ISO Circular

MICRO-BUSINESSOWNERS PROGRAM INTRODUCED

KEY MESSAGE

This circular announces the establishment of statistical coding in the Businessowners module in support of Micro-Businessowners Program (Micro-BOP) for CSP, CSP Plus and CSP-i.

BACKGROUND

According to ISO MarketStance Commercial Insight, there are an estimated 30 million micro businesses (0-4 employees), and the Small Business Administration estimates that about 80% of them have no employees at all and 60% are home-based.

While many of these businesses are primarily operated out of the home, business activities may take place at other locations as well (e.g., shared spaces, temporary commercial locations or mobile spaces such as kiosk or food carts). Given the nature of these types of business, physical damage coverage for building and structures is often not needed.

INTRODUCTION

In response to the reported "micro-business" trend, we are introducing a new ISO Micro-Businessowners Program specifically tailored to insure these types of businesses. The new Micro-Businessowners coverage form and related forms portfolio will reside within ISO's current Businessowners Program.

The Micro-Businessowners Program (BP 00 04 – Micro-Businessowners Coverage) provides both business personal property and liability coverages for eligible risks. There are four categories of eligible operations for the Micro-Businessowners Program – Artisan Manufacturing (Retail Sales), Direct Retail Sales, Online Retail Sales and Services. Within each of these categories or groups there are specific classes that further define each eligible operation. Also, each eligible operation should not exceed $500,000 in annual gross sales or four employees, including the owner and the operation must occur in-home, at a shared space, at a temporary commercial location or at a mobile space (such as a kiosk or cart).

ISO ACTION

In order to provide data support for the Micro-Businessowners Program and optional coverage endorsements, we are enhancing and expanding upon the existing statistical coding and reporting requirements within the Businessowners module of the Commercial Statistical Plans (CSP, CSP Plus, CSP-i) we have:

- Established a two-digit **Type of Policy Code** to identify Micro-Businessowners Coverage.
- Established new Micro-Businessowners **Liability Type of Loss Codes** under Subline 915.
- Established new Micro-Businessowners specific **Coverage Codes**.

- Established a one-digit field to identify the **Hours Worked Per Week**.

- Established a one-digit field to identify **Radius of Operation** (maximum miles traveled for work in an average week).

- Established a one-digit field to identify **Legal form of Ownership**.

- Established a one-digit field to identify **Number of Employees**.

- Established a new **Liability Limits** field to identify the Aggregate Liability Limits.

- Established a new **ZIP Code** field on the Loss record to identify Loss Location.

- Established new Micro-Businessowners specific Classification Codes.

- Extended the applicability of Businessowners Subline 915 and Commercial General Liability Sublines 334/336 Classifications Codes which can be used with Micro-Businessowners program.

- Extended the use of the existing **Businessowners Subline 915** to include Micro-Businessowners Coverage.

- Extended the applicability of the existing **Property Type of Loss Codes** under Subline 915 to the Micro-Businessowners Program.

- Extended the use of the current **Exposure** field to the Micro-Businessowners Program.

- Extended the use of the current Businessowners **Liability Limits** field to identify the Per Occurrence Liability Limits.

- Extended the existing **Liability Exposure Indicator** field to identify exposure basis such as Gross Sales.

NOTE:

CSP-i reporters will be required to report via the CSP and at the same level of detail that is required at the CSP level. For this, CSP-i level reporters will need to refer to the new Micro-Businessowners section in the CSP Businessowners module for the appropriate Micro-Businessowners statistical plan reporting requirements. Any questions related to this specific instruction, please contact the author of this circular.

COMMENT(S)

These changes:

- Apply to CSP (Full Level), CSP Plus and CSP-i (Intermediate Level).

- Do not apply to CSAP.

STATISTICAL REPORTING EFFECTIVE DATE

For statistical reporting purposes, these changes are effective for transactions with inception dates of **April 1, 2020** and subsequent on an optional basis and **October 1, 2020** and subsequent on a mandatory basis.

FUTURE ISO ACTION

We will include these changes in:

- **Fourth Quarter 2019** release of the Company Edit Packages (CEP).

NOTE: To monitor the status of statistical plan and Company Edit Package (CEP) updates, view Statistical Plans and Related Information and Statistical Web Services. These links will provide information on the most recent releases, anticipated release of the edit package, as well as other pertinent statistical reporting information. You may also sign up for our Statistical Plan Alert feature, which will automatically inform you via email when any of our plans are updated. Please see the ISO Statistical Plans homepage for details.

IMPORTANT NOTE(S)

Companies implementing these changes before they are reflected in the Company Edit Package (CEP) and/or Receipt and Acceptance edits may:

- Use the "Accept Feature" of the CEP for records flagged in error after all other errors are corrected; and/or

- Request the "Accept Option" to reprocess records flagged in error by ISO due to the use of new codes.

To keep informed of the latest news that effects data reporting in Texas, refer to the Texas Department of Insurance website at http://www.tdi.texas.gov/index.html.

Please note: ISO will be requesting companies that are currently reporting Micro-Businessowners type of business with their current Businessowners module data to adopt these new statistical reporting code requirements as of the statistical reporting mandatory effective date. If questions, please contact the author of this circular.

REFERENCE(S)

- LI-BP-2019-099 (09/13/2019) New Micro-Businessowners Multistate Loss Costs Being Submitted

- LI-BP-2019-098 (09/13/2019) New Micro-Businessowners Multistate Rules Being Submitted

- LI-BP-2019-097 (09/13/2019) New Micro-Businessowners Multistate Forms Program Being Submitted

ATTACHMENT(S)

- Revised CSP/CSP Plus Pages: BP-iii, BP-S-1, BP-2.2, BP-22.1, BP-93, BP-94, BP-95, RI-3.2

- Revised CSP-i Pages: BP-S-1

- New CSP/CSP Plus Pages: BP-MB-1-70

NOTE: The pages attached hereto as "revised pages" reflect all revisions to the current statistical plan pages associated with the change announced by this circular. These pages may not reflect changes announced in other circulars that affect the same page. However, all changes will be cumulatively assimilated into the ISONet on-line releases of the CSP, CSP Plus and CSP-i.

STATISTICAL REPORTING E-TRAINING AVAILABLE

ISO is excited to announce new eLearning courses, designed to provide you with an introduction and overview of statistical reporting and essential concepts for data quality.

These interactive 15-20 minute courses are now available via a link on the ISOnet® homepage to ISO Education eLearning.

CONTACT INFORMATION

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1. **SCOPE OF THE MODULE**

   This module is applicable to the following commercial line of business rated from the Businessowners section of the Commercial Lines Manual:

   Businessowners

   This module applies to the ISO Businessowners Policy and also to other policies of a similar nature that have been developed independently by companies.

   Boiler and Machinery/Equipment Breakdown coverage written as part of a Businessowners Policy or policies of similar type may either be reported under this module or under the Boiler and Machinery/Equipment Breakdown module.

   Note: In 2006, the Commercial Lines Manual renamed Boiler and Machinery as Equipment Breakdown. The commercial statistical plans have modified all reference to the Boiler and Machinery Line of Insurance to include Equipment Breakdown (i.e., Boiler and Machinery/Equipment Breakdown).

   Flood:

   Flood coverage endorsed to a Businessowners Policy should be reported via the Commercial Fire and Allied Lines module. Please see that module for detailed instructions.

   Micro-Businessowners Coverage:

   This module is also applicable to the Micro-Businessowners Coverage rated in accordance with the rules contained in the Commercial Lines Module (Division Ten).

   Mine Subsidence:

   This module does not apply to Mine Subsidence Coverage. Mine Subsidence business in the states of Illinois, Indiana, Kentucky, Ohio and West Virginia must be reported directly to their respective state mine subsidence fund.

   Green Upgrades:

   This module is also applicable to the Green Upgrade Coverage rated in accordance with the rules contained in the Commercial Lines Module.

   IF A CODE IS NOT REQUIRED TO BE REPORTED, THE FIELD OF THE RECORD FORMAT <u>MAY</u> BE REPORTED BLANK.

11. BUSINESS INTERRUPTION COVERAGES

A. 'ON-PREMISES' BUSINESS INTERRUPTION COVERAGE

Business Interruption (i.e., Time Element) 'on-premises' coverages require losses to be reported on a contents record. There is no separate record reported for premiums.

B. 'OFF-PREMISES' BUSINESS INTERRUPTION COVERAGE

Off-premises business interruption coverage is available via Off-Premises Interruption of Business – Vehicles and Mobile Equipment Endorsement **BP 10 80** (or company equivalent). Off-premises coverage extends business interruption coverage applicable to buildings and contents to designated business activities that are dependent upon scheduled vehicles and mobile equipment.

Individual premium records are required for each scheduled item with a separate limit of insurance (Option A in the endorsement's schedule). For a group of multiple items with one single limit of insurance, (Option B in the endorsement's schedule), one single premium record is required. For premiums and losses, this coverage is identified by the designated Coverage Codes for combined business income and extra expense, separately for collision and other than collision (Coverage Codes 57 and 58), as well as for all other off-premises business interruption (Coverage Code 59). The reported Classification Code should reflect the policy's risk classification to which this coverage is being attached.

Special attention should be paid to the proper reporting of the Limit of Insurance (reported in the Exposure field), which identifies the actual limit of insurance being written on the schedule on all off-premises Business Interruption records.

The Limit of Insurance is not to be confused with the Business Interruption Off-Premises Exposure Code, which identifies the insured's estimated maximum off-premises business interruption exposure to loss (in thousands) when there is a single limit of insurance applicable to multiple scheduled items (Option B). If there is only one item of scheduled property, or a separate limit for each scheduled item (Option A), report 9999 in the Business Interruption Off-Premises Exposure Code field.

For losses, report the applicable Time Element Type of Loss Code which pertains to the covered peril. Off-premises business interruption collision losses are to be reported under Type of Loss Code 89.

12. CYBER INSURANCE – INFORMATION SECURITY PROTECTION

The Information Security Protection (ISP) endorsement consists of three tier options which provide coverage of up to seven separate Insuring Agreements (A-G).

- Tier 1 consists of Insuring Agreement A (Replacement or Restoration of Electronic Data), Insuring Agreement B (Public Relations Expense) and Insuring Agreement C (Security Breach Expense).
- Tier 2 consists of Insuring Agreement D (Security Breach Liability), in addition to A, B and C.
- Tier 3 consists of Insuring Agreements E (Extortion Threats), F (Business Income and Extra Expense) and G (Web Site Publishing Liability), in addition to A, B, C and D.

For reporting purposes, the ISP premium record will be reported based on the tier level chosen. For example, if Tier 3 is chosen, all the Insuring Agreements under Tier 1, Tier 2 and Tier 3 are provided and one premium record is required.

A separate reported record will be required, by Type of Loss, for losses attributable to individual insuring agreements within a tier (e.g., under Tier 1, Replacement of Electronic Data loss requires a separate loss record from Public Relations Expense).

Optional coverage endorsements are also available for Payment Card Industry (PCI) – Provide Coverage For Defense Expenses and Fines or Penalties **(BP 15 08)** and Provide Coverage for Dishonest, Malicious or Fraudulent Acts Committed By Employees **(BP 15 10),** and require separate identification.

Each optional endorsement, when elected, requires a separate premium record.

13. MICRO-BUSINESSOWNERS COVERAGE

The Micro-Businessowners Program (BP 00 04 - Micro-Businessowners Coverage Form) provides both business personal property and liability coverages for eligible risks. There are four categories of eligible operations for the Micro-Businessowners Program - Artisan Manufacturing (Retail Sales), Direct Retail Sales, Online Retail Sales and Services. Within each of these rating groups there are specific classes that further define each eligible operation. Also, each eligible operation may not exceed $500,000 in annual gross sales or four employees, including the owner, and the operation must occur in-home, at a shared space, at a temporary commercial location or at a mobile space (such as a kiosk or cart).

The premiums and losses under the Micro-Businessowners coverage and endorsements (or company equivalent Micro-Businessowners coverage and endorsements) must be reported on a separate record, apart from any other Businessowners record, and distinguished with a unique Type of Policy code.

COMMERCIAL STATISTICAL PLAN

MODULE: BUSINESSOWNERS

MICRO-BUSINESSOWNERS

PREMIUM RECORD LAYOUT

No	Field	Sub
1		
2	COMPANY	
3	NUMBER	
4		
5	TRANSACTION TYPE	
6	MONTH	ACT.
7	YEAR	
8	MONTH	INC.
9	YEAR	
10		
	TRANSACTION	
1	MONTH	EFF.
2	YEAR	
3		
4	MONTH	EXP.
5	YEAR	
6		
7	STATE	
8		
9		
20	TERRITORY	
1		
2	TYPE OF POLICY	
3		
4	ANNUAL STATEMENT	
5	LINE OF BUSINESS	
6		
7		
8	CSP SUBLINE	
9		
30		
1		
2	CLASSIFICATION	
3		
4		
5	COVERAGE	
6		
7	HOURS PER WEEK	
8	NUMBER OF EMPLOYEES	
9	RADIUS OF OPERATION	
40	LEGAL FORM OF OWNER	
1		
2		
3	DEDUCTIBLE / RETENTION	
4		
5		
6	TERRORISM COV CODE	
7	B	
8		
9	LIABILITY LIMITS	
50	(PER AGGREGATE)	
1		
2		
3		
4	LIABILITY LIMITS	
5	(PER OCCURRENCE)	
6		
7		
8		
9	TRANSACTION (TX)	
60	I.D.	
1	LIABILITY FORM	
2	MONTH	ENTRY
3		INTO CLAIMS
4	YEAR	MADE
5		
6	B	
7		
8		
CONTINUED		

No	Field	Sub
9		
70	B	
1		
2	TRANS.	
3	EFF.	DAY (TX)
4	TRANS.	
5	EXP.	
6	MGA (TX)	
7	LIABILITY EXP. INDICATOR	
8	INDIVIDUAL	
9	RISK RATING	
80	MODIFICATION (TX)	
1		
2	EXPOSURE	
3		
4		
5		
6		
7		
8	RATING	
9	MODIFICATION FACTOR	
90		
1		
2		
3	B	
4		
5		
6		
7		
8		
9	PREMIUM	
100	AMOUNT	
1	(WHOLE DOLLARS)	
2		
3	X	
4	B	
5		
6		
7	ZIP CODE	
8	(INSURED LOCATION)	
9		
110		
1		
2		
3	B	
4		
5		
6		
7		
8		
9		
120		
1		
2	PREMIUM	
3	RECORD	
4	I.D.	
5		
6		
7		
8		
9		
130		
1		
2		
3	RESERVED FOR	
4	COMPANY USE	
8		
9		
150		

LOSS RECORD LAYOUT

No	Field	Sub
1		
2	COMPANY	
3	NUMBER	
4		
5	TRANSACTION TYPE	
6	MONTH	ACT.
7	YEAR	
8	MONTH	INC.
9	YEAR	
10		
1	MONTH	LOSS
2	YEAR	DATE
3		
4	DAY	
5		
6	MGA (TX)	
7	STATE	
8		
9		
20	TERRITORY	
1		
2	TYPE OF POLICY	
3		
4	ANNUAL STATEMENT	
5	LINE OF BUSINESS	
6		
7		
8	CSP SUBLINE	
9		
30		
1		
2	CLASSIFICATION	
3		
4		
5	COVERAGE	
6		
7	HOURS PER WEEK	
8	NUMBER OF EMPLOYEES	
9	RADIUS OF OPERATION	
40	LEGAL FORM OF OWNER	
1		
2		
3	DEDUCTIBLE / RETENTION	
4		
5		
6	TERRORISM COV CODE	
7	B	
8		
9	LIABILITY LIMITS	
50	(PER AGGREGATE)	
1		
2		
3		
4	LIABILITY LIMITS	
5	(PER OCCURRENCE)	
6		
7		
8		
9	TRANSACTION (TX)	
60	I.D.	
1	LIABILITY FORM	
2	MONTH	ENTRY
3		INTO CLAIMS
4	YEAR	MADE
5	MONTH	RCPT. OF
6		CLAIMS
7	YEAR	NOTICE
8	LIABILITY EXP. INDICATOR	
9	B	
CONTINUED		

No	Field	Sub
70	TYPE OF LOSS	
1		
2	X CLAIM COUNT	
3		
4	ZIP CODE	
5	(LOSS LOCATION)	
6		
7		
8		
9	B	
80		
1	EXPOSURE	
2		
3		
4		
5		
6		
7		
8		
9	ZIP CODE	
90	(INSURED LOCATION)	
1		
2		
3		
4	B	
5		
6		
7		
8		
9	LOSS AMOUNT	
100	(WHOLE DOLLARS)	
1		
2		
3	X	
	LOSS RECORD I.D.	
4		
5		
6		
7		
8		
9	OCCURRENCE	
110	I.D.	
1		
2		
3		
4		
5		
6	CLAIM I.D.	
7		
8		
9		
120		
1		
2	PREMIUM	
3	RECORD	
4	I.D.	
5		
6		
7		
8		
9		
130		
1		
2		
3	RESERVED FOR	
4	COMPANY USE	
8		
9		
150		

X – SEE RULE **9.** OF THE COMMON GENERAL RULES FOR INSTRUCTIONS ON THE REPORTING OF CREDIT AMOUNTS.

B – REPORT BLANK

BUSINESSOWNERS
RULES AND INTERPRETATION
CSP - PART XIV - SECTION D

CONTENTS: **PAGES**

1. LIABILITY AND TIME ELEMENT LOSSES AND TYPE OF LOSS CODES

In the Businessowners module of CSP we indicate the following Type of Loss Codes for liability losses:

09 Fungi or Bacteria ("Mold") Liability

40 Medical Expenses (Maryland Liability for Hazards of Lead only)

41 Premises/Operations Liability (other than Massachusetts Lead Liability, Maryland Lead Hazard, New Jersey Hazards of Lead Loss or Rhode Island Lead Poisoning Liability)

42 Product Liability

43 Druggists Professional Liability

44 Non-owned Auto Liability

45 Medical Payments

46 Hired Auto Liability

47 Massachusetts Lead Poisoning Liability, New Jersey Hazards of Lead Loss, or Rhode Island Lead Poisoning Liability

48 Relocation, Rent Subsidy and Other Incidental Expenses (Maryland Liability for Hazards of Lead Only)

49 All Other Liability

95 Certified Acts of Terrorism

96 Other Than Certified Acts of Terrorism

a. Liability – Lessor's Risks

If a Businessowners policy is a lessor's risk, then all premises/operations liability coverage, medical payments coverage and coverage for other types of liability are afforded by the lessor's rate. Therefore, report these types of losses on **building** records.

The following Classification Codes on building records indicate a lessor's risk:

- Businessowners Classification Codes 09411 (self-storage facilities), 60989 (commercial condominium), 65144, 65145, 65146, 65147 (apartment risks) and 69145 (apartment – condominium risk).
- Condominium office lessor's risks as they are defined on the **Office or Agencies Including Real Estate, Insurance and Condominiums** page.

All lessor's risks are identified by the Lessor's/Owner-Occupant's Risk Indicator Code of 2.

b. Liability – Owner-Occupant Risks

If a Businessowners policy is an owner-occupant risk, then a premium for both building and contents coverage is charged (assuming that the owner-occupant is insuring his building in the policy). Owner-occupant risks are identified by the Lessor's/Owner-Occupant's Risk Indicator Code of 1. The contents rates provide coverage for premises/operations liability, product liability, non-owned auto liability, medical payments and other types of liability. Thus, when reporting these types of losses, code them as **contents** records.

c. Time Element

Basically, there are two kinds of on-premises time element coverage:

- Business interruption (provided by the contents rate)
- Rental value (provided by the building rate)

When reporting time element losses (as determined by Type of Loss Code), report business interruption (on-premises) losses on **contents** records and rental value losses on **building** records.

For an owner-occupant risk, report an on-premises time element loss on the **contents** record if the loss is due to business interruption and on the **building** record if the loss is due to loss of rental value.

Report business interruption (off-premises) losses on a separate record with the appropriate Business Interruption (off-premises) Coverage Code and the applicable Time Element Type of Loss Code.

d. Liability - Micro-Businessowners Risks

In the Businessowners module of CSP we indicate the following Micro-Businessowners Type of Loss Codes for liability losses:

Operations Liability:

A1 - Bodily Injury

A2 - Property Damage

A3 - Personal and Advertising Injury

2. **ALTERNATIVE CLASSIFICATION CODING**

Risks for which no Businessowners Classification Code is suitable

Risks for which no Businessowners Classification Code is suitable must be identified with the appropriate CGL Classification Code on the Businessowners record. However, when reporting data to the General Liability module, a Businessowners Classification Code cannot be used on a General Liability record. Owner-occupant risks are identified by the Lessor's/Owner-Occupant's Risk Indicator Code of 1.

There are also General Liability Classification Codes specifically defined as lessor's risks (e.g., General Liability Classification Code 63011 – Dwellings – two family). All lessor's risks are identified by the Lessor's/Owner Occupant's Risk Indicator Code of 2.

1. LIABILITY AND TIME ELEMENT LOSSES AND TYPE OF LOSS CODES (Cont.)

   d. Liability - Micro-Businessowners Risks

      Products/Completed Operations Liability:

      A4 - Bodily Injury

      A5 - Property Damage

      A6 - Personal and Advertising Injury

      Other Liabilities:

      A7 - Medical Payments

      A8 - Professional Liability

      A9 - Other Liability excluding Terrorism

2. ALTERNATIVE CLASSIFICATION CODING

   Risks for which no Businessowners Classification Code is suitable

   Risks for which no Businessowners Classification Code is suitable must be identified with the appropriate CGL Classification Code on the Businessowners record. However, when reporting data to the General Liability module, a Businessowners Classification Code cannot be used on a General Liability record. Owner-occupant risks are identified by the Lessor's/Owner-Occupant's Risk Indicator Code of 1.

   There are also General Liability Classification Codes specifically defined as lessor's risks (e.g., General Liability Classification Code 63011 – Dwellings – two-family). All lessor's risks are identified by the Lessor's/Owner-Occupant's Risk Indicator Code of 2.

3. COVERAGE CODES

   Grouped below are the Coverage Codes that identify particular Businessowners coverages/optional endorsements.

   A. Building and Contents Coverage

      Coverage Codes 01, 02, 18, 21, 22, 23, 24, 48 and 49

   B. Other Than Building and Contents Coverage

      Coverage Codes: 04-08, 10-17, 19, 27-33, 38-47, 50-56, 61, 75, 76, A1, B1, A2, A3 and A4

      Property Coverage Codes: 04-08, 10-12, 16, 17, 19, 27-32, 38-42, 44-47, 61, 75, 76 A1, B1, A2 and A4

      Liability Coverage Codes: 13-15, 33, 43, 50-56 and A3

   C. Green Upgrade Coverage

      Property Coverage Codes 62-74

   D. Business Interruption (off-premises) Coverage

      Coverage Codes 57, 58 and 59

   E. Cyber Insurance Endorsements

      Coverage Codes 81-88

   F. Micro-Businessowners Coverage and Endorsements

      Coverage Codes M1-M9 and MA-MG

POSITION(S)	FIELD NAME	TYPE	LENGTH	STATISTICS	CODE
1–4	**Company Number**	Required	4	The four-digit number, assigned by ISO, identifying a participating insurer's data submission.	*numeric value*
5	**Transaction Type Code**	Required	1	The code that distinguishes different types of transactions reported, such as premium and losses. Premium Transactions – subject to Full Coding Premium Transactions – subject to Limited Coding (other than those assigned to Transaction Type Code 3). – not applicable to data reported for Texas. Premium Transactions – subject to Limited Coding as follows: Premium adjustment arising from rerate of an installment policy which is not recoded at anniversary (e.g., additional or return premium as a result of annualization) * not applicable to data reported for Texas.	1 2* 3*
6	**Accounting Date (month)**	Required	1	The month of the accounting date the transactions were entered on the Company books except for transactions reported under the quarterly reporting option where accounting month shall be the last month of the quarter being reported. Month requires a one-digit code: January through September, respectively October November December	1-9 0 (zero) - &
7	**Accounting Date (year)**	Required	1	The year of the accounting date the transactions were entered on the Company books. Year requires a one-digit code: Fourth digit of the year	*numeric value*
8	**Inception Date (month)**	Required	1	The month of the inception date when a policy is coded; typically, the date on which coverage begins. Month requires a one-digit code: January through September, respectively October November December	1-9 0 (zero) - &

POSITION(S)	FIELD NAME	TYPE	LENGTH	STATISTICS	CODE
9-10	**Inception Date (year)**	Required	2	The year of the inception date when a policy is coded; typically, the date on which coverage begins. Year requires a two-digit code: Third and Fourth digits of the year	*numeric value*
11	**Transaction Effective Date (month)**	Required	1	The month of the transaction effective date. Month requires a one-digit code: January through September, respectively October November December	1-9 0 (zero) - &
12-13	**Transaction Effective Date (year)**	Required	2	The year of the transaction effective date. Year requires a two-digit code: Third and Fourth digits of the year	*numeric value*
14	**Transaction Expiration Date (month)**	Required	1	The month of the transaction expiration date. Month requires a one-digit code: January through September, respectively October November December	1-9 0 (zero) - &
15-16	**Transaction Expiration Date (year)**	Required	2	The year of the transaction expiration date. Year requires a two-digit code: Third and Fourth digits of the year	*numeric value*
17-18	**State Code**	Required	2	The state location of the risk. Refer to the Coding and Rules Section for coding and reporting instructions.	*code*

POSITION(S)	FIELD NAME	TYPE	LENGTH	STATISTICS	CODE
19-21	**Territory Code**	Required	3	The Territory Code of the insured location. For Texas data, Territory Code is required. For Other Than Texas, Territory Code is optional. For states that have adopted the ISO ZIP Code-based territories, report either the appropriate Territory Code, the Territory Identifier Code, or report this field blank (refer to the Territory Code Manual for state status and specific reporting instructions). Refer to the Coding and Rules Section for coding and reporting instructions.	*code*
22-23	**Type of Policy Code**	Required	2	The type of policy. Micro-Businessowners Coverage Form (BP 00 04 or company equivalent). Refer to the Coding and Rules Section for coding and reporting instructions.	85
24-26	**Annual Statement Line of Business Code**	Required	3	The Annual Statement Line of Business (ASLOB) to which the transaction was assigned, and its corresponding direct written premium booked to statutory Page 14 of the Annual Statement. See the Codes and Rules Section for the applicable (ASLOB) Codes.	*code*
27-29	**Subline Code**	Required	3	The code identifying the line of business. Businessowners (including Micro-Businessowners)	915
30-34	**Classification Code**	Required	5	The Classification Code based on the description of the risk and the basis of exposure specified. Classification Codes exclusive to Micro-Businessowners can be found in the Coding and Rules Section. Optionally, General Businessowners and General Liability (Sublines 334/336) Classifications can be reported if no Micro-Businessowners Classifications are suitable.	*code*
35-36	**Coverage Code**	Required	2	The type of coverage on a policy. Refer to the Coding and Rules Section for coding and reporting instructions.	*code*
37	**Hours Worked Per Week**	Required	1	The estimated total hours worked in an average week by the insured(s). Refer to the Coding and Rules Section for coding and reporting instructions.	*code*
38	**Number of Employees**	Required	1	The number of employees including owner. Refer to the Coding and Rules Section for coding and reporting instructions.	*code*
39	**Radius of Operation**	Required	1	The maximum miles traveled for work in an average week. Refer to the Coding and Rules Section for coding and reporting instructions.	*code*

POSITION(S)	FIELD NAME	TYPE	LENGTH	STATISTICS	CODE
40	Legal Form of Ownership	Required	1	Report the organized business structure. Corporation Individual Joint Venture Limit Liability Corporation (LLC) Partnership Other Unknown	 1 2 3 4 5 6 U
41-45	Deductible /Retention Amount	Required	5	The actual deductible / retention amount applicable to the transaction being reported. Identifies the actual deductible / retention amount applicable to the transaction. It must be reported with leading zeros, right justified, in dollars in positions 41-45. If there is no deductible, report 00000. For deductibles greater than 99,999 report 99999.	*numeric value*
46	Terrorism Coverage Code	Required	1	Identifies all coverages associated with acts of terrorism. Refer to the Coding and Rules Section for coding and reporting instructions.	*code*
47-48	Reserved for ISO Use	Required	2	Blank field.	*blank*
49-53	Liability Limits (Per Aggregate)	Required	5	The Liability Limit coverage per aggregate. Refer to the Coding and Rules Section for coding and reporting instructions.	*numeric value*
54-58	Liability Limits (Per Occurrence)	Required	5	The Liability Limit coverage per occurrence. Refer to the Coding and Rules Section for coding and reporting instructions.	*numeric value*
59-60	Transaction ID	Required	2	For Texas, the different types of premium transactions, such as endorsements, cancellations, renewals, salvage and subrogation, etc. This field is applicable to Texas reporters only. For Other than Texas report blank. Refer to the Coding and Rules Section for coding and reporting instructions.	*code*
61	Liability Form Code	Required	1	The Liability Form Code for Coverage Codes M2, M3, M4 and M5. Claims Made Coverage - basic - with retroactive date Occurrence Coverage Claims Made Coverage - basic - no retroactive date	 1 3 4

POSITION(S)	FIELD NAME	TYPE	LENGTH	STATISTICS	CODE
62	**Entry into Claims-Made Program (month)**	Required	1	The month of entry into the Claims-Made Program as used in determining the applicable Claims-Made Rate. Month requires a one-digit code: January through September, respectively October November December For Claims-Made Supplemental Extended Reporting Periods records, the initial date of entry into the Claims-Made Program shall be reported and not the effective date of the Supplemental Extended Reporting Period. For occurrence coverage report blank.	1-9 0 (zero) - &
63-64	**Entry into Claims-Made Program (year)**	Required	2	The year of entry into the Claims-Made Program as used in determining the applicable Claims-Made Rate. Year requires a two-digit code: Third and Fourth digits of the year For Claims-Made Supplemental Extended Reporting Periods records, the initial date of entry into the Claims-Made Program shall be reported and not the effective date of the Supplemental Extended Reporting Period. For occurrence coverage report blank.	*numeric value*
65-71	**Reserved for ISO Use**	Required	7	Blank field.	*blank*
72-73	**Transaction Effective Day**	Required	2	For Texas, the day of the month of the transaction became effective. Otherwise, report blank.	*numeric value*
74-75	**Transaction Expiration Day**	Required	2	For Texas, the day of the month of the transaction expiration date. Otherwise, report blank.	*numeric value*
76	**MGA Indicator**	Required	1	For Texas, the one-digit code assigned by ISO identifying a Manager General Agent (MGA). Otherwise, report blank.	*code*
77	**Liability Exposure Indicator**	Required	1	The Liability Exposure for Liability-only records. Gross Sales Limit of Insurance Number of Employees Number of Hours per Week Payroll All Other * Code 9 may be used only with prior permission from ISO	1 2 3 4 5 9*

POSITION(S)	FIELD NAME	TYPE	LENGTH	STATISTICS	CODE
78-80	**Individual Risk Rating Modification**	Required	3	For Texas, report the composite effect of all individual risk rating adjustments based on judgement rather than explicit formula and is reported as a percentage of the unmodified premium.	*numeric value*
81-87	**Exposure**	Required	7	It is essential that the greatest possible care be taken to have the exposures accurately recorded in the necessary detail. Exposures must be reported "right justified" with leading zeros. For example, an exposure of 12 shall be reported as 0000012 in positions 81 through 87. Refer to the Coding and Rules section for examples on the reporting of fixed and variable rating basis. See Rule 9. of the Common General Rules for instructions on the reporting of credit exposures.	*numeric value*
88-90	**Rating Modification Factor**	Required	3	A three-digit factor reflecting the combined effect of all rating modifications. Refer to the Coding and Rules Section for coding and reporting instructions.	*numeric value*
91-95	**Reserved for ISO Use**	Required	5	Blank field.	*blank*
96-103	**Premium Amount**	Required	8	Total premium in whole dollars. Any signed or unsigned numeric value from 00000000 to $\pm$ 99999999 is valid. Amounts should be reported right justified with leading zeroes. See Rule 9. of the Common General Rules for instructions on the reporting of negative amounts and signed and unsigned positive amounts. Rounding, when required, is to be accomplished by dropping 1 through 49 cents and by increasing or decreasing the dollar amount by 1 (depending on whether the amount is positive or negative) for 50 through 99 cents.	*numeric value*
104	**Reserved for Future Use**	Required	1	Blank field.	*blank*

POSITION(S)	FIELD NAME	TYPE	LENGTH	STATISTICS	CODE
105-109	**ZIP Code (Insured Location)**	Required	5	The five-digit ZIP code of the insured location.	*numeric value*
110-117	**Reserved for Future Use**	Required	8	Blank field.	*blank*
118-130	**Premium Record Identification**	Required	13	The unique code that identifies all premium and loss records pertaining to a single policy. Reporting of this field is mandatory for all states. For Other Than Texas, report the policy number or any other alphanumeric identification as significant digits which will make it possible to locate all records pertaining to a single policy. It must be unique to a particular policy and must be the same on all records for a particular policy. The matching of records originating from the same policy can become essential in our role as statistical agent on a company's behalf, including monitoring of data quality and the fulfillment of certain regulatory audit requirements. For Texas, report the policy identifier. Valid codes are any alphanumeric string that uniquely identifies the policy.	*alpha numeric value*
131-150	**Positions for Company Use**	Optional	20	This field is for company use only and may be reported blank or may contain any alphanumeric combination that suits the individual carrier's purposes.	*alpha numeric value*

POSITION(S)	FIELD NAME	TYPE	LENGTH	STATISTICS	CODE
1–4	**Company Number**	Required	4	The four-digit number, assigned by ISO, identifying a participating insurer's data submission.	*numeric value*
5	**Transaction Type Code**	Required	1	The code that distinguishes different types of transactions reported, such as premium and losses. Paid Loss Outstanding Loss Paid Allocated Loss Adjustment Expense Outstanding Allocated Loss Adjustment Expense	 6 7 8 9
6	**Accounting Date (month)**	Required	1	The month of the accounting date the transactions were entered on the Company books except for transactions reported under the quarterly reporting option where accounting month shall be the last month of the quarter being reported. Month requires a one-digit code: January through September, respectively October November December	 1-9 0 (zero) - &
7	**Accounting Date (year)**	Required	1	The year of the accounting date the transactions were entered on the Company books. Year requires a one-digit code: Fourth digit of the year	*numeric value*
8	**Inception Date (month)**	Required	1	The month of the inception date when a policy is coded; typically, the date on which coverage begins. Month requires a one-digit code: January through September, respectively October November December	 1-9 0 (zero) - &
9-10	**Inception Date (year)**	Required	2	The year of the inception date when a policy is coded; typically, the date on which coverage begins. Year requires a two-digit code: Third and Fourth digits of the year	*numeric value*

POSITION(S)	FIELD NAME	TYPE	LENGTH	STATISTICS	CODE
11	**Loss Date (month)**	Required	1	The month the loss occurred. Month requires a one-digit code: January through September, respectively October November December	1-9 0 (zero) - &
12-13	**Loss Date (year)**	Required	2	The year the loss occurred. Year requires a two-digit code: Third and Fourth digits of the year	*numeric value*
14-15	**Loss Date (day)**	Required	2	The day the loss occurred. Day requires a two-digit code: Day of loss date.	*numeric value*
16	**MGA Indicator**	Required	1	For Texas, the one-digit code assigned by ISO identifying a Manager General Agent (MGA). Otherwise, report blank.	*code*
17-18	**State Code**	Required	2	The state location of the risk. Refer to the Coding and Rules Section for coding and reporting instructions.	*code*
19-21	**Territory Code**	Required	3	The Territory Code of the insured location. For Texas Data, Territory Code is required For Other Than Texas, Territory Code is optional. For states that have adopted the ISO ZIP Code-based territories, report either the appropriate Territory Code, the Territory Identifier Code, or report this field blank (refer to the Territory Code Manual for state status and specific reporting instructions). Refer to the Coding and Rules Section for coding and reporting instructions.	*code*
22-23	**Type of Policy Code**	Required	2	The type of policy. Micro-Businessowners Coverage Form (BP 00 04 or company equivalent) Refer to the Coding and Rules Section for coding and reporting instructions.	85

POSITION(S)	FIELD NAME	TYPE	LENGTH	STATISTICS	CODE
24-26	Annual Statement Line of Business Code	Required	3	The Annual Statement Line of Business (ASLOB) to which the transaction was assigned, and its corresponding direct written premium booked to statutory Page 14 of the Annual Statement. See the Codes and Rules Section for the applicable (ASLOB) Codes.	*code*
27-29	Subline Code	Required	3	The code identifying the line of business. Businessowners (including Micro-Businessowners)	915
30-34	Classification Code	Required	5	The Classification Code based on the description of the risk and the basis of exposure specified. Classification Codes exclusive to Micro-Businessowners can be found in the Coding and Rules Section. Optionally, General Businessowners and General Liability (Sublines 334/336) Classifications can be reported if no Micro-Businessowners Classifications are suitable.	*code*
35-36	Coverage Code	Required	2	The type of coverage on a policy. Refer to the Coding and Rules Section for coding and reporting instructions.	*code*
37	Hours Worked Per Week	Required	1	The estimated total hours worked in an average week by the insured(s). Refer to the Coding and Rules Section for coding and reporting instructions.	*code*
38	Number of Employees	Required	1	The number of employees including owner. Refer to the Coding and Rules Section for coding and reporting instructions.	*code*
39	Radius of Operation	Required	1	The maximum miles traveled for work in an average week. Refer to the Coding and Rules Section for coding and reporting instructions.	*code*
40	Legal Form of Ownership	Required	1	Report the organized business structure. Corporation Individual Joint Venture Limited Liability Corporation (LLC) Partnership Other Unknown	 1 2 3 4 5 6 U

POSITION(S)	FIELD NAME	TYPE	LENGTH	STATISTICS	CODE
41-45	Deductible / Retention Amount	Required	5	The actual deductible / retention amount applicable to the transaction being reported. Identifies the actual deductible / retention amount applicable to the transaction. It must be reported, right justified, with leading zeros, in dollars in positions 41-45. If there is no deductible, report 00000. For deductibles greater than 99,999 report 99999.	*numeric value*
46	Terrorism Coverage Code	Required	1	Identifies all coverages associated with acts of terrorism. Refer to the Coding and Rules Section for coding and reporting instructions.	*code*
47-48	Reserved for ISO Use	Required	2	Blank field.	*blank*
49-53	Liability Limits (Per Aggregate)	Required	5	The Liability Limit coverage per aggregate. Refer to the Coding and Rules Section for coding and reporting instructions.	*numeric value*
54-58	Liability Limits (Per Occurrence)	Required	5	The Liability Limit coverage per occurrence. Refer to the Coding and Rules Section for coding and reporting instructions.	*numeric value*
59-60	Transaction ID	Required	2	For Texas, the different types of premium transactions, such as endorsements, cancellations, renewals, salvage and subrogation, etc. This field is applicable to Texas reporters only. For Other than Texas report blank. Refer to the Coding and Rules Section for coding and reporting instructions.	*code*
61	Liability Form Code	Required	1	The Liability Form Code for Coverage Code M2, M3, M4 and M5. Claims Made Coverage - basic - with retroactive date Occurrence Coverage Claims Made Coverage - basic - no retroactive date	 1 3 4
62	Entry into Claims-Made Program (month)	Required	1	The month of entry into the Claims-Made Program as used in determining the applicable Claims-Made Rate. **Month requires a one-digit code:** January through September, respectively October November December For Claims-Made Supplemental Extended Reporting Periods records, the initial date of entry into the Claims-Made Program shall be reported and not the effective date of the Supplemental Extended Reporting Period.	 1-9 0 (zero) - &

POSITION(S)	FIELD NAME	TYPE	LENGTH	STATISTICS	CODE
63-64	**Entry into Claims-Made Program (year)**	Required	2	The year of entry into the Claims-Made Program as used in determining the applicable Claims-Made Rate. Year requires a two-digit code: Third and Fourth digits of the year For Claims-Made Supplemental Extended Reporting Periods records, the initial date of entry into the Claims-Made Program shall be reported and not the effective date of the Supplemental Extended Reporting Period. For occurrence coverage report blank.	*numeric value*
65	**Receipt of Claims Notice (month)**	Required	1	The month of receipt of claims notice when: For all Liability claims, report the earlier of the two dates. Written claim for the injury is first made against the insured, or; The insured first gives written notice to the carrier of specific circumstances involving a particular person which may result in a claim for injury. Month requires a one-digit code: January through September, respectively October November December	1-9 0 (zero) - &
66-67	**Receipt of Claims Notice (year)**	Required	2	The year of receipt of claims notice when: For all Liability claims, report the earlier of the two dates. Written claim for the injury is first made against the insured, or; The insured first gives written notice to the carrier of specific circumstances involving a person which may result in a claim for injury Year requires a two-digit code: Third and Fourth digits of the year	*numeric value*
68	**Liability Exposure Indicator**	Required	1	The Liability Exposure for Liability-only records. Gross Sales Limit of Insurance Number of Employees Number of Hours per Week Payroll All Other * Code 9 may be used only with prior permission from ISO	1 2 3 4 5 9*

POSITION(S)	FIELD NAME	TYPE	LENGTH	STATISTICS	CODE
69	**Reserved for ISO Use**	Required	1	Blank field.	*blank*
70-71	**Type of Loss**	Required	2	The types or causes of loss. Refer to the Coding and Rules Section for coding and reporting instructions.	*code*
72	**Claim Count**	Required	1	The claim activity on a coverage basis. Refer to the Coding and Rules Section for coding and reporting instructions.	0, 1 or -1
73-77	**ZIP Code (Loss Location)**	Required	5	The five-digit ZIP code of the loss location.	*numeric value*
78-80	**Reserved for ISO Use**	Required	3	Blank field.	*blank*
81-87	**Exposure**	Required	7	It is essential that the greatest possible care be taken to have the exposures accurately recorded in the necessary detail. Full actual exposures must be reported with no adjustment for the term of the transaction. Exposures must be reported "right justified" with leading zeros. For example, an exposure of 12 shall be reported as 0000012 in positions 81 through 87. Refer to the Coding and Rules section for examples on the reporting of fixed and variable rating basis. See Rule 9. of the Common General Rules for instructions on the reporting of credit exposures.	*numeric value*
88-92	**ZIP Code (Insured Location)**	Required	5	The five-digit ZIP code of the insured location.	*numeric value*
93-95	**Reserved for ISO Use**	Required	3	Blank field.	*blank*

POSITION(S)	FIELD NAME	TYPE	LENGTH	STATISTICS	CODE
96-103	**Loss Amount**	Required	8	Total amount of loss in whole dollars (rounded to the nearest dollar). Any signed or unsigned numeric value from 00000000 $\pm$ to 99999999 $\pm$ is valid. Amounts should be reported right justified with leading zeroes. See Rule 9. of the Common General Rules for instructions on the reporting of negative amounts and signed and unsigned positive amounts. Rounding, when required, is to be accomplished by dropping 1 through 49 cents and by increasing or decreasing the dollar amount by 1 (depending on whether the amount is positive or negative) for 50 through 99 cents.	*numeric value*
104-115	**Loss Record Identification (Occurrence Identifier)**	Required	12	The occurrence identifier assigned to all the claims arising from a single occurrence. This field shall be reported using any combination of alphabetic and numeric characters, blanks or zeros. All blanks and/or zeros are not valid. It is imperative that the occurrence identifier be the same for all claims that arise from a single occurrence regardless of the type of loss. Claims arising out of different occurrences must have different occurrence identifiers.	*alpha numeric value*
116-117	**Loss Record Identification (Claim Identifier)**	Required	2	The claim identifier distinguishes claims that arise from a single occurrence. Use any combination of alphabetic and numeric characters in the two-digit claim identifier field. The use of a combination of alphabetic and numeric characters will allow for reporting of multiple claims in a single occurrence up to a limit of 1,295. You may report a blank in the left position of this two-digit field. You may report a blank in the right position of this two-digit field if the occurrence involves less than 10 claims.	*alpha numeric value*

POSITION(S)	FIELD NAME	TYPE	LENGTH	STATISTICS	CODE
118-130	**Premium Record Identification**	Required	13	The unique code that identifies all premium and loss records pertaining to a single policy. Reporting of this field is mandatory for all states. For Other Than Texas, report the policy number or any other alphanumeric identification as significant digits which will make it possible to locate all records pertaining to a single policy. It must be unique to a particular policy and must be the same on all records for a particular policy. The matching of records originating from the same policy can become essential in our role as statistical agent on a company's behalf, including monitoring of data quality and the fulfillment of certain regulatory audit requirements. For Texas, report the policy identifier. Valid codes are any alphanumeric string that uniquely identifies the policy.	*alpha numeric value*
131-150	**Positions for Company Use**	Optional	20	This field is for company use only and may be reported blank or may contain any alphanumeric combination that suits the individual carrier's purposes.	*alpha numeric value*

ACCOUNTING DATE

1. **Field Description**

   The accounting month and year the transactions were entered on the Company books except for transactions reported under the quarterly reporting option where accounting month shall be the last month of the quarter being reported. All transactions that occur during an accounting period are reported according to an insurer's eligibility designation.

2. **Field Positions**

RECORD TYPE	FIELD	POSITION
Premiums	Accounting Date – Month	6
Premiums	Accounting Date – Year	7
Losses	Accounting Date – Month	6
Losses	Accounting Date – Year	7

3. **Accounting Date – Month**

   Month requires a one-digit code.

   When reporting the month of the accounting date, use the values 1–9 to represent the months January through September respectively, the value 0 (zero) to represent the month of October, "–" to represent the month of November and "&" to represent the month of December.

MONTH	CODE
January	1
February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	0 (zero)
November	–
December	&

4. **Accounting Date – Year**

   Year requires a one-digit code.

   When reporting the year of the accounting date, use the fourth digit of the year only.

YEAR	CODE
4th digit of the year	*numeric value*

ANNUAL STATEMENT LINE OF BUSINESS (ASLOB) CODE

1. **Field Description**

   The code identifies the Annual Statement Line of Business to which the transaction was financially booked and its corresponding direct written premium on statutory Page 14 of the Annual Statement.

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	ASLOB Code	24–26
Losses	ASLOB Code	24–26

3. **Annual Statement Line of Business Code**

ANNUAL STATEMENT LINE	CODE
Fire	010
Allied Lines, including Glass	021
Private Flood	025
Farmowners Multiple Peril	030
Commercial Multiple Peril (Non-Liability portion)*	051
Commercial Multiple Peril (Liability portion)*	052
Inland Marine	090
Medical Professional Liability	110
Earthquake	120
Workers' Compensation (Employers' Liability and Voluntary Compensation only)	160
Other Liability – Occurrence (excluding Products Liability and Excess Workers' Compensation)	171
Other Liability – Claims Made (excluding Products Liability and Excess Workers' Compensation)	172
Excess Workers' Compensation	173
Products Liability	180
Private Passenger Auto No-Fault	191
Other Private Passenger Auto Liability	192
Commercial Auto No-Fault	193
Other Commercial Auto Liability	194
Private Passenger Auto Physical Damage	211
Commercial Auto Physical Damage	212
Fidelity	230
Burglary and Theft	260
Boiler and Machinery	270
Warranty	300
Aggregate write-ins for other lines of business	340

ANNUAL STATEMENT LINE OF BUSINESS (ASLOB) CODE (Cont.)

4.   Note(s)

* Commercial Multiple Peril may optionally be reported with code 050 for indivisible premium only. Divisible premium should be accurately reported utilizing codes 051 and 052.

For Texas data, only the following Annual Statement Line of Business Codes are valid: 010, 021, 025, 030, 051, 052, 090, 110, 171, 172, 173, 180, 193, 194, 212, 260, 270, 300 or 340.

CLAIM COUNT

1. **Field Description**

   An indicator for reporting claim activity on a coverage basis.

   For each claimant, only one claim is expected for each coverage.

   If several loss payments are made to the same claimant, the claim count should be coded on only one record (not on all of the loss records). The claim can be entered on any chosen transaction.

2. **Field Positions**

RECORD TYPE	FIELD	POSITION
Losses	Claim Count	72

3. **Claim Count**

   Report the appropriate claim count value 0, 1, or -1.

   The following rules apply to Micro-Businessowners in the Businessowners module:

   a. Cases to be counted as claims must only be those in connection with which a loss payment has been made or a loss reserve established. A case must not be counted as a claim if it involves only loss adjustment expense.

   b. A claim closed without a loss payment must not be counted as a claim.

   c. A claim partly paid and partly outstanding can carry the claim count either in a paid or outstanding loss record.

   d. A case involving a loss payment or the establishment of a loss reserve under two or more coverages or types of loss must be counted as a claim for each such loss under each coverage or type of loss.

   e. Salvage and subrogation (not reinsurance) must be reported as a credit to the claim count only if the recovery is the total cost of the claim reported under that statistical record.

   f. A claim on which more than one payment is made must only be counted once.

   g. In the case of a loss involving two or more claims, each claim must be counted and reported separately.

   h. A claim for Bodily Injury loss and claims for care and loss of services arising out of the same injury must be counted as one claim.

CLAIM COUNT	CODE
Claim count value	0, 1, or -1

CLAIM IDENTIFIER

1.   **Field Description**

The number assigned to the claim by the insurer to uniquely identify that claim arising from a single occurrence.

2.   **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Losses	Claim Identifier	116-117

3.   **Claim Identifier**

This field shall be reported using any combination of alphabetic and numeric characters in the two-digit claim identifier field. The use of a combination of alpha and numeric characters will allow for reporting of multiple claims in a single occurrence up to a limit of 1,295.

CLAIM IDENTIFIER	CODE
Two-digit combination of alpha and numeric characters	*alphanumeric value*

CLASSFICATION CODES

1. **Field Description**

   Classification Code based on the description of the risk and the basis of exposure specified.

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Classification Code	30-34
Losses	Classification Code	30-34

3. **Classification Codes**

DESCRIPTION	CLASS CODE
Artisan Manufacturing (Retail Sales)	
Baking	78407
Clothing and Accessories	78411
Gifts and Home Décor	78433
Jewelry	78446
Pet Supplies	78463
Direct Retail Sales	
Art Dealers	78404
Clothing and Accessories	78412
Consignment Shops	78417
Cosmetics	78419
Gifts and Home Décor	78434
Grocery Specialties	78438
Jewelry	78444
Pet Supplies	78464
Snacks or Non-alcoholic Drinks	78472

CLASSIFICATION CODES (Cont.)

3.   **Classification Codes**

DESCRIPTION	CLASS CODE
Online Retail Sales	
Clothing and Accessories	78413
Consignment Shops	78418
Cosmetics	78420
Gifts and Home Décor	78435
Grocery Specialties	78439
Jewelry	78445
Pet Supplies	78465
Service	
Accounting Services	78400
Acting or Musicians, Freelance	78401
Appraisal Services	78402
Aquarium Cleaning Services	78403
Artist, Freelance	78405
Auctioneer, Independent	78406
Building Inspections	78408
Catering	78409
Clothing Alterations	78410
Coffee Cart Services	78414
Computer Repair	78415
Concession Stand Food Contractor	78416
Data Entry Services	78421
Dietitian	78422
Disc Jockey	78423
Document Preparation Services	78424
Drafting	78425
Editorial Services	78426
Estate Sale Management	78427
Event Performance, Freelance	78428
Event Planning	78429
Fitness Instruction	78430
Furniture Repair	78431

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CLASSIFICATION CODES (Cont.)

3.   **Classification Codes**

DESCRIPTION	CLASS CODE
Service	
Genealogy Investigation	78432
GIS and Mapping Services	78436
Graphic Design Services	78437
Hair Services	78440
House Cleaning	78441
House Sitting	78442
Interior Design Services	78443
Job Recruiter	78447
Key Duplication	78448
Language Instruction	78449
Lawn and Yard Maintenance (No pesticide or herbicide applications)	78450
Life/Career Coaching	78451
Local Delivery	78452
Locksmith	78453
Makeup Services	78454
Marketing and Social Media Services	78455
Masseuse (Licensed)	78456
Music Lessons	78457
Office Machine Repair	78458
Personal Concierge/Assistant	78459
Personal Organization	78460
Personal Shopping	78461
Pet Grooming	78462
Pet Walking and Sitting	78466
Photo Booth Rental	78467
Photography	78468
Resumé Writing Services	78470
Shoe Shine and Repair	78471
Sports Coach (Amateur)	78473

CLASSIFICATION CODES (Cont.)

3. **Classification Codes**

DESCRIPTION	CLASS CODE
Service	
Taxidermist	78474
Translation or Interpretation Services	78475
Travel Planning	78476
Tutoring and Exam Prep	78477
Watch and Jewelry Repair	78478
Wedding Officiant	78479
Window Display Decorating	78480
Writing, Freelance	78481
Yoga Instruction	78482

4. **Note(s)**

Risks for which no Micro-Businessowners Classification Codes are suitable, must be identified and reported with the appropriate Businessowners or General Liability (Subline 334/336) Classification Codes.

COMPANY NUMBER

1.   **Field Description**

The unique four-digit numeric code identifying a participating insurer's data submission. A company's statistical reporting number is assigned by ISO at the time of participation.

2.   **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Company Number	1–4
Losses	Company Number	1–4

3.   **Company Number**

COMPANY NUMBER	CODE
Four-digit number assigned by ISO	*numeric value*

COVERAGE CODE

1.   **Field Description**

      The code identifies the type of coverage on a policy.

2.   **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Coverage Code	35-36
Losses	Coverage Code	35-36

3.   **Coverage Code**

DESCRIPTION	CODE
BASE COVERAGES:	
Micro-Businessowners **Property Coverage** Only **(BP 00 04)**	M1
Micro-Businessowners **Liability Coverage** Only **(BP 00 04)**	
Medical Limit - $5,000 Per Person	M2
Medical Limit - $10,000 Per Person	M3
Medical Limit - All Other Limits	M4
ALL OTHER RECORDS - Optional Coverages and Endorsements **	
Professional Liability **(BP 22 02)**	M5
Electronic Data (Property)	M6
Damages to Premises Rented to You	M7
RETAIL ENDORSEMENTS (BP 20 01):	
Stock Coverage	M8
Additional Insured	M9
SERVICE ENDORSEMENTS (BP 20 02):	
Property of Others	MA
Additional Insured	MB
Key and Lock	MC
Reward Payment	MD
All Other Coverages	ME
All Other Property (Texas only)	MF
All Other Liability (Texas only)	MG

continues to next page…

COVERAGE CODE (Cont.)

4.   Note(s)

** For Other Than Base Coverages, Coverage Codes M5, M6, M7, M8, M9, MA, MB, MC, MD, ME, MF, and MG

Report only the following fields: Company/Group Number, Accounting Month and Year, Transaction Type, Inception Month and Year, Transaction Effective Month and Year, Loss Date, Transaction Expiration Month and Year, State, Territory, Type of Policy, Annual Statement Line, CSP subline, Classification, Coverage, Hours per week, Number of Employees, Radius of Operation, Legal Form of Ownership, Rating Modification Factor, Deductible Amount, Exposure, Premium/Loss Amount, ZIP Code (Insured Location), ZIP Code (Loss Location), Premium/Loss Record Identification, Terrorism Coverage Code, Type of Loss, Claim Count.

For Coverage Code ME, MF, and MG Exposure is optional.

For Coverage Codes M2-M5 only, Liability Form Code is also required.

For Coverage Codes M2-M5, M7, M9 and MB, Liability Exposure Indicator Code and Liability Limits are also required.

For Coverage Codes MF and MG (Texas only), Transaction ID, Transaction Effective/Expiration Date, MGA Code and Individual Risk Rating Modification are also required.

For Coverage Code MG (Texas only), reporting of Liability Limits is required and reporting of Liability Exposure Indicator Code is optional.

DEDUCTIBLE / RETENTION AMOUNT

1.   **Field Description**

The code identifies the actual deductible amount applicable to the transaction being reported.

2.   **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Deductible Amount	41-45
Losses	Deductible Amount	41-45

3.   **Description**

DEDUCTIBLE AMOUNT	CODE
Actual Deductible Amount	*numeric value*

4.   **Note(s)**

For Coverage Codes M1, report the actual **property** deductible amount, right justified with leading zeros.
1.   For Full coverage, report zeros.
2.   For percentage deductible, the dollar amount of the deductible rather than the percentage shall be reported.

For Coverage Codes M2 - M5, report the specific **liability** deductible amount, right justified with leading zeros.
1.   For Full coverage, report zeros.
2.   For percentage deductible, the dollar amount of the deductible rather than the percentage shall be reported.

The Coverage Code M8, report the Theft deductible applicable to Stock Coverage.

For Texas data, deductible is required.

ENTRY INTO CLAIMS-MADE PROGRAM

1. **Field Description**

   The month and year of entry into the Claims-Made program as used in determining the applicable Claims-Made Rate.

   Entry into Claims-Made is required for Coverage Code M5 only.

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premium	Month	62
Premium	Year	63-64
Losses	Month	62
Losses	Year	63-64

3. **Entry into Claims-Made – Month**

   Month requires a one-digit code.

   When reporting the month of the loss date, use the values 1–9 to represent the months January through September respectively, the value 0 (zero) to represent the month of October, "–" to represent the month of November and "&" to represent the month of December.

MONTH	CODE
January	1
February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	0 (zero)
November	–
December	&

4. **Entry Into Claims-Made – Year**

   Year requires a two-digit code.

   When reporting the year of the loss date, use the third and fourth digits of the year only.

YEAR	CODE
3rd and 4th digits of the year	*numeric value*

EXPOSURE

1. **Field Description**

    Report the exposures and exposure base as used in rating risk.

    Exposure is required for all Premium and Loss Records for all Micro-Businessowners Property and Liability Coverage Codes.

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Exposure	81-87
Losses	Exposure	81-87

3. **Property Coverages**

    Exposure is required for all Micro-Businessowners Premium and Loss Records. For Property Coverages report the Limit of Insurance to the nearest hundred dollars of coverage.

    Exposure is required for Coverage Codes M1, M6, M8, MA, MC, MD and Optional for Coverage Code ME.

    For Texas data, reporting of Exposure is optional for Coverage Code MF.

    Examples:

LIMIT OF INSURANCE	POLICY TERM	ENDORSEMENT TERM	EXPOSURE TO BE REPORTED
$50,000	1 Year		0000500
$50,000	3 Months		0000500
$50,000	3 Years		0000500
$50,000		3 Months	0000500

    Liability Coverages

    For Micro-Businessowners Coverage Codes M2 - M5, M7, M9, MB, report the appropriate exposure.

    For Texas data, reporting of Exposure is optional for Coverage Code MG.

    Examples:

EXPOSURE BASIS	REPORTING BASIS	EXPOSURE AMOUNT FOR THE TERM OF THE TRANSACTION	TERM OF TRANSACTION	EXPOSURE TO BE REPORTED
Gross Sales / Payroll	Thousands	$385,622	1 year	0000386
Gross Sales / Payroll	Thousands	$385,622	3 months	0000386
Limit of Insurance	Hundreds	$85,622	1 year	0000856
Limit of Insurance	Hundreds	$85,622	3 months	0000856

4. **Note(s)**

    Refer to the Businessowners Exposure instructions and the applicable Exposure Notes section for exposure bases for other than Micro-Businessowners classifications.

    For **Cancellations** instructions please refer to the Businessowners Exposures Coding section on CSP page BP-78.1.

HOURS WORKED PER WEEK

1.   **Field Description**

The code identifies the estimated total hours worked in an average week by the insured(s).

2.   **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Hours Worked Per Week	37
Losses	Hours Worked Per Week	37

3.   **Hours Per Week**

HOURS WORKED PER WEEK	CODE
0-5	A
6-10	B
11-20	C
21-30	D
31-40	E
41-50	F
51-60	G
61-70	H
71-80	J
81 or more	H
Unknown	U

4.   **Note(s)**

The number of hours worked per week represents the hours worked by the owner only. When there is more than one owner (co-owners), the number of hours worked per week should represent the total hours worked per week of all owners.

INCEPTION DATE

1. **Field Description**

   The month and year of the inception date when the policy / endorsements are coded; typically, the date on which coverage begins.

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Inception Date – Month	8
Premiums	Inception Date – Year	9-10
Losses	Inception Date – Month	8
Losses	Inception Date – Year	9–10

3. **Inception Date – Month**

   Month requires a one-digit code.

   When reporting the month of the inception date, use the values 1–9 to represent the months January through September respectively, the value 0 (zero) to represent the month of October, "–" to represent the month of November and "&" to represent the month of December.

MONTH	CODE
January	1
February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	0 (zero)
November	–
December	&

4. **Inception Date – Year**

   Year requires a two-digit code.

   When reporting the year of the inception date, use the third and fourth digits of the year only.

YEAR	CODE
3rd and 4th digits of the year	*numeric value*

INDIVIDUAL RISK RATING MODIFICATION FACTOR

1. **Field Description**

    For Texas only.

    The Individual Risk Rating Modification Factor reflects the composite effect of all individual risk rating adjustments based on judgement rather than explicit formula and is reported as a percentage of the unmodified premium.

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Individual Risk Rating Modification Factor	78–80

3. **Individual Risk Rating Modification**

    The factor should be rounded to two decimal places for reporting. If no modification is applicable, report 100.

    Example:

INDIVIDUAL RISK PREMIUM MODIFICATION	INDIVIDUAL RATING MODIFICATION FACTOR	CODE
None	None	100
−20%	. 80	080
+15%	1.15	115

LEGAL FORM OF OWNERSHIP

1.   **Field Description**

The code identifies the business structure.

2.   **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Legal Form of Ownership	40
Losses	Legal Form of Ownership	40

3.   **Types of business**

Definitions	CODE
Corporation	1
Individual	2
Joint Venture	3
Limited Liability Corporation (LLC)	4
Partnership	5
Other	6
Unknown	U

LIABILITY EXPOSURE INDICATOR CODE

1. **Field Description**

   The code identifies the appropriate Liability Exposure Basis.

   Applicable to Liability Coverage Codes M2 - M5, M7, M9 and MB only.

   For Texas, Liability Exposure Indicator Code is optional for Coverage Code MG (All Other Liability).

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Liability Exposure Indicator	77
Losses	Liability Exposure Indicator	68

3. **Liability Exposure Basis**

Exposure Basis	CODE
Gross Sales	1
Limit of Insurance	2
Number of Employees	3
Number of Hours per Week	4
Payroll	5
All Other	9*

4. **Note(s)**

   * Code 9 may be used only with prior permission from ISO.

LIABILITY FORM CODE

1. **Field Description**

   The code identifying the type of liability form.

   Report the Liability Form Code for Coverage Codes M2, M3, M4 and M5 only.

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Liability Form	61
Losses	Liability Form	61

3. **Liability Form**

DESCRIPTION	CODE
Claims Made Coverage - basic - with retroactive date	1
Occurrence Coverage	3
Claims Made Coverage - basic - no retroactive date	4

LIABILITY LIMITS
(Per Occurrence)

1.   **Field Description**

Identifies the Per Occurrence Liability Limits coverage amounts.

Report the Occurrence Liability Limits for Coverage Codes M2-M5, M7, M9, MB and MG only.

2.   **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Liability Limit (Per Occurrence)	54-58
Losses	Liability Limit (Per Occurrence)	54-58

3.   **Liability Limits**

Report the appropriate Occurrence Liability Limit dollar amount in thousands, right justified, with leading zeros.

If there is no Occurrence Liability Limit report the Aggregate Liability Limit in both the Occurrence and Aggregate Liability Limit fields.

Examples:

LIMITS AMOUNT	LIABILITY LIMITS
$86,600	00087
$300,000	00300
$500,000	00500
$1,000,000	01000
$99,999,999 and over	99999

LIABILITY LIMITS
(Per Aggregate)

1.   **Field Description**

Identifies the Per Aggregate Liability Limits coverage amounts.

Report the Aggregate Liability Limits for Coverage Codes M2-M5, M7, M9, MB and MG only.

2.   **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Liability Limit (Per Aggregate)	49-53
Losses	Liability Limit (Per Aggregate)	49-53

3.   **Liability Limits**

Report the appropriate Aggregate Liability Limit dollar amount in thousands, right justified, with leading zeros.

If there is an Occurrence Liability Limit but no Aggregate Liability Limit, report 99999 in positions 49-53.

Examples:

LIMITS AMOUNT	LIABILITY LIMITS
$86,600	00087
$300,000	00300
$500,000	00500
$1,000,000	01000
$99,999,999 and over	99999

LOSS AMOUNT

1. **Field Description**

   The amount of the loss rounded to the nearest dollar.

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Losses	Loss Amount	96–103

3. **Loss Amount**

LOSS AMOUNT	CODE
The amount of the loss	*numeric value*

LOSS DATE

1. **Field Description**

   The date on which the loss occurred.

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Losses	Loss Date – Month	11
Losses	Loss Date – Year	12–13
Losses	Loss Date – Day	14–15

3. **Loss Date – Month**

   Month requires a one-digit code.

   When reporting the month of the loss date, use the values 1–9 to represent the months January through September respectively, the value 0 (zero) to represent the month of October, "–" to represent the month of November and "&" to represent the month of December.

MONTH	CODE
January	1
February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	0 (zero)
November	–
December	&

4. **Loss Date – Year**

   Year requires a two-digit code.

   When reporting the year of the loss date, use the third and fourth digits of the year only.

YEAR	CODE
3rd and 4th digits of the year	*numeric value*

5.   **Loss Date – Day**

The day the loss occurred.

Day requires a two-digit code.

DAY	CODE
Day loss occurred.	*numeric value*

MANAGING GENERAL AGENTS (MGA) INDICATOR

1.   **Field Description**

For Texas only.

The one-digit code assigned by ISO identifying a Managing General Agent (MGA).

2.   **Field Positions**

RECORD TYPE	FIELD	POSITION
Premiums	MGA Indicator	76
Losses	MGA Indicator	16

3.   **MGA Indicator**

MGA INDICATOR	CODE
One-digit code assigned by ISO	*code*

NUMBER OF EMPLOYEES

1.   **Field Description**

The code identifies the number of employees (including owner).

2.   **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Number of Employees	38
Losses	Number of Employees	38

3.   **Number of Employees**

Definitions	CODE
One	1
Two	2
Three	3
Four	4
Five	5
Six	6
Seven	7
Eight	8
Nine or more	9
Unknown	U

4.   **Reporting Examples:**
   - The owner has no employees, report code 1.
   - The owner has one employee other than themselves, report code 2.
   - The owner has ten employees, report code 9.

OCCURRENCE IDENTIFIER

1. **Field Description**

   The identifier assigned to all the claims arising from a single occurrence.

   It is imperative that the occurrence identifier be the same for all claims that arise from a single occurrence regardless of the type of loss. Claims arising out of different occurrences must have different occurrence identifiers.

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Losses	Occurrence Identifier	104-115

3. **Occurrence Identifier**

   This field shall be reported using any combination of alphabetic and numeric characters, blanks or zeros.
   Blanks and/or all zeros are not valid.

OCCURRENCE IDENTIFIER	CODE
Identifier assigned to all the claims arising from a single occurrence	*alphanumeric value*

PREMIUM AMOUNT

1.   **Field Description**

Total premium reported in whole dollars.

2.   **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Premium Amount	96–103

3.   **Premium Amount**

TYPE OF POLICY PREMIUM	CODE
Premium Charge	*numeric value*

PREMIUM RECORD IDENTIFICATION

1. **Field Description**

   The unique code identifying all premium and loss records pertaining to a single policy.

   This field **must** be the same on all premium and loss records for a particular policy.

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Premium Record ID	118–130
Losses	Premium Record ID	118–130

3. **Premium Record ID**

   For all states Other Than Texas:

   Report the policy number or any other alphanumeric identification as significant digits which will make it possible to locate all premium and loss records pertaining to a single policy.

PREMIUM RECORD ID	CODE
Unique code identifying all premium and loss records pertaining to a single policy	*alphanumeric*

   For Texas:

   Report the policy identifier. Valid codes are any alphanumeric string that uniquely identifies the policy.

POLICY IDENTIFIER	CODE
Alphanumeric string which uniquely identifies the policy	*alphanumeric*

RADIUS OF OPERATION

1. **Field Description**

   The code identifies the maximum miles traveled for regular operations in a week.

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Radius of Operation	39
Losses	Radius of Operation	39

3. **Number of miles**

Definitions	CODE
0-9 miles	1
10-19	2
20-29	3
30-39	4
40-49	5
50-74	6
75-99	7
100-149	8
150-199	9
200 miles or greater	A
Unknown	U

RATING MODIFICATION FACTOR

1.   **Field Description**

The rating modification factor reflects the combined effect on reported premium of the Individual Risk Premium Modifications, Schedule rating modifications or similar modifications, Expense modifications or similar modifications.

2.   **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Rating Modification Factor	88-90

3.   **Rating Modification Factor**

The three-digit factor, rounded to two decimal places. If no modification is applicable, report 100.

Example:

INDIVIDUAL RISK PREMIUM MODIFICATION OR SCHEDULE RATING MODIFICATION	EXPENSE MODIFICATION	TOTAL RATING MODIFICATION FACTOR	CODE
None	None	None	100
None	-10.5%	.895	090
−5%	-10.5%	.850	085

4.   **Note(s)**

For Texas data, the total rating modification factor should include the Individual Risk Rating Modification Factor, if applicable.

RECEIPT OF CLAIMS NOTICE

1. **Field Description**

   The date the injured party's claim is received and recorded by the insured or insurer, whichever is first.

   This is applicable for Coverage Codes M2-M5, M7, M9 and MB.

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Losses	Receipt of Claims Notice – Month	65
Losses	Receipt of Claims Notice – Year	66-67

3. **Receipt of Claims Notice - Month**

   Month requires a one-digit code.

   When reporting the month of the claim date, use the values 1–9 to represent the months January through September respectively, the value 0 (zero) to represent the month of October, "–" to represent the month of November and "&" to represent the month of December.

MONTH	CODE
January	1
February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	0
November	–
December	&

4. **Receipt of Claims Notice – Year**

   Year requires a two-digit code.

   When reporting the year of the Receipt of Claims Notice date, use the third and fourth digits of the year only.

YEAR	CODE
3rd and 4th digits of the year	*numeric value*

CODING AND RULES SECTION

BUSINESSOWNERS
MICRO-BUSINESSOWNERS

STATE CODE

1. **Field Description**

The code identifies the State of the location of the risk.

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	State Code	17–18
Losses	State Code	17–18

3. **State Code**

STATE	CODE
Alabama	01
Alaska	54
Arizona	02
Arkansas	03
California	04
Colorado	05
Connecticut	06
Delaware	07
District of Columbia	08
Florida	09
Georgia	10
Hawaii	52
Idaho	11
Illinois	12
Indiana	13
Iowa	14
Kansas	15
Kentucky	16
Louisiana	17
Maine	18
Maryland	19
Massachusetts	20
Michigan	21
Minnesota	22

STATE CODE (Cont.)

3. **State Code**

STATE	CODE
Mississippi	23
Missouri	24
Montana	25
Nebraska	26
Nevada	27
New Hampshire	28
New Jersey	29
New Mexico	30
New York	31
North Carolina	32
North Dakota	33
Ohio	34
Oklahoma	35
Oregon	36
Pennsylvania	37
Puerto Rico	58
Rhode Island	38
South Carolina	39
South Dakota	40
Tennessee	41
Texas	42
Utah	43
Vermont	44
Virginia	45
Washington	46
West Virginia	47
Wisconsin	48
Wyoming	49

SUBLINE CODE

1. **Field Description**

   The code identifying the line of business.

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Subline Code	27–29
Losses	Subline Code	27–29

3. **Subline Code**

SUBLINE	CODE
Businessowners (which includes Micro-Businessowners)	915

TERRITORY CODE

1. **Field Description**

   The code identifying the territory of the insured location.

   For Texas data, Territory Code is required.

   For Other than Texas, Territory Code is optional.

   For states that have adopted the ISO ZIP Code-based territories, report either the appropriate Territory Code, the Territory Identifier Code, or report this field blank (refer to the Territory Code Manual for state status and specific reporting instructions).

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Territory Code	19-21
Losses	Territory Code	19-21

3. **Territory Code**

DESCRIPTION
The state and Territory Codes appear in the Territory Code Manual (TCM). The Territory Identifier Codes are displayed, by state, in the Commercial Lines Manual (CLM) – Businessowners Section. These codes shall be applied as follows:
1. State Code – Represents the State Code applicable to the location of the risk.
2. Territory Code – Represents the Territory Code applicable to the territory used in determining the rates/loss costs for Businessowners.
3. Territory Identifier* – For states that have adopted the ISO ZIP Code-based territories, this represents the Territory Identifier Code applicable to the territory used in determining the rates/loss costs for Businessowners.

4. **Note(s)**

   * Refer to the Territory Code Manual (TCM) – Businessowners Section for a list of states, which have approved the ZIP Code-based territories, and Territory Identifier reporting instructions.

TERRORISM COVERAGE CODE

1. **Field Description**

   The code identifying all coverage associated with acts of terrorism.

   In situations where terrorism coverage is purchased in accordance with the Terrorism Risk Insurance Program Reauthorization Act of 2015 OR if optional coverage for acts of terrorism not covered under the federal program is purchased separately, a separate record is required to identify premiums and losses associated with the terrorism coverage using the appropriate Terrorism Coverage Code.

2. **Field Positions**

RECORD TYPE	FIELD	POSITION
Premiums	Terrorism Coverage Code	46
Losses	Terrorism Coverage Code	46

3. **Terrorism Coverage Code**

   Underlying Policy:

   Certified acts of terrorism coverage refer to coverage provided under the federal Terrorism Risk Insurance Program Reauthorization Act of 2015. **Non-certified** coverage refers to any coverage falling outside of the federal plan.

Is coverage for **non-certified** acts of terrorism included in the underlying? (i.e., not reported separately with a code "8")	Is coverage for **certified** acts of terrorism included in the underlying at no additional premium charge?	CODE
YES	NO	1
NO	NO	2
YES	YES	3
NO	YES	4

   Separate Terrorism Coverage / Endorsement:

   A separate record is required to identify premiums associated with Terrorism Coverage apart from those associated with coverages in the underlying policy. In Standard Fire Policy (SFP) states, premiums charged for statutory fire following coverage for certified acts of terrorism in situations where an insured rejected full certified-acts coverage should also be separately reported.

TERRORISM COVERAGE	CODE
Coverage provided for acts of terrorism certified under the Terrorism Risk Insurance Program Reauthorization Act of 2015	7*
All Other terrorism coverage (for terrorism coverage not provided under the federal program – i.e., non-certified)	8

   * Companies that provide coverage under the Terrorism Risk Insurance Program Reauthorization Act of 2015 for no additional premium may report this coverage to ISO by following reporting instructions and placing zeros in the premium amount field(s) on the record. In Standard Fire Policy (SFP) states, premium charged for statutory fire following coverage for certified acts of terrorism in situations where an insured rejected full certified-acts coverage should also be separately reported.

TERRORISM COVERAGE CODE (Cont.)

4. **Note(s)**

Terrorism Coverage Options

The Terrorism Risk Insurance Program Reauthorization Act of 2015 sets forth additional options for the coverage of acts of terrorism and the reporting of premium and losses for these acts of terrorism. The purpose of the Terrorism Coverage Code field is to separate all additional premium charged for terrorism coverage from the underlying policy premium (premium records) as well as to attribute resultant terrorism losses to the proper responding coverage (loss records). Follow these rules when coding your data:

- Any premium charged for or loss attributable to coverage for an act of terrorism certified under the Terrorism Risk Insurance Program Reauthorization Act of 2015 must be reported as a separate record using Terrorism Coverage Code "7".

  Companies that provide coverage under the Terrorism Risk Insurance Program Reauthorization Act of 2015 for no additional premium may report Terrorism Coverage Code 7 by following the applicable reporting instructions and placing zeros in the premium amount field(s) on the record.

- If coverage is provided under the Terrorism Risk Insurance Program Reauthorization Act of 2015 at no additional premium charge, this may be indicated by either 1) reporting the proper Terrorism Coverage Code (either "3" or "4") on the underlying record(s) to represent federal certified acts coverage provided for no additional charge or 2) reporting a record to ISO coded with a Terrorism Coverage Code "7" in full required detail with zeros reported in the premium amount field and coding the underlying premium as a code "1" or "2". Any attributable certified terrorism loss for either of these scenarios would be coded with the same Terrorism Coverage Code as the associated premium record.

- Conversely, any premium charged for or loss attributable to a coverage for terrorism other than that which is certified under the federal program should be coded either as a separate terrorism coverage record (using code "8" if the premium is separately developed and reportable) OR reported together with the underlying policy coverage (using code "1" or "3" if the premium is not separately developed and reportable). If non-certified acts of terrorism coverage exist at no additional premium charge, all underlying records would be coded with a "1" or "3".

- If non-certified terrorism coverage is not provided as part of the underlying policy (either because non-certified terrorism coverage is provided separately or because non-certified terrorism coverage is excluded on the underlying policy), then Terrorism Coverage Code "2" or "4" is to be reported on all underlying policy premium and loss records.

A reporting example could be a policy that includes coverage for acts of terrorism certified under the federal program for an additional premium which also includes coverage for non-certified acts at no additional premium. In this example, the terrorism premium charged for the certified acts of terrorism along with any of the resultant losses would be reported with Terrorism Coverage Code "7". The underlying policy, however, would be reported with a code "1".

One policy may produce records with up to three different Terrorism Coverage Codes. For example, a policy that contains coverage for terrorism under the Terrorism Risk Insurance Program Reauthorization Act of 2015 and additional coverage for acts of terrorism not covered under the Act (with a separate premium charge) would use codes "7" and "8" respectively to identify the premium and resultant losses on those records. The underlying policy records in this example would be reported with Terrorism Coverage Code "2".

TRANSACTION EFFECTIVE DATE

1.   **Field Description**

The effective date of the transaction. The date represents the time period of the coverage. The date can reflect either a new policy or activity, such as an endorsement or cancellation, on a policy in effect.

For cancellation, the transaction effective date is the cancellation date.

2.   **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Transaction Effective Date – Month	11
Premiums	Transaction Effective Date – Year	12–13

3.   **Transaction Effective Date – Month**

Month requires a one-digit code.

When reporting the month of the transaction effective date, use the values 1–9 to represent the months January through September respectively, the value 0 (zero) to represent the month of October, "–" to represent the month of November and "&" to represent the month of December.

MONTH	CODE
January	1
February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	0 (zero)
November	–
December	&

4.   **Transaction Effective Date – Year**

Year requires a two-digit code.

When reporting the year of the transaction effective date, use the third and fourth digits of the year only.

YEAR	CODE
3rd and 4th digits of the year	*numeric value*

TRANSACTION EFFECTIVE DAY

1.   **Field Description**

For Texas only.

The effective day of the transaction. This is part of the Transaction Effective Date field where the date represents the time period of the coverage. The date can reflect either a new policy or activity, such as an endorsement or cancellation, on a policy in effect. For cancellation, the transaction effective date is the cancellation date.

2.   **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Transaction Effective Day	72-73

3.   **Transaction Effective Day**

DAY	CODE
Transaction Effective Day	*numeric value*

TRANSACTION EXPIRATION DATE

1.   **Field Description**

The expiration date of the transaction. The date represents the time period of the coverage. The date can reflect either a new policy or activity, such as an endorsement or cancellation, on a policy in effect.

For a cancellation, the transaction expiration date is the expiration date of the original policy record.

2.   **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Transaction Expiration Date – Month	14
Premiums	Transaction Expiration Date – Year	15–16

3.   **Transaction Expiration Date – Month**

Month requires a one-digit code.

When reporting the month of the transaction expiration date, use the values 1–9 to represent the months January through September respectively, the value 0 (zero) to represent the month of October, "–" to represent the month of November and "&" to represent the month of December.

MONTH	CODE
January	1
February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	0
November	–
December	&

4.   **Transaction Expiration Date – Year**

Year requires a two-digit code.

When reporting the year of the transaction expiration date, use the third and fourth digits of the year only.

YEAR	CODE
3rd and 4th digits of the year	*numeric value*

TRANSACTION EXPIRATION DAY

1. **Field Description**

   For Texas only.

   The expiration day of the transaction. This is part of the Transaction Expiration Date field where the date represents the time period of the coverage. The date can reflect either a new policy or activity, such as an endorsement or cancellation, on a policy in effect.

   For a cancellation, the transaction expiration day is the expiration day of the original policy record.

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Transaction Expiration Day	74-75

3. **Transaction Expiration Day**

DAY	CODE
Transaction Expiration Day	*numeric value*

TRANSACTION IDENTIFIER

1. **Field Description**

   For Texas only.

   The code that distinguishes different types of premium and loss transactions reported, such as endorsements, cancellations, renewals, salvage and subrogation, etc.

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Transaction Identifier Code	59-60
Losses	Transaction Identifier Code	59-60

3. **Transaction Identifier Code**

PREMIUM TRANSACTIONS	CODE
Cancellation - Insured's Option	11
Cancellation - Nonpayment of Premium	12
Cancellation - Company's Option	13
Endorsement	15
Audit Premium	16
Reinstatement	17
New Policy	18
Renewal Policy	19
Retrospective Premium Adjustment	20
Other	29

LOSS TRANSACTIONS	CODE
Salvage and Subrogation	55
All Other	99

TRANSACTION TYPE CODE

1. **Field Description**

   The code that distinguishes different types of transactions reported, such as premiums and losses.

2. **Field Positions**

RECORD TYPE	FIELD	POSITION
Premiums	Transaction Type Code	5
Losses	Transaction Type Code	5

3. **Transaction Type Code**

PREMIUM TRANSACTIONS	CODE
Premium Transactions – subject to Full Coding	1
Premium Transactions – subject to Limited Coding (other than those assigned to Transaction Type Code 3)	2*
Premium Transactions – subject to Limited Coding as follows:	3*
Premium adjustment arising from rerate of an installment policy which is not recoded at anniversary (e.g., additional or return premium as a result of annualization)	

LOSS TRANSACTIONS	CODE
Paid Loss	6
Outstanding Loss	7
Paid Allocated Loss Adjustment Expense	8
Outstanding Allocated Loss Adjustment Expense	9

4. **Texas Exceptions**

   *Premium Transaction Type Codes 2 and 3 are not applicable to data reported for Texas.

TYPE OF LOSS CODE

1.   **Field Description**

The code identifies the types or cause of loss.

2.   **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Losses	Type of Loss	70-71

3.   **Type of Loss Codes**

DESCRIPTION	CODE
PROPERTY LOSSES - COVERAGE CODE M1, M6, M8, MA, MC and MD	
Fire and Lightning	21
Wind **	80
Hail	81
Explosion	23
Riot or Civil Commotion	24
Vandalism	25
Sprinkler Leakage	26
Burglary, Theft and Robbery - Money and Securities	27
Burglary, Theft and Robbery - Other than Money and Securities	28
Water Damage	20
Freezing	61
Collapse (other than Florida) Due To:	
Weight of Ice, Snow or Sleet	82
Other Covered Causes of Collapse (including Sinkhole collapse)	83
Collapse (Florida only) Due to: ***	
Weight of Ice, Snow or Sleet	82
Sinkhole	10
Catastrophic Ground Cover Collapse	11
Other Covered Causes of Collapse	12
Consequential Fungi or Bacteria ("Mold") property losses caused by:	
Fire and Lightning	63
Wind** and Hail	64
Vandalism	65
Sprinkler Leakage	66
Water Damage	67

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TYPE OF LOSS CODE (Cont.)

4.   **Type of Loss Codes**

DESCRIPTION	CODE
PROPERTY LOSSES (Cont.)	
Freezing	69
All Other Causes of Consequential Fungi or Bacteria "(Mold)" property losses	68
Losses due to acts of Terrorism certified under the Terrorism Risk Insurance Act	93
All Other terrorism losses	97
All Other	29
LIABILITY LOSSES (excluding those due to acts of terrorism):	
Losses Under Coverage Codes M2-M5, M7, M9 and MB	
Operations Liability	
Bodily Injury	A1
Property Damage	A2
Personal and Advertising Injury	A3
Products/Completed Operations Liability	
Bodily Injury	A4
Property Damage	A5
Personal and Advertising Injury	A6
Other Liability Losses	
Medical Payments	A7
Professional Liability **(BP 22 02)**	A8
All Other Liability excluding Terrorism	A9
ALL OTHER RECORDS (excluding those due to acts of terrorism):	
Losses under Coverage Codes ME, MF and MG	
Other than Texas:	
All Losses	59
Texas Data:	
Property Damage	29
All Other	59
TERRORISM TYPE OF LOSS	
Losses due to acts of terrorism certified under the Terrorism Risk Insurance Act	95
All Other terrorism losses	96

TYPE OF LOSS CODE (Cont.)

5. **Note(s)**

   ** Wind or windstorm losses are defined as those losses attributable to any wind event including a storm marked by high wind or a funnel of wind. This includes, but is not limited to tornado, hurricane, cyclone or typhoon.

   *** **Sinkhole Loss** means loss of or damage to covered property when structural damage to a building, including the foundation, is caused by settlement or systematic weakening of the earth supporting the building, only if the settlement or systematic weakening results from contemporaneous movement or raveling of soils, or rock materials into subterranean voids created by the effect of water on a limestone or similar rock formation. **Catastrophic Ground Cover Collapse** is defined as a geological activity that results in all of the following: the abrupt collapse of ground cover, a depression in the ground cover clearly visible to the naked eye, structural damage to the covered building including foundation and the insured structure being condemned and ordered to be vacated by the government agency authorized by law to issue such an order for that structure.

TYPE OF POLICY CODE

1. **Field Description**

   Identifies the Type of Policy.

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	Type of Policy Code	22–23
Losses	Type of Policy Code	22–23

3. **Type of Policy Codes (for Other than Exempt Commercial Risks)**

DEFINITION	CODE
Micro-Businessowners Coverage Form (**BP 00 04** or Company Equivalent)	85

ZIP CODE (Insured Location)

1. **Field Description**

    The five-digit ZIP Code of the insured location.

2. **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Premiums	ZIP Code (Insured Location)	105-109
Losses	ZIP Code (Insured Location)	88-92

3. **ZIP Code**

ZIP Code	CODE
ZIP Code of the insured location.	*numeric value*

ZIP CODE (Loss Location)

1.   **Field Description**

The five-digit ZIP code of the loss location.

2.   **Field Positions**

RECORD TYPE	FIELD	POSITIONS
Losses	ZIP Code (Loss Location)	73-77

3.   **ZIP Code**

ZIP Code	CODE
ZIP Code of the loss location.	*numeric value*

RESERVED FOR FUTURE USE

RESERVED FOR FUTURE USE

RESERVED FOR FUTURE USE

TYPE OF POLICY CODES DEFINITIONS (Cont'd)

Type of Policy	CSP Definition	Interpretation
First position 9, W, Y or Z series	Company Program Exception Policy (Prior Permission of ISO necessary)	Policies which depart substantially from the manual definitions of rules and forms or cannot be coded in full detail as required by the CSP. These policies may be Packaged or Non-Packaged, discounted, undiscounted or surcharged. Companies **must** obtain prior approval from ISO before using these codes. The second digit of the Type of Policy Code (the "X" in 9X, WX, YX or ZX) represents a code to be assigned by ISO to a company on an individual program basis.
85	Micro-Businessowners	Specialized coverage written under an ISO Micro-Businessowners program or comparable company program for Micro-Businessowners Coverages.

Note: Type of Policy Codes 3X or 7X series must be used only for package policies providing both property and premises/operations liability coverage.

1. SCOPE OF THE MODULE

This module is applicable to the following commercial line of business rated from the Businessowners Section of the Commercial Lines Manual:

Businessowners

This module applies to the ISO Businessowners Policy and also to other policies of a similar nature that have been developed independently by companies.

Boiler and Machinery/Equipment Breakdown Coverage written as part of a Businessowners Policy or policies of similar type may either be reported under this module or under the Boiler and Machinery/Equipment Breakdown Module.

Note: In 2006, the Commercial Lines Manual renamed Boiler and Machinery as Equipment Breakdown. The commercial statistical plans have modified all reference to the Boiler and Machinery Line of Insurance to include Equipment Breakdown (i.e., Boiler and Machinery/Equipment Breakdown).

Flood:

Flood coverage endorsed to a Businessowners Policy should be reported via the Commercial Fire and Allied Lines module. Please see that module for detailed instructions.

Micro-Businessowners:

This module is also applicable to the Micro-Businessowners Coverage rated in accordance with the rules contained in the Commercial Lines Module.

Note: CSP-i reporters will be required to report via the CSP and at the same level of detail that is required at the CSP level. For this, CSP-i level reporters will need to refer to the new Micro-Businessowners section in the CSP Businessowners module for the appropriate Micro-Businessowners statistical plan reporting requirements.

Mine Subsidence:

This module does not apply to Mine Subsidence Coverage. Mine Subsidence business in the states of Illinois, Indiana, Kentucky, Ohio and West Virginia must be reported directly to their respective state mine subsidence fund.

Green Upgrades:

This module is also applicable to the Green Upgrade Coverage rated in accordance with the rules contained in the Commercial Lines Manual.

IF A CODE IS NOT REQUIRED TO BE REPORTED, THE FIELD OF THE RECORD FORMAT <u>MAY</u> BE REPORTED BLANK.