

STATE OF DELAWARE—INSURANCE DEPARTMENT

FORM FR-4

**ASSIGNED RISK
INSURANCE CERTIFICATION REQUEST**

DELAWARE DIVISION OF MOTOR VEHICLES FINANCIAL RESPONSIBILITY SECTION ASSIGNED RISK UNIT P.O. Box 698 DOVER, DE 19903 _____ INSURANCE COMPANY	INSURANCE (1) TERMINATION DATE: _____ RESPONSE DATE: (7)	REFER TO FR CASE NO. _____ WHEN RESPONDING _____ NOTICE DATE:
(3) [_____] [_____] OWNER'S NAME AND ADDRESS		
VEHICLE IDENTIFICATION VEHICLE ID NO. TAG NO. (4) MODEL YEAR & MAKE	VEHICLE ID NO. TAG NO. (5) MODEL YEAR & MAKE	VEHICLE ID NO. TAG NO. (6) MODEL YEAR & MAKE

A new state law requires the Division of Motor Vehicles to verify liability insurance with vehicle owners. The above named insurance company notified DMV that your insurance policy terminated on the date shown in Block 1.

Upon receipt of this notice you must:

1. Contact your insurance company/agent immediately and have them issue an FR-10 form for the vehicle(s) described above. The FR-19 is a certification that the vehicle is insured.
2. The FR-10 form along with this letter must be received by the Division of Motor Vehicles within 30 days (by the Response Date on this notice. Block 7).
3. If the Division does not receive the FR-19 by the response date:
 - (a) Your registration plate (tag) will be suspended immediately, and
 - (b) If your vehicle is uninsured: You must immediately surrender your registration plate and registration card to the Division of Motor Vehicles along with this notice. Failure to surrender the plate and registration card will result in the suspension of your drivers license.
4. Registration reinstatement due to a lapse in insurance coverage requires the following:
 - (a) FR-19 form from your insurance company.
 - (b) Payment of a \$100 penalty fee for being uninsured up to 30 days. An additional \$5 per day begins on the 31st day.
 - (c) Payment of a \$50 registration reinstatement if DMV suspended your registration for not providing proof of insurance.
5. If you have sold the vehicle, fill out the reverse side of this form.

REGULATION NO. 606—PROOF OF AUTOMOBILE INSURANCE

(Reverse Side of form)

I am returning my plate and registration card.
My vehicle is uninsured at this time.

I have transferred ownership of the vehicle described to:

Name: _____

Address: _____

On (Date): _____

My vehicle is not operable due to being wrecked
since _____

I am returning the plate and registration card.

I hereby certify, under penalty of perjury, that the statements made herein are true and correct to the best of my knowledge, information, and belief.

Signature _____

Date _____

STATE OF DELAWARE—INSURANCE DEPARTMENT

**DELAWARE DIVISION OF MOTOR VEHICLES
ADMINISTRATIVE PROCEDURES FOR
UNINSURED MOTORIST PROGRAM**

INITIAL TAP PROCESSING

PROCEDURES:

1. The Insurance Company will provide DMV with two magnetic tapes. The first marked INPUT containing all vehicles insured and/or registered in the State of Delaware with their company. The second marked OUTPUT that DMV will return to the Insurance Company with those records NOT MATCHED.

a. Magnetic tape must be provided for 50+ records.

b. Manual listing for less than 50 records or non-automated companies in the format prescribed by the Division of Motor Vehicles (Exhibit D).

2. The Insurance Company will send two (2) completed copies of the transmittal letter (Attachment 1) with each batch request. DMV will complete its portion and return one (1) copy with each batch.

3. An insurer, at its option, shall furnish two test tapes, both an input and output tape, to DMV prior to providing information on all vehicles insured. DMV will return to the Insurance Company all records NOT MATCHED on the OUTPUT tape. TEST tapes will consist of no less and no more than fifty (50) records.

COST:

1. The Insurance Company will provide all magnetic tapes for processing. The Insurance Company will pay shipping and handling charges when sending tapes to the Division. The Insurance Company will set up a Federal Express or like account and provide that account number to the Division for return shipment.

REGULATION NO. 606—PROOF OF AUTOMOBILE INSURANCE

TECHNICAL SPECIFICATIONS FOR TAPES

1. Tapes will be created in EBCDIC character format in the following order of preference:
 - a. Tape cartridge created @ 38,000 BPI:
 - b. Tape reel created @ 6250 BPI; or
 - c. Tape reel created @ 1600 BPI.

2. Header Record will contain the following:
 - a. Standard label
 - b. Block size = 32,760
 - c. Record length = 104

3. Record layout for each vehicle for which insurance is in force and registered in Delaware on the date the tape is created:
 - a. Vehicle Identification Number (VIN) = 17bytes
 - b. Vehicle model year = 2 bytes
 - c. Vehicle make = 4 bytes
 - d. NAIC code = 5 bytes
 - e. Selection date in YYMMDD format = 6 bytes
 - f. Name (Last First Middle Initial or Company Name) = 35 bytes
 - g. Policy Number (INFO ONLY) = 35 bytes*

NOTE: IF TAPE CONTAINS MULTIPLE MAIC CODES, RECORDS MUST BE SORTED BY THE MAIC CODE

***DMV will accept the policy number for INFORMATIONAL PURPOSES ONLY if provided by the Insurance Company. DMV WILL NOT maintain the policy number in any way.**

STATE OF DELAWARE—INSURANCE DEPARTMENT

STATE OF DELAWARE
DIVISION OF MOTOR VEHICLES
UNINSURED MOTORIST PROGRAM

LETTER OF TRANSMITTAL

ATTACHMENT B-1

Initial Vehicle Upload Tape for Delaware

Submitted by: _____
(Name of Data Processing Center and Contact)

(Street Address)

(City, State, Zip) Tel. #

<u>NAIC CODE</u>	<u>COMPANY</u>	<u># RECORDS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL RECORDS ON TAPE: _____ DATE PROCESSED: _____

TAPE VOLUME/SERIAL NO: _____

DMV OFFICE USE ONLY

DATE SUBMITTED TO OIS: _____

DATE PROCESSED AT OIS: _____

DATE RETURNED TO CO: _____

MISC COMMENTS: _____

REGULATION NO. 606—PROOF OF AUTOMOBILE INSURANCE

**DELAWARE DIVISION OF MOTOR VEHICLES
ADMINISTRATIVE PROCEDURES FOR
UNINSURED MOTORIST PROGRAM**

INITIAL MANUAL PROCESSING

PROCEDURES:

1. The Insurance Company will provide DMV with the information for each vehicle for which insurance is in force and registered in Delaware on the date the listing is created using the proscribed form (Attachment 2). If the company has multiple NAIC codes, separate lists are required.

2. The Insurance Company will send two (2) completed copies of the transmittal letter (Attachment 1) with each batch. DMV will complete its portion and return one (1) copy to the Insurance Company.

CONTACTS:

1. The overall project coordinator for the Division is:

Ms. Sheri Antonik
(302) 736-4435

2. The contact for the administrative handling is:

Div. of Motor Vehicles
ATTN: Uninsured Motorist Supervisor
P.O. Box 698
Dover, DE 19903

3. The mailing address is:

Division of Motor Vehicles
ATTN: Uninsured Motorist
P.O. Box 698
Dover, DE 19903

STATE OF DELAWARE—INSURANCE DEPARTMENT

STATE OF DELAWARE
DIVISION OF MOTOR VEHICLES
UNINSURED MOTORIST PROGRAM

LETTER OF TRANSMITTAL

ATTACHMENT C-1

Submitted by: _____
(Name of Insurance Company)

(Street Address)

(City, State, Zip)

<u>NAIC CODE</u>	<u>COMPANY</u>	<u># RECORDS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DMV OFFICE USE ONLY

DATE SUBMITTED TO OIS: _____
DATE PROCESSED AT OIS: _____
DATE RETURNED TO CO: _____
MISC COMMENTS: _____

STATE OF DELAWARE—INSURANCE DEPARTMENT

**DELAWARE DIVISION OF MOTOR VEHICLES
ADMINISTRATIVE PROCEDURES FOR
UNINSURED MOTORIST PROGRAM**

RANDOM SELECTION TAPE PROCESSING

PROCEDURES:

1. DMV will provide the Insurance Company with two (2) magnetic tapes. One marked INPUT containing the registrations selected for random verification of insurance and one (1) marked OUTPUT that the Insurance Company will write only those vehicles for which there is NO RECORD of insurance or insurance is not in effect as of the date contained in the records on the tape. Both tapes must be returned to DMV.

2. DMV will send two (2) completed copies of the transmittal letter (Attachment 1) with each request. DMV will complete the area designated. The Insurance Company will complete their part and return one (1) copy with each batch.

COST:

1. The Insurance Company will pay shipping and handling charges. The Insurance Company will set up a Federal Express or like account and provide that account number to the Division for shipment of tapes.

CONTACTS:

1. The overall project coordinator for the Division is:

.....
Ms. Sheri Antonik
(302) 736-4435
.....

2. The contact for the administrative handling of tapes is:

.....
Div. of Motor Vehicles
ATTN: Uninsured Motorist Supervisor
P.O. Box 619
Dover, DE 19903
.....

3. The shipping address for tapes sent via courier or other non-postal means is:

.....
Division of Motor Vehicles
ATTN: Uninsured Motorist
Transportation Administration Center
US Rt. 113 South
Dover, DE 19901
.....

REGULATION NO. 606—PROOF OF AUTOMOBILE INSURANCE

TECHNICAL SPECIFICATIONS FOR TAPES

1. A tape labeled INPUT will be sent to the Insurance Company for verification of insurance.
2. The tape will be created in EBCDIC character format on a tape reel created at 1600 BPI.
3. Header Record will contain the following:
 - a. Standard label
 - b. Block size = 32.767
 - c. Record length = 151
4. Record layout for each vehicle that must have insurance verified:

a. Registration Number	= 7 bytes
b. Name (Last First MI or Company)	= 35 bytes
c. Street Address	= 20 bytes
d. City	= 15 bytes
e. Zip	= 5 bytes
f. Vehicle Identification Number (VIN)	= 17 bytes
g. Vehicle model year	= 2 bytes
h. Vehicle make	= 4 bytes
i. NAIC code	= 5 bytes
j. Creation date in YYMMDD format	= 6 bytes
k. Policy Number	= 3 bytes
5. An OUTPUT tape will be supplied by DMV. Return data will be created by the Insurance Company in EBCDIC character format. The tape reel will be created 6250 or 1600 BPI. The Header Record and record layout of the OUTPUT must be the same as the INPUT tape. Only records not found or vehicles with no insurance in force should be contained on the OUTPUT tape.

STATE OF DELAWARE—INSURANCE DEPARTMENT

STATE OF DELAWARE
DIVISION OF MOTOR VEHICLES
UNINSURED MOTORIST PROGRAM

LETTER OF TRANSMITTAL

ATTACHMENT D-1

Insured Vehicle Verification Request

DMV OFFICE USE ONLY

Submitted to: _____
(Name of Data Processing Center)

(Street Address)

(City, State, Zip)

<u>NAIC CODE</u>	<u>COMPANY</u>	<u># RECORDS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATE GENERATED: _____ DATE REQUEST SENT: _____

TO BE COMPLETED BY INSURANCE COMPANY

NAIC CODE	COMPANY	RECORDS READ	RECORDS WRITTEN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REGULATION NO. 606—PROOF OF AUTOMOBILE INSURANCE

ATTACHMENT E

**DELAWARE DIVISION OF MOTOR VEHICLES
ADMINISTRATIVE PROCEDURES FOR
UNINSURED MOTORIST PROGRAM**

RANDOM SELECTION MANUAL PROCESSING

PROCEDURES:

1. DMV will provide the Insurance Company with a list (see sample- Attachment 2) containing registrations selected for the random verification of insurance. If the company handles multiple NJLIC codes, separate lists will be provided for each code. The insurance company will return the list(s) indicating those for which insurance was not in effect as of the selection date indicated on the report by checking the NO INS block.

2. DMV will send two (2) completed copies of the transmittal letter (Attachment 1) with the list(s). The Insurance Company will complete its portion and return one (1) copy with the list(s).

CONFLICTS:

1. The overall project coordinator for the Division is:

Ms. Sheri Antonik
(302) 736-4435

2. The contact for the administrative handling is:

Div. of Motor Vehicles
ATTN: Uninsured Motorist Supervisor
P.O. box 698
Dover, DE 19903

3. The mailing address is:

Division of Motor Vehicles
ATTN: Uninsured Motorist
P.O. Box 698
Dover, DE 19903

STATE OF DELAWARE—INSURANCE DEPARTMENT

STATE OF DELAWARE
DIVISION OF MOTOR VEHICLES
UNINSURED MOTORIST PROGRAM

LETTER OF TRANSMITTAL

ATTACHMENT E-1

Insured Vehicle Verification Request

Submitted to: _____
(Name of Insurance Company)

(Street Address)

(City, State, Zip)

<u>NAIC CODE</u>	<u>COMPANY</u>	<u># RECORDS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL LISTS: _____

DMV OFFICE USE ONLY

DATE SUBMITTED TO OIS: _____

DATE PROCESSED AT OIS: _____

DATE RETURNED TO CO: _____

MISC COMMENTS: _____

REGULATION NO. 606—PROOF OF AUTOMOBILE INSURANCE

RANDOM VERIFICATION UNINSURED MOTORIST PROGRAM ATTACHMENT E-2

DATE CREATED: 04/06/90 NAIC CODE: 12345 MOTOR VEHICLE INSURANCE CO PAGE 1

NO INS	REG NO	NAME POLICY NUMBER	ADDRESS 1	CITY	ZIP	VIN	YR	MAKE
_____	123454	SMITH, J F 1234567891	1234 MAPLE AVE	DOVER	19901	ABC123	88	CHEV
_____	678901	DELAWARE 1212121212	88 INDUSTRIAL PARK	WILMINGTON	19899	XYZ0	82	GMC

ATTACHMENT E — PAGE 3 of 3

STATE OF DELAWARE—INSURANCE DEPARTMENT

DELAWARE UNINSURED VEHICLE REPORT

Name/Address of Company

Date Mailed

Date Accident Occurred

Name/Address

Delaware Law requires each insurer to report to the Division of Motor Vehicles, within 30 days, the name of any person or persons involved in an accident or filing a claim who is alleged to have been operating a Delaware registered motor vehicle without the insurance required by Delaware Law. At a minimum the insurer shall provide the name, address and description of the vehicle alleged to be insured. Each insurer shall take reasonable care when reporting potential violations, but in no case shall an insurer provider or any of its employees or agents incur any liabilities for erroneous reports of a violation.

Mail Form to: Delaware Division of Motor Vehicles
Financial Responsibility Section
P.O. Box 698
Dover, Delaware 19903

Year-Make or Model

Vehicle identification number
(if known)

FR-1 (4-90)

Delaware License Plate Number
(if known)

ATTACHMENT F — PAGE 1 of 1

REGULATION NO. 606—PROOF OF AUTOMOBILE INSURANCE

__-19)4-90)

DELAWARE INSURANCE CERTIFICATION

NAME OF INSURANCE COMPANY _____ NAIC CODE _____

POLICY NUMBER _____

NAME/ADDRESS OF INSURED

[_____]

This company certifies that it has issued to the named insured a vehicle liability insurance policy at least equal to the limits required by the Delaware Motor Vehicle Laws and this policy is in force on this certification date and has been in force for the period stated below.

BY _____
Signature of Authorized Representative

[_____]

Certification Date

Phone Number

Effective Date of Policy For This Vehicle	Expiration Date of Policy For This Vehicle	Year & Make (1) (2) (3) (4)	Vehicle Identification No(s)
FR CASE NO. _____			
READ OTHER SIDE			

"BACK"

INSTRUCTION TO VEHICLE OWNER/INSURANCE COMPANY

THIS INSURANCE CERTIFICATION (FORM FR-19) IS EVIDENCE THAT YOUR VEHICLE(S) IS/ARE INSURED IN COMPLIANCE WITH THE DELAWARE COMPULSORY INSURANCE LAW ON THE CERTIFICATION DATE INDICATED ON THE FRONT OF THIS FORM. DMV WILL ACCEPT THIS CERTIFICATION FOR ONLY 30 DAYS FROM DATE OF CERTIFICATION. THIS FORM MUST BE RECEIVED BY THE DIVISION OF MOTOR VEHICLES WITHIN 30 DAYS OF THE RESPONSE DATE.

1. If the Financial Responsibility Section of the Motor Vehicle Administration Office requests this Insurance Certification, you must mail, or have your insurance company mail, or bring this Insurance Certification to Delaware Division of Motor Vehicles, Financial Responsibility Section, FR-19 Unit, P.O. Box 698, Dover, Delaware 19901. Before mailing this Insurance Certification Form to the Motor Vehicle Administration Office, you must enter below or on the front for purpose of identification, the Motor Vehicle Administration Financial Responsibility Case Number. You will find the FR Case Number in the upper right corner of the letter you received from the Motor Vehicle Administration requesting the FR-19 Form.

2. Insurance agents and providers who elect to mail this form to Delaware Division of Motor Vehicles for their customers, must ensure FR Case Number is entered on the form.

FR CASE NO. _____