

Sample Code	Sample Year of Manufacture
58	Unknown year of manufacture or "does not apply"
92	1992
99	1999
00	2000
12	2012

*This field does not apply in the following situations (report code 58):*

- All Limited Coding records (TRANSACTION CODE 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 58 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**LENGTH (Pos. 37-39)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), code the actual length of the boat in feet.

For example:

Sample Code	Sample Length
000	Does not apply
012	12 feet
018	18 feet
026	25½ feet
030	30 feet

*This field does not apply in the following situations (report code 000):*

- All Limited Coding records (TRANSACTION CODE 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 000 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**DEDUCTIBLE TYPE (Pos. 40)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all trailer coverage records (COVERAGE CODE 6), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), report the applicable *DEDUCTIBLE TYPE* as it applies to the coverage record being reported.

Code	Type of Deductible
0	Does not apply
1	No deductible
2	Flat deductible
4	Percentage deductible
9	Split Deductible (boating equipment / boats, motors, and additional property coverages)
8	All other deductible types

*This field does not apply in the following situations (report code 0):*

- All Limited Coding records (TRANSACTION CODE 8)
- The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**DEDUCTIBLE AMOUNT (Pos. 41)**

On all "core" property coverage records (*COVERAGE CODES* 1, 2, A, and B), all trailer coverage records (*COVERAGE CODE* 6), all "core" liability coverage records (*COVERAGE CODES* 3 and 4), and all uninsured boater coverage records (*COVERAGE CODE* 5), report the code reflecting the *DEDUCTIBLE AMOUNT* applicable to the reported coverage. Note that the *DEDUCTIBLE AMOUNT* codes have different meanings based upon the selected *DEDUCTIBLE TYPE*.

For split deductibles, code the *DEDUCTIBLE AMOUNT* combination that applies to the boating equipment / boats, motors, and additional property coverages.

If the applicable *DEDUCTIBLE AMOUNT* is not represented by one of the listed flat, split, or percentage *DEDUCTIBLE AMOUNT* codes, report the "all other" code of 9.

<b>Code</b>	<b>Flat Deductible Amounts</b>	<b>Split Deductible Amounts</b>	<b>Percentage Deductibles</b>
0	Does not apply	Does not apply	Does not apply
1	None	None	0%
2	\$50	-----	1%
3	\$100	\$50 / 100	2%
7	\$101-199	-----	-----
8	\$200-249	-----	-----
4	\$250	\$100 / 250	3%
5	\$500	\$100 / 500	5%
6	\$1,000	\$100 / 1,000	10%
A	\$2,500	\$250 / 2,500	-----
B	\$5,000	\$250 / 5,000	-----
9	All Other	All Other	All Other

*This field does not apply in the following situations (report code 0):*

- *All Limited Coding records (TRANSACTION CODE 8)*
- *The "all other" coverage records (COVERAGE CODES 7 and 8)*

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**NAVIGATIONAL TERRITORY (Pos. 42)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), code the *NAVIGATIONAL TERRITORY* that was used to rate the insured boat.

Non-AAIS Program Users should report the *NAVIGATIONAL TERRITORY* codes which best align with the rating territories in use. Non-AAIS Program Users with rating territories that do not align with either of the two sets of *NAVIGATIONAL TERRITORY* codes below should contact AAIS's *Data Management Department* for special codes.

Code	Territory
0	Does not apply
<p><b><u>AAIS Boatowners Manuals prior to Revision 05 08 (or equivalent)</u></b></p>	
1	Coastal South Atlantic and Gulf - from the North Carolina-Virginia border southward
2	Coastal North Atlantic - from the North Carolina-Virginia border northward
3	Great Lakes
4	Coastal Pacific
5	Other Inland Waters
<p><b>Note:</b> For the above navigational territories (numeric codes), coastal waters means ocean waters which extend 10 miles from the coastline of the United States of America and Canada.</p>	
<p><b><u>AAIS Boatowners Manual Revision 05 08 (or equivalent)</u></b></p>	
A	Alaska -- Coastal waters of Alaska
B	Pacific North -- Coastal waters of the Pacific Ocean off the coasts of Washington and Oregon
C	Pacific South -- Coastal waters of the Pacific Ocean off the coasts of California and Hawaii
D	Inland - West -- Inland waters of Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Montana, Nebraska, North Dakota, Nevada, New Mexico, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, and Wyoming
E	Inland - Central -- Waters of Missouri, Kentucky, and Tennessee
F	Inland - East -- Inland waters of Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Louisiana, Maine, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, and Wisconsin
G	Great Lakes -- Lake Erie, Lake Huron, Lake Michigan, Lake Ontario, and Lake Superior
H	Atlantic North -- Coastal waters of Connecticut, Delaware, Massachusetts, Maryland, Maine, New Hampshire, New Jersey, New York, and Rhode Island
J	Atlantic South -- Coastal waters of Georgia, North Carolina, South Carolina, and Virginia
K	Gulf West -- Coastal waters of Alabama, Louisiana, Mississippi, and Texas
L	Florida and Puerto Rico -- Coastal waters of Florida and Puerto Rico
<p><b>Note:</b> For the above navigational territories (alpha codes), coastal waters means ocean waters which extend 100 miles from the coastline of the United States of America and Canada. For personal watercraft, coverage for coastal waters is limited to 10 miles from the coastline of the United States of America and Canada.</p>	
<p><u><i>This field does not apply in the following situations (report code 0):</i></u></p> <ul style="list-style-type: none"> <li>– All Limited Coding records (TRANSACTION CODE 8)</li> <li>– All trailer coverage records (COVERAGE CODE 6)</li> <li>– The "all other" coverage records (COVERAGE CODES 7 and 8)</li> </ul> <p><i>Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.</i></p>	

**NAMED STORM DEDUCTIBLE (Pos. 43)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), report the code representing the NAMED STORM DEDUCTIBLE amount (flat or percentage) which covers losses caused directly or indirectly by a storm system that has been named by the National Oceanic and Atmospheric Administration (NOAA) which applies to the insured boats, motors, and additional property coverage.

Code	Flat Named Storm Deductible Amounts	Code	Percentage Named Storm Deductible Amounts
0	Does not apply	0	Does not apply
A	\$250	1	1%
B	\$500	2	2%
C	\$750	3	3%
D	\$1,000	4	4%
E	\$2,000	5	5%
F	\$2,500	6	10%
G	\$5,000	7	15%
H	\$10,000	8	20%
J	All Other	9	All Other

This field does not apply in the following situations (report code 0):

- All Limited Coding records (TRANSACTION CODE 8)
- All liability coverage records (COVERAGE CODES 3-5 and 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" property coverage records (COVERAGE CODE 7)

Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.

**EXPOSURE (Pos. 44-48)**

**PREMIUMS**

Use the rules listed below to determine the EXPOSURE count.

Right-justify the EXPOSURE count in positions 44-48 and enter zeros in all positions that are not used. For example: 00001, 00002, etc..

For electronic submissions, sign this field according to the rules of EBCDIC or ASCII format.

**Important:** The sign of the EXPOSURE field is determined by the sign of the PREMIUM AMOUNT field. All negative PREMIUM AMOUNTS must be reported with a negative EXPOSURE. Similarly, all positive PREMIUM AMOUNTS must be reported with a positive EXPOSURE.

**Summarization:** It is preferred that each separately rated coverage for each boat and/or trailer be reported separately. This would logically result in an EXPOSURE of ±00001 on all records. However, it is permitted to summarize multiple boats and/or trailers, but only if the characteristics of each boat and/or trailer captured throughout all fields within this statistical plan are identical.

Coverage Code	Exposure Count
1-5, A, or B	Enter the number of insured boats.
6	Enter the number of insured trailers.
7 or 8	Always code this field 1.
<u>This field does not apply in the following situation (report code 00000):</u>	
— All Limited Coding records (TRANSACTION CODE 8)	

**CLAIM COUNT (Pos. 44-48)****LOSSES**

The *CLAIM COUNT* field captures the number of "new" claims. The first loss record that is reported for a claim must have a *CLAIM COUNT* of 1, regardless of whether it is a paid or an outstanding loss record. All subsequent loss records pertaining to that claim must have a *CLAIM COUNT* of 0.

For Example: AAIS receives three loss records for a particular claim. A description of each loss record along with their respective *CLAIM COUNTS* is provided below.

Transaction	Accounting Date	Claim Count	Description
Outstanding loss	03/9	00001	First loss record
Outstanding loss	06/9	00000	Subsequent loss record
Paid loss	07/9	00000	Subsequent loss record

## Special Situations:

If an outstanding loss record is reported with a *CLAIM COUNT* of 1 and the claim is later closed without payment, a zero dollar outstanding loss record is required with a *CLAIM COUNT* of -1. The purpose of this record is to remove or off-set the previously reported *CLAIM COUNT* since the claim nets to \$0.

Paid loss records representing salvage or subrogation recoveries carry a *CLAIM COUNT* of 0 unless the entire *LOSS AMOUNT* paid has been recovered. In this case, the paid loss record which nets the claim to \$0 carries a *CLAIM COUNT* of -1 regardless of when the recovery is reported.

A claim that is partially paid and partially outstanding in the first quarter of reporting can carry the *CLAIM COUNT* of 1 on either loss record as long as the other record has a *CLAIM COUNT* of 0 and these are the first two reported loss records associated with the claim.

When reporting paid loss and outstanding loss records, each unique combination of codes within this statistical plan must be reported and "counted" separately. The first paid or outstanding loss record for each unique combination must have a *CLAIM COUNT* of 1. All subsequent paid or outstanding loss records for that same combination of codes must have a *CLAIM COUNT* of 0.

The *CLAIM COUNT* for paid or outstanding allocated loss adjustment expense records is always 0. A claim which involves only loss adjustment expenses is not counted.

**MONTHS COVERED (Pos. 49-50)**

**PREMIUMS**

The *MONTHS COVERED* code on premium transactions is the number of months of coverage provided by the premium.

The *MONTHS COVERED* code on all cancellation records is the number of months of coverage remaining at the time the policy or coverage is canceled.

This code is designed to record those policies with a term of 12 months or less. Policies that have a term greater than 12 months, such as a 36-month policy, should report each 12-month term separately. For example, a 36-month policy written on 3/5/09 should be reported in three separate statistical submissions: one on 3/5/09, one on 3/5/10, and the final one on 3/5/11. Each submission should have a *MONTHS COVERED* code of 12 and each premium should reflect 12 months of coverage. In each case, you should be careful to change the *POLICY TERM EFFECTIVE DATE*.

However, if the premium for a 36 month policy is booked on a non-reviewing basis **and** it is impossible to report three separate 12 month records, code the actual number of months of coverage (36).

**Important:** When the reported record reflects less than one full month of coverage, always report the *MONTHS COVERED* code as 01. Never report 00 as the *MONTHS COVERED* code. In all other cases, always round to the nearest number of months.

Installment premiums should not generate separate statistical records.

For Example:

<b>Sample Code</b>	<b>Sample Number of Months</b>
01	1
02	2
03	3
04	4
05	5
06	6
07	7
08	8
09	9
10	10
11	11
12	12
36	36 (see above note)

**TYPE OF LOSS (Pos. 51)****LOSSES**

Code this field on all loss records (*TRANSACTION CODES* 2, 3, 6, and 7). On all premium records (*TRANSACTION CODES* 1 and 8), leave this field blank.

This code separates all losses into their component coverage parts.

<b>Code</b>	<b>Type of Loss</b>
1	Property Coverage - Boat and motor or trailer
2	All Other Property (e.g. boating equipment, miscellaneous property, personal effects,...)
3	Emergency Service
4	Liability - Bodily Injury
5	Liability - Property Damage
6	Liability - Medical Payments
A	Liability - Removal of Wrecked or Sunken Property
B	Liability - Other
7	Uninsured - Bodily Injury
8	Uninsured - Property Damage
9	Uninsured - Other

**CAUSE OF LOSS (Pos. 52-53)****LOSSES**

Code this field on all loss records (*TRANSACTION CODES* 2, 3, 6, and 7). On all premium records (*TRANSACTION CODES* 1 and 8), leave this field blank.

This code identifies the cause for the *TYPE OF LOSS* coded in position 51.

Code	Cause of Loss
01	Aircraft
25	All Other Physical Damage
02	Breakage
50	Capsizing/Swamping
03	Collision Out Of Water
51	Collision In Water
05	Earthquake or Landslide
06	Explosion
07	Fire
08	Flooding
09	Freezing
10	Glass Breakage
52	Grounding
11	Hail
53	Hauling
54	Launching/Landing
12	Lightning
16	Riot & Civil Commotion
55	Sinking
17	Smoke
56	Stranding
57	Theft Of Boat
58	Theft Of Equipment
59	Theft Of Motor
60	Theft Of Personal Property
61	Theft Of Trailer
21	Vandalism and Malicious Mischief
24	Wind

**ACCIDENT DATE (Pos. 56-59)****LOSSES**

On all loss records (*TRANSACTION CODES* 2, 3, 6, and 7), code the actual month and two-digit year in which the accident occurred. On all premium records (*TRANSACTION CODES* 1 and 8), leave this field blank.

For example:

Sample Code	Sample Date of Loss
0109	January, 2009
0610	June, 2010
1212	December, 2012

**POLICY TERM EFFECTIVE DATE (Pos. 60-63)**

Code the actual month and year in which the policy term associated with the reported transaction became effective.

When policies with a term greater than 12 months, such as a 36-month policy, have each 12-month term reported separately, change the *POLICY TERM EFFECTIVE DATE* for each entry to reflect the term associated with the premium.

**NOTE:** When reporting cancellations or coverage changes to a policy, **do not** report the effective date of the transaction. Always report the date the *policy term* went into effect.

For example:

Sample Code	Sample Policy Term Effective Date
0109	January, 2009
0510	May, 2010
1212	December, 2012

**LAY-UP PERIOD (Pos. 64-65)**

On all "core" property coverage records (*COVERAGE CODES 1, 2, A, and B*), all "core" liability coverage records (*COVERAGE CODES 3 and 4*), and all uninsured boater coverage records (*COVERAGE CODE 5*), code the actual number of months the covered boat is not being used and is in storage. If there is no lay-up period, report the "does not apply" code of 00.

**Note:** Coding this field is mandatory regardless of whether or not there is a lay-up period and if there is, whether that lay-up period was required or optional.

For example:

Sample Code	Sample Period of Lay-Up
00	No Lay-up period or "does not apply"
01	1 month
04	4 months
06	6 months

*This field does not apply in the following situations (report code 00):*

- All Limited Coding records (*TRANSACTION CODE 8*)
- All trailer coverage records (*COVERAGE CODE 6*)
- The "all other" coverage records (*COVERAGE CODES 7 and 8*)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 00 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**POLICY NUMBER (Pos. 66-79)**

**PREMIUMS**

Premium records must contain the *POLICY NUMBER* or any other alphanumeric identification number which will make it possible to locate all premium records for a specific policy.

If the *POLICY NUMBER* or identification number exceeds 14 characters, truncate the left-most characters.

If the *POLICY NUMBER* or identification number is less than 14 characters, left-justify the number.

**Note:** Although it is optional, you are encouraged to report the *POLICY NUMBER* in positions 108-121 on all loss records (*TRANSACTION CODES* 2, 3, 6, and 7)

**IMPORTANT:** This field must never contain sequence or index numbers.

**CLAIM NUMBER (Pos. 66-77)**

**LOSSES**

Loss records must contain the *CLAIM NUMBER* or any other alphanumeric identification number which will make it possible to locate all loss records associated with a specific occurrence.

This field is used as an occurrence identifier. It is essential that this number be the same for all claims that arise from a single occurrence regardless of the *TYPE OF LOSS* or *CAUSE OF LOSS*.

If the *CLAIM NUMBER* or identification number exceeds 12 characters, truncate the left-most characters.

If the *CLAIM NUMBER* or identification number is less than 12 characters, left-justify the number.

**IMPORTANT:** This field must never contain sequence or index numbers.

**CLAIM IDENTIFIER (Pos. 78-79)**

**LOSSES**

This field is a *CLAIM IDENTIFIER* and distinguishes between multiple claims that arise from a single occurrence.

Any combination of letters, digits, and blanks can be used in this field, or it can be left blank.

**SINGLE/MULTIPLE OWNER INDICATOR (Pos. 80)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all trailer coverage records (COVERAGE CODE 6), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), indicate whether the insured boat (and all applicable motors) and the insured trailer are titled in the name of a single owner or multiple owners. If the title is in the name of multiple owners, indicate whether those owners reside in the same household or different households.

Code	Single/Multiple Owner Indicator Description
0	Does not apply
1	Single Owner
	<u>Multiple Owners</u>
2	Residing in Same Household
3	Residing in Different Households

*This field does not apply in the following situations (report code 0):*  
— All Limited Coding records (TRANSACTION CODE 8)  
— The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**ZIP CODE (Pos. 81-85)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all trailer coverage records (COVERAGE CODE 6), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), report the ZIP CODE associated with the primary berth/storage location of the insured boat. "Primary" is defined to be greater than 50% of the time.

Code this field 00000 if ZIP CODE information is unknown.

*This field does not apply in the following situations (report code 00000):*  
— All Limited Coding records (TRANSACTION CODE 8)  
— The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 00000 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

### **MEDICAL PAYMENTS LIMIT (Pos. 90-91)**

On all *COVERAGE CODE* 3 and 4 records, code the medical payments limit per person in thousands of dollars. Always round odd limits to the nearest \$1,000.

Loss records with *TYPE OF LOSS* code 6 (Liability - Medical Payments) must contain the *MEDICAL PAYMENTS LIMIT*. For loss records with other *TYPE OF LOSS* codes, the *MEDICAL PAYMENTS LIMIT* may be coded if known; otherwise, code this field 00.

For Example:

<b>Sample Code</b>	<b>Sample Medical Payments Limit (Per Person)</b>
00	None (No medical payments coverage) or "does not apply"
01	\$1,000
05	\$5,000
10	\$10,000
25	\$25,000

*This field does not apply in the following situations (report code 00):*

- All Limited Coding records (*TRANSACTION CODE* 8)
- All property coverage records (*COVERAGE CODES* 1, 2, 6, 7, A, and B)
- All uninsured coverage records (*COVERAGE CODE* 5)
- The "all other" liability coverage records (*COVERAGE CODE* 8)
- All non-medical payments related losses (*TRANSACTION CODES* 2, 3, 6, and 7 with *TYPE OF LOSS* code not 6)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 00 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

### **UNINSURED LIMIT (Pos. 92-95)**

On all *COVERAGE CODE* 3 and 5 records, code the uninsured liability limit in thousands of dollars. Always round odd limits to the nearest \$1,000.

Loss records with *TYPE OF LOSS* codes 7-9 (uninsured) must contain the *UNINSURED LIMIT*. For loss records with other *TYPE OF LOSS* codes, the *UNINSURED LIMIT* may be coded if known; otherwise, code this field 0000.

For Example:

<b>Sample Code</b>	<b>Sample Uninsured Limit</b>
0000	None (No uninsured liability coverage) or "does not apply"
0010	\$10,000
0025	\$25,000
0100	\$100,000
1000	\$1,000,000

*This field does not apply in the following situations (report code 0000):*

- All Limited Coding records (*TRANSACTION CODE* 8)
- All property coverage records (*COVERAGE CODES* 1, 2, 6, 7, A, and B)
- All liability coverage records excluding uninsured liability coverage (*COVERAGE CODE* 4)
- The "all other" liability coverage records (*COVERAGE CODE* 8)
- All non-uninsured liability related losses (*TRANSACTION CODES* 2, 3, 6, and 7 with *TYPE OF LOSS* code not 7-9)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0000 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**LOSS SETTLEMENT INDICATOR (Pos. 96)**

This field is used to identify the loss settlement terms on all "core" property records (COVERAGE CODES 1, 2, A, and B) and trailer records (COVERAGE CODE 6).

Code	Loss Settlement Indicator Description
0	Does not apply
1	Actual Cash Value
2	Replacement Cost
3	Agreed Value

*This field does not apply in the following situations (report code 0):*

- All Limited Coding records (TRANSACTION CODE 8)
- All liability coverage records (COVERAGE CODES 3-5 and 8)
- The "all other" property coverage records (COVERAGE CODE 7)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**OPERATOR EXPERIENCE (Pos. 97)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), report the code reflecting the number of years of ownership and experience operating a boat similar to the insured boat.

**Note:** When this policy provides coverage for multiple owners, code the number of years of experience for the operator with the fewest years of experience.

Code	Years of Experience
0	Does not apply
1	0-1
2	1-2
3	2-3
4	3-4
5	4-5
9	5+

*This field does not apply in the following situations (report code 0):*

- All Limited Coding records (TRANSACTION CODE 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**POWER (Pos. 98)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), code the type of propulsion of the covered boat.

Code	Type of Propulsion
0	Does not apply
1	Inboard
2	Outboard
3	Inboard/Outdrive
4	Jet propelled or water jet propelled (e.g., jet skis, wave runners)
5	Sail with auxiliary power
6	Sail without auxiliary power
9	All Other

*This field does not apply in the following situations (report code 0):*

- All Limited Coding records (TRANSACTION CODE 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" coverage records (COVERAGE CODES 7 and 8)
- All canoe/kayak records (TYPE OF HULL code 6)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**MAXIMUM SPEED (Pos. 99-100)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), code the actual maximum speed of the covered boat under power in miles per hour.

For example:

Sample Code	Sample Maximum Speed
00	Does not apply
10	10 miles per hour
33	33 miles per hour
65	65 miles per hour

*This field does not apply in the following situations (report code 00):*

- All Limited Coding records (TRANSACTION CODE 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" coverage records (COVERAGE CODES 7 and 8)
- All canoe/kayak records (TYPE OF HULL code 6)
- All records indicating no motorized power (POWER codes 0 and 6)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 00 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**FUEL TYPE (Pos. 101)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), code the type of fuel used to power the covered boat.

Code	Type of Fuel
0	Does not apply
1	Gasoline
2	Diesel
9	All Other

*This field does not apply in the following situations (report code 0):*

- All Limited Coding records (TRANSACTION CODE 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" coverage records (COVERAGE CODES 7 and 8)
- All canoe/kayak records (TYPE OF HULL code 6)
- All records indicating no motorized power (POWER codes 0 and 6)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**HORSEPOWER (Pos. 102-105)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), code the total horsepower of the covered motor(s) powering the insured boat.

For example:

Sample Code	Sample Horsepower
0000	Does not apply
0050	50 horsepower
0175	175 horsepower
0525	525 horsepower

*This field does not apply in the following situations (report code 0000):*

- All Limited Coding records (TRANSACTION CODE 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" coverage records (COVERAGE CODES 7 and 8)
- All canoe/kayak records (TYPE OF HULL code 6)
- All records indicating no motorized power (POWER codes 0 and 6)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0000 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**POLICY NUMBER (Pos. 108-121)**

**LOSSES**

Despite this field being optional on all loss records (*TRANSACTION CODES* 2, 3, 6, and 7), reporting the *POLICY NUMBER* in this field is highly encouraged.

If the *POLICY NUMBER* or identification number exceeds 14 characters, truncate the left-most characters.

If the *POLICY NUMBER* or identification number is less than 14 characters, left-justify the number.

**Note:** It is required for premium records to contain the *POLICY NUMBER* or any other alphanumeric identification number which will make it possible to locate all premium records for a specific policy in positions 66-79.

**ANNUAL STATEMENT LINE OF BUSINESS (Pos. 122-124)**

Code the *ANNUAL STATEMENT LINE OF BUSINESS* to which the transaction was assigned.

Code	Annual Statement Line of Business
010	Fire
021	Allied Lines, including Glass <sup>1</sup>
022	Multiple Peril Crop
030	Farmowners Multiple Peril
040	Homeowners Multiple Peril (includes Mobile-Homeowners)
051	Commercial Multiple Peril (Non-Liability portion) <sup>2</sup>
052	Commercial Multiple Peril (Liability portion) <sup>2</sup>
090	Inland Marine
110	Medical Malpractice
120	Earthquake
170	Other Liability (excluding Products Liability)
180	Products Liability
191	Private Passenger Auto No-Fault (Personal Injury Protection)
192	Other Private Passenger Auto Liability
193	Commercial Auto No-Fault (Personal Injury Protection)
194	Other Commercial Auto Liability
211	Private Passenger Auto Physical Damage
212	Commercial Auto Physical Damage
230	Fidelity
260	Burglary and Theft
270	Boiler and Machinery
<sup>1</sup> Glass may optionally be reported with code 250. <sup>2</sup> Commercial Multiple Peril may optionally be reported with code 050.	



# **SECTION III**

## **FORMS MASTERS**



# AMERICAN ASSOCIATION OF INSURANCE SERVICES

## FORMS NOTES

### 1. Additional Forms

One copy of each form is supplied with this statistical plan. The forms included should be treated as masters for use in making as many copies as are required to meet each company's needs. Companies are reminded that the forms are subject to change and it is recommended that no more than one year's supply of copies be made at one time.

### 2. Forms Included

These forms follow:

<b>Forms</b>	<b>Name of Form</b>	<b>Revised</b>
SD-104	Transmittal - Statistical Experience Report	5/1/97
SD-561	Experience Report Form - Boatowners Premiums	1/1/09
SD-562	Experience Report Form - Boatowners Losses	1/1/09















SERFF Tracking Number: AMAX-125854354 State: Arkansas  
 Filing Company: American Association of Insurance Services State Tracking Number: EFT \$50  
 Company Tracking Number: AAIS-2008-60  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine  
 Product Name: Statistical Plans  
 Project Name/Number: BT Stat Plan - AAIS-2008-60 /AAIS-2008-60

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Filing Memo Filed 10/14/2008  
**Comments:**  
**Attachment:**  
 Filing Memo.PDF

**Review Status:**  
**Satisfied -Name:** BT Stat Plan Mockup Filed 10/14/2008  
**Comments:**  
**Attachment:**  
 BT Stat Plan Mockup.PDF

**Review Status:**  
**Satisfied -Name:** Copyrighted Materials Filed 10/14/2008  
**Comments:**  
**Attachment:**  
 Copyrighted Materials.PDF

**Review Status:**  
**Bypassed -Name:** Uniform Transmittal Document- Property & Casualty Filed 10/14/2008  
**Bypass Reason:** No longer required.  
**Comments:**

**Review Status:**  
**Bypassed -Name:** NAIC loss cost data entry document Filed 10/14/2008  
**Bypass Reason:** NA to this filing.  
**Comments:**

**Review Status:**  
**Bypassed -Name:** NAIC Loss Cost Filing Document for OTHER than Workers' Comp Filed 10/14/2008

*SERFF Tracking Number:*      *AMAX-125854354*                      *State:*                      *Arkansas*  
*Filing Company:*              *American Association of Insurance Services*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *AAIS-2008-60*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0006 Other Personal Inland Marine*  
*Product Name:*              *Statistical Plans*  
*Project Name/Number:*      *BT Stat Plan - AAIS-2008-60 /AAIS-2008-60*

**Bypass Reason:**      *NA to this filing.*

**Comments:**



AMERICAN ASSOCIATION OF INSURANCE SERVICES  
STATISTICAL PLAN

SUMMARY OF CHANGES - BOATOWNERS

Throughout this statistical plan, changes have been made to clarify and update reporting instructions. These include updating examples used in the plan and providing statements indicating when the field applies or does not apply.

**Section I - General Instructions**

PART A - REPORTING INSTRUCTIONS:

- A definition for allocated loss adjustment expenses has been added.

PART B - FILING MEDIA:

- The available media types and delivery methods for statistical data submissions have been updated to reflect today's technology and our in-house computer system.

PART C - GENERAL CODING INSTRUCTIONS:

- Rule 3 (Loss Coding) has been moved to Rule 9 to keep the premium specific rules together. Rule 3 is now a new rule regarding the proper reporting procedures for minimum premium situations.
- Rule 6 (Policy Changes) has been simplified, but also includes a reference to the new LIMITED CODING option which is discussed in greater detail in Rule 8.
- Rule 8 (Special Coding Situations) has been moved to Rule 11 to keep it at the end of the section. Rule 8 (LIMITED CODING) is now a new rule providing a second option for reporting changes in coverage when a computer system is incapable of reporting policy changes in full statistical detail.
- Rule 10 ("Report Blank" Field Option) has been added to allow blanks or valid codes in any field in situations where the field "does not apply".

PART D - CORRECTIONS TO INVALID DATA:

- This is a new section to the Boatowners statistical plan which discusses how to correct the errors on the Error Detail Reports we provide and when the corrections should be sent to AAIS.

**Section II - Coding Instructions**

In addition to editorial clarifications, specific statements have been added to most fields which indicate when a field applies, when a field "does not apply," and how the field is to be reported in these situations. The field specific changes are as follows:

AMERICAN ASSOCIATION OF INSURANCE SERVICES  
STATISTICAL PLAN

SUMMARY OF CHANGES - BOATOWNERS

- **County Code (pos. 12-14)** -- The previous instructions in this field required the county associated with the mailing address of the insured. It has been determined that the primary berth/storage location of the insured boat would be a more meaningful statistic to collect for future rating considerations, so we are now asking for that information to be reported.
- **Sub-County Code (pos. 15)** -- Previous instructions had this field being "plugged" with code 9, so it is not necessary to have this field reported at all. We dropped this field from the record layouts.
- **Transaction Code (pos. 16)** -- This field identifies the type of transaction represented by the record. A new code of 8 has been added to capture premium experience associated with our new Limited Coding option. A reference statement has been added for the rules regarding the use of Transaction Code 8 (LIMITED CODING).
- **Premium and Loss Amounts (pos. 17-26)** -- The statement 'Salvage and subrogation loss payments are to be reported as negative paid loss records' has been added.
- **Program Code (pos. 27)** -- A code has been added to identify those boatowner policies rated under an ISO Boatowners Program.
- **Coverage Code (pos. 28)** -- Codes and notes have been added to identify two new coverage options, but these options are not to be reported by AAIS Program Users since these coverages are not part of the AAIS Boatowners Program. In addition, a code has been added to identify the extra premium charges associated with minimum premium rules. The new codes are:
  - A -- Physical Damage - Collision
  - B -- Physical Damage - Comprehensive
  - 9 -- Minimum Premium record
- **Type of Hull (pos. 33)** -- Code 4 was used for both houseboats and pontoons, but we have deleted code 4 and replaced it with two separate codes for these two hull types. We've also introduced three new codes. So the five new codes are:
  - A -- Houseboats
  - B -- Pontoons
  - 6 -- Canoe/Kayak
  - 7 -- Bass Boat
  - 8 -- Personal Watercraft
- **Deductible Amount (pos. 41)** -- Code A has been introduced to represent a \$2,500 flat deductible or a \$250/\$2,500 split deductible and Code B has been added to represent a \$5,000 flat deductible or a \$250/\$5,000 split deductible.
- **Navigational Territories (pos. 42)** -- With the 05 08 Manual revision to the AAIS Boatowners Program, the navigational territories were refined. As such, new codes were

AMERICAN ASSOCIATION OF INSURANCE SERVICES  
STATISTICAL PLAN

SUMMARY OF CHANGES - BOATOWNERS

introduced for these new navigational territories, although the old codes also still exist for companies still using the original navigational territories.

- **Named Storm Deductible (pos. 43)** -- This field was added to identify those policies issued with special deductible provisions for storms named by the National Oceanic and Atmospheric Administration (NOAA).
- **Catastrophe Code (pos. 49-50)** -- This field has been dropped.
- **Claim Status (pos. 55)** -- This field has been dropped.
- **Single/Multiple Owner Indicator (pos. 80)** -- This field has been added to indicate whether the insured boat (and all applicable motors) and the insured trailer are titled in the name of a single owner or multiple owners and if the title is in the name of multiple owners, whether those owners reside in the same household or different households.
- **ZIP Code (pos. 81-85)** -- The previous instructions in this field required the ZIP code associated with the mailing address of the insured. It has been determined that the primary berth/storage location of the insured boat would be a more meaningful statistic to collect for future rating considerations, so we are now asking for that information to be reported.
- **Loss Settlement Indicator (pos. 96)** -- This field has been added to identify the loss settlement provisions applicable to property coverages.
- **Operator Experience (pos. 97)** -- This field has been added to identify the number of years of ownership and experience the insured has operating a boat similar to the insured boat.
- **Annual Statement Line of Business (pos. 122-124)** -- This field has been added to balance reported data back to each company's Annual Statement.

**Section III - Forms Masters**

The premium and loss forms have been modified to reflect the additions of all the new fields and the deletion of the Sub-County Code and Claim Status fields.

MOCK-UP -- Underlined matter is added; ~~strikethrough~~ matter has been deleted.

# BOATOWNERS STATISTICAL PLAN

## LINE 16

AMERICAN ASSOCIATION OF INSURANCE SERVICES  
~~1035 SOUTH YORK ROAD -- BENSENVILLE, IL 60106~~  
1745 SOUTH NAPERVILLE ROAD -- WHEATON, IL 60189-8132

# AMERICAN ASSOCIATION OF INSURANCE SERVICES

## TABLE OF CONTENTS

SECTION I - GENERAL INSTRUCTIONS	Page	Revised
<b>Part A - General Requirements Reporting Instructions</b>		
1. Experience to be Reported .....	1	4/01/93 1/1/09
1.1 Definition of Allocated Loss Adjustment Expenses .....	1-2	1/1/09
2. Data to be Reported .....	1	4/01/93
2. Timing of Submissions .....	2	1/1/09
3. Method of Reporting - Media and Transmittals .....	13	4/01/93 1/1/09
3.1 Media .....	3	1/1/09
3.2 Transmittal(s) .....	3	1/1/09
4. Report Frequency & Required Report Dates .....	2	4/01/93
4. External Filing Labels for Electronic Media .....	4	1/1/09
5. Where to Send Statistical Submissions .....	4	1/1/09
<b>Part CB - Detail Reporting Instructions Filing Media</b>		
1. Instructions To All Companies .....	6	4/01/93
2. Completing The Transmittal .....	6	4/01/93
3. Instructions For Companies Using Computers .....	6	4/01/93
1. Acceptable Media for Statistical Reporting .....	5	1/1/09
2. Instructions for Filing in EBCDIC Format .....	5	1/1/09
3. Instructions for Filing via PC Media, E-mail, or the Internet in ASCII Format .....	6-7	1/1/09
4. Instructions To Companies for Filing via Bordereau .....	78	4/01/93 1/1/09
5. Statistical Data Entry System .....	7	4/01/93
<b>Part B C - General Reporting Coding Instructions</b>		
1. How to Use this Plan .....	39	4/01/93 1/1/09
2. Number of Statistical Records Required Per Policy .....	39	4/01/93 1/1/09
3. Minimum Premiums .....	9	1/1/09
34. Premium Bearing Endorsements at Inception/Renewal .....	310	4/01/93 1/1/09
45. Cancellations .....	310	4/01/93 1/1/09
5. Adjustment of Errors .....	4	4/01/93
6. Policy Changes (Coverage Changes) .....	410	4/01/93 1/1/09
7. This Rule Number is Reserved for Future Use .....	11	1/1/09
38. Limited Coding .....	11	1/1/09
9. Loss Coding .....	12	1/1/09
10. Report "Blank" Field Option .....	12	1/1/09
711. Special Cases Coding Situations .....	512	4/01/93 1/1/09
<b>Part D - Corrections to Invalid Data</b>		
1. Error Detail Reports .....	13	1/1/09
2. Corrections to Invalid Codes .....	13	1/1/09
3. Resubmissions .....	13	1/1/09
4. Timing of Corrections .....	13	1/1/09

# AMERICAN ASSOCIATION OF INSURANCE SERVICES

## TABLE OF CONTENTS

SECTION II - CODING INSTRUCTIONS	Page	Revised
a1. Index .....	814	4/01/93 1/1/09
b2. Record Layout - Premium Transactions .....	915	4/01/93 1/1/09
3. Record Layout - Loss Transactions .....	16	1/1/09
e4. Line of Insurance .....	4017	4/01/93 1/1/09
e5. Accounting Date .....	4017	4/01/93 1/1/09
e6. Company Code .....	4017	4/01/93 1/1/09
f7. State Code .....	4118	4/01/93 1/1/09
g8. County/Sub-County Code .....	4118	4/01/93 1/1/09
h9. Transaction Code .....	4219	4/01/93 1/1/09
i10. Premium and Loss Amounts .....	4220	4/01/93 1/1/09
j11. Program Code .....	4320	4/01/93 1/1/09
k12. Coverage Code .....	4321	4/01/93 1/1/09
l13. Amount Limit of Property Insurance .....	4422	4/01/93 1/1/09
m. Liability Limit .....	14	4/01/93
n14. Type of Hull .....	4422	4/01/93 1/1/09
o15. Hull Material .....	4523	4/01/93 1/1/09
p16. Year of Manufacture Year .....	4523	4/01/93 1/1/09
q17. Length .....	4524	4/01/93 1/1/09
r18. Deductible Type .....	4624	4/01/93 1/1/09
s19. Deductible Amount .....	4625	4/01/93 1/1/09
t20. Navigational Territory .....	4626	4/01/93 1/1/09
21. Named Storm Deductible .....	27	1/1/09
u22. Exposure .....	4727	4/01/93 1/1/09
v23. Claim Count .....	4728	4/01/93 1/1/09
w24. Months Covered .....	4829	4/01/93 1/1/09
x. Catastrophe Code .....	18	4/01/93
y25. Type of Loss .....	4830	4/01/93 1/1/09
z26. Cause of Loss .....	4931	4/01/93 1/1/09
aa. Claim Status .....	19	4/01/93
bb27. Accident Date .....	2031	4/01/93 1/1/09
cc28. Policy Term Effective Date .....	2032	4/01/93 1/1/09
dd29. Lay-Up Period .....	2032	4/01/93 1/1/09
ee30. Policy Identification Number (premiums) .....	2033	4/01/93 1/1/09
ff31. Occurrence and Claim Identification Number .....	2133	4/01/93 1/1/09
32. Claim Identifier .....	33	1/1/09
33. Single/Multiple Owner Indicator .....	34	1/1/09
gg34. ZIP Code .....	2434	4/01/93 1/1/09
hh35. Med-Pay Medical Payments Limit Code .....	2435	4/01/93 1/1/09
ii36. Uninsured Limit .....	2435	4/01/93 1/1/09
37. Loss Settlement Indicator .....	36	1/1/09
38. Operator Experience .....	36	1/1/09
jj39. Power .....	2237	4/01/93 1/1/09
kk40. Maximum Speed .....	2237	4/01/93 1/1/09
ll41. Fuel Type .....	2238	4/01/93 1/1/09
mm42. Horsepower .....	2238	4/01/93 1/1/09
43. Policy Number (losses) .....	39	1/1/09
44. Annual Statement Line of Business .....	39	1/1/09
SECTION III - FORMS MASTERS	Page	Revised
a1. Forms Notes .....	2340	4/01/93 1/1/09
e2. Transmittal - Statistical Experience Report .....		4/01/93 5/1/97
b3. Experience Report Form - Boatowners Premiums .....		4/01/93 1/1/09
e4. Experience Report Form - Boatowners Losses .....		4/01/93 1/1/09

# **SECTION I**

## **GENERAL INSTRUCTIONS**

## PART A - GENERAL REQUIREMENTS REPORTING INSTRUCTIONS

### 1. EXPERIENCE TO BE REPORTED

Any policy written or coverage provided under the **Ocean Marine** line of business (Annual Statement, page 8, line 8) **must not** be included with this experience.

This statistical plan captures Report all direct premium and loss activity for the following:

- Boatowners policies
- Endorsements that are approved for use with the Boatowners Program

~~You must submit statistics for salvage and subrogation recoveries.~~

~~Paid and outstanding allocated loss adjustment expenses (ALAE) are reported only for liability coverages.~~

**Include statistics for:**

- Salvage recovery
- Subrogation recovery
- Allocated loss adjustment expenses (ALAE)

**Do not include or adjust** ~~submit~~ statistics for:

- Reinsurance business ceded
- Reinsurance business assumed
- Unallocated loss adjustment expenses (ULAE)
- Estimates for incurred but not reported losses (IBNR)
- Endorsements written on forms from other lines of business\*

\* Endorsements written on forms not approved for use with the Boatowners Program must be reported according to the instructions in the statistical plan for the line with which the endorsement is associated and **not** included in the experience for this line.

The reported statistics will be separated by AAIS into property coverage and liability coverage. The property coverage statistics will be reported to Insurance Departments under the Inland Marine line of business. The liability coverage statistics will be reported to Insurance Departments under the **General Personal** Liability line of business.

#### 1.1 Definition of Allocated Loss Adjustment Expenses

Allocated loss adjustment expenses (ALAE) are reported separately under their own transaction codes. Unless otherwise stated, all ALAE records are coded in the same detail as losses.

By definition, allocated loss adjustment expenses are claim settlement costs directly assignable to specific claims. A list of what this includes and excludes follows.

##### a. Allocated loss adjustment expenses include:

i. Attorney's fees or expenses -  
This includes attorney's fees for claims in suit

ii. Litigation expenses -  
This includes court and other specific items of expense such as:

Medical examination to determine the extent of company's liability  
Expert medical or other testimony  
Laboratory and X-Ray  
Autopsy  
Stenographic  
Witnesses and summonses  
Copies of documents

## **1.1 Definition of Allocated Loss Adjustment Expenses (continued)**

### **b. Allocated loss adjustment expenses do not include:**

#### **i. Adjuster's fees or expenses --**

Fees paid to independent adjusters, or attorneys, for adjusting claims

#### **ii. Salaries and traveling expenses of company employees --**

Not including amounts allocated as attorney's fees for claims in a suit

#### **iii. Overhead**

## **2. DATA TO BE REPORTED**

The instructions for reporting are contained in the various parts of this section. The codes to be used are located in SECTION II - CODING INSTRUCTIONS. **Only these codes may be used when submitting statistics.**

## **2. TIMING OF SUBMISSIONS**

All data is to be reported quarterly.

Data is due in the AAIS office no later than 60 calendar days following the close of the period being reported.

Companies that are not able to file on time must have a company officer notify AAIS's *Data Management Department* in writing as soon as possible.

### 3. METHOD OF REPORTING -- MEDIA AND TRANSMITTALS

The statistical filing consists of two parts: the **media (data)** and the transmittal(s). Each part must be present for the filing to be accepted.

#### A. The Data

##### 3.1 Media

Submit on one of the following:

- Computer tape
- Diskettes (3 1/2", CDs, or DVDs)
- Cartridges (3480 or 3490)
- Approved forms Bordereau or computer printed list
- e-mail files
- internet files

See SECTION 1, PART B -- FILING MEDIA for specific guidelines.

#### B. The Transmittal

Complete form SD 104. A copy of the form is contained in SECTION III -- FORMS MASTERS.

Send the data and documents to:

- Statistical Services
- American Association of Insurance Services
- 1035 South York Road
- Bensenville, IL 60106

##### 3.2 Transmittal(s)

At least one transmittal must accompany every statistical submission. The transmittal form (SD-104) is located in SECTION III. It requires summarizing the written premium, written exposure, paid loss, outstanding loss, paid claim count, outstanding claim count, paid allocated loss adjustment expense, outstanding allocated loss adjustment expense experience, and number of records by state. The form also calls for a grand total for each of these data elements for all states reported.

*EXPOSURE* count is the sum of all values reported in the *EXPOSURE* field for all premium records. Paid *CLAIM COUNT* is the sum of all values reported in the *CLAIM COUNT* field for all paid loss records (excluding paid ALAE records). Outstanding *CLAIM COUNT* is the sum of all values reported in the *CLAIM COUNT* field for all outstanding loss records (excluding outstanding ALAE records). Record count is simply a count of the number of statistical records submitted. In the case of bordereau and computer printed lists, the record count is the number of lines submitted.

Each form must be completed in full, including *LINE OF INSURANCE*, *COMPANY CODE*, and company name. Companies writing in multiple states should use as many sheets as are required. The grand total line need only be completed on the last page.

If the quarterly submission contains some policies that were booked in previous quarters, **each quarter of experience must be summarized on a separate transmittal.**

**For example:** On April 2, a company records the premium for a policy into the company's accounting system with a booked date of March 28. For whatever reason, this record is not reported in the first quarter submission sent to AAIS. If this record appears in the second quarter submission, the premium for this record must be part of a separate first quarter transmittal. **The premium must not be included in the second quarter transmittal.**

Multiple transmittals are also required whenever companies are reporting annual submissions, multiple quarterly submissions, resubmissions, or supplemental submissions. Usually, AAIS will accept multiple quarterly submissions only for those companies that are having processing problems or are a new statistical reporting company. In any case, a separate transmittal is required for each quarter of data that is included in the submission.

Specify the type of submission by checking the resubmission, new submission, or supplemental submission/correction box on the transmittals.

#### 4. Report Frequency and Required Report Dates

- All data is to be reported quarterly.
- Premium, paid loss and paid loss adjustment expense records are to be reported with the month during which the transaction occurred.
- Outstanding loss and outstanding loss adjustment expense records are to be valued and reported as of the last month of the quarter being reported.
- Data is due in the AAIS offices no later than 60 calendar days following the close of the period being reported. Companies that cannot file on time must have a company officer notify the Vice President, Technical Services, in writing as soon as possible.

#### **4. EXTERNAL FILING LABELS FOR ELECTRONIC MEDIA**

Electronic media must be clearly marked with the following:

- COMPANY CODE
- Report period
- LINES OF INSURANCE
- Number of disks or cartridges
- Number of records in the submission
- Machine and operating system used to create the electronic media

Example of External Label:

-----  
COMPANY 9999  
2nd Qtr. 2009  
Boatowners (Line 16)  
IBM AS/400  
3490 Cartridge  
Cartridge 1 of 2  
619,720 Records in Total  
-----

#### **5. WHERE TO SEND STATISTICAL SUBMISSIONS**

Send all physical media and transmittal(s) to:

Data Management Department  
American Association of Insurance Services  
1745 South Naperville Road  
Wheaton, IL 60189-8132

Send all e-mail submissions to [stats@AAISonline.com](mailto:stats@AAISonline.com).

## **PART B -- FILING MEDIA**

### **1. ACCEPTABLE MEDIA FOR STATISTICAL REPORTING**

The following is a list of the only acceptable methods for reporting statistical submissions to AAIS.

#### **a. E-mail Files**

Officially, there are no restrictions on the file size of an e-mail data submission. However, most computer systems have "fire walls" that could pose a problem in transmitting an e-mail data submission of considerable size. As such, we ask that all submissions of greater than 50,000 records be zipped. Depending on the number of records being submitted, it may be necessary to split the data submission into multiple parts (e.g., by *LINE OF INSURANCE* or by report month). However, that won't be necessary unless instructed to do so by AAIS. See rule 3 of this section for more on submitting via e-mail.

#### **b. Three and one-half inch (3½") Diskettes**

#### **c. Half Inch (½") Cartridges**

IBM 3480 half inch (½") cartridges with 38K density in EBCDIC format **without hardware or software compaction.**

IBM 3490 half inch (½") cartridges with 38K density in EBCDIC format.

#### **d. Compact Disks (CDs)**

#### **e. Digital Video Disks (DVDs)**

#### **f. Internet Files -- Contact AAIS's Data Management Department for details.**

#### **g. Bordereau Forms or Computer Printed Lists**

Submitting via bordereau forms or computer printed lists is acceptable as long as the number of records is less than 50. Any submission requiring AAIS staff to manually key in statistical records in excess of 50 will be charged accordingly. See Rule 4 of this section for more on submitting via bordereau forms.

### **2. INSTRUCTIONS FOR FILING IN EBCDIC FORMAT**

The EBCDIC file format generated by a mainframe (or midrange) system should have the following characteristics:

- Decimal points are **not** permitted in the *PREMIUM/LOSS AMOUNT* fields (the right two positions are assumed to be cents).
- The amount fields (*PREMIUM/LOSS AMOUNT* and *EXPOSURE/CLAIM COUNT*) must be signed with the sign in the low order (units) position of the field. Unused high order positions must be zero-filled.
- Records may be blocked or unblocked.

### **3. INSTRUCTIONS FOR FILING VIA PC MEDIA, E-MAIL, OR THE INTERNET IN ASCII FORMAT**

When submitting data files on 3½" Diskettes, CDs, DVDs, or through e-mail or the internet, there are two ASCII text file formats (and file naming conventions) available. The reason for having the two methods is due to how the files are generally created by the system in use, either from a mainframe or from a PC.

#### **a. PC ASCII File Format**

The ASCII text file format generated by a PC should have these characteristics:

- Not comma delimited
- Decimal points in the *PREMIUM/LOSS AMOUNT* field are required
- Do NOT fill unused positions of the *PREMIUM/LOSS AMOUNT* and *EXPOSURE/CLAIM COUNT* fields with zeros

- Negative signs should precede the *PREMIUM/LOSS AMOUNTS* and *EXPOSURE/CLAIM COUNTS*
- Nothing should appear on a record beyond position 150 as this is the end of the record
- The end of each record should have a "carriage return/line feed"

**File Naming Guidelines:**

In order to identify the file format of the data, the quarter being submitted, and the company submitting the data, we ask that the following file naming convention be used:

CCCCLLYYQPC.txt

CCCC = The assigned four-digit *COMPANY CODE* -- When submitting a group of companies in a single data file, code the primary company in the group.

LL = When the data file includes more than a single *LINE OF INSURANCE*, use ML to indicate multiple lines. When the data file includes a single *LINE OF INSURANCE*, indicate the line being submitted with the two-digit numeric *LINE OF INSURANCE* code assigned within the statistical plan. This is necessary for those systems that generate separate files for each *LINE OF INSURANCE*.

YY = The two-digit year

Q = The quarter of data being submitted

PC = PC file format indicator

**b. Mainframe ASCII File Format**

The ASCII text file format generated by a mainframe (or midrange) system should have these characteristics:

- Not comma delimited
- Decimal points are **not** permitted in the *PREMIUM/LOSS AMOUNT* fields
- Nothing should appear on a record beyond position 150 as this is the end of the record
- The end of each record should have a "carriage return/line feed"
- Negative signs should be indicated in the low order (units) position of the amount fields (*PREMIUM/LOSS AMOUNT* and *EXPOSURE/CLAIM COUNT*). Negative values must be signed, while positive values may be signed or unsigned as indicated below:

Negative Amounts		Unsigned Positive Amounts		Signed Positive Amounts	
Numeric Value	Symbol	Numeric Value	Symbol	Numeric Value	Symbol
-0	}	0	0	+0	{
-1	J	1	1	+1	A
-2	K	2	2	+2	B
-3	L	3	3	+3	C
-4	M	4	4	+4	D
-5	N	5	5	+5	E
-6	O	6	6	+6	F
-7	P	7	7	+7	G
-8	Q	8	8	+8	H
-9	R	9	9	+9	I

**File Naming Guidelines:**

In order to identify the file format of the data, the quarter being submitted, and the company submitting the data, we ask that the following file naming convention be used:

CCCCLLYYQMF.txt

CCCC = The assigned four-digit *COMPANY CODE* -- When submitting a group of companies in a single data file, code the primary company in the group.

LL = When the data file includes more than a single *LINE OF INSURANCE*, use ML to indicate multiple lines. When the data file includes a single *LINE OF INSURANCE*, indicate the line being submitted with the two-digit numeric *LINE OF INSURANCE* code assigned within the statistical plan. This is necessary for those systems that generate separate files for each *LINE OF INSURANCE*.

YY = The two-digit year

Q = The quarter of data being submitted

MF = Mainframe file format indicator

#### 4. INSTRUCTIONS FOR FILING VIA BORDEREAU

Examine the attached forms to determine the items to be reported.

Form	Description
SD-561	Boatowners - Premiums
SD-562	Boatowners - Losses

There is a copy of each form in SECTION III. These should be used to duplicate the forms needed to complete the filing.

Look up each field name in SECTION II to find the codes and instructions to be used in reporting.

## PART B C - GENERAL CODING REPORTING INSTRUCTIONS

### 1. HOW TO USE THIS PLAN

Filing requirements are the same regardless of whether a company submits diskettes, tape, disks, cartridges, e-mail submissions, internet submissions, or bordereau forms. The computer record layouts contain a few data items not required on the manual bordereau forms because these items are implied by such things as titles and form numbers.

The record layouts are located at the front of SECTION II -CODING INSTRUCTIONS, while the bordereau forms are located in SECTION III -FORMS MASTERS. The rest of this part of SECTION I contains general coding instructions on such subjects as cancellations, mid-term changes, and adjustments or corrections to errors. **This section should must be read and understood before continuing to the detailed instructions.**

The items of information required on each statistical record are shown on the record layouts, on the bordereau forms, and in the index at the front of SECTION II. The codes to be used and the instructions needed to select a code for each item are located in SECTION II.

### 2. NUMBER OF STATISTICAL RECORDS REQUIRED PER POLICY

Each premium transaction will generate one or more statistical records (or coding lines) depending upon the rating structure used by the company and the number of boats and trailers covered. For statistical submissions, one record is required for each coverage applicable to the policy.

Multiple loss records are needed when a loss involves different coverages or different types of loss.

When a policy is written, the number of records it produces depends on the number of different coverages the policy includes, the way in which the coverages are rated, and the number and type of endorsements attached.

Although there may be exceptions to this rule depending on the type of Boatowners Program in use, in general each separately rated coverage for each insured boat or trailer produces a separate statistical record.

Premium bearing endorsements which provide coverage or perils that are not provided in the basic policy (e.g. personal effects endorsement coverage) will typically require additional records. The experience for these types of endorsements is reported separately through *COVERAGE CODES* 7 and 8.

### 3. MINIMUM PREMIUMS

When a minimum premium rule is invoked at the policy or coverage level, use one of the following reporting methods:

- a. The entire minimum premium shall be allocated to the applicable premium records in proportion to the manual premium(s) for such records.
- b. The premium(s) that would have been developed if no minimum premium(s) were applicable shall be reported in full statistical detail. The difference between the minimum premium and the premium otherwise applicable shall be LIMITED CODED (see Rule 8 in this section).

### **3 4. PREMIUM BEARING ENDORSEMENTS AT INCEPTION/RENEWAL**

There are three rules covering this subject:

- a. Any endorsement not approved for use with the Boatowners Program (such as a Homeowners endorsement) must be coded according to the statistical plan for the *LINE OF INSURANCE* with which the endorsement is associated.
- b. Expansion of basic limits by endorsement does **not** require a separate statistical record. The extra premium is **simply reported** combined with the basic premium **and reported in a single record.**
- ~~c. Coverage that is added through an approved Boatowners endorsement that generates additional premium requires a separate statistical record.~~
- c. **Additional coverage which is excluded in the basic form and added back in by a premium bearing endorsement requires a separate statistical record.**

**Refer to Rule 6 in this section for the applicable reporting procedures. Note that** when an endorsement is added during the policy period, **special instructions may apply. See rule 6 below.**

### **4 5. CANCELLATIONS**

When a policy is canceled, resubmit the original statistical record(s) with the following changes:

- a. The *PREMIUM AMOUNT* fields must be changed to reflect the amount of unearned premium. This is done by entering the returned premium as a negative amount.
- b. The sign of the *EXPOSURE* fields must be changed to negative.
- c. The **number of MONTHS COVERED code** must be changed to reflect the time remaining on the policy or installment period at the time of the cancellation.
- d. The *ACCOUNTING DATE* must be changed to the date of the cancellation.

### **5. Adjustment of Errors**

~~Errors in submitted data must be corrected by submitting a reversal of the original record together with the correct record. A "reversal" record carries exactly the same coding as the original transaction in error, except that the signs of the premium, loss, exposure, and claim count fields are reversed.~~

~~Errors discovered by AAIS and returned to the company for correction should be handled in accordance with the instructions accompanying the data when it is returned.~~

## 6. POLICY CHANGES (COVERAGE CHANGES)

This rule applies to all types of changes, whether effective at inception or effective midterm.

a. Additions or deletions of coverage with a corresponding premium adjustment are to be reported in full detail, reflecting the term of the change.

b. All other changes must be reported using one of the following two methods:

1. With Full Coding:

Offset records shall be made to cancel the unearned premium for the records affected by the changes. New premium records reflecting the revised codes shall be made to report the premium for the remainder of the policy period. All unchanged codes on the new records shall be identical to those codes on the original records.

2. With Limited Coding (see Rule 8 in this section).

These special instructions are provided to handle policy changes that occur during the policy or installment period. Policy changes that come at the beginning of the policy period require no special handling because the normal statistical records will simply reflect the new policy conditions.

These instructions apply only to premium records because loss records always reflect the policy conditions at the time of the loss and are unaffected by changes in the policy changes occurring before or after the loss.

Changes that affect policy premium and/or a statistically coded item of information must generate a statistical record. These changes can be organized into three groups:

### A Coverage Additions or Deletions (But Not Changes in Existing Coverages)

This is the simplest case. The regular procedures are followed to generate the necessary statistical record. Adding an additional boat during the policy period will generate the same record the item would have generated if it had been present from the beginning. The only exception is in the months covered code which will reflect fewer months of coverage in the added statistical record. Similarly, if a coverage is dropped, the cancellation rules are followed to generate the record for the lost coverage. Other records for the policy remain unchanged.

### B Changes That Do Not Affect Statistically Reported Information (Including Changes in Existing Coverages)

First, if the change does not include an adjustment to the premium (collected or returned), then no record of any kind is generated.

Second, if the change does include an adjustment to the premium and the change is made at policy inception, there is no need to report additional statistical records as a result of the change. However, make sure that the reported premium reflects the change.

Third, if the change does include an adjustment to the premium and the change is made after policy inception, some or all of the original premium records issued for this policy should be cancelled and new premium records should be reported with the adjusted premium charges.

For example, let's assume that an insured purchases an AAIS boatowners policy that provides both property and liability coverage at charges of \$400 and \$75 respectively. If the insured decides to increase the limit of coverage for Miscellaneous Property three months after the policy has been issued, the original property premium record is cancelled and an adjusted property premium record is reported to AAIS. Assuming the revised annual property charge is \$440, the following is reported:

1. Cancel \$300 (75% of \$400) of the original property premium record following the cancellation rules
2. Submit the adjusted property premium record for \$330 (75% of \$440)

Note that only the property premium record needed an adjustment. The liability premium charge remained the same despite the increase to the limit of coverage for Miscellaneous Property Coverage.

### **C— Changes That Do Affect Statistically Reported Information (Including Changes In Existing Coverages)**

This is the most complex change to handle. This situation requires canceling the remaining coverage of the original statistical record and creating a new record to reflect the new policy conditions in effect for the remainder of the policy period. **These instructions must be followed even if the change does not involve a change in premium.**

For example, if an insured changes a \$15,000 policy to a \$25,000 policy after six months of coverage, two statistical records are required. The first will be created following the cancellation rules and will carry most of the same coding as the original record. The months covered field will represent the number of months remaining in the policy period and the premium field must reflect the negative value of the premium that would have been charged for the remaining months. The second record will be a normal premium record coded according to the new policy conditions. The months covered field in this record will be coded the same as in the first record (the time remaining in the policy period). The premium field will reflect the premium that would be charged for the adjusted coverage. The transaction code in both records should be '1'.

The same procedure applies regardless of the item being changed (deductible, coverage, etc.).

### **7. THIS RULE NUMBER IS RESERVED FOR FUTURE USE**

## 8. LIMITED CODING

This rule is not a requirement. It is being provided for those systems incapable of reporting changes to policies in the actuarially sound two-step off-set/on-set procedure described in Rule 6.b.1 in this section of this statistical plan.

Premium records with Limited Coding require that only the following fields be reported:

- *LINE OF INSURANCE* (pos. 1-2)
- *ACCOUNTING DATE* (pos. 3-5)
- *COMPANY CODE* (pos. 6-9)
- *STATE CODE* (pos. 10-11)
- *TRANSACTION CODE* (pos. 16)
- *PREMIUM AMOUNT* (pos. 17-26)
- *COVERAGE CODE* (pos. 28)
- *MONTHS COVERED* (pos. 49-50)
- *POLICY TERM EFFECTIVE DATE* (pos. 60-63)
- *POLICY NUMBER* (pos. 66-79)
- *ANNUAL STATEMENT LINE OF BUSINESS* (pos. 122-124)

Fields other than the ones listed above are to be left blank or reported with their applicable "does not apply" codes.

The *STATE CODE* is that to which the premium was assigned in the company's Annual Statement.

This Limited Coding option is **not** to be used in the following situations:

- issuing a policy or coverage
- canceling a policy or coverage
- when the *STATE CODE* or *COVERAGE CODE* data elements are changed

For example:

- a. if the insured moves from Washington (*STATE CODE* 46) to California (*STATE CODE* 04), the limited coding option may not be used because the *STATE CODE* field is a required data element under the limited coding procedures. In cases like this, you must follow the actuarially sound two-step off-set/on-set procedure described in Rule 6.b.1 in this section of this statistical plan.
- b. if the *DEDUCTIBLE AMOUNT* changed from \$250 to \$500, the limited coding option may be used because the *DEDUCTIBLE AMOUNT* field is not a required data element under the Limited Coding option.

## 9. LOSS CODING

Loss records are coded according to the conditions of the policy at the time of the loss. In addition, a loss record must be reported with the same coding as the premium record which reported the coverage to which the claim is assigned. Some additional fields are required on loss records since claims require additional pieces of information. The following is a list of fields that require special attention when coding loss records.

- a. **COVERAGE CODE** - Some policies generate additional premium records because of premium bearing endorsements. If a claim is covered by one of these endorsements, the loss record must carry the **COVERAGE CODE** of the endorsement.
- b. **TYPE OF LOSS** - It is quite possible for a single accident to trigger loss payments under multiple coverages. This field is used to identify the coverage under which the claim is paid and is more specific than what is reported within the actual **COVERAGE CODE** field. This may result in multiple loss records with different **TYPE OF LOSS** codes against a single coverage.  
  
Example -- The insured boat collides into another boat (not owned by the insured) causing damage to both boats as well as injury to the operator of the other boat. In this case, the damage to the policyholder's boat results in a claim against the property coverage (**COVERAGE CODE** 1) of the policy and is identified as such with **TYPE OF LOSS** code 1 (property coverage - boat and motor or trailer). However, the injury to the operator of the other boat and the damage to the other boat results in two separate loss records against the liability coverage (**COVERAGE CODE** 3). These two records are reported with **TYPE OF LOSS** code 4 (liability - bodily injury) and **TYPE OF LOSS** code 5 (liability - property damage). When a claim from a single occurrence affects two separately reported coverages or two separately identified **TYPES OF LOSS**, the specific reason which triggered the claim associated with each coverage must be reported.
- c. **CAUSE OF LOSS** - The general rule for coding the **CAUSE OF LOSS** field is to code the **CAUSE OF LOSS** that initiated the series of events that led up to the loss. Applying this rule will typically result in a single **CAUSE OF LOSS** code for a given claim.
- d. **CLAIM COUNT** - The general rule for coding the **CLAIM COUNT** field is to code the first reported loss record with a **CLAIM COUNT** of 1. All subsequent loss records for that claim must carry a **CLAIM COUNT** of 0, whether they are paid or outstanding loss records. See the **CLAIM COUNT** field for additional instructions.

## 10. REPORT "BLANK" FIELD OPTION

The instructions provided in most fields include statements as to when a field does not apply and how that field should be reported in those situations. In lieu of reporting the applicable "does not apply" code within a field, a company may leave the field blank or report valid information called for in the field.

## 7. Special Cases

### 11. SPECIAL CODING SITUATIONS

It is hoped that the instructions in this plan are sufficient to cover every coding situation. The instructions in this statistical plan may not cover every coding situation. However, it is recognized that the desire to keep the plan as concise and straightforward as possible may cause a lack of clarity in special situations. The general rule is to "code it like it is rated," but where this does not help, AAIS Statistical Services AAIS's Data Management Department is available to answer questions.

Companies are urged to make use of Statistical Services AAIS's Data Management Department. Assistance is available for writing procedures, designing computer programs, and training staff at all levels. Write, phone, or visit the AAIS offices in Bensenville Wheaton, Illinois.

## **PART C — DETAIL REPORTING INSTRUCTIONS**

### **1. — Instructions To All Companies**

The coding of regular policy activity is a simple task and requires little instruction. However, there are special situations that complicate matters. The special cases have been collected and placed in the previous portion of this plan (PART B — GENERAL REPORTING INSTRUCTIONS). It is imperative that coders and procedures writers read and understand Part B before continuing further.

### **2. — Completing The Transmittal**

A transmittal must accompany every statistical submission. The transmittal form (SD-104) is located in SECTION III — FORMS MASTERS. It calls for summarizing the statistical experience by state and reports written premiums, paid losses, paid ALAE, outstanding losses and outstanding ALAE. The report also calls for a "record count" by state and a grand total for all states reported.

Record count is a count of the number of statistical records submitted. In the case of bordereau and computer listing submissions, the record count should be a count of the number of lines submitted.

The form must be completed in full, including line of insurance, company name and number. Companies writing in a large number of states should use as many sheets as are necessary. The grand total line need only be completed on the last page.

### **3. — Instructions For Companies Using Computers**

Examine the attached record layout (SD-RL-16) to determine the items to be reported.

Look up each item (by name) in the Index of SECTION II — CODING INSTRUCTIONS to find the codes and instructions to be used in reporting.

#### **A. — Filing Media**

All companies submitting data in non standard or on unapproved record formats will be assessed for the cost of converting the data to our standard format on a time and materials basis.

#### **1) — Standard Format**

Standard format means media that are computer readable and compatible with current AAIS computer equipment. These media are:

##### **a. — Computer Tape**

Reel-to-reel type, 9 track, 1600 or 6250 BPI, EBCDIC code, with standard labels. Use a blocking factor of 10 records per block.

##### **b. — Diskette**

Eight inch (8") diskettes compatible with the IBM S/38 or AS/400 may be submitted without a conversion charge. They can be single or double sided.

Three and one-half inch (3½") IBM PS/2 compatible diskettes or five and one-quarter inch (5¼") diskettes compatible with IBM PCs can be submitted. Please call before submitting the first time to establish an acceptable format. There will be no charge if it is a format that we can easily convert in house.

##### **c. — Cartridge**

IBM 3480 half inch (½") or 3490 half inch (½") cartridges with 38K density. Use a blocking factor of 200 records per block.

IBM compatible 8 millimeter (8mm) cartridges using the 8200 or 8500 format. Use a blocking factor of 200 records per block.

## 2) Non-standard Format

Non-standard format means any data that must be keypunched or taken to an outside service for conversion before it can be processed on the AAIS computer.

a. Bordereau forms or computer printed lists.

b. Reel-to-reel tapes that are non-standard but can be converted to a standard format by a local service bureau will be accepted. There will be a flat charge for conversion per submission. Tapes of 3600 feet are not compatible with our system and cannot be converted to 2400 foot reels by our local service bureau.

These conversion services are performed on a non-profit average time and materials basis. Since AAIS is dependent upon outside organizations for these services, we cannot permanently guarantee either their availability or their cost. Whenever possible, companies should arrange to submit data on one of the standard formats. For extremely small submissions (200 records or less), we strongly recommend the submission of a bordereau or a computer printed list for keypunching rather than one of the non-standard computer readable formats.

At this time, statistics **may not** be filed via disk cartridges or punched tape. Cassette tapes cannot be submitted at all.

### B. External Filing Labels

Electronic media must be clearly marked with the following:

- company number
- report period
- line of insurance
- number of reels, diskettes, cartridges
- number of records in the submission
- machine and operating system used to create the electronic media
- format and density of the electronic media (such as 9 track 1600 BPI, 9 track 6250 BPI)

Example of External Label:

COMPANY 9999
2nd Qtr. 1990
BOATOWNERS EXPERIENCE
IBM AS/400 9 TRACK/6250 BPI
Reel 1 of 2 6,972 Records in Total

## 4. Instructions To Companies Filing Via Bordereau

Examine the attached forms to determine the items to be reported.

Form	Description
SD 561	Boatowners Premiums
SD 562	Boatowners Losses

There is a copy of each form in SECTION III - FORMS MASTERS. These should be used to duplicate the forms needed to complete the filing.

Look up each item (by name) in SECTION II - CODING INSTRUCTIONS to find the codes and instructions to be used in reporting.

## 5. Statistical Data Entry System

AAIS has a free statistical data entry system available to companies to prepare statistics. The data entry system runs on any IBM compatible PC with a hard disk and diskette drive. Call Technical Services for more information.

## **PART D - CORRECTIONS TO INVALID DATA**

### **1. ERROR DETAIL REPORTS**

After AAIS receives the data submission, it is processed through an edit program. If any coding errors are detected, the edit program produces an Error Detail Report. This report lists each record that is in error up to a maximum of 500 records. After that, each 100th record that contains one or more invalid codes is listed.

The invalid codes are marked with an asterisk (" \* ") to the right of each invalid code. Column headings and field position numbers are provided to help determine the field in error.

### **2. CORRECTIONS TO INVALID CODES**

After each problem is identified, and the correct codes are determined, a company has two options for correcting the data.

- a. Supplemental Submission - Submit two records for each record in error. The first record must cancel an invalid record (see SECTION 1, Part C, Rule 5 for the rules regarding cancellation). The second record must then reflect the corrected code(s). This procedure, in effect, cancels and rewrites all records that contain invalid codes.
- b. Write the correct code next to the invalid code on the Error Detail Report and return the report to AAIS for corrections.

**The above options may not be used if AAIS requests a resubmission.**

### **3. RESUBMISSIONS**

If too many errors are detected by the Error Detail Report or the errors are too severe, AAIS's *Data Management Department* may require a resubmission. Since AAIS receives both supplemental submissions and resubmissions, **always clearly indicate the type of data that is/are being submitted.** For example:

- a. 2nd quarter 2009 resubmission (Line 16)
- b. 4th quarter 2009 quarterly submission (Line 16)  
3rd quarter 2009 resubmission (Line 32)
- c. 3rd quarter 2010 quarterly submission (Lines 16, 31, and 32)  
2nd quarter 2010 resubmission (Line 16)  
2nd quarter 2010 supplemental submission (Line 16)

Each combination of report quarter and *LINE OF INSURANCE* will require a separate transmittal. (See SECTION 1, PART A, Rule 3.2 for additional information on reporting transmittals.)

### **4. TIMING OF CORRECTIONS**

Corrections must be submitted to AAIS within 2 weeks of receiving the Error Detail Reports.

# **SECTION II**

## **CODING INSTRUCTIONS**

**AMERICAN ASSOCIATION OF INSURANCE SERVICES  
BOATOWNERS STATISTICAL PLAN INDEX**

<b>Data Item</b>	<b>Page Number</b>	<b>Record Positions</b>	<b>Applies Only to</b>
Accident Date.....	2031	56-59 (L)	Losses
Accounting Date.....	1017	3-5	
Amount of Property Insurance.....	14	29-32	
Annual Statement Line of Business.....	39	122-124	
<b>Catastrophe Code.....</b>	<b>18</b>	<b>49-50 (L)</b>	<b>Losses</b>
Cause of Loss.....	1931	52-53 (L)	Losses
Claim Count.....	1728	44-48 (L)	Losses
Claim Identifier.....	2433	78-79 (L)	Losses
Claim Number.....	33	66-77	
Claim Status.....	19	55 (L)	Losses
Company Code.....	1017	6-9	
County and Sub-County Code.....	1418	12-154	
Coverage Code.....	1321	28	
Deductible Amount.....	1625	41	
Deductible Type.....	1624	40	
Exposure.....	1727	44-48 (P)	Premiums
Fuel Type.....	2238	101	
Horsepower.....	2238	102-105	
Hull Material.....	1523	34	
Lay-Up Period.....	2032	64-65	
Length.....	1524	37-39	
Liability Limit.....	14	29-32	
Limit of Insurance.....	22	29-32	
Line of Insurance.....	1017	1-2	
Loss Amount.....	1220	17-26 (L)	Losses
Loss Settlement Indicator.....	36	96	
<b>Manufacture Year.....</b>	<b>15</b>	<b>35-36</b>	
Maximum Speed.....	2237	99-100	
Med Pay Medical Payments Limit Code.....	2435	90-91	
Months Covered.....	1829	49-50 (P)	Premiums
<b>Named Storm Deductible.....</b>	<b>27</b>	<b>43</b>	
Navigational Territory.....	1626	42	
Occurrence Identification.....	21	66-77 (L)	
Operator Experience.....	36	97	
Policy Identification Number (premiums).....	2033	66-79 (P)	Premiums
Policy Identification Number (losses).....	2039	108-121 (L)	Losses
Policy Term Effective Date.....	2032	60-63	
Power.....	2237	98	
Premium Amount.....	1220	17-26 (P)	Premiums
Program Code.....	1320	27	
<b>Single/Multiple Owner Indicator.....</b>	<b>34</b>	<b>80</b>	
State Code.....	1418	10-11	
Transaction Code.....	1219	16	
Type of Hull.....	1422	33	

Type of Loss .....	1830	51-(L)	<u>Losses</u>
Uninsured Limit .....	2135	92-95	
<u>Year of Manufacture.....</u>	<u>23</u>	<u>35-36</u>	
ZIP Code .....	2134	81-85	

\_\_\_\_\_ (P) — Applies to premium transactions only  
 \_\_\_\_\_ (L) — Applies to loss transactions only

**AMERICAN ASSOCIATION OF INSURANCE SERVICES**

RECORD LAYOUT -- BOATOWNERS (16)

**PREMIUM TRANSACTIONS**

Line of Insurance	1		51	Fuel Type	101
Accounting Month				Horsepower	
Accounting Year	5	Reserved	55		105
Company Code				Reserved	
State Code	10	Policy Term Effective Date	60		110
County Code		Lay-Up Period	65	Reserved	
Sub County Code	15				
Transaction Code					
Premium Amount	20	Policy Identification Policy Number	70		120
				Annual Statement Line of Business	
	25		75		
Program Code		Single/Multiple Owner			125
Coverage Code					
Limit of Insurance	30	Zip Code			130
Type of Hull					
Hull Material			85	Reserved	
Year of Manufacture Year	35	Reserved			135
Length		Medical Payments Limit	90		
Deductible Type	40	Uninsured Limit			140
Deductible Amount			95		
Navigational Territory		Loss Settlement Ind.			145
Named Storm Deductible		Operator Experience			
Exposure	45	Power			
Months Covered	50	Maximum Speed	100		150

# AMERICAN ASSOCIATION OF INSURANCE SERVICES

## RECORD LAYOUT -- BOATOWNERS (16)

### LOSS TRANSACTIONS

Line of Insurance	1	Type of Loss	51	Fuel Type	101
Accounting Month		Cause of Loss		Horsepower	
Accounting Year	5	Reserved			
Company Code		<b>Claim Status</b>	55		105
State Code	10	Accident Date		Reserved	
County Code		Policy Term Effective Date	60		110
<b>Sub County Code</b>	15	Lay-Up Period	65	<b>Policy Identification</b>	
Transaction Code				<b>Policy Number</b>	115
Loss Amount	20	<b>Occurrence Identification</b>	70		120
		<b>Claim Number</b>		<b>Annual Statement</b>	
	25		75	<b>Line of Business</b>	
Program Code		<b>Claim Identifier</b>			125
Coverage Code		<b>Single/Multiple Owner</b>	80		
Limit of Insurance	30	Zip Code			130
Type of Hull			85		
Hull Material		Reserved			135
<b>Year of Manufacture Year</b>	35	Medical Payments Limit	90		
Length		Uninsured Limit	95		145
Deductible Type	40	<b>Loss Settlement Ind.</b>			
Deductible Amount		<b>Operator Experience</b>			
Navigational Territory		Power			
<b>Named Storm Deductible</b>		Maximum Speed	100		150
Claim Count	45				
<b>Catastrophe</b>	50				

**LINE OF INSURANCE (Pos. 1-2)**

This code is used for computer generated filings. It permits computer programs to identify the various lines of insurance. This code allows computer programs to identify the *LINE OF INSURANCE* and the AAIS statistical plan in use.

Code	Line of Insurance
16	Boatowners

**ACCOUNTING DATE (Pos. 3-5)**

Code the calendar month and the last digit of the calendar year in which the premium was booked or the loss or allocated loss adjustment expense was paid, regardless of the *POLICY TERM EFFECTIVE DATE* or the *ACCIDENT DATE*.

On For outstanding losses and outstanding allocated loss adjustment expenses records, code the last month of the calendar quarter and the last digit of the calendar year.

For Example:

Sample Code	Sample Accounting Date
016 018	January, 1986 2008
108 079	October, 1988 July, 2009
110 100	November, 1990 October, 2010
124 121	December, 1991 2011

**COMPANY CODE (Pos. 6-9)**

Enter the four-digit *COMPANY CODE* as assigned by AAIS.

**NOTE:** Company groups must report under each individual *COMPANY CODE*.

**STATE CODE (Pos. 10-11)**

On premiums and losses, code the state in which the business was written, to which the business was booked within the company's Annual Statement on Statutory Page 14.

Code	State	Code	State
01	Alabama	25	Montana
54	Alaska	26	Nebraska
02	Arizona	27	Nevada
03	Arkansas	28	New Hampshire
04	California	29	New Jersey
05	Colorado	30	New Mexico
06	Connecticut	31	New York
07	Delaware	32	North Carolina
08	District of Columbia	33	North Dakota
09	Florida	34	Ohio
10	Georgia	35	Oklahoma
52	Hawaii	36	Oregon
11	Idaho	37	Pennsylvania
12	Illinois	58	Puerto Rico
13	Indiana	38	Rhode Island
14	Iowa	39	South Carolina
15	Kansas	40	South Dakota
16	Kentucky	41	Tennessee
17	Louisiana	42	Texas
18	Maine	43	Utah
19	Maryland	44	Vermont
20	Massachusetts	45	Virginia
21	Michigan	46	Washington
22	Minnesota	47	West Virginia
23	Mississippi	48	Wisconsin
24	Missouri	49	Wyoming

<b>COUNTY/SUB-COUNTY CODE</b>	<b>(Pos. 12 — 15)</b>
<p>This is a four digit field consisting of a three digit county code and a one digit sub county code. For both premiums and losses, the county code is selected from the AAIS COUNTY CODE MANUAL. Code the county of the insured's mailing address. <b>The sub county code is always nine.</b></p> <p>Copies of the AAIS COUNTY CODE MANUAL are available from AAIS Statistical Services.</p>	

**COUNTY CODE (Pos. 12-14)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all trailer coverage records (COVERAGE CODE 6), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), report the code representing the county associated with the primary berth/storage location of the insured boat. "Primary" is defined to be greater than 50% of the time.

The AAIS County Code Manual is available from AAIS's Data Management Department.

*This field does not apply in the following situations (report code 000):*

- All Limited Coding records (TRANSACTION CODE 8)
- The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 000 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

<b>TRANSACTION CODE</b>		<b>(Pos. 16)</b>
<b>This code distinguishes among the premium, loss and allocated loss adjustment expense transactions.</b>		
<b>Code</b>	<b>Transaction</b>	
1	Premium or Cancellation	
2	Paid Loss	
3	Outstanding Loss	
6	Paid Allocated Loss Adjustment Expense	
7	Outstanding Allocated Loss Adjustment Expense	
<p><b>Transaction codes 1-3</b> apply to all coverages (Pos. 28).</p> <p><b>Transaction codes 6 and 7</b> apply to liability (coverage codes 3, 4, 5 and 8).</p> <p><b>Outstanding Allocated Loss Adjustment Expense</b> data must be statistically reported only when it is reserved on a case basis. Companies that do not reserve this expense on a case basis should not report transaction code 7 records.</p> <p><b>Outstanding Loss and Outstanding Allocated Loss Adjustment Expense Records:</b> Report the final reserve amount at the end of each quarter.</p>		

**TRANSACTION CODE (Pos. 16)**

This code identifies the type of transaction represented by the statistical record.

For outstanding loss and outstanding loss adjustment expense records, report the final reserve amount at the end of each quarter.

Outstanding allocated loss adjustment expense data is reported only when it is reserved on a case basis. Companies that do not reserve this expense on a case basis may not report TRANSACTION CODE 7 records. See PART A - REPORTING INSTRUCTIONS, Section 1.1, for the definition of allocated loss adjustment expenses.

<b>Code</b>	<b>Transaction Type</b>
1	<b>Premium Transactions:</b> Premium or Cancellation
<b>8</b>	<b>Limited Coding</b>
	<b>Loss Transactions:</b>
2	Paid loss
3	Outstanding loss
6	Paid allocated loss adjustment expense
7	Outstanding allocated loss adjustment expense
<p><b>Refer to SECTION I, PART C, Rule 8 for the specific instances in which the Limited Coding transaction type may be used.</b></p>	

**PREMIUM AND LOSS AMOUNTS**

**(Pos. 17 — 26)**

This is not a code.

The actual premium amount, paid or outstanding loss or paid or outstanding allocated loss adjustment expenses, is to be entered in dollars and cents.

For automated records, the sign of the field is placed over the low order position. On bordereau records, positive amounts are simply entered, while negative amounts must be followed with a dash (-).

Outstanding loss and outstanding allocated loss adjustment expense records should always have the full amount reserved for the claim as of the end of the quarter. Also, the full value is to be reported for each quarter it remains outstanding. For example: Assume that a claim valued at \$5,000 was not paid by the end of the first quarter 1991. An outstanding loss record for \$5,000 dated 3/91 was submitted. Now let us assume that during the second quarter new information led the company to believe that it should have raised the reserve by \$3,000. Assuming nothing had been paid by the end of the second quarter, the record reported for 6/91 for the outstanding loss amount was the total amount outstanding, \$8,000, not the amount of increase, \$3,000.

**PREMIUM AND LOSS AMOUNTS (Pos. 17-26)**

This field is not a code. It is the actual premium, loss, or allocated loss adjustment expense amount, reported in dollars and cents. For electronic submissions, sign this field according to the rules of EBCDIC or ASCII format. For bordereau entries, negative amounts are preceded by a dash (-), while positive amounts are unmarked.

Outstanding loss and outstanding allocated loss adjustment expense amounts must always be the full amount reserved for the claim as of the end of the quarter, and therefore will never be a negative amount. The full value must be reported for each quarter it remains outstanding. For example, assume that a claim valued at \$5,000 is not paid off by the end of the first quarter 2009. Therefore, an outstanding loss record for \$5,000 with an accounting date of 039 is reported. During the second quarter, the reserve amount is raised \$3,000. If nothing is paid on this claim by the end of the second quarter, an outstanding loss record dated 069 for the total amount reserved, \$8,000, is required. Do not report the amount of the increase.

Salvage and subrogation loss payments are to be reported as negative paid loss records.

**PROGRAM CODE (Pos. 27)**

This code identifies the basic rules and forms used to write the policy.

Code	Program Being Used
1	AAIS Program
3	ISO Program
5	Independent Program

*This field does not apply in the following situation (report code 0):*  
*— All Limited Coding records (TRANSACTION CODE 8)*

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situation, it is permissible to leave the field blank or report any of the available codes.*

**COVERAGE CODE (Pos. 28)**

This field identifies the coverage generating the statistical record.

For the insured boats with all applicable motors and/or trailers, identify the individual coverages being reported with the applicable **COVERAGE CODES**.

~~Those companies using the AAIS Boatowners Program should never report records using coverage codes 2, 4 or 5.~~

When reporting losses, always report the same **COVERAGE CODE** that was **used reported** on the premium record with which the loss is associated.

The **TYPE OF LOSS** field (pos. 51) is used to further identify the coverage affected by the loss.

**AAIS Program User Notes:** This list of **COVERAGE CODES** includes options that do not apply to AAIS Program Users. Take note of the following when reporting boats insured under the AAIS Boatowners Program (**PROGRAM CODE 1**):

- **COVERAGE CODE 2** should never be used to report the property coverage for a boat because theft coverage is always included, with no option to exclude it.
- **COVERAGE CODES A and B** should never be used to report the property coverage for a boat because PD-collision and PD-comprehensive are not rated separately.
- **COVERAGE CODE 4** should never be used to report the liability coverage for a boat because uninsured boater coverage is always included, with no option to exclude it (except in South Dakota).
- **COVERAGE CODE 5** should never be used to report uninsured boater coverage because it is a built in component within the liability premium charge.

**Independent Program User Notes:** Companies with separate bodily injury, property damage, and **MED-PAY medical payments** premium charges for the liability coverage should report **all of** the **combined** premium as a single liability record. The liability limit to report should be the bodily injury limit.

Code	Coverage <b>Provided</b> <b>Description</b>
1	<b>Property Coverage:</b> Physical Damage/Property Coverage <u>with</u> Theft
2	Physical Damage/Property Coverage <u>without</u> Theft
<b>A</b>	<b>Physical Damage - Collision</b>
<b>B</b>	<b>Physical Damage - Comprehensive</b>
6	Trailer Coverage
7	<b>All</b> Other Property Coverage
	<b>Liability Coverage:</b>
3	Liability <u>with</u> Uninsured Coverage
4	Liability <u>without</u> Uninsured Coverage
5	Uninsured Coverage
8	<b>All</b> Other Liability Coverage
<b>9</b>	<b>Minimum Premium record subject to SECTION I, PART C, Rule 3.b</b>

**AMOUNT OF PROPERTY INSURANCE****(COVERAGE CODES 1, 2, 6, or 7) (Pos. 29 — 32)**

This code indicates the amount of property coverage in thousands of dollars. Odd amounts should be rounded to the nearest thousand. For trailer coverage, coverage code 6, report all amounts under \$500 as \$1,000 (code 0001).

For example:

Code	Amount of Insurance
0002	\$ 1,500
0009	\$ 9,400
0033	\$ 32,800
0125	\$125,000

**LIABILITY LIMIT****(COVERAGE CODES 3, 4, 5, or 8) (Pos. 29 — 32)**

This code indicates the actual amount of liability coverage in thousands of dollars. Code the per occurrence limit rounded to the nearest thousand.

For uninsured coverage, coverage code 5, code this field 0000 or code the liability limit if known.

For example:

Code	Amount of Insurance
0025	\$ 25,000
0050	\$ 50,000
0100	\$ 100,000
0300	\$ 300,000
0500	\$ 500,000
9999	\$ 9,998,500 or more

**LIMIT OF INSURANCE (Pos. 29-32)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B) and all trailer coverage records (COVERAGE CODE 6) report the property coverage limit in thousands of dollars. On liability records with COVERAGE CODES 3 and 4, report the per occurrence limit in thousands of dollars. For both property and liability records, always round odd dollar amounts to the nearest \$1,000.

For trailer coverage (COVERAGE CODE 6), report all amounts under \$500 as \$1,000 (code 0001).

For example:

Sample Code	Sample Limit
0000	Does not apply
0001	\$500
0002	\$1,500
0025	\$25,000
0033	\$32,800
0300	\$300,000
1000	\$1,000,000

*This field does not apply in the following situations (report code 0000):*

- All Limited Coding records (TRANSACTION CODE 8)
- All uninsured coverage records (COVERAGE CODE 5)
- The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0000 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**TYPE OF HULL (Pos. 33)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), code the hull type of the boat. For trailer coverage, coverage code 6, code 0 or follow the coding of the boat.

Code	Type of Hull
0	Not Applicable Does not apply
1	Cabin Cruiser
2	Open Cockpit
3	Sailboat
4	Houseboat or Pontoon
A	Houseboat
B	Pontoon
6	Canoe/Kayak
7	Bass Boat
8	Personal Watercraft
9	All other

*This field does not apply in the following situations (report code 0):*

- All Limited Coding records (TRANSACTION CODE 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**HULL MATERIAL (Pos. 34)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), code the material of the hull. For trailer coverage, coverage code 6, code 0 or follow the coding of the boat.

Code	Hull Material
0	Not Applicable Does not apply
1	Fiberglass
2	Wood
3	Metal
9	All other

*This field does not apply in the following situations (report code 0):*

- All Limited Coding records (TRANSACTION CODE 8)*
- All trailer coverage records (COVERAGE CODE 6)*
- The "all other" coverage records (COVERAGE CODES 7 and 8)*

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**YEAR OF MANUFACTURE YEAR (Pos. 35-36)**

This code identifies the year in which the covered boat was manufactured.

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), code the last two digits of the actual year in which the covered boat was manufactured. For trailer coverage, coverage code 6, code 00 or follow the coding of the boat.

For example:

<b>Sample Code</b>	<b>Sample Year of Manufacture</b>
58	Unknown year of manufacture or "does not apply"
85	1985
89	1989
90	1990
92	1992
99	1999
00	2000
12	2012

*This field does not apply in the following situations (report code 58):*

- All Limited Coding records (TRANSACTION CODE 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 58 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**LENGTH (Pos. 37-39)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), code the actual length of the boat in feet. For trailer coverage, coverage code 6, code 000 or follow the coding of the boat.

For example:

<b>Sample Code</b>	<b>Actual Sample Length</b>
000	Does not apply
012	12 feet
018	18 feet
026	25½ feet
030	30 feet

*This field does not apply in the following situations (report code 000):*

- All Limited Coding records (TRANSACTION CODE 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 000 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**DEDUCTIBLE TYPE (Pos. 40)**

This is a code specifying the deductible option used.

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all trailer coverage records (COVERAGE CODE 6), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), report the applicable DEDUCTIBLE TYPE as it applies to the coverage record being reported.

<b>Code</b>	<b>Description Type of Deductible</b>
0	Does not apply
1	No deductible
2	Flat deductible
4	Percentage deductible
9	Split Deductible (boating equipment / boats, motors, and additional property coverages)
8	All other deductible types

*This field does not apply in the following situations (report code 0):*

- All Limited Coding records (TRANSACTION CODE 8)
- The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**DEDUCTIBLE AMOUNT (Pos. 41)**

This code identifies the deductible options that apply to the various coverages. On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all trailer coverage records (COVERAGE CODE 6), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), report the code reflecting the DEDUCTIBLE AMOUNT applicable to the reported coverage. Note that the DEDUCTIBLE AMOUNT codes have different meanings based upon the selected DEDUCTIBLE TYPE.

For the split deductibles, code the DEDUCTIBLE AMOUNT combination that applies to the miscellaneous property boating equipment / boats, and motors, and additional property coverages.

If the applicable DEDUCTIBLE AMOUNT is not represented by one of the listed FLAT AMOUNT DEDUCTIBLES or one of the SPLIT or PERCENTAGE DEDUCTIBLES flat, split, or percentage DEDUCTIBLE AMOUNTS codes, code this field as "all other" (9); report the "all other" code of 9.

Code	Flat Deductible Amounts	Split Deductible Amounts	Percentage Deductibles
0	Does not apply	Does not apply	Does not apply
1	None	None	0%
2	\$50	-----	1%
3	\$100	\$50 / 100	2%
7	\$101-199	-----	-----
8	\$200-249	-----	-----
4	\$250	\$100 / 250	3%
5	\$500	\$100 / 500	5%
6	\$1,000	\$100 / 1,000	10%
A	\$2,500	\$250 / 2,500	-----
B	\$5,000	\$250 / 5,000	-----
9	All Other	All Other	All Other

*This field does not apply in the following situations (report code 0):*

- All Limited Coding records (TRANSACTION CODE 8)
- The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**NAVIGATIONAL TERRITORY (Pos. 42)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), code the NAVIGATIONAL TERRITORY that applies to the was used to rate the insured boat. For trailer coverage, coverage code 6, code 00 or follow the coding of the boat.

Non-AAIS Program Users should report the NAVIGATIONAL TERRITORY codes which best align with the rating territories in use. Non-AAIS Program Users with rating territories that do not align with either of the two sets of NAVIGATIONAL TERRITORY codes below should contact AAIS's Data Management Department for special codes.

Code	Territory
<b>0</b>	<b>Does not apply</b>
	<b>AAIS Boatowners Manuals prior to Revision 05 08 (or equivalent)</b>
1	Coastal South Atlantic and Gulf - from the North Carolina-Virginia border southward
2	Coastal North Atlantic - from the North Carolina-Virginia border northward
3	Great Lakes
4	Coastal Pacific
5	Other Inland Waters
	<b>Note:</b> For the above navigational territories (numeric codes), coastal waters means ocean waters which extend 10 miles from the coastline of the United States of America and Canada.
	<b>AAIS Boatowners Manual Revision 05 08 (or equivalent)</b>
<b>A</b>	Alaska -- Coastal waters of Alaska
<b>B</b>	Pacific North -- Coastal waters of the Pacific Ocean off the coasts of Washington and Oregon
<b>C</b>	Pacific South -- Coastal waters of the Pacific Ocean off the coasts of California and Hawaii
<b>D</b>	Inland - West -- Inland waters of Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Montana, Nebraska, North Dakota, Nevada, New Mexico, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, and Wyoming
<b>E</b>	Inland - Central -- Waters of Missouri, Kentucky, and Tennessee
<b>F</b>	Inland - East -- Inland waters of Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Louisiana, Maine, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, and Wisconsin
<b>G</b>	Great Lakes -- Lake Erie, Lake Huron, Lake Michigan, Lake Ontario, and Lake Superior
<b>H</b>	Atlantic North -- Coastal waters of Connecticut, Delaware, Massachusetts, Maryland, Maine, New Hampshire, New Jersey, New York, and Rhode Island
<b>J</b>	Atlantic South -- Coastal waters of Georgia, North Carolina, South Carolina, and Virginia
<b>K</b>	Gulf West -- Coastal waters of Alabama, Louisiana, Mississippi, and Texas
<b>L</b>	Florida and Puerto Rico -- Coastal waters of Florida and Puerto Rico
	<b>Note:</b> For the above navigational territories (alpha codes), coastal waters means ocean waters which extend 100 miles from the coastline of the United States of America and Canada. For personal watercraft, coverage for coastal waters is limited to 10 miles from the coastline of the United States of America and Canada.

*This field does not apply in the following situations (report code 0):*

- All Limited Coding records (TRANSACTION CODE 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**NAMED STORM DEDUCTIBLE (Pos. 43)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), report the code representing the NAMED STORM DEDUCTIBLE amount (flat or percentage) which covers losses caused directly or indirectly by a storm system that has been named by the National Oceanic and Atmospheric Administration (NOAA) which applies to the insured boats, motors, and additional property coverage.

Code	Flat Named Storm Deductible Amounts	Code	Percentage Named Storm Deductible Amounts
0	Does not apply	0	Does not apply
A	\$250	1	1%
B	\$500	2	2%
C	\$750	3	3%
D	\$1,000	4	4%
E	\$2,000	5	5%
F	\$2,500	6	10%
G	\$5,000	7	15%
H	\$10,000	8	20%
J	All Other	9	All Other

This field does not apply in the following situations (report code 0):

- All Limited Coding records (TRANSACTION CODE 8)
- All liability coverage records (COVERAGE CODES 3-5 and 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" property coverage records (COVERAGE CODE 7)

Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.

**EXPOSURE (Pos. 44-48)**

**PREMIUMS**

This is not a code. It is the actual number of exposures represented by a given statistical record. The exposure follows the same rules as the premium and loss field for negative amounts.

Use the rules listed below to determine the EXPOSURE count.

Right-justify the EXPOSURE count in positions 44-48 and enter zeros in all positions that are not used. For example: 00001, 00002, etc..

For electronic submissions, sign this field according to the rules of EBCDIC or ASCII format.

**Important:** The sign of the EXPOSURE field is determined by the sign of the PREMIUM AMOUNT field. All negative PREMIUM AMOUNTS must be reported with a negative EXPOSURE. Similarly, all positive PREMIUM AMOUNTS must be reported with a positive EXPOSURE.

**Summarization:** It is preferred that each separately rated coverage for each boat and/or trailer be reported separately. This would logically result in an EXPOSURE of ±00001 on all records. However, it is permitted to summarize multiple boats and/or trailers, but only if the characteristics of each boat and/or trailer captured throughout all fields within this statistical plan are identical.

Coverage Code	Exposure Rules Count
1-5, A, or B	Enter the number of insured boats.
6	Enter the number of insured trailers.
7 or 8	Always code this field 1.

*This field does not apply in the following situation (report code 00000):*

*– All Limited Coding records (TRANSACTION CODE 8)*

## CLAIM COUNT (Pos. 44-48)

## LOSSES

Like Exposure, this is not a code. It is a method for recording the actual number of new claims reported in a given reporting period. The rules for negative counts are the same as those for Exposure.

The claim count on a paid loss record should be 1 **only** when the first payment is made **provided no reserve had been established in a previous quarter**. All subsequent paid loss and outstanding loss records for this claim must carry a claim count of 0. However, in the event that a reserve is set up for a claim during the reporting period and no payments are made **or were previously made**, the outstanding loss record for the period must carry a claim count of 1. All subsequent paid loss and outstanding loss records for this claim must carry a claim count of 0.

Loss coding follows that of premiums, making it possible for a loss to be split between two or more records (such as when a boat is damaged in a collision and persons are injured). In such cases, the first loss record (whether it is a paid loss or the establishment of a reserve) for each coverage and type of loss combination must carry a claim count of 1 and all subsequent records must be coded as 0.

Paid and outstanding Allocated Loss Adjustment Expenses are reported only for liability coverages, coverage codes 3, 4, 5 and 8, with a claim count of 0. A claim which involves only loss adjustment expense is not counted.

Paid loss records representing salvage or subrogation recoveries should carry a claim count of 0, **unless** the entire loss amount paid has been recovered. In this case, the record should carry a claim count of -1, regardless of the period in which the recovery is reported.

If an outstanding loss record is reported for a claim with a claim count of 1, and the claim is later closed without payment, then a no money outstanding record (transaction code 3) is required, with a claim count of -1.

The CLAIM COUNT field captures the number of "new" claims. The first loss record that is reported for a claim must have a CLAIM COUNT of 1, regardless of whether it is a paid or an outstanding loss record. All subsequent loss records pertaining to that claim must have a CLAIM COUNT of 0.

For Example: AAIS receives three loss records for a particular claim. A description of each loss record along with their respective CLAIM COUNTS is provided below.

<u>Transaction</u>	<u>Accounting Date</u>	<u>Claim Count</u>	<u>Description</u>
<u>Outstanding loss</u>	<u>03/9</u>	<u>00001</u>	<u>First loss record</u>
<u>Outstanding loss</u>	<u>06/9</u>	<u>00000</u>	<u>Subsequent loss record</u>
<u>Paid loss</u>	<u>07/9</u>	<u>00000</u>	<u>Subsequent loss record</u>

### Special Situations:

If an outstanding loss record is reported with a CLAIM COUNT of 1 and the claim is later closed without payment, a zero dollar outstanding loss record is required with a CLAIM COUNT of -1. The purpose of this record is to remove or off-set the previously reported CLAIM COUNT since the claim nets to \$0.

Paid loss records representing salvage or subrogation recoveries carry a CLAIM COUNT of 0 unless the entire LOSS AMOUNT paid has been recovered. In this case, the paid loss record which nets the claim to \$0 carries a CLAIM COUNT of -1 regardless of when the recovery is reported.

A claim that is partially paid and partially outstanding in the first quarter of reporting can carry the CLAIM COUNT of 1 on either loss record as long as the other record has a CLAIM COUNT of 0 and these are the first two reported loss records associated with the claim.

When reporting paid loss and outstanding loss records, each unique combination of codes within this statistical plan must be reported and "counted" separately. The first paid or outstanding loss record for each unique combination must have a CLAIM COUNT of 1. All subsequent paid or outstanding loss records for that same combination of codes must have a CLAIM COUNT of 0.

The CLAIM COUNT for paid or outstanding allocated loss adjustment expense records is always 0. A claim which involves only loss adjustment expenses is not counted.

**MONTHS COVERED CODE (Pos. 49-50)****PREMIUMS**

For premium transactions, this code reflects The MONTHS COVERED code on premium transactions is the number of months of coverage provided by the premium.

For cancellations, this field reflects the number of months remaining on the policy. The MONTHS COVERED code on all cancellation records is the number of months of coverage remaining at the time the policy or coverage is canceled.

This code is designed to record the entire term for which coverage is provided on those policies with a term of 12 months or less. Or Policies with that have a term greater than 12 months, such as a 36-month policy, you should report each 12-month term separately. For example, if you are reporting a 36-month policy written on 4/1/90 3/5/09, you should have be reported in 3 three separate statistical submissions for this policy: one on 4/1/90 3/5/09, one on 4/1/91 3/5/10, and the final one on 4/1/92 3/5/11. Each submission should have a MONTHS COVERED code of 12 and each premium should reflect 12 months of coverage. In each case, you should be careful to change the *POLICY TERM EFFECTIVE DATE*.

However, if the premium for a 36 month policy is booked on a non-reviewing basis and it is impossible to report three separate 12 month records, code the actual number of months of coverage (36).

**Important:** When the reported record reflects less than one full month of coverage, always report the MONTHS COVERED code as 01. Never report 00 as the MONTHS COVERED code. In all other cases, always round to the nearest number of months.

Installment premiums should not generate separate statistical records.

For Example:

<b>Sample Code</b>	<b>Sample Number of Months</b>
01	1 Month
02	2
03	3
04	4
05	5 Month
06	6 Month
07	7
08	8
09	9
10	10
11	11
12	12 1 Year
36	36 (see above note)

<b>CATASTROPHE CODE</b>	<b>(Pos. 49 — 50) (L)</b>
Certain occurrences (such as windstorms and earthquakes) are classified as catastrophes and assigned a two digit number. Companies are notified of the numbers by AAIS bulletins so that all losses connected with a catastrophe can be properly identified. This field is always left uncoded unless specific codes and instructions are received from AAIS.	

**TYPE OF LOSS (Pos. 51)****LOSSES**

Code this field for on all loss records with (TRANSACTION CODES 2, 3, 6, and 7) only. On all premium records (TRANSACTION CODES 1 and 8), leave this field blank.

This code separates all losses into their component coverage parts.

Code	Type of Loss
1	Property Coverage - Boat and motor or trailer
2	All Other Property (e.g. boating equipment, miscellaneous property, personal effects....)
3	Emergency Service
4	Liability - Bodily Injury
5	Liability - Property Damage
6	Liability - <del>MED-PAY</del> Medical Payments
A	Liability - Removal of Wreckage Wrecked or Sunken Property
B	Liability - Other
7	Uninsured - Bodily Injury
8	Uninsured - Property Damage
9	Uninsured - Other

**CAUSE OF LOSS (Pos. 52-53)**

**LOSSES**

Code this field for on all loss records with (TRANSACTION CODES 2, 3, 6, and 7) only. On all premium records (TRANSACTION CODES 1 and 8), leave this field blank.

This code identifies the cause for the TYPE OF LOSS coded in position 51.

Code	Cause of Loss
01	Aircraft
25	All Other Physical Damage
02	Breakage
50	Capsizing/Swamping
03	Collision Out Of Water
51	Collision In Water
05	Earthquake or Landslide
06	Explosion
07	Fire
08	Flooding
09	Freezing
10	Glass Breakage
52	Grounding
11	Hail
53	Hauling
54	Launching/Landing
12	Lightning
16	Riot & Civil Commotion
55	Sinking
17	Smoke
56	Stranding
57	Theft Of Boat
58	Theft Of Equipment
59	Theft Of Motor
60	Theft Of Personal Property
61	Theft Of Trailer
21	Vandalism and Malicious Mischief
24	Wind

CLAIM STATUS (Pos. 55) (L)	
Code this field for records with transaction code 2 only.	
For transaction codes 3, 6, and 7, leave this field blank.	
This code is used to count closed paid claims.	
Code	Loss Payment
0	Partial Payment — claim is still open or supplemental payment to a closed claim
1	Final payment

**ACCIDENT DATE (Pos. 56-59)****LOSSES**

Accident date is required on paid or outstanding loss and paid or outstanding allocated loss adjustment expense transactions. Code the actual date of loss as indicated in the following examples.

On all loss records (*TRANSACTION CODES* 2, 3, 6, and 7), code the actual month and two-digit year in which the accident occurred. On all premium records (*TRANSACTION CODES* 1 and 8), leave this field blank.

For example:

<b>Sample Code</b>	<b>Sample Date of Loss</b>
018909	January, 1989 2009
069010	June, 1990 2010
129412	December, 1994 2012

**POLICY TERM EFFECTIVE DATE (Pos. 60-63)**

Code the actual month and year in which the policy term associated with the reported transaction became effective. This is the actual date when the policy was issued or renewed.

When policies with a term greater than 12 months, such as a 36-month policy, have each 12-month term reported separately, change the *POLICY TERM EFFECTIVE DATE* for each entry to reflect the term associated with the premium.

**NOTE:** When reporting cancellations or coverage changes to a policy, **do not** report the effective date of the transaction. Always report the date the *policy term* went into effect.

For example:

<b>Sample Code</b>	<b>Sample Policy Term Effective Date</b>
018909	January, 1989 2009
059010	May, 1990 2010
129212	December, 1992 2012

**LAY-UP PERIOD (Pos. 64-65)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), code the actual number of months the covered boat is not being used and is in storage. For trailer coverage, coverage code 6, code 000 or follow the coding of the boat. If there is no lay-up period, report the "does not apply" code of 00.

**Note:** Coding this field is mandatory regardless of whether or not there is a lay-up period and if there is, whether that lay-up period was required or optional.

For example:

<b>Sample Code</b>	<b>Sample Period of Lay-Up</b>
00	No Lay-up period or "does not apply"
01	1 month
04	4 months
06	6 months

*This field does not apply in the following situations (report code 00):*

- All Limited Coding records (TRANSACTION CODE 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 00 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**POLICY IDENTIFICATION NUMBER (Pos. 66-79)**

**PREMIUMS**

**POLICY IDENTIFICATION (Pos. 108-121)**

**LOSSES**

For both premium and loss records, code the policy number. It must be unique for a particular policy and must be the same on all records associated with that particular policy. Coding this field is optional only on loss records.

**Note:** Never include sequence numbers when reporting the policy number.

Any combination of letters, digits and blanks may be used in this field.

Policy numbers must be left justified.

Premium records must contain the POLICY NUMBER or any other alphanumeric identification number which will make it possible to locate all premium records for a specific policy.

If the POLICY NUMBER or identification number exceeds 14 characters, truncate the left-most characters.

If the POLICY NUMBER or identification number is less than 14 characters, left-justify the number.

**Note:** Although it is optional, you are encouraged to report the POLICY NUMBER in positions 108-121 on all loss records (TRANSACTION CODES 2, 3, 6, and 7)

**IMPORTANT:** This field must never contain sequence or index numbers.

**OCCURRENCE AND  
CLAIM IDENTIFICATION (Pos. 66 — 79) (L)**

For all loss records, code the actual claim number. This number must be the same for all claims that arise from a single occurrence regardless of the type of loss. Positions 78-79 will be used as a **claim identifier** to distinguish multiple claims that arise from a single occurrence.

Any combination of letters, digits and blanks may be used in this field.

Occurrence identifiers must be left justified.

**CLAIM NUMBER (Pos. 66-77)**

**LOSSES**

Loss records must contain the *CLAIM NUMBER* or any other alphanumeric identification number which will make it possible to locate all loss records associated with a specific occurrence.

This field is used as an occurrence identifier. It is essential that this number be the same for all claims that arise from a single occurrence regardless of the *TYPE OF LOSS* or *CAUSE OF LOSS*.

If the *CLAIM NUMBER* or identification number exceeds 12 characters, truncate the left-most characters.

If the *CLAIM NUMBER* or identification number is less than 12 characters, left-justify the number.

**IMPORTANT:** This field must never contain sequence or index numbers.

**CLAIM IDENTIFIER (Pos. 78-79)**

**LOSSES**

This field is a *CLAIM IDENTIFIER* and distinguishes between multiple claims that arise from a single occurrence.

Any combination of letters, digits, and blanks can be used in this field, or it can be left blank.

**SINGLE/MULTIPLE OWNER INDICATOR (Pos. 80)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all trailer coverage records (COVERAGE CODE 6), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), indicate whether the insured boat (and all applicable motors) and the insured trailer are titled in the name of a single owner or multiple owners. If the title is in the name of multiple owners, indicate whether those owners reside in the same household or different households.

<b>Code</b>	<b>Single/Multiple Owner Indicator Description</b>
<b>0</b>	Does not apply
<b>1</b>	Single Owner
	Multiple Owners
<b>2</b>	Residing in Same Household
<b>3</b>	Residing in Different Households

*This field does not apply in the following situations (report code 0):*  
— All Limited Coding records (TRANSACTION CODE 8)  
— The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**ZIP CODE (Pos. 81-85)**

For both premiums and losses, code the actual five digit ZIP CODE of the insured's mailing address. On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all trailer coverage records (COVERAGE CODE 6), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), report the ZIP CODE associated with the primary berth/storage location of the insured boat. "Primary" is defined to be greater than 50% of the time.

Code this field 00000 if ZIP CODE information is unknown.

*This field does not apply in the following situations (report code 00000):*  
– All Limited Coding records (TRANSACTION CODE 8)  
– The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 00000 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**MED-PAY MEDICAL PAYMENTS LIMIT (Pos. 90-91)**

This code identifies the medical payment limit in thousands of dollars. The medical payment limit must be coded on all records for which coverage codes 3 and 4 apply.

In other cases, the medical payments limit may be coded if known; otherwise code 00.

On all COVERAGE CODE 3 and 4 records, code the medical payments limit per person in thousands of dollars. Always round odd limits to the nearest \$1,000.

Loss records with TYPE OF LOSS code 6 (Liability - Medical Payments) must contain the MEDICAL PAYMENTS LIMIT. For loss records with other TYPE OF LOSS codes, the MEDICAL PAYMENTS LIMIT may be coded if known; otherwise, code this field 00.

For Example:

Sample Code	Sample Medical Payments Limit of Liability (Per Person)
00	None (Property coverage only) (No medical payments coverage) or "does not apply"
01	\$1,000
05	\$5,000
10	\$10,000
25	\$25,000

*This field does not apply in the following situations (report code 00):*  
– All Limited Coding records (TRANSACTION CODE 8)  
– All property coverage records (COVERAGE CODES 1, 2, 6, 7, A, and B)  
– All uninsured coverage records (COVERAGE CODE 5)  
– The "all other" liability coverage records (COVERAGE CODE 8)  
– All non-medical payments related losses (TRANSACTION CODES 2, 3, 6, and 7 with TYPE OF LOSS code not 6)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 00 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**UNINSURED LIMIT (Pos. 92-95)**

This code indicates the actual amounts of uninsured liability coverage in thousands of dollars. The field is coded on all records for which coverage codes 3 or 5 apply.

In other cases, the uninsured limit may be coded if known; otherwise code 0000.

On all *COVERAGE CODE* 3 and 5 records, code the uninsured liability limit in thousands of dollars. Always round odd limits to the nearest \$1,000.

Loss records with *TYPE OF LOSS* codes 7-9 (uninsured) must contain the *UNINSURED LIMIT*. For loss records with other *TYPE OF LOSS* codes, the *UNINSURED LIMIT* may be coded if known; otherwise, code this field 0000.

For Example:

<b>Sample Code</b>	<b>Sample Uninsured Limit of Liability</b>
0000	None (Property coverage only) (No uninsured liability coverage) or "does not apply"
0010	\$10,000
0025	\$25,000
0100	\$100,000
<u>1000</u>	<u>\$1,000,000</u>
<u>9999</u>	<u>\$9,998,500</u>

*This field does not apply in the following situations (report code 0000):*

- All Limited Coding records (*TRANSACTION CODE 8*)
- All property coverage records (*COVERAGE CODES 1, 2, 6, 7, A, and B*)
- All liability coverage records excluding uninsured liability coverage (*COVERAGE CODE 4*)
- The "all other" liability coverage records (*COVERAGE CODE 8*)
- All non-uninsured liability related losses (*TRANSACTION CODES 2, 3, 6, and 7 with TYPE OF LOSS code not 7-9*)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0000 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**LOSS SETTLEMENT INDICATOR (Pos. 96)**

This field is used to identify the loss settlement terms on all "core" property records (COVERAGE CODES 1, 2, A, and B) and trailer records (COVERAGE CODE 6).

<b>Code</b>	<b>Loss Settlement Indicator Description</b>
<u>0</u>	<u>Does not apply</u>
<u>1</u>	<u>Actual Cash Value</u>
<u>2</u>	<u>Replacement Cost</u>
<u>3</u>	<u>Agreed Value</u>

*This field does not apply in the following situations (report code 0):*

- All Limited Coding records (TRANSACTION CODE 8)
- All liability coverage records (COVERAGE CODES 3-5 and 8)
- The "all other" property coverage records (COVERAGE CODE 7)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**OPERATOR EXPERIENCE (Pos. 97)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), report the code reflecting the number of years of ownership and experience operating a boat similar to the insured boat.

**Note:** When this policy provides coverage for multiple owners, code the number of years of experience for the operator with the fewest years of experience.

<b>Code</b>	<b>Years of Experience</b>
<u>0</u>	<u>Does not apply</u>
<u>1</u>	<u>0-1</u>
<u>2</u>	<u>1-2</u>
<u>3</u>	<u>2-3</u>
<u>4</u>	<u>3-4</u>
<u>5</u>	<u>4-5</u>
<u>9</u>	<u>5+</u>

*This field does not apply in the following situations (report code 0):*

- All Limited Coding records (TRANSACTION CODE 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" coverage records (COVERAGE CODES 7 and 8)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**POWER (Pos. 98)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), code the type of propulsion of the covered boat. For trailer coverage, coverage code 6, code 0 or follow the coding of the boat.

Code	Type of Propulsion
0	Not Applicable Does not apply
1	Inboard
2	Outboard
3	Inboard/Outdrive
4	Waterjet Jet propelled or water jet propelled (e.g. jet skis, wave runners)
5	Sail with auxiliary power
6	Sail without auxiliary power
9	All Other

*This field does not apply in the following situations (report code 0):*

- All Limited Coding records (TRANSACTION CODE 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" coverage records (COVERAGE CODES 7 and 8)
- All canoe/kayak records (TYPE OF HULL code 6)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**MAXIMUM SPEED (Pos. 99-100)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), code the actual maximum speed of the covered boat under power in miles per hour. For trailers or sailboats without auxiliary power, code 00.

For example:

Sample Code	Sample Maximum Speed
00	Does not apply
10	10 miles per hour
33	33 miles per hour
65	65 miles per hour

*This field does not apply in the following situations (report code 00):*

- All Limited Coding records (TRANSACTION CODE 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" coverage records (COVERAGE CODES 7 and 8)
- All canoe/kayak records (TYPE OF HULL code 6)
- All records indicating no motorized power (POWER codes 0 and 6)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 00 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**FUEL TYPE (Pos. 101)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), code the type of fuel used to power the covered boat. For trailer coverage, coverage code 6, code 0 or follow the coding of the boat.

Code	Type of Fuel
0	None/Not Applicable Does not apply
1	Gasoline
2	Diesel
9	All Other

*This field does not apply in the following situations (report code 0):*

- All Limited Coding records (TRANSACTION CODE 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" coverage records (COVERAGE CODES 7 and 8)
- All canoe/kayak records (TYPE OF HULL code 6)
- All records indicating no motorized power (POWER codes 0 and 6)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**HORSEPOWER (Pos. 102-105)**

On all "core" property coverage records (COVERAGE CODES 1, 2, A, and B), all "core" liability coverage records (COVERAGE CODES 3 and 4), and all uninsured boater coverage records (COVERAGE CODE 5), code the total horsepower of the covered motor(s) powering the insured boat. For trailer coverage, coverage code 6, code 0000 or follow the coding of the boat.

For example:

Sample Code	Sample Horsepower
0000	Does not apply
0050	50 horsepower
0175	175 horsepower
0525	525 horsepower

*This field does not apply in the following situations (report code 0000):*

- All Limited Coding records (TRANSACTION CODE 8)
- All trailer coverage records (COVERAGE CODE 6)
- The "all other" coverage records (COVERAGE CODES 7 and 8)
- All canoe/kayak records (TYPE OF HULL code 6)
- All records indicating no motorized power (POWER codes 0 and 6)

*Per SECTION I, PART C, Rule 10, in lieu of reporting the "does not apply" code of 0000 in the above situations, it is permissible to leave the field blank or report any of the available codes.*

**POLICY NUMBER (Pos. 108-121)****LOSSES**

Despite this field being optional on all loss records (*TRANSACTION CODES* 2, 3, 6, and 7), reporting the *POLICY NUMBER* in this field is highly encouraged.

If the *POLICY NUMBER* or identification number exceeds 14 characters, truncate the left-most characters.

If the *POLICY NUMBER* or identification number is less than 14 characters, left-justify the number.

**Note:** It is required for premium records to contain the *POLICY NUMBER* or any other alphanumeric identification number which will make it possible to locate all premium records for a specific policy in positions 66-79.

**ANNUAL STATEMENT LINE OF BUSINESS (Pos. 122-124)**

Code the *ANNUAL STATEMENT LINE OF BUSINESS* to which the transaction was assigned.

<b>Code</b>	<b>Annual Statement Line of Business</b>
010	Fire
021	Allied Lines, including Glass <sup>1</sup>
022	Multiple Peril Crop
030	Farmowners Multiple Peril
040	Homeowners Multiple Peril (includes Mobile-Homeowners)
051	Commercial Multiple Peril (Non-Liability portion) <sup>2</sup>
052	Commercial Multiple Peril (Liability portion) <sup>2</sup>
090	Inland Marine
110	Medical Malpractice
120	Earthquake
170	Other Liability (excluding Products Liability)
180	Products Liability
191	Private Passenger Auto No-Fault (Personal Injury Protection)
192	Other Private Passenger Auto Liability
193	Commercial Auto No-Fault (Personal Injury Protection)
194	Other Commercial Auto Liability
211	Private Passenger Auto Physical Damage
212	Commercial Auto Physical Damage
230	Fidelity
260	Burglary and Theft
270	Boiler and Machinery

<sup>1</sup> Glass may optionally be reported with code 250.  
<sup>2</sup> Commercial Multiple Peril may optionally be reported with code 050.

# **SECTION III**

## **FORMS MASTERS**

# AMERICAN ASSOCIATION OF INSURANCE SERVICES

## FORMS NOTES

### 1. Additional Forms

One copy of each form is supplied with this statistical plan. The forms included should be treated as masters for use in making as many copies as are required to meet each company's needs. Companies are reminded that the forms are subject to change and it is recommended that no more than one year's supply of copies be made at one time.

### 2. Forms Included

These forms follow:

Forms Number	Name of Form	Revised
SD-104	Transmittal - Statistical Experience Report	5/1/97
SD-561	Experience Report Form - Boatowners Premiums	1/1/09
SD-562	Experience Report Form - Boatowners Losses	1/1/09







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