



Surplus Lines Broker Bulk Submissions

The South Carolina Department of Insurance has implemented a method by which can upload submissions from a Web Browser.

Modification Implementation Schedule

Reinstatements

In April 2013, reinstatement of certain submissions began to be allowed. In order for a submission to be reinstated it must not have been paid and must be have been issued in the current quarter. When reinstating a canceled prorated submission it may also be necessary to included a positive endorsement for the reinstatement amount. **The system will not automatically create this endorsement for you.** No further action is needed when reinstating a flat cancel.

In October 2012 SCDOI began accepting Prorated cancellations via the bulk upload system. For details on submitting cancellations see items #30, #32, #34, #36, #38 below. Note that these items are not new but now have multiple purposes based on the type of transaction.

Flat Cancel vs Prorated

To submit a “Flat” cancel the amounts in fields #30, #32, #34, #36, #38 must all be zero or the sum of these fields must equal the cumulative total of the submission and all of it’s endorsements. If the total of these field is anything else the system will interpret the submission as a prorated cancellation.

Attempts to ‘Flat’ cancel a submission that has already been paid or was issued outside of the current quarter will be rejected. These submissions must be prorated.

Field #13: For a prorated cancellation indicate the date the submission was cancelled by you – not the date you submitted it to us. This affects the quarter in which the credit will be given. Prorated cancels may not be at 100% via bulkupload. This may only be done via the web.

South Carolina Home State

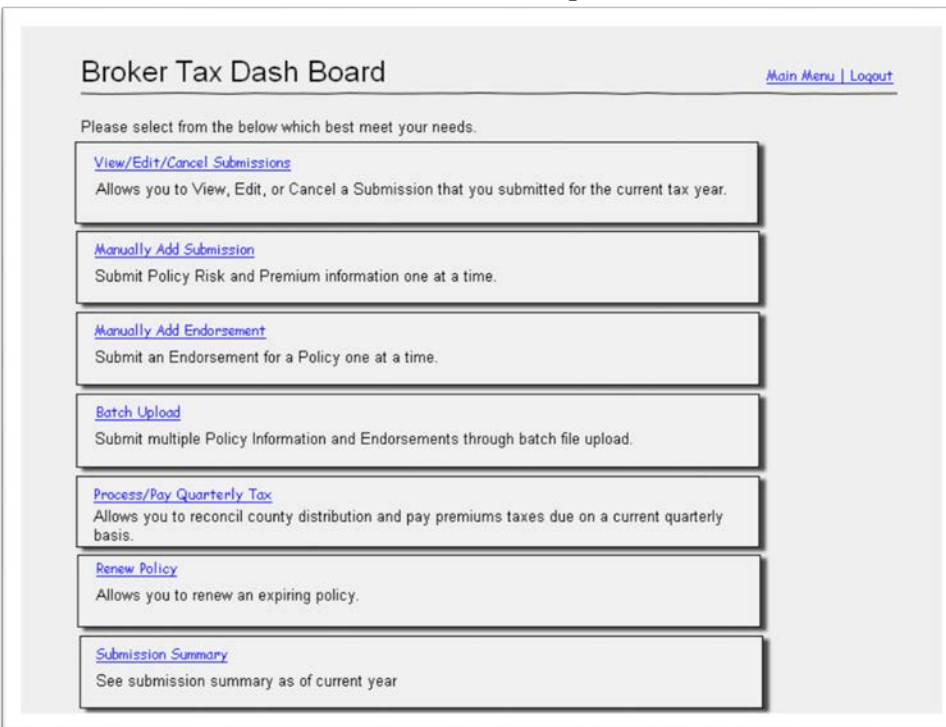
Fields #42 and #44 are new requirements.

Uploading Via Web Browser

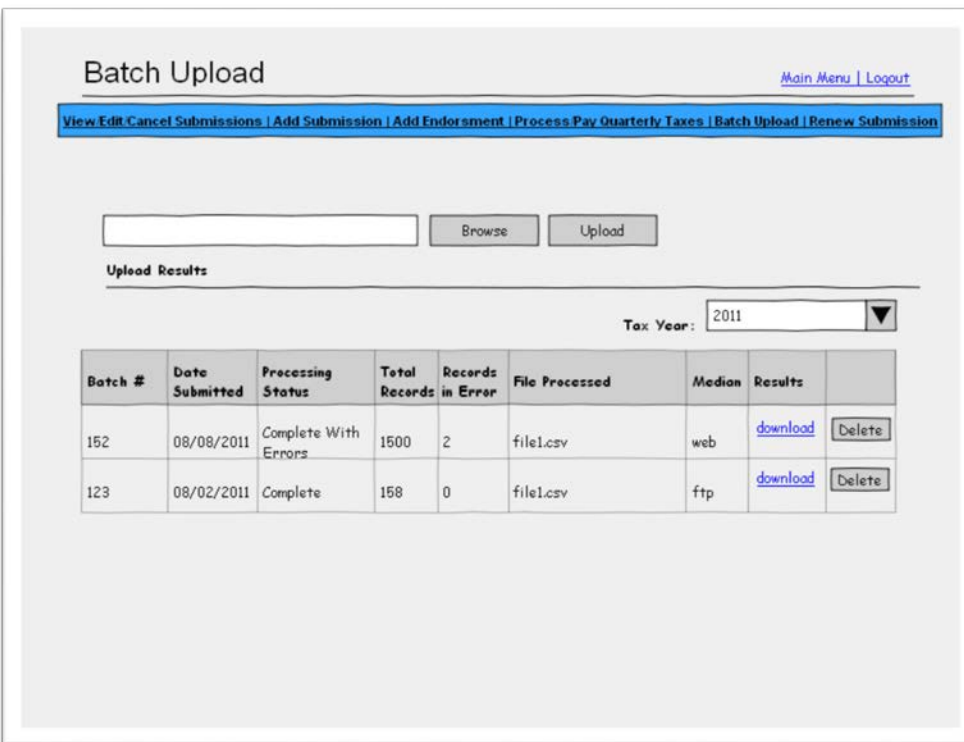
Bulk submissions can also be uploaded from your web browser. The following is a brief outline of the steps to upload via the web:

- 1.) Log into SCDOI Online services
- 2.) From the welcome screen select “File Broker Taxes”

3.) From the Broker Dash Board select “Batch Upload”



4.) Click “Browse” to find the Comma Separated File you wish to upload.



5.) Click “Upload” to begin the upload process.

Once the upload is processed by our server the results will appear in the grid. This process may take several minutes. If you choose you may wait on this screen or return later to check the results.

Broker Submission File Layout

Files to and from us will be in **CSV format** (comma separated values)(no column header).

Fields

Number	1
Name	Transaction type
Maximum Length	1
Requirements	Required field
Acceptable Data	1–New submission, 2-New Endorsement, 3-Cancel Existing Submission, 4-Reinstatement, 5-Renewal, 6-Audit

Number	2
Name	SC Individual Number
Maximum Length	12
Requirements	Required field
Acceptable Data	Find your SC Individual Number here https://online.doi.sc.gov/Eng/Public/Queries/IndvdLicSrch.aspx?openedAsPopup=true

Number	3
Name	Agency Code
Maximum Length	12
Requirements	Optional for new submission, Not required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	

Number	4
Name	Agency Name
Maximum Length	50
Requirements	Required for new submission if sole proprietorship and not licensed in SC, Not required for endorsement, Not required for Cancellation (see field 1)for Cancellation (see field 1)
Acceptable Data	

Number	5
Name	Purchasing Group
Maximum Length	12
Requirements	Required for new submission if Insured Type is Purchasing group
Acceptable Data	

Number	6
Name	Insured Type
Maximum Length	1

Requirements	Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1) If entity is Purchasing Group must provide Purchasing Group SC assigned cocode.
Acceptable Data	1–Individual, 2-Entity, 3-Purchasing Group

Number	7
Name	Insured Name
Maximum Length	100
Requirements	Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1) Enter name of purchasing group if Insured type is purchasing group
Acceptable Data	

Number	8
Name	Description of Risk
Maximum Length	50
Requirements	Required new submission, Required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	

Number	9
Name	Policy Number
Maximum Length	15
Requirements	Required for new submission, required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	

Number	10
Name	Policy Placement Date
Maximum Length	15
Requirements	Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	Date format – MM/DD/YYYY

Number	11
Name	Policy Effective Date
Maximum Length	10
Requirements	Required for new submission, required for endorsement, Not required for Cancellation (see field 1)

Acceptable Data	Date format – MM/DD/YYYY
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Number	12
Name	Policy Expiration Date
Maximum Length	10
Requirements	Required for new submission, required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	Date format – MM/DD/YYYY

Number	13
Name	Endorsement Effective Date / Cancellation Date
Maximum Length	10
Requirements	Not required for submission, Required for endorsement, Not required for flat Cancellation (see field 1) , Required for pro-rated cancellation
Acceptable Data	Date format – MM/DD/YYYY

Number	14
Name	Endorsement Expiration Date
Maximum Length	10
Requirements	Not required for new submission, Required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	Date format – MM/DD/YYYY

Number	15
Name	Late Submission
Maximum Length	1
Requirements	Optional new submission, Not required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	Y–Yes, N-No

Number	16
Name	Late Submission Reason
Maximum Length	1
Requirements	Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	1–Misfiling/overlooked by the broker, 2-Error in the internal processes of the broker, 3-Turned in late by the broker, 4-Received late by the broker, 5-Other

Number	17
Name	Submission Category
Maximum Length	1
Requirements	Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	1-Stop Loss, 2-Regular, 3-Independantly/Directly Procured, 4-Industrial Insured, 5-Medical Malpractice, 6-Audit

Number	18
Name	MultiState Submission
Maximum Length	1
Requirements	Optional new submission, Not required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	Y-Yes, N-No

Number	19
Name	Multi-state Disbursement
Maximum Length	152
Requirements	Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	State abbreviations concatenated, separated by semi-colon

Number	20
Name	Street Address of Risk / Insured
Maximum Length	40
Requirements	Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	

Number	21
Name	Street Address of Risk / Insured Line 2
Maximum Length	40
Requirements	Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	

Number	22
Name	City of Risk / Insured
Maximum Length	40
Requirements	Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	

Number	23
Name	State of Risk / Insured
Maximum Length	2
Requirements	Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	2 digit state abbreviation

Number	24
Name	Zip Code of Risk / Insured
Maximum Length	9
Requirements	Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	

Number	25																										
Name	County Code																										
Maximum Length	2																										
Requirements	Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1)																										
Acceptable Data	<table> <tr><td>Abbeville</td><td>01</td></tr> <tr><td>Aiken</td><td>02</td></tr> <tr><td>Allendale</td><td>03</td></tr> <tr><td>Anderson</td><td>04</td></tr> <tr><td>Bamberg</td><td>05</td></tr> <tr><td>Barnwell</td><td>06</td></tr> <tr><td>Beaufort</td><td>07</td></tr> <tr><td>Berkeley</td><td>08</td></tr> <tr><td>Calhoun</td><td>09</td></tr> <tr><td>Charleston</td><td>10</td></tr> <tr><td>Cherokee</td><td>11</td></tr> <tr><td>Chester</td><td>12</td></tr> <tr><td>Chesterfield</td><td>13</td></tr> </table>	Abbeville	01	Aiken	02	Allendale	03	Anderson	04	Bamberg	05	Barnwell	06	Beaufort	07	Berkeley	08	Calhoun	09	Charleston	10	Cherokee	11	Chester	12	Chesterfield	13
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Aiken	02																										
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Cherokee	11																										
Chester	12																										
Chesterfield	13																										

<u>Clarendon</u>	14
<u>Colleton</u>	15
<u>Darlington</u>	16
<u>Dillon</u>	17
<u>Dorchester</u>	18
<u>Edgefield</u>	19
<u>Fairfield</u>	20
<u>Florence</u>	21
<u>Georgetown</u>	22
<u>Greenville</u>	23
<u>Greenwood</u>	24
<u>Hampton</u>	25
<u>Horry</u>	26
<u>Jasper</u>	27
<u>Kershaw</u>	28
<u>Lancaster</u>	29
<u>Laurens</u>	30
<u>Lee</u>	31
<u>Lexington</u>	32
<u>McCormick</u>	33
<u>Marion</u>	34
<u>Marlboro</u>	35
<u>Newberry</u>	36
<u>Oconee</u>	37
<u>Orangeburg</u>	38
<u>Pickens</u>	39
<u>Richland</u>	40
<u>Saluda</u>	41
<u>Spartanburg</u>	42
<u>Sumter</u>	43
<u>Union</u>	44
<u>Williamsburg</u>	45
<u>York</u>	46

Number	26
Name	Licensed Insurer Name 1
Maximum Length	80
Requirements	Required for new submission, Not required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	

Number	27
Name	Licensed Insurer Name 2
Maximum Length	80
Requirements	Optional for new submission, Not required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	

Number	28
Name	Licensed Insurer Name 3
Maximum Length	80
Requirements	Optional for new submission, Not required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	

Number	29
Name	SC Assigned Company Code 1
Maximum Length	12
Requirements	Required for new submission, Required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	
Number	30
Name	Premiums Written Company 1 / Premiums refunded Company 1
Maximum Length	12
Requirements	Required for new submission, Required for endorsement, Cancellation – enter the total premiums returned to policy holder by company 1.
Acceptable Data	Currency rounded to nearest dollar

Number	31
Name	SC Assigned Company Code 2
Maximum Length	12
Requirements	Optional new submission, Optional for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	

Number	32
Name	Premiums Written Company 2 / Premiums refunded Company 2
Maximum Length	12
Requirements	Optional for new submission, Optional for endorsement Cancellation – enter the total premiums returned to policy holder by company 2.
Acceptable Data	Currency rounded to nearest dollar

Number	33
Name	SC Assigned Company Code 3
Maximum Length	12
Requirements	Optional new submission, Optional for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	

Number	34
Name	Premiums Written Company 3 / Premiums refunded Company 3
Maximum Length	12
Requirements	Optional for new submission, Optional for endorsement, Cancellation – enter the total premiums returned to policy holder by company 3.
Acceptable Data	Currency rounded to nearest dollar

Number	35
Name	SC Assigned Company Code 4
Maximum Length	12
Requirements	Optional new submission, Optional for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	

Number	36
Name	Premiums Written Company 4 / Premiums refunded Company 4
Maximum Length	12
Requirements	Optional for new submission, Optional for endorsement, Cancellation – enter the total premiums returned to policy holder by company 4.
Acceptable Data	Currency rounded to nearest dollar

Number	37
Name	SC Assigned Company Code 5
Maximum Length	12
Requirements	Optional new submission, Optional for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	

Number	38
Name	Premiums Written Company 5 / Premiums refunded Company 5
Maximum Length	12
Requirements	Optional for new submission, Optional for endorsement, Cancellation – enter the total premiums returned to policy holder by company 5.
Acceptable Data	Currency rounded to nearest dollar

Number	39
Name	Total Premiums Written for Policy
Maximum Length	12
Requirements	Not required – total calculated by DOI returned in response file
Acceptable Data	Currency rounded to nearest dollar. If multistate policy indicate ONLY the portion allocated to South Carolina.

Number	40
Name	Multi-Year Policy
Maximum Length	1
Requirements	required
Acceptable Data	“Y” if yes, blank or “N” if no

Number	41
Name	Total Policy Fees Charged / Policy fees refunded
Maximum Length	12
Requirements	Required for new submission, Required for endorsement, Cancellation – enter the total policy fees returned to policy holder.
Acceptable Data	Currency rounded to nearest dollar

Number	42
Name	South Carolina Home state
Maximum Length	12
Requirements	Required
Acceptable Data	Y–Yes, N–No

Number	43
Name	Total Premiums Written and Policy Fees
Maximum Length	12
Requirements	Not required – total calculated by DOI returned in response file
Acceptable Data	Currency rounded to nearest dollar

Number	44
Name	100% of risk located outside South Carolina
Maximum Length	1
Requirements	Required
Acceptable Data	Y–Yes, N-No

Number	45
Name	Total Broker Premium Tax
Maximum Length	12
Requirements	Required for new submission if multi state is ‘Y’,
Acceptable Data	Currency (not rounded)

Number	46
Name	Distribution of Premiums Written 19.00 – Life (Stop Loss Only)
Maximum Length	12
Requirements	Required for new submission, Required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	Currency rounded to nearest dollar

Number	47
Name	Distribution of Premiums Written 21.00 – A&H (Stop Loss Only)
Maximum Length	12
Requirements	Required for new submission, Required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	Currency rounded to nearest dollar

Number	48
Name	Distribution of Premiums Written 22.00 – Property (Other than Auto)
Maximum Length	12
Requirements	Required for new submission, Required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	Currency rounded to nearest dollar

Number	49
Name	Distribution of Premiums Written 22.10 – PP Auto physical Damage
Maximum Length	12
Requirements	Required for new submission, Required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	Currency rounded to nearest dollar

Number	50
Name	Distribution of Premiums Written 22.30 – Comm. Auto physical Damage
Maximum Length	12
Requirements	Required for new submission, Required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	Currency rounded to nearest dollar

Number	51
Name	Distribution of Premiums Written 23.00 – All Casualty (Other than Auto Liability)
Maximum Length	12
Requirements	Required for new submission, Required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	Currency rounded to nearest dollar

Number	52
Name	Distribution of Premiums Written 23.30 – Comm Auto Liability
Maximum Length	12
Requirements	Required for new submission, Required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	Currency rounded to nearest dollar

Number	53
Name	Distribution of Premiums Written 24.00 – Surety
Maximum Length	12
Requirements	Required for new submission, Required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	Currency rounded to nearest dollar

Number	54
Name	Distribution of Premiums Written 25.00 – Marine
Maximum Length	12
Requirements	Required for new submission, Required for endorsement, Not required for Cancellation (see field 1)
Acceptable Data	Currency rounded to nearest dollar

Number	55
Name	Tax Year
Maximum Length	4
Requirements	Required for all transaction types (see field 1)
Acceptable Data	Year format - YYYY

Number	56
Name	Submission Year
Maximum Length	4
Requirements	Required for all transaction types (see field 1)
Acceptable Data	Year format - YYYY

Number	57
Name	Submission Number
Maximum Length	12
Requirements	Required for Submission transaction - generated by DOI and returned in response file, Required for endorsement, Required for Cancellation (see field 1)
Acceptable Data	

Number	58
Name	Endorsement Number
Maximum Length	12
Requirements	Not Required for Submission transaction, Not required for endorsement - generated by DOI and returned in response file, Not Required for Cancellation (see field 1)
Acceptable Data	

Number	59
Name	Submission Status
Maximum Length	1
Requirements	Not required - generated by DOI and returned in response file (see field 1)
Acceptable Data	1- Submission Processed; 2-Submission Rejected, 3- Endorsement Processed , 4 - Endorsement Rejected, 5-Cancellation Processed, 6- Cancellation Rejected

Number	60
Name	Date Received
Maximum Length	19
Requirements	Not required - generated by DOI and returned in response file
Acceptable Data	Date format DD/MM/YYYY HH:MM:SS

Number	61
Name	Date Processed
Maximum Length	19
Requirements	Not required - generated by DOI and returned in response file
Acceptable Data	Date format DD/MM/YYYY HH:MM:SS

Number	62
Name	Error Codes
Maximum Length	No Maximum
Requirements	Not required - generated by DOI and returned in response file
Acceptable Data	<p>Error codes concatenated, separated by semi-colon Each error code will have a corresponding message in next field</p> <p>Errors – The following errors will prevent the submission from being accepted</p> <ul style="list-style-type: none"> -2 Not CSV – The uploaded file is not a CSV file or the file is corrupt -3 Invalid Data Type – Alpha characters detected in a numeric field -4 Required Field Missing – no data was found in a required field -5 Broker license was inactive before the placement date of the policy -6 Broker license was lapse before the placement date of the policy -7 Surplus lines company license inactive before the effective date of the policy -8 Invalid Broker License -9 Invalid Surplus Line Company Code -10 Invalid Coverage Type -11 Invalid Insured Type -12 Coverage description must be 19.00 Life and /or 21.00 A&H if coverage type is Stop Loss -13 At least one licensed insurer’s Name not provided -14 Invalid effective date -15 Invalid expiration date -16 Duplicate Submission -17 Data Too Large <p>Warnings – warnings will not prevent a submission from being accepted.</p> <ul style="list-style-type: none"> -100 Insured must be entity if coverage type is Stop Loss -101 Policy Number /binder required

Number	63
Name	Error Messages
Maximum Length	No Maximum
Requirements	Not required - generated by DOI and returned in response file
Acceptable Data	Error messages concatenated, separated by semi-colon

Number	64
Name	Reserved for future use
Maximum Length	1
Requirements	required for all transactions
Acceptable Data	'N'

Common Mistakes / Errors

Large number of errors - If the response file contains a large number of errors you've probably skipped a field when creating the file. Remember, each line should contain a place for every field in the specification, even if the field is not required or it is a return only field. If a field is missing it's possible that every field after the missing field will generate an error.

Embedded commas - This is common in address fields. If a data field contains a comma be sure to surround the field with quotation marks. For example: John Doe, 1201 Main Street, Suite 1000, Columbia, SC, 20201 should appear as John Doe, "1201 Main Street, Suite 1000", Columbia, SC, 20201

Incorrect Totals - If the totals fields returned by us appear to be incorrect please make sure that you've rounded the dollar amount on the fields as indicated in the layout. Remember to round to the nearest dollar; don't just drop off the amount to the right of the decimal point.

No response from the system - Make sure that the header has been removed from the file.

Questions - Please address all inquiries to <http://www.doi.sc.gov/helpdesk>