

INSURANCE FILING RECORD—ONE
(N.J.A.C. 13:18–6.2(b))

FIELD DESCRIPTION

No.	Field Name	Description
1.	Vehicle–Identification–Number	If vehicle year 1981 or newer, must have 17 positions.
2.	Driver–License–Number	Owner of vehicle (preferred) or primary driver’s driver license number. No spaces.
3.	Make	National Crime Information Center (NCIC) or Insurance Services Office (ISO) vehicle make code.
4.	Year	Four digit vehicle model year.
5.	Model	National Crime Information Center (NCIC) vehicle model code. Space fill if not available.
6.	Insurance–Company–Code	MVR code assigned by New Jersey Motor Vehicle Services for driver abstracts.
7.	Policy–Owner–Street–Address	Street address of policy holder.
8.	Policy–Owner–City	City of policy holder.
9.	Policy–Owner–State	State of policy holder.
10.	Policy–Owner–Zip–Code	Zip code of policy holder. Five digits required, nine digits if available. Space fill last four digits if nine digits are not available.
11.	Transaction–Type	C = Cancellation N = New Policy

No.	Field Name	Description
12.	Policy-Effective-Date	Required if Transaction-Type = N, otherwise leave blank. Format is MMDDYYYY.
13.	Policy-Cancel-Date	Required if Transaction-Type = C, otherwise leave blank. Format is MMDDYYYY.
14.	Date-Stamp	Format is MMDDYYYY.
15.	Policy-Number	Policy number. Space fill if not supplied.
16.	Filler	Spaces.