

Kansas Insurance Reporting Guide

**Kansas Department of Revenue
615 SW Harrison Street
Topeka, KS 66626**

TABLE OF CONTENTS

1. INTRODUCTION	3
1.1 CONTACT INFORMATION	4
1.2 VEHICLE TYPES REQUESTED	5
1.3 INSURANCE TYPES REQUESTED	5
1.4 REPORTING INFORMATION AND PROCEDURES	5
1.5 TESTING PROCEDURES	5
1.6 ERROR REPORTING	5
2. TRANSACTION SET 811 SPECIFICATIONS	6
3. KANSAS PROPRIETARY RECORD LAYOUT (FLAT FILE)	7
3.1 KANSAS PROPRIETARY RECORD LAYOUT (FLAT FILE)-CONTINUED	8
4. FTP INSTRUCTIONS	9
5. INSURANCE COMPANY PROFILE	10
6. TRADING PARTNER AGREEMENT - STATE OF KANSAS	11

1.1 Contact Information

EDI COORDINATOR

Carole Sadler (785) 291-3660
Fax: (785) 296-0153
E-mail: carole_sadler@kdor.state.ks.us

Mailing Address:
Kansas Department of Revenue
Electronic Services Bureau
915 SW Harrison - 2nd Floor
Topeka, KS 66625

BUSINESS CONTACT

Sandra Bach (785) 296-3013
Fax: (785) 291-3755
E-mail: sandra_bach@kdor.state.ks.us

Mailing Address:
Kansas Department of Revenue
Division of Vehicles
915 SW Harrison – 1st Floor, Room 162 South
Topeka KS 66626-0001

Visit our website: www.ksrevenue.org/pdf/kirg.pdf

2. TRANSACTION SET 811 SPECIFICATIONS

The following fields are required by the state of Kansas for the TS-811 insurance reporting. These fields may have different size requirements from the ALIR (Automobile Liability Insurance Reporting) implementation guide. Otherwise the Kansas TS-811 insurance reporting requirements follow the national standard set forth in the TS-811 ALIR version 003050 – version 3 Implementation Guide.

Business Value	SIZE	REQ/SIT	SEG/ELEMENT	DESCRIPTION
Interchange Control Header	2	R	ISA07	'01'
Interchange Control Header	15	R	ISA08	'835107079'
Functional Group Header	15	R	GS02	Senders Duns or Senders US Federal Tax ID # or Senders NAIC
Functional Group Header	9	R	GS03	'835107079'
Receiver Name	2	R	N101	'2F' (State)
Receiver Name	35	S	N102	'Kansas DMV' (Recipients Name)
Insurer Name	5	R	NM109	NAIC Code
State Name	35	R	NM103	'KS'
Transaction Purpose	3	R	SI03	'LOD'
Policy or Binder Number	20	R	REF02	Policy Number
Policy Dates	3	R	DTM01	'036'
Policy Dates	6	R	DTM02	Policy Expiration Date (YYMMDD format)
Policy Dates	2	R	DTM05	Century of Policy Expiration Date (CC format)
Vehicle Information	17	R	VEH02	VIN (Vehicle Identification Number)

For an example of the Kansas mapping requirements, please refer to the Kansas Insurance Reporting Map Example located on our website, www.ksrevenue.org/pdf/kiirme.pdf example.

3.1 Kansas Proprietary Record Layout (Flat File)-Continued

Additional Driver 2 Last Name	35	477	511	Optional
Additional Driver 2 First Name	30	512	541	Optional
Additional Driver 2 Mid Name	1	542	542	Optional
Additional Driver 2 Suffix	3	543	545	Optional
Additional Driver 2 Driver License Number	20	546	565	Optional
Additional Driver 2 Date of Birth(CCYYMMDD)	8	566	573	Optional
Additional Driver 2 address	50	574	623	Optional
Additional Driver 2 City	25	624	648	Optional
Additional Driver 2 State	2	649	650	Optional
Additional Driver 2 Zip	5	651	655	Optional
Additional Driver 2 Zipplus	4	656	659	Optional
Additional Driver 3 Last Name	35	660	694	Optional
Additional Driver 3 First Name	30	695	724	Optional
Additional Driver 3 Mid Name	1	725	725	Optional
Additional Driver 3 Suffix	3	726	728	Optional
Additional Driver 3 Driver License Number	20	729	748	Optional
Additional Driver 3 Date of Birth(CCYYMMDD)	8	749	756	Optional
Additional Driver 3 address	50	757	806	Optional
Additional Driver 3 City	25	807	831	Optional
Additional Driver 3 State	2	832	833	Optional
Additional Driver 3 Zip	5	834	838	Optional
Additional Driver 3 Zipplus	4	839	842	Optional
Additional Driver 4 Last Name	35	843	877	Optional
Additional Driver 4 First Name	30	878	907	Optional
Additional Driver 4 Mid Name	1	908	908	Optional
Additional Driver 4 Suffix	3	909	911	Optional
Additional Driver 4 Driver License Number	20	912	931	Optional
Additional Driver 4 Date of Birth (CCYYMMDD)	8	932	939	Optional
Additional Driver 4 address	50	940	989	Optional
Additional Driver 4 City	25	990	1014	Optional
Additional Driver 4 State	2	1015	1016	Optional
Additional Driver 4 Zip	5	1017	1021	Optional
Additional Driver 4 Zipplus	4	1022	1025	Optional

*Please note: Each line must end in a control line feed.

6. TRADING PARTNER AGREEMENT - STATE OF KANSAS

ELECTRONIC DATA INTERCHANGE (EDI) TRADING PARTNER AGREEMENT

This Agreement is entered into on _____, 20____, by and between the Kansas Department of Revenue and _____, hereinafter "the Insurance Company".

The Department and the Insurance Company agree as follows:

1. The Insurance Company will electronically transmit their monthly Kansas book of business to the Department of Revenue by the 3rd Friday of the month. All information shall be transmitted in accordance with policies and instructions established by the Department of Revenue.
2. The Insurance information shall be transmitted electronically to the Department of Revenue through an Internet service provider (ISP) to the directory provided at the Department of Revenue's FTP Server.
3. The Insurance Company, at its own expense, shall provide and maintain the equipment, software, services and testing necessary for the Insurance Company to transmit the insurance information. The Department of Revenue, at its own expense, shall provide and maintain the equipment, software, services and testing necessary for the Department to receive the insurance information. Each party shall use security procedures which are reasonably sufficient and use its best efforts to ensure that all transmissions of insurance information is authorized and to protect its business records and data from improper access.
4. The signature of the insurance company or its authorized agent affixed to this Agreement shall be deemed to be assurance that the information sent to KDOR is accurate and correct as it appears on the day it is generated.
5. Upon any receipt of any EDI transmission from the Insurance Company, a TS-997 acknowledgment will be available for retrieval within 24 hours.
6. Motor vehicle records maintained by the Department are subject to the provisions of K.S.A 45-215; K.S.A. 74-2012, K.S.A. 21-3914 and 18 U.S.C. Section 2721, The Drivers Privacy Protection Act of 1994 as amended. The Electronic Insurance information received will be protected under the same statutes and laws applicable to the motor vehicle record.
7. This agreement can only be amended by the execution of a written addendum to this agreement by the Department of Revenue and the Insurance Company.
8. This Agreement may be terminated at any time after (30) days notice by an instrument in writing, signed by a duly authorized representative of any party hereto.
9. This Agreement represents the entire understanding of the parties in relation to the electronic filing of insurance information.
10. The place of performance of this agreement is the Division of Vehicles, Kansas Department of Revenue, 1st Floor, Docking State Office Building, Topeka, Kansas 66626. It shall be governed by the laws of the State of Kansas.

INSURANCE COMPANY:

Print Name of Company or Authorized Agent	Title
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Signature of Authorized Agent	Date
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KANSAS DEPARTMENT OF REVENUE:

Print Name of Department's Authorized Agent	Title
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Signature of Department's Authorized Agent	Date
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