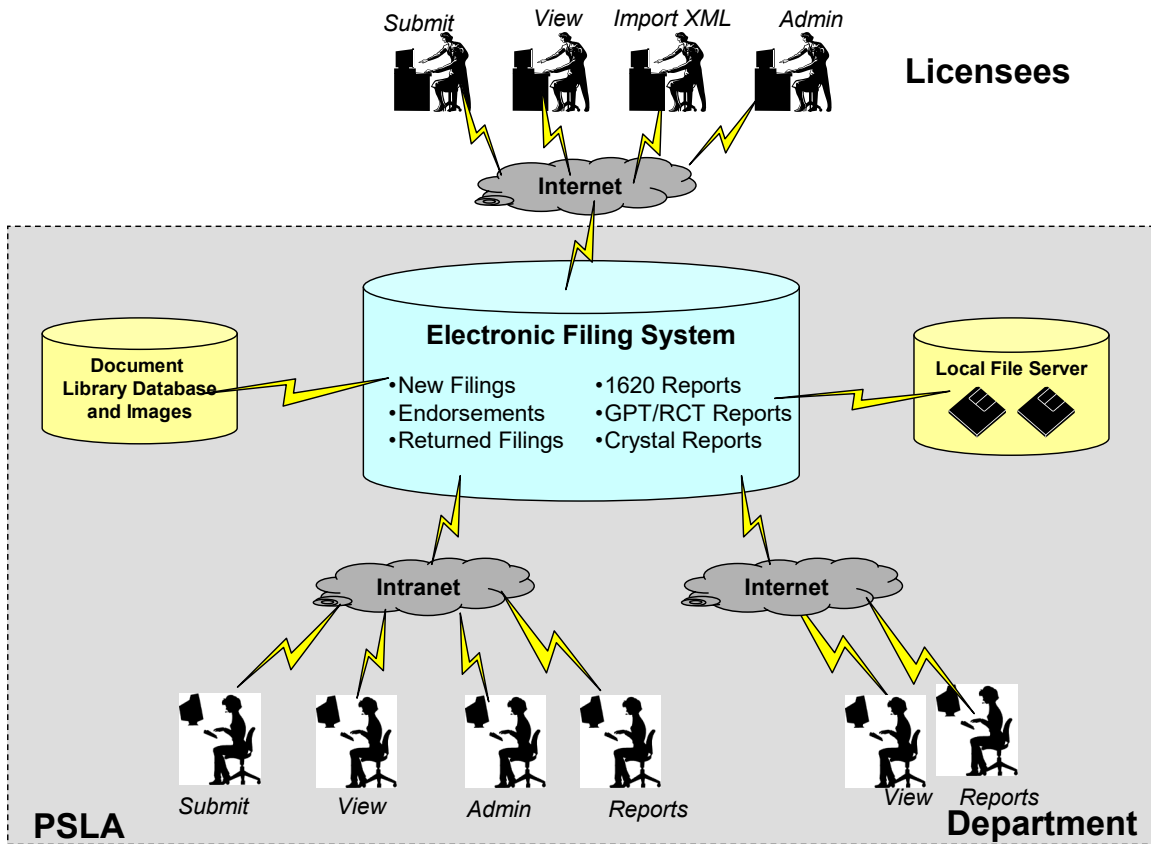


Electronic Filing System User Manual for XML Export/Import



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1 XML EXPORT/IMPORT

The XML (Extensible Markup Language) Export/Import function is targeted at agencies where filing information is stored in the agency's computer system and the computer system prints out filings that are mailed to PSLA. PSLA receives the filing, scans the paper filing, and manually retypes filing information into the Electronic Filing System. The XML Export/Import function eliminates the need for the agency to print/mail the filing and the need for PSLA to manually retype in the filing information. The XML Export/Import process is:

- The agency computer system generates/exports an XML text file that contains filing information
- The agency computer system emails the XML text file to PSLA
- PSLA's Electronic Filing System validates filing information in the XML text file and imports it into PSLA's database
- PSLA's Electronic Filing System sends a return email confirming a successful import
- The filing is available for review over the Internet similar to filings entered by Agency Users or PSLA Users.

A single XML file may contain information for multiple policies but the typical usage is to have one policy per XML file. The XML Export/Import function supports submitting new filings. It does not support revisions, endorsements, 1620 reports, or RCT reports.

Please contact efshelp@pasla.org if you are interested in the XML Export/Import function.

1.1 Document History

Date	Description
2/20/2019	Removed the Type of Coverage (KIND) and the Description of Insured's Operation (CLASS) tables and created two separate documents.
1/30/2010	Added description of XML Interface Errors
5/4/2010	Added 2 new Kinds (Type of Coverage) per Export List dated 4/24/2010
6/24/2011	Added three new fields for EFS 3.0. Refer to the Procedures and Electronic Filing User Manual for more information. <ul style="list-style-type: none"> • Multistate_Risk • Policy_Premium • Revenue_Rec_Date References to the new fields are highlighted in yellow .
12/6/2011	Added notes on XML Import via web page to Section 5.1 and 5.2 . If a single XML file contains multiple filings in a web page upload then all must be valid before any are successfully submitted. A single error prevents submission. PSLA highly recommends that XML users use Search to compare the number of filings in the XML files against the number of filings successfully submitted to EFS.
10/16/2012	Updated the Kinds and Class lists.
4/22/2016	Changed all XML tags to lower case for EFS Next Generation.
2/20/2019	Moved the Kinds List and the Class Lists into their own documents for ease of maintenance.
9/27/2024	Added XML Tags for the Personal Lines Service Fee and Commercial Lines Service Fee. Refer to the XML Tag Name section <ul style="list-style-type: none"> • Updated Effective, Expiration, and Revenue Recognition Dates in XML examples • Updated images to include Personal Lines Service Fee and Commercial Lines Service Fee

2 XML FILE STRUCTURE

XML uses tags to identify information. The leading tag has the format **<tagname>** the trailing tag has the format **</tagname>** and the value is between the leading and trailing tags. For example a filing with a policy number of P1234XYZ would have the following information in the XML file.

```
<policy_number>P1234XYZ</policy_number>
```

A more complicated structure is where one piece of data hierarchically relates to another piece of data. For example, property limit, casualty limit, and premium are related to the Eligible Insurer. If a filing entered into the EFS Affidavit Form contains a single Eligible Insurer (as shown in the image below)...

MULTI-STATE RISK						
Does the policy cover risks in the Commonwealth of Pennsylvania plus one or more other state or territory? <input checked="" type="radio"/> Yes <input type="radio"/> No						
ELIGIBLE INSURERS		Add Another Insurer		Remove Last Insurer		
	Eligible Insurer Number	Eligible Insurer	Property Limit	Casualty Limit	PA Premium	Policy Premium
1	22416	LLOYD'S (UNDERWRITE	\$ 1,000	\$ 10,000	\$ 100.00	\$ 200.00
Total from Eligible Insurers			\$ 1,000	\$ 10,000	\$ 100.00	\$ 200.00

...the analogous XML file contains the following.

```
<multistate_risk>1</multistate_risk>
<eligible_insurers>
  <eligible_insurer>
    <org_id>22416</org_id>
    <property_limit>1000</property_limit>
    <casualty_limit>10000</casualty_limit>
    <premium>100.00</premium>
    <policy_premium>200.00</policy_premium>
  </eligible_insurer>
</eligible_insurers>
```

If a filing entered into the EFS Affidavit Form contains multiple Eligible Insurers (as shown in the image below),

MULTI-STATE RISK						
Does the policy cover risks in the Commonwealth of Pennsylvania plus one or more other state or territory? <input checked="" type="radio"/> Yes <input type="radio"/> No						
ELIGIBLE INSURERS		Add Another Insurer		Remove Last Insurer		
	Eligible Insurer Number	Eligible Insurer	Property Limit	Casualty Limit	PA Premium	Policy Premium
1	22416	LLOYD'S (UNDERWRITEI	\$ 1,000	\$ 10,000	\$ 100.00	\$ 200.00
2	48123	ACE EUROPEAN GROUF	\$ 2,000	\$ 20,000	\$ 150.00	\$ 300.00
Total from Eligible Insurers			\$ 3,000	\$ 30,000	\$ 250.00	\$ 500.00

the analogous XML file contains the following.

```
<multistate_risk>1</multistate_risk>
<eligible_insurers>
  <eligible_insurer>
    <org_id>22416</org_id>
    <property_limit>1000</property_limit>
    <casualty_limit>10000</casualty_limit>
    <premium>100.00</premium>
    <policy_premium>200.00</policy_premium>
  </eligible_insurer>
  <eligible_insurer>
    <org_id>48123</org_id>
    <property_limit>2000</property_limit>
    <casualty_limit>20000</casualty_limit>
    <premium>150.00</premium>
    <policy_premium>300.00</policy_premium>
  </eligible_insurer>
</eligible_insurers>
```

3 XML FILE FORMAT

A single XML file may contain multiple filings **but if one filing fails the validation check, none of the filings in the XML file are submitted.** In addition customers have found that it is more difficult to troubleshoot an XML file containing multiple filings. Thus while a single XML file may contain multiple filings it is recommended to only have a single filing in an XML file.

The first section in the XML file is called the "filing header" and it describes the number of filings and the total premium of all filings. EFS compares the premium listed in the filing header against the sum of premiums for each filing to ensure consistency.

- The **filing_header** section contains the following.
 - The number of new and revised filings in the file.
 - The total amount of PA Premium (xml tag = premium) for all new filings.
- The section for each new **Filing** contains:
 - Customer ID
 - Filing Type of "New"
 - XML Transaction ID. Each filing in the file must be numbered in sequential order. Validation errors will be reported against the XML Transaction ID.
 - Filing Type ID. The values are:
 - 1 for 1609-SLL/1609-PR
 - 2 for 1609-B
 - 3 for 1610-A
 - 4 for 1610-B
 - 5 for 1604-E
 - The remaining information needed is dependent on whether the filing type is 1609-SLL/1609-PR, 1609B, 1610-A, 1610-B, or 1604-E. Refer to the [XML Tags](#) tables for details.

Refer to the example below for an XML File that contains one New Filing.

- NOTE: the New Filing is a 1609-SLL/1609-PR so a "zipped" file of the PR image must be imported with the XML file and the PR image file name must be described in the 1609-SLL/1609-PR filing section. See section with **red** font.

XML Example

```
<?xml version="1.0" ?>
<filings>
  <filing_header>
    <login>jane.doe@agencyname.com</login>
    <password>abcd1234</password>
    <filing_version>1</filing_version>
    <number_of_filings>1</number_of_filings>
    <total_of_filing_premiums>1000</total_of_filing_premiums>
  </filing_header>
  <filing type="new" xml_tran_id="1">
    <customer_id>0753</customer_id>
    <individual_licensee_number>56142</individual_licensee_number>
    <filing_type_id>1</filing_type_id>
    <policy_number>XMLExample</policy_number>
    <effective_date>10/1/2024</effective_date>
    <expiration_date>10/1/2025</expiration_date>
    <type_of_coverage>29</type_of_coverage>
    <description_of_insured_operation>21</description_of_insured_operation>
    <insured_name>John Smith</insured_name>
    <location_of_risk>211 Welsh Pool Road</location_of_risk>
    <city>Exton</city>
    <state>PA</state>
    <zipcode>19341</zipcode>
    <multistate_risk>0</multistate_risk>
    <eligible_insurers>
      <eligible_insurer>
        <org_id>48123</org_id>
```

```
<property_limit>0</property_limit>
<casualty_limit>10000</casualty_limit>
<premium>1000</premium>
<policy_premium>1000</policy_premium>
</eligible_insurer>
</eligible_insurers>
<revenue_rec_date>10/1/2024</revenue_rec_date>
<personal_lines_service_fee>0.00</personal_lines_service_fee>
<commercial_lines_service_fee>0.00</commercial_lines_service_fee>
<pr_image_filename>Test1609-1.pdf</pr_image_filename>
</filing>
</filings>
```

Below is an image of the filing after it was successfully imported into EFS.

Type of Filing (please select one):						
1609-SLL/1609-PR		must be used where other filing types do not apply				
REPORT OF TRANSACTION WITH UNLICENSED INSURER(S) IN ACCORDANCE WITH SECTIONS 1604, 1606, 1608 AND 1609 OF ARTICLE XVI, SURPLUS LINES, OF THE INSURANCE COMPANY LAW, ACT OF MAY 17, 1921, P.L. 682, NO. 284, AS AMENDED						
DECLARATION BY SURPLUS LINES LICENSEE						
Insured Name JOHN SMITH						
Location of Risk		Zip	City	State		
211 Welsh Pool Road		19341	EXTON	PA		
Type of Coverage		Description of Insured's Operation				
Umbrella or Excess Liab. Follow Form - CAS		Commercial Truck - Explosive Haulers				
Umbrella or Excess Liab. Follow Form - CAS		Commercial Truck - Explosive Haulers				
Effective Dates (term) of Coverage						
Effective Date (mm/dd/yyyy)			Expiration Date (mm/dd/yyyy)			
10/01/2024			10/01/2025			
With respect to the risk described above, I hereby declare under the penalties provided for perjury that I am not aware of how the coverage can be procured from licensed insurers. I have, therefore, affected the insurance described below with the following eligible surplus line insurer(s). [This is only applicable to the 1609-SLL/1609-PR type of filing.						
MULTI-STATE RISK						
Does the policy cover risks in the Commonwealth of Pennsylvania plus one or more other state or territory? <input type="radio"/> Yes <input checked="" type="radio"/> No						
ELIGIBLE INSURERS						
	Eligible Insurer Number	Eligible Insurer	Property Limit	Casualty Limit	PA Premium	Policy Premium
1	48123	CHUBB EUROPEAN G	\$ 0	\$ 10,000	\$ 1,000.00	\$ 1,000.00
Total from Eligible Insurers			\$ 0	\$ 10,000	\$ 1,000.00	\$ 1,000.00
I further declare under the penalties provided for perjury, that at the time of presenting a quotation to the insured, the insured was given notice in writing, either directly or through the producer, that:						
The insurer with whom the insurance is to be placed is not admitted to transact business in this Commonwealth and is subject to limited regulation by the Department; and in the event of the insolvency of the insurer, losses will not be paid by the Pennsylvania Property and Casualty Insurance Guaranty Association.						
<input type="checkbox"/> Omissions : the Omissions box is not available after 12/31/2010.						
Revenue Recognition Date		10/01/2024				
Tax	\$	30.00	<input type="checkbox"/> Check here ONLY if Tax Exempt			
Total Stamping Fee	\$	20.00	The correctly received date is before the effective date			
SERVICE FEES						
Personal Lines Service Fee			Commercial Lines Service Fee			
\$ 0.00			\$ 0.00			

4 XML TAG NAMES

XML tag names are case sensitive and all tag names must be lower case.

XML Tags - Header

XML Tag	Data Type	Description
---------	-----------	-------------

XML Tag	Data Type	Description
login	String	The Electronic Filing System Login Id (note the permission for XML Import must be enabled)
password	String	The password associated with the Login ID
number_of_filings	Integer	The total number of new and revised filings contained in the XML file.
total_of_filings_premium	Decimal	The total amount of premium for the new and revised filings contained in the XML file.

XML Tags – New Filing

Affidavit Form Label	XML Tag	Data Type	Filing Types				
			1 1609-SLL	2 1609-B	3 1610-A	4 1610-B	5 1604-E
Customer ID	customer_id	String	Required	Required	Required	Required	Required
Policy Number	policy_number	String	Note 1	Note 1	Note 1	Note 1	Note 1
Binder Number	binder_number	String	Note 1	Note 1	Note 1	Note 1	Note 1
Customer Reference Number	customer_reference_number	String	Optional	Optional	Optional	Optional	Optional
Type of Filing	filing_type_id	Integer	Required	Required	Required	Required	Required
Purchasing Group	purchasing_group_id	Integer	N/A	N/A	N/A	Required	N/A
Insured Name	insured_name	String	Required	Required	Required	Required	Required
Location of Risk	location_of_risk	String	Required	Required	Required	Required	Required
City	city	String	Required	Required	Required	Required	Required
Zip	zipcode		Required	Required	Required	Required	Required
State	state	String = PA	Required	Required	Required	Required	Required
Type of Coverage	type_of_coverage	Integer – see list	Required	Required	Required	Required	Required
Description of Insured Operation	description_of_insured_operation	Integer – see list	Required	Required	Required	Required	Required
Effective Date	effective_date	MM/DD/YYYY	Required	Required	Required	Required	Required
Expiration Date	expiration_date	MM/DD/YYYY	Required	Required	Required	Required	Required
Multi-state Risk	multistate_risk	Boolean (1=yes, 0=no)	Required	Required	Required	Required	Required
Eligible Insurer	eligible_insurer	Integer	Required	Required	Required	Required	Required
Eligible Insurer Number	org_id		Required	required	required	required	required
Property Limit	property_limit		Note 2	Note 2	Note 2	Note 2	Note 2
Casualty Limit	casualty_limit		Note 2	Note 2	Note 2	Note 2	Note 2
Premium	premium		Note 3	Note 3	Note 3	Note 3	Note 3
Policy Premium	policy_premium		Required Note 6	Required Note 6	Required Note 6	Required Note 6	Required Note 6
For Reporting Only	reporting_only		Note 3	Note 3	Note 3	Note 3	Note 3
Check here only if Tax Exempt	tax_exempt	Boolean (T=tax exempt, F=not exempt)	Required only if tax exempt	Required only if tax exempt	Required only if tax exempt	Required only if tax exempt	Required only if tax exempt
Check here if Form1606-A is used	Note 5						

Affidavit Form Label	XML Tag	Data Type	Filing Types				
			1 1609-SLL	2 1609-B	3 1610-A	4 1610-B	5 1604-E
Full explanation of why the risk could not be placed with admitted or eligible surplus lines insurers	explanation_for_1606a	String	Optional	Optional	Optional	Optional	Optional
Ineligible Insurer	ineligible_insurer		Optional	Optional	Optional	Optional	Optional
Ineligible Insurer Name	car_name	String	Optional	Optional	Optional	Optional	Optional
Surplus Lines Individual Licensee	individual_licensee_number		Required	Required	Required	Required	Required
Check here if you were unable to obtain 1609-PR Form	no_pr_available	Boolean (T=true, F=false)	Note 4	N/A	N/A	N/A	N/A
Producer Name	producer_name_override	string	Note 4	N/A	N/A	N/A	N/A
Producer Address	producer_address_override	string	Note 4	N/A	N/A	N/A	N/A
Select the 1609-PR scan from your system	pr_image_filename	string	Required	N/A	N/A	N/A	N/A
Revenue Recognition Date	revenue_rec_date	MM/DD/YYYY	Required	Required	Required	Required	Required
Personal Lines Service Fee	personal_lines_service_fee	Decimal	Optional	Optional	Optional	Optional	Optional
Commercial Lines Service Fee	commercial_lines_service_fee	Decimal	Optional	Optional	Optional	Optional	Optional

- N/A: Not applicable
- Note 1: if a policy number is not provided then a binder number is required
- Note 2: either a property limit or a casualty limit must be provided. Both cannot be \$0.
- Note 3: premium must be > \$0 unless the “for reporting only” option is checked.
- Note 4: There is a non-refundable \$50.00 Missing PR Stamping Fee if you submit a 1609-SLL/1609-PR filing without attaching the associated 1609-PR image file. This fee does not alleviate the surplus lines licensee’s responsibility to obtain and file the completed Producer Affidavit. This is a Warning Error.
- Note 5: If the tagname <ineligible_insurer> is included in the file then the Electronic Filing System assumes the “Check here if Form 1606-A is used” box is checked. If the Ineligible Insurer tagname is not included in the file, then EFS assumes the box is unchecked. Refer to the [Multiple Eligible and Ineligible Insurers example](#).
- Note 6: if multistate_risk=1 than policy_premium must be greater than premium and if multi-state_risk=0 than policy_premium should equal to premium

5 PROCEDURE TO IMPORT AN XML FILE INTO EFS

5.1 Import Individual Filings via Email

Email is the recommended method to import an XML file if the agency's computer system exports an XML file for each individual filing.

- Click new email
- Enter the email address for XML Export/Import
 - The email address will be provided by PSLA's IT Department. Contact EFSHelp@pasla.org if you are interested in XML Export/Import.
- Enter the subject (i.e. policy number)
- Attach the XML text file
- If the filing type is 1609-SLL/1609-PR, attach the PR image file.
- Click send
- Electronic Filing System will:
 - Validate the Login ID has permission for XML Import
 - Validate the password
 - Validate filing information
 - Submit the filing (if there are no critical errors)
 - Send a reply email to the Login ID's email address with the results (PSLA ID if the filing was submitted or the list of errors that prevented submittal)
- **Note! PSLA strongly recommends that XML users search for filings after an XML Import to compare the number of filings that were in the XML files against the number of filings successfully submitted into EFS.**

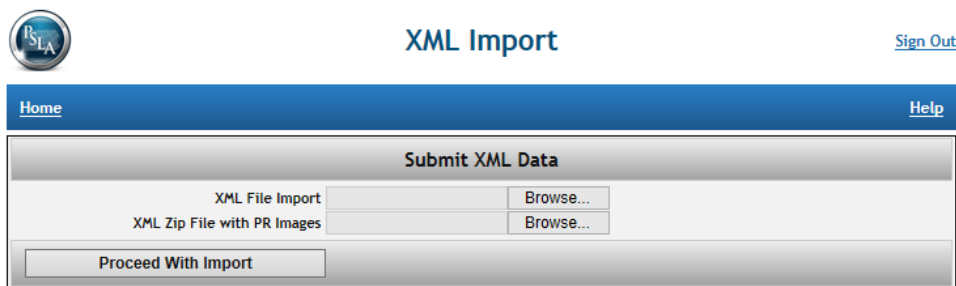
5.2 Import a Batch of Filings via a Web Page

The Web Page Upload import may be used to import 1 or more filings in a single XML file.

- **Warning! A single XML file may contain 1 or more filings but troubleshooting an XML file that contains multiple filings is more difficult and the agency is responsible for troubleshooting. PSLA recommends that an XML file only contain a single filing.**

If the XML file contains 1609-SL/1609-PR filings, the associated PR images must be uploaded as a zip file. The Web page may be used to upload individual filings but email would be more efficient.

- Open up your Internet Browser
- Go to the XML Import web page
 - The URL will be provided by PSLA's IT Department. Contact EFSHelp@pasla.org if you are interested in XML Export/Import.



The screenshot shows the 'XML Import' web page. At the top left is the PSLA logo. The page title is 'XML Import' and there is a 'Sign Out' link at the top right. Below the title is a navigation bar with 'Home' and 'Help' links. The main content area is titled 'Submit XML Data' and contains two input fields: 'XML File Import' and 'XML Zip File with PR Images'. Each field has a 'Browse...' button next to it. At the bottom of the form is a 'Proceed With Import' button.

- Click the **Browse** button and select the XML text file to upload.

- If the filing type is 1609-SLL/1609-PR, click the lower **Browse** button to select the zip image file containing the PR images.
- Click **Proceed with Import**.
- Electronic Filing System will:
 - Validate the Login ID in the XML fFile has permission for XML Import
 - Validate the password
 - Validate filing information
 - Submit the filing (if there are no critical errors).
 - Display the results (PSLA ID if the filing was submitted or the list of errors that prevented submittal)

```

<?xml version="1.0" ?>
- <filing_results>
- <filing_result>
  <xml_tran_id>1</xml_tran_id>
  <valid>true</valid>
  <type>new</type>
  <psla_id>891978</psla_id>
</filing_result>
</filing_results>

```

- Submitted filings may be viewed in EFS. Use the Search page to search for the PSLA ID

Search for Affidavit/Endorsement [Sign Out](#)

Home Signed in as Vic Lim [agencyuser] on UAT. Last successful login was 4/28/2016 8:49 AM [Help](#)

Enter Search Information

Customer ID: 0753
 Policy No.:
 Binder No.:
 Cust Ref. No.:
 Insured Name:
 Tax Status: Select a Tax Status
 PSLA ID:
 Multi-state Risk: Multi-state Risk
 Resident State: Select a Resident State
 Late Filings: Filings with Late Fees
 Omissions: Filings with Omissions

Entry Date Range: 04/28/2016 to 04/28/2016
 Eff. Date Range:
 Exp. Date Range:
 SL Individ. Lic. No.: Select the Individual Licensee
 Producer Lic. No.:
 Type of Coverage: Select the type of coverage
 Filing Status: Select a Filing Status
 Unable to Obtain PR: Filings with Missing PR Stamping Fee
 Filing Type: Select a Filing Type
 Rev. Rec. Date Range:

Search For Policy New Search

Show 10 entries Search:

	Policy No.	PSLA ID	FS	Entry Date	Insured Name	Eff. Date	Exp. Date	Property Limit	Casualty Limit	PA Premium
<input type="radio"/>	Web-1609SLL-NoPR-Apr28	1554852	NW	04-28-16	XML ORIGINAL FILING	01-01-10	01-01-11	0	12,345	1,000.01

Showing 1 to 1 of 1 entries [Previous](#) 1 [Next](#)

Revise Filing History After CN Submit Endorsement Submit Original Filing
 Inactivate Cancel Reinstate Renew View Renew Delete DR Export Resu

- **Note! PSLA strongly recommends that XML users search for filings after an XML Import to compare the number of filings that were in the XML files against the number of filings successfully submitted into EFS.**

6 XML EXPORT/IMPORT FILE EXAMPLES

6.1 Filing Type 1609-SLL/1609-PR

Below is a sample XML file for a new filing of type 1609-SLL/1609-PR. Please note the following.

- The “customer_id” field is required for all filings.
- The premium listed in the field called “filing_header” must be the total of all premiums listed in the XML file. In this example there is only one filing and the premium is \$1000.
 - NOTE: enter the integer value of the premium. Do not use “\$” or “commas”.
- Filing Type 1609-SLL/1609-PR requires an attached image. The image must be “zipped” and the field “pr_image_filename” must be included in the XML file. The PR image filename is “XML_Example-PRImage” in the example below.
- The value for filing_type_id is 1 for a 1609-SLL/1609-PR filing type.

File Name = XMLExample-1609-SLL.xml

```
<?xml version="1.0" ?>
<filings>
  <filing_header>
    <login>jane.doe@agencyname.com</login>
    <password>abcd1234</password>
    <filing_version>1</filing_version>
    <number_of_filings>1</number_of_filings>
    <total_of_filing_premiums>1000</total_of_filing_premiums>
  </filing_header>
  <filing type="new" xml_tran_id="1">
    <customer_id>0753</customer_id>
    <filing_type_id>1</filing_type_id>
    <policy_number>XMLExample-1609-SLL</policy_number>
    <binder_number>XMLExample-1609-SLL</binder_number>
    <individual_licensee_number>56142</individual_licensee_number>
    <effective_date>10/1/2024</effective_date>
    <expiration_date>10/1/2025</expiration_date>
    <type_of_coverage>29</type_of_coverage>
    <description_of_insured_operation>21</description_of_insured_operation>
    <insured_name>John Smith</insured_name>
    <location_of_risk>211 Welsh Pool Road</location_of_risk>
    <city>Exton</city>
    <state>PA</state>
    <zipcode>19341</zipcode>
    <multistate_risk>0</multistate_risk>
    <eligible_insurers>
      <eligible_insurer>
        <org_id>48123</org_id>
        <property_limit>0</property_limit>
        <casualty_limit>10000</casualty_limit>
        <premium>1000</premium>
        <policy_premium>1000</policy_premium>
      </eligible_insurer>
    </eligible_insurers>
    <revenue_rec_date>10/1/2024</revenue_rec_date>
    <personal_lines_service_fee>0.00</personal_lines_service_fee>
```

```

    <commercial_lines_service_fee>0.00</commercial_lines_service_fee>
    <pr_image_filename>XML_Example-PRImage.pdf</pr_image_filename>
  </filing>
</filings>

```

Below is an image of the filing after it was successfully imported into EFS.

Type of Filing (please select one):						
1609-SLL/1609-PR		must be used where other filing types do not apply				
REPORT OF TRANSACTION WITH UNLICENSED INSURER(S) IN ACCORDANCE WITH SECTIONS 1604, 1606, 1608 AND 1609 OF ARTICLE XVI, SURPLUS LINES, OF THE INSURANCE COMPANY LAW, ACT OF MAY 17, 1921, P.L. 682, NO. 284, AS AMENDED						
DECLARATION BY SURPLUS LINES LICENSEE						
Insured Name JOHN SMITH						
Location of Risk			Zip	City	State	
211 Welsh Pool Road			19341	EXTON	PA	
Type of Coverage			Description of Insured's Operation			
Umbrella or Excess Liab. Follow Form - CAS			Commercial Truck - Explosive Haulers			
Umbrella or Excess Liab. Follow Form - CAS			Commercial Truck - Explosive Haulers			
Effective Dates (term) of Coverage						
Effective Date (mm/dd/yyyy)			Expiration Date (mm/dd/yyyy)			
10/01/2024			10/01/2025			
With respect to the risk described above, I hereby declare under the penalties provided for perjury that I am not aware of how the coverage can be procured from licensed insurers. I have, therefore, affected the insurance described below with the following eligible surplus line insurer(s). [This is only applicable to the 1609-SLL/1609-PR type of filing.						
MULTI-STATE RISK						
Does the policy cover risks in the Commonwealth of Pennsylvania plus one or more other state or territory? <input type="radio"/> Yes <input checked="" type="radio"/> No						
ELIGIBLE INSURERS						
	Eligible Insurer Number	Eligible Insurer	Property Limit	Casualty Limit	PA Premium	Policy Premium
1	48123	CHUBB EUROPEAN G	\$ 0	\$ 10,000	\$ 1,000.00	\$ 1,000.00
Total from Eligible Insurers			\$ 0	\$ 10,000	\$ 1,000.00	\$ 1,000.00
I further declare under the penalties provided for perjury, that at the time of presenting a quotation to the insured, the insured was given notice in writing, either directly or through the producer, that:						
The insurer with whom the insurance is to be placed is not admitted to transact business in this Commonwealth and is subject to limited regulation by the Department; and in the event of the insolvency of the insurer, losses will not be paid by the Pennsylvania Property and Casualty Insurance Guaranty Association.						
<input type="checkbox"/> Omissions : the Omissions box is not available after 12/31/2010.						
Revenue Recognition Date		10/01/2024				
Tax	\$	30.00	<input type="checkbox"/> Check here ONLY if Tax Exempt			
Total Stamping Fee	\$	20.00	The correctly received date is before the effective date			
SERVICE FEES						
Personal Lines Service Fee			Commercial Lines Service Fee			
\$ 0.00			\$ 0.00			

6.2 Filing Type 1609-SLL/1609-PR – Unable to Obtain PR Image

Below is a sample XML file for a new filing of type 1609-SLL/1609-PR where the agency was unable to obtain a signed PR image from the Producer. Please note the following.

- The “customer_id” field is required for all filings.
- The premium listed in the field called “filing_header” must be the total of all premiums listed in the XML file. In this example there is only one filing and the premium is \$1000.
 - NOTE: enter the integer value of the premium. Do not use “\$” or “commas”.
- The value for filing_type_id is 1.
- The fields “no_pr_available”, “producer_name_override”, and “producer_address_override” are required as shown below.

```
<no_pr_available>T</no_pr_available>    {The “T” is for “True”}  
<producer_name_override>Bad Boy</producer_name_override>  
<producer_address_override>12345 Street Philadelphia PA</producer_address_override>
```
- These filings can be submitted but they are reported to the Pennsylvania Insurance Department as missing a PR image.

File Name = XML_Example-1609-SLL-noPR.xml

```
<?xml version="1.0" ?>  
<filings>  
  <filing_header>  
    <login>jane.doe@agencyname.com</login>  
    <password>abcd1234</password>  
    <filing_version>1</filing_version>  
    <number_of_filings>1</number_of_filings>  
    <total_of_filing_premiums>1000</total_of_filing_premiums>  
  </filing_header>  
  <filing type="new" xml_tran_id="1">  
    <customer_id>0753</customer_id>  
    <filing_type_id>1</filing_type_id>  
    <policy_number>XMLExample-1609-SLL-noPR</policy_number>  
    <individual_licensee_number>56142</individual_licensee_number>  
    <effective_date>10/01/2024</effective_date>  
    <expiration_date>10/01/2025</expiration_date>  
    <type_of_coverage>29</type_of_coverage>  
    <description_of_insured_operation>21</description_of_insured_operation>  
    <insured_name>John Smith</insured_name>  
    <location_of_risk>211 Welsh Pool Road</location_of_risk>  
    <city>Exton</city>  
    <state>PA</state>  
    <zipcode>19341</zipcode>  
    <multistate_risk>0</multistate_risk>  
    <eligible_insurers>  
      <eligible_insurer>  
        <org_id>48123</org_id>  
        <property_limit>0</property_limit>  
        <casualty_limit>10000</casualty_limit>  
        <premium>1000</premium>  
        <policy_premium>1000</policy_premium>  
      </eligible_insurer>  
    </eligible_insurers>  
    <revenue_rec_date>10/01/2024</revenue_rec_date>  
    <personal_lines_service_fee>0.00</personal_lines_service_fee>
```

```

<commercial_lines_service_fee>0.00</commercial_lines_service_fee>
<no_pr_available>T</no_pr_available>
<producer_name_override>Bad Boy</producer_name_override>
<producer_address_override>12345 Street Philadelphia PA</producer_address_override>
</filing>
</filings>

```

Below is an image of the filing after it was successfully imported into EFS. Please note the **unable to obtain the 1609-PR form** box is checked and the producer name and address is filled in.

DECLARATION BY SURPLUS LINES LICENSEE						
Insured Name JOHN SMITH						
Location of Risk 211 Welsh Pool Road			Zip 19341	City EXTON	State PA	
Type of Coverage Umbrella or Excess Liab. Follow Form - CAS			Description of Insured's Operation Commercial Truck - Explosive Haulers			
Umbrella or Excess Liab. Follow Form - CAS			Commercial Truck - Explosive Haulers			
Effective Dates (term) of Coverage						
Effective Date(mm/dd/yyyy) 10/01/2024			Expiration Date(mm/dd/yyyy) 10/01/2025			
With respect to the risk described above, I hereby declare under the penalties provided for perjury that I am not aware of how the coverage can be procured from licensed insurers. I have, therefore, affected the insurance described below with the following eligible surplus line insurer(s). [This is only applicable to the 1609-SLL/1609-PR type of filing.						
MULTI-STATE RISK						
Does the policy cover risks in the Commonwealth of Pennsylvania plus one or more other state or territory? <input type="radio"/> Yes <input checked="" type="radio"/> No						
ELIGIBLE INSURERS						
	Eligible Insurer Number	Eligible Insurer	Property Limit	Casualty Limit	PA Premium	Policy Premium
1	48123	CHUBB EUROPEAN G	\$ 0	\$ 10,000	\$ 1,000.00	\$ 1,000.00
Total from Eligible Insurers			\$ 0	\$ 10,000	\$ 1,000.00	\$ 1,000.00
I further declare under the penalties provided for perjury, that at the time of presenting a quotation to the insured, the insured was given notice in writing, either directly or through the producer, that: The insurer with whom the insurance is to be placed is not admitted to transact business in this Commonwealth and is subject to limited regulation by the Department; and in the event of the insolvency of the insurer, losses will not be paid by the Pennsylvania Property and Casualty Insurance Guaranty Association.						
<input type="checkbox"/> Omissions : the Omissions box is not available after 12/31/2010.						
Revenue Recognition Date		10/01/2024				
Tax	\$ 30.00	<input type="checkbox"/> Check here ONLY if Tax Exempt				
Stamping Fee	\$ 20.00	The correctly received date is before the effective date				
Missing PR Stamping Fee	\$ 50.00	The Missing PR Fee is non-refundable.				
Total Stamping Fee	\$ 70.00	The correctly received date is before the effective date				
SERVICE FEES						
Personal Lines Service Fee			Commercial Lines Service Fee			
\$ 0.00			\$ 0.00			

6.3 Filing Type 1609-SLL/1609-PR with Multi-state Risk

Below is a sample XML file for a new filing of type 1609-SLL/1609-PR that has a multi-state risk. Please note the following.

- The “customer_id” field is required for all filings.
- The premium listed in the field called “filing_header” must be the total of all premiums (PA portion) listed in the XML file. In this example there is only one filing, the PA Portion of the premium is \$1000, and the policy premium is \$5,000.
 - The policy premium is \$5,000.
 - The policy covers risks in multiple states.
 - The home state is PA.
 - The portion of the policy premium that is associated with the risk located in PA is \$1,000.
- The revenue recognition date for tax reporting is the same as the policy effective date.
- Filing Type 1609-SLL/1609-PR requires an attached image. The image must be “zipped” and the field “**pr_image_filename**” must be included in the XML file. The PR image filename is “XML_Example-PRImage” in the example below.
- The value for filing_type_id is 1 for a 1609-SLL/1609-PR filing type.

File Name = XMLExample-1609-SLL.xml

```
<?xml version="1.0" ?>
<filings>
  <filing_header>
    <login>jane.doe@agencyname.com</login>
    <password>abcd1234</password>
    <filing_version>1</filing_version>
    <number_of_filings>1</number_of_filings>
    <total_of_filing_premiums>1000</total_of_filing_premiums>
  </filing_header>
  <filing type="new" xml_tran_id="1">
    <customer_id>0753</customer_id>
    <filing_type_id>1</filing_type_id>
    <policy_number>XMLExample-1609-Multistate</policy_number>
    <binder_number>XMLExample-1609-Multistate</binder_number>
    <individual_licensee_number>56142</individual_licensee_number>
    <effective_date>01/01/2006</effective_date>
    <expiration_date>01/01/2007</expiration_date>
    <type_of_coverage>29</type_of_coverage>
    <description_of_insured_operation>21</description_of_insured_operation>
    <insured_name>John Smith</insured_name>
    <location_of_risk>211 Welsh Pool Road</location_of_risk>
    <city>Exton</city>
    <state>PA</state>
    <zipcode>19341</zipcode>
    <multistate_risk>1</multistate_risk>
    <eligible_insurers>
      <eligible_insurer>
        <org_id>48123</org_id>
        <property_limit>10000000</property_limit>
        <casualty_limit>0</casualty_limit>
        <premium>1000</premium>
        <policy_premium>5000</policy_premium>
      </eligible_insurer>
    </eligible_insurers>
  </filing>
</filings>
```

```

<revenue_rec_date>01/01/2006</revenue_rec_date>
<personal_lines_service_fee>0.00</personal_lines_service_fee>
<commercial_lines_service_fee>0.00</commercial_lines_service_fee>
<pr_image_filename>Test-1609-1.pdf</pr_image_filename>
</filing>
</filings>

```

Below is an image of the filing after it was successfully imported into EFS.

Type of Filing (please select one):					
1609-SLL/1609-PR		must be used where other filing types do not apply			
REPORT OF TRANSACTION WITH UNLICENSED INSURER(S) IN ACCORDANCE WITH SECTIONS 1604, 1606, 1608 AND 1609 OF ARTICLE XVI, SURPLUS LINES, OF THE INSURANCE COMPANY LAW, ACT OF MAY 17, 1921, P.L. 682, NO. 284, AS AMENDED					
DECLARATION BY SURPLUS LINES LICENSEE					
Insured Name JOHN SMITH					
Location of Risk		Zip	City	State	
211 WELSH POOL ROAD		19341	EXTON	PA	
Type of Coverage			Description of Insured's Operation		
Umbrella or Excess Liab. Follow Form - CAS			Commercial Truck - Explosive Haulers		
Umbrella or Excess Liab. Follow Form - CAS			Commercial Truck - Explosive Haulers		
Effective Dates (term) of Coverage					
Effective Date (mm/dd/yyyy)			Expiration Date (mm/dd/yyyy)		
01/01/2006			01/01/2007		
With respect to the risk described above, I hereby declare under the penalties provided for perjury that I am not aware of how the coverage can be procured from licensed insurers. I have, therefore, affected the insurance described below with the following eligible surplus line insurer(s). [This is only applicable to the 1609-SLL/1609-PR type of filing.]					
MULTI-STATE RISK					
Does the policy cover risks in the Commonwealth of Pennsylvania plus one or more other state or territory? <input checked="" type="radio"/> Yes <input type="radio"/> No					
ELIGIBLE INSURERS		Add Another Insurer		Remove Last Insurer	
	Eligible Insurer Number	Eligible Insurer	Property Limit	Casualty Limit	PA Premium
1	48123	ACE EUROPEAN GROUF	\$ 10,000,000	\$ 0	\$ 1,000.00
Total from Eligible Insurers			\$ 10,000,000	\$ 0	\$ 1,000.00
I further declare under the penalties provided for perjury, that at the time of presenting a quotation to the insured, the insured was given notice in writing, either directly or through the producer, that:					
The insurer with whom the insurance is to be placed is not admitted to transact business in this Commonwealth and is subject to limited regulation by the Department; and in the event of the insolvency of the insurer, losses will not be paid by the Pennsylvania Property and Casualty Insurance Guaranty Association.					
<input type="checkbox"/> Omissions : the Omissions box is not available after 12/31/2010.					
Revenue Recognition Date		01/01/2006			
Tax	\$ 30.00	<input type="checkbox"/> Check here ONLY if Tax Exempt			
Total Stamping Fee	\$ 40.00	The correctly received date is 1998 days after the effective date			

6.4 Filing Type 1609-B

Below is a sample XML file for a new filing of type 1609-B. Please note the following.

- The “customer_id” field is required for all filings.
- The premium listed in the field called “filing_header” must be the total of all premiums listed in the XML file. In this example there is only one filing and the premium is \$1000.
 - NOTE: enter the integer value of the premium. Do not use “\$” or “commas”.
- The value for filing_type_id is 2.

File Name = XMLExample-1609-B.xml

```
<?xml version="1.0" ?>
<filings>
  <filing_header>
    <login>jane.doe@agencyname.com</login>
    <password>abcd1234</password>
    <filing_version>1</filing_version>
    <number_of_filings>1</number_of_filings>
    <total_of_filing_premiums>1000</total_of_filing_premiums>
  </filing_header>
  <filing type="new" xml_tran_id="1">
    <customer_id>0753</customer_id>
    <filing_type_id>2</filing_type_id>
    <policy_number>XMLExample-1609-B</policy_number>
    <binder_number>XMLExample-1609-B</binder_number>
    <individual_licensee_number>56142</individual_licensee_number>
    <effective_date>10/1/2024</effective_date>
    <expiration_date>10/1/2025</expiration_date>
    <type_of_coverage>19</type_of_coverage>
    <description_of_insured_operation>17</description_of_insured_operation>
    <insured_name>John Smith</insured_name>
    <location_of_risk>211 Welsh Pool Road</location_of_risk>
    <city>Exton</city>
    <state>PA</state>
    <zipcode>19341</zipcode>
    <multistate_risk>0</multistate_risk>
    <eligible_insurers>
      <eligible_insurer>
        <org_id>48123</org_id>
        <property_limit>0</property_limit>
        <casualty_limit>10000</casualty_limit>
        <premium>1000</premium>
        <policy_premium>1000</policy_premium>
      </eligible_insurer>
    </eligible_insurers>
    <revenue_rec_date>10/1/2024</revenue_rec_date>
    <personal_lines_service_fee>0.00</personal_lines_service_fee>
    <commercial_lines_service_fee>0.00</commercial_lines_service_fee>
  </filing>
</filings>
```

Below is an image of the filing after it was successfully imported into EFS.

Type of Filing (please select one):						
1609-B		for use after continuous surplus lines placement per Surplus Lines Law Section 1609(i)				
REPORT OF TRANSACTION WITH UNLICENSED INSURER(S) IN ACCORDANCE WITH SECTIONS 1604, 1606, 1608 AND 1609 OF ARTICLE XVI, SURPLUS LINES, OF THE INSURANCE COMPANY LAW, ACT OF MAY 17, 1921, P.L. 682, NO. 284, AS AMENDED						
DECLARATION BY SURPLUS LINES LICENSEE						
Insured Name JOHN SMITH						
Location of Risk		Zip	City	State		
211 welsh pool road		19341	EXTON	PA		
Type of Coverage		Description of Insured's Operation				
Professional Liab. (E&O/Malpractice) - CAS		Service - Miscellaneous				
Professional Liab. (E&O/Malpractice) - CAS		Service - Miscellaneous				
Effective Dates (term) of Coverage						
Effective Date (mm/dd/yyyy)			Expiration Date (mm/dd/yyyy)			
10/01/2024			10/01/2025			
With respect to the risk described above, I hereby declare under the penalties provided for perjury that I am not aware of how the coverage can be procured from licensed insurers. I have, therefore, affected the insurance described below with the following eligible surplus line insurer(s). [This is only applicable to the 1609-SLL/1609-PR type of filing.]						
MULTI-STATE RISK						
Does the policy cover risks in the Commonwealth of Pennsylvania plus one or more other state or territory? <input type="radio"/> Yes <input checked="" type="radio"/> No						
ELIGIBLE INSURERS						
	Eligible Insurer Number	Eligible Insurer	Property Limit	Casualty Limit	PA Premium	Policy Premium
1	48123	CHUBB EUROPEAN G	\$ 0	\$ 10,000	\$ 1,000.00	\$ 1,000.00
Total from Eligible Insurers			\$ 0	\$ 10,000	\$ 1,000.00	\$ 1,000.00
I further declare under the penalties provided for perjury, that at the time of presenting a quotation to the insured, the insured was given notice in writing, either directly or through the producer, that:						
The insurer with whom the insurance is to be placed is not admitted to transact business in this Commonwealth and is subject to limited regulation by the Department; and in the event of the insolvency of the insurer, losses will not be paid by the Pennsylvania Property and Casualty Insurance Guaranty Association.						
<input type="checkbox"/> Omissions : the Omissions box is not available after 12/31/2010.						
Revenue Recognition Date		10/01/2024				
Tax	\$	30.00	<input type="checkbox"/> Check here ONLY if Tax Exempt			
Total Stamping Fee	\$	20.00	The correctly received date is before the effective date			
SERVICE FEES						
Personal Lines Service Fee			Commercial Lines Service Fee			
\$ 0.00			\$ 0.00			

6.5 Filing Type 1610-A with Multi-state Risk

Below is a sample XML file for a new filing of type 1610-A that has risks in multiple states. Please note the following.

- The “customer_id” field is required for all filings.
- The premium listed in the field called “filing_header” must be the total of the PA portion of premiums listed in the XML file.
 - The policy premium is \$5,000 (i.e. policy_premium = 5000)
 - The policy covers risks in multiple states (i.e. multistate_risk = 1)
 - PA is the home state.
 - The premium associated with the risk located in PA is \$1,000 (i.e. premium = 1000)
- The value for filing_type_id is 3.

File Name = XML_Example-1610-A.xml

```
<?xml version="1.0" ?>
<filings>
  <filing_header>
    <login>jane.doe@agencyname.com</login>
    <password>abcd1234</password>
    <filing_version>1</filing_version>
    <number_of_filings>1</number_of_filings>
    <total_of_filing_premiums>1000</total_of_filing_premiums>
  </filing_header>
  <filing type="new" xml_tran_id="1">
    <customer_id>0753</customer_id>
    <filing_type_id>3</filing_type_id>
    <policy_number>XMLExample-1610-A</policy_number>
    <individual_licensee_number>56142</individual_licensee_number>
    <effective_date>10/1/2024</effective_date>
    <expiration_date>10/1/2025</expiration_date>
    <type_of_coverage>19</type_of_coverage>
    <description_of_insured_operation>17</description_of_insured_operation>
    <insured_name>John Smith</insured_name>
    <location_of_risk>211 Welsh Pool Road</location_of_risk>
    <city>Exton</city>
    <state>PA</state>
    <zipcode>19341</zipcode>
    <multistate_risk>1</multistate_risk>
    <eligible_insurers>
      <eligible_insurer>
        <org_id>48123</org_id>
        <property_limit>0</property_limit>
        <casualty_limit>10000</casualty_limit>
        <premium>1000</premium>
        <policy_premium>5000</policy_premium>
      </eligible_insurer>
    </eligible_insurers>
    <revenue_rec_date>10/1/2024</revenue_rec_date>
    <personal_lines_service_fee>0.00</personal_lines_service_fee>
    <commercial_lines_service_fee>0.00</commercial_lines_service_fee>
  </filing>
</filings>
```

Below is an image of the filing after it was successfully imported into EFS.

Type of Filing (please select one):						
1610-A for an exempt commercial purchaser per Surplus Lines Law Section 1610(a)						
REPORT OF TRANSACTION WITH UNLICENSED INSURER(S) IN ACCORDANCE WITH SECTIONS 1604, 1606, 1608 AND 1609 OF ARTICLE XVI, SURPLUS LINES, OF THE INSURANCE COMPANY LAW, ACT OF MAY 17, 1921, P.L. 682, NO. 284, AS AMENDED						
DECLARATION BY SURPLUS LINES LICENSEE						
Insured Name JOHN SMITH						
Location of Risk			Zip	City	State	
211 welsh pool road			19341	EXTON	PA	
Type of Coverage			Description of Insured's Operation			
Professional Liab. (E&O/Malpractice) - CAS			Service - Miscellaneous			
Professional Liab. (E&O/Malpractice) - CAS			Service - Miscellaneous			
Effective Dates (term) of Coverage						
Effective Date (mm/dd/yyyy)			Expiration Date (mm/dd/yyyy)			
10/01/2024			10/01/2025			
With respect to the risk described above, I hereby declare under the penalties provided for perjury that I am not aware of how the coverage can be procured from licensed insurers. I have, therefore, affected the insurance described below with the following eligible surplus line insurer(s). [This is only applicable to the 1609-SLL/1609-PR type of filing.]						
MULTI-STATE RISK						
Does the policy cover risks in the Commonwealth of Pennsylvania plus one or more other state or territory? <input checked="" type="radio"/> Yes <input type="radio"/> No						
ELIGIBLE INSURERS						
	Eligible Insurer Number	Eligible Insurer	Property Limit	Casualty Limit	PA Premium	Policy Premium
1	48123	CHUBB EUROPEAN G	\$ 0	\$ 10,000	\$ 1,000.00	\$ 5,000.00
Total from Eligible Insurers			\$ 0	\$ 10,000	\$ 1,000.00	\$ 5,000.00
I further declare under the penalties provided for perjury, that at the time of presenting a quotation to the insured, the insured was given notice in writing, either directly or through the producer, that:						
The insurer with whom the insurance is to be placed is not admitted to transact business in this Commonwealth and is subject to limited regulation by the Department; and in the event of the insolvency of the insurer, losses will not be paid by the Pennsylvania Property and Casualty Insurance Guaranty Association.						
<input type="checkbox"/> Omissions : the Omissions box is not available after 12/31/2010.						
Revenue Recognition Date		10/01/2024				
Tax	\$	150.00	<input type="checkbox"/> Check here ONLY if Tax Exempt			
Total Stamping Fee	\$	20.00	The correctly received date is before the effective date			
SERVICE FEES						
Personal Lines Service Fee			Commercial Lines Service Fee			
\$ 0.00			\$ 0.00			

6.6 Filing Type 1610-B

Below is a sample XML file for a new filing of type 1610-B. Please note the following.

- The “customer_id” field is required for all filings.
- The premium listed in the field called “filing_header” must be the total of all premiums listed in the XML file. In this example there is only one filing and the premium is \$1000.
 - NOTE: enter the integer value of the premium. Do not use “\$” or “commas”.
- The value for filing_type_id is 4.
- A value for the “purchasing_group” field is required. Refer to the Purchasing Group Table to find the value associated with the purchasing group name.

File Name = XML_Example-1610-B.xml

```
<?xml version="1.0" ?>
<filings>
  <filing_header>
    <login>jane.doe@agencyname.com</login>
    <password>abcd1234</password>
    <filing_version>1</filing_version>
    <number_of_filings>1</number_of_filings>
    <total_of_filing_premiums>1000</total_of_filing_premiums>
  </filing_header>
  <filing type="new" xml_tran_id="1">
    <customer_id>0753</customer_id>
    <filing_type_id>4</filing_type_id>
    <policy_number>XMLExample-1610-B</policy_number>
    <binder_number>XMLExample-1610-B</binder_number>
    <purchasing_group_id>46719</purchasing_group_id>
    <individual_licensee_number>56142</individual_licensee_number>
    <effective_date>10/01/2024</effective_date>
    <expiration_date>10/01/2025</expiration_date>
    <type_of_coverage>19</type_of_coverage>
    <description_of_insured_operation>17</description_of_insured_operation>
    <insured_name>John Smith</insured_name>
    <location_of_risk>211 Welsh Pool Road</location_of_risk>
    <city>Exton</city>
    <state>PA</state>
    <zipcode>19341</zipcode>
    <multistate_risk>0</multistate_risk>
    <eligible_insurers>
      <eligible_insurer>
        <org_id>48123</org_id>
        <property_limit>0</property_limit>
        <casualty_limit>10000</casualty_limit>
        <premium>1000</premium>
        <policy_premium>1000</policy_premium>
      </eligible_insurer>
    </eligible_insurers>
    <revenue_rec_date>10/01/2024</revenue_rec_date>
    <personal_lines_service_fee>0.00</personal_lines_service_fee>
    <commercial_lines_service_fee>0.00</commercial_lines_service_fee>
  </filing>
</filings>
```

Below is an image of the filing after it was successfully imported into EFS.

Type of Filing (please select one):						
1610-B		for use with Purchasing Groups per Surplus Lines Law Section 1610(b)				
Name of Purchasing Group:						
ACCOUNTANTS INSURANCE PURCHASING GROUP ASSOCIATION		ACCOUNTANTS INSURANCE PURCHASING GROUP ASSOCIATION				
REPORT OF TRANSACTION WITH UNLICENSED INSURER(S) IN ACCORDANCE WITH SECTIONS 1604, 1606, 1608 AND 1609 OF ARTICLE XVI, SURPLUS LINES, OF THE INSURANCE COMPANY LAW, ACT OF MAY 17, 1921, P.L. 682, NO. 284, AS AMENDED						
DECLARATION BY SURPLUS LINES LICENSEE						
Insured Name JOHN SMITH						
Location of Risk		Zip	City	State		
211 welsh pool road		19341	EXTON	PA		
Type of Coverage		Description of Insured's Operation				
Professional Liab. (E&O/Malpractice) - CAS		Service - Miscellaneous				
Professional Liab. (E&O/Malpractice) - CAS		Service - Miscellaneous				
Effective Dates (term) of Coverage						
Effective Date (mm/dd/yyyy)			Expiration Date (mm/dd/yyyy)			
10/01/2024			10/01/2025			
With respect to the risk described above, I hereby declare under the penalties provided for perjury that I am not aware of how the coverage can be procured from licensed insurers. I have, therefore, affected the insurance described below with the following eligible surplus line insurer(s). [This is only applicable to the 1609-SLL/1609-PR type of filing.						
MULTI-STATE RISK						
Does the policy cover risks in the Commonwealth of Pennsylvania plus one or more other state or territory? <input type="radio"/> Yes <input checked="" type="radio"/> No						
ELIGIBLE INSURERS						
	Eligible Insurer Number	Eligible Insurer	Property Limit	Casualty Limit	PA Premium	Policy Premium
1	48123	CHUBB EUROPEAN G	\$0	\$10,000	\$1,000.00	\$1,000.00
Total from Eligible Insurers			\$0	\$10,000	\$1,000.00	\$1,000.00
I further declare under the penalties provided for perjury, that at the time of presenting a quotation to the insured, the insured was given notice in writing, either directly or through the producer, that:						
The insurer with whom the insurance is to be placed is not admitted to transact business in this Commonwealth and is subject to limited regulation by the Department; and in the event of the insolvency of the insurer, losses will not be paid by the Pennsylvania Property and Casualty Insurance Guaranty Association.						
<input type="checkbox"/> Omissions : the Omissions box is not available after 12/31/2010.						
Revenue Recognition Date		10/01/2024				
Tax	\$ 30.00	<input type="checkbox"/> Check here ONLY if Tax Exempt				
Total Stamping Fee	\$ 20.00	The correctly received date is before the effective date				
SERVICE FEES						
Personal Lines Service Fee			Commercial Lines Service Fee			
\$0.00			\$0.00			

6.7 Filing Type 1604-E


Below is a sample XML file for a new filing of type 1604-E. Please note the following.

- The “customer_id” field is required for all filings.
- The premium listed in the field called “filing_header” must be the total of all premiums listed in the XML file. In this example there is only one filing and the premium is \$1000.
 - NOTE: enter the integer value of the premium. Do not use “\$” or “commas”.
- The value for filing_type_id is 5.
- The field for individual_licensee_number is not required.
- Either the [Type of Coverage](#) (Kind) or the [Description of Insured's Operation](#) (Class) must be found on the Export List. Please click on the hyperlink to display the list from www.pasla.org.

File Name = XML_Example-1604-E.xml

```
<?xml version="1.0" ?>
<filings>
  <filing_header>
    <login>jane.doe@agencyname.com</login>
    <password>abcd1234</password>
    <filing_version>1</filing_version>
    <number_of_filings>1</number_of_filings>
    <total_of_filing_premiums>1000</total_of_filing_premiums>
  </filing_header>
  <filing type="new" xml_tran_id="1">
    <customer_id>0753</customer_id>
    <filing_type_id>5</filing_type_id>
    <policy_number>XMLExample-1604-E</policy_number>
    <binder_number>XMLExample-1604-E</binder_number>
    <effective_date>10/01/2024</effective_date>
    <expiration_date>10/01/2025</expiration_date>
    <type_of_coverage>22</type_of_coverage>
    <description_of_insured_operation>56</description_of_insured_operation>
    <insured_name>John Smith</insured_name>
    <location_of_risk>211 Welsh Pool Road</location_of_risk>
    <city>Exton</city>
    <state>PA</state>
    <zipcode>19341</zipcode>
    <multistate_risk>0</multistate_risk>
    <eligible_insurers>
      <eligible_insurer>
        <org_id>48123</org_id>
        <property_limit>0</property_limit>
        <casualty_limit>10000</casualty_limit>
        <premium>1000</premium>
        <policy_premium>1000</policy_premium>
      </eligible_insurer>
    </eligible_insurers>
    <revenue_rec_date>10/01/2024</revenue_rec_date>
    <personal_lines_service_fee>0.00</personal_lines_service_fee>
    <commercial_lines_service_fee>0.00</commercial_lines_service_fee>
  </filing>
</filings>
```

Below is an image of the filing after it was successfully imported into EFS.

Type of Filing (please select one):						
1604-E (Export) v		for use in reporting Export Filings that qualify per Surplus Lines Law Section 1604(2)				
REPORT OF TRANSACTION WITH UNLICENSED INSURER(S) IN ACCORDANCE WITH SECTIONS 1604, 1606, 1608 AND 1609 OF ARTICLE XVI, SURPLUS LINES, OF THE INSURANCE COMPANY LAW, ACT OF MAY 17, 1921, P.L. 682, NO. 284, AS AMENDED						
DECLARATION BY SURPLUS LINES LICENSEE						
Insured Name JOHN SMITH						
Location of Risk		Zip	City	State		
211 welsch pool road		19341	EXTON	PA		
Type of Coverage			Description of Insured's Operation			
Liquor Law Liability (Monoline) - CAS/EXP			Gas/Oil Dealer			
Liquor Law Liability (Monoline) - CAS/EXP v			Gas/Oil Dealer v			
Effective Dates (term) of Coverage						
Effective Date (mm/dd/yyyy)			Expiration Date (mm/dd/yyyy)			
10/01/2024			10/01/2025			
MULTI-STATE RISK						
Does the policy cover risks in the Commonwealth of Pennsylvania plus one or more other state or territory? <input type="radio"/> Yes <input checked="" type="radio"/> No						
ELIGIBLE INSURERS						
	Eligible Insurer Number	Eligible Insurer	Property Limit	Casualty Limit	PA Premium	Policy Premium
1	48123 	CHUBB EUROPEAN G	\$ 0	\$ 10,000	\$ 1,000.00	\$ 1,000.00
Total from Eligible Insurers			\$ 0	\$ 10,000	\$ 1,000.00	\$ 1,000.00
<input type="checkbox"/> Omissions : the Omissions box is not available after 12/31/2010.						
Revenue Recognition Date		10/01/2024				
Tax	\$ 30.00	<input type="checkbox"/> Check here ONLY if Tax Exempt				
Total Stamping Fee	\$ 20.00	The correctly received date is before the effective date				
SERVICE FEES						
Personal Lines Service Fee			Commercial Lines Service Fee			
\$ 0.00			\$ 0.00			

6.8 Multiple Filings in a Single XML File

Below is a sample XML file that contains five filings. Please note the following.

- The “customer_id” field is required for each filing.
- The Number of Filings value must be the total number of filings (5 in this example).
- The Total of Premiums value must be the sum of the five filings (15000.15 in this example).
- The values for Trans ID should be 1 through 5.

```
<?xml version="1.0" ?>
<filings>
  <filing_header>
    <login>jane.doe@agencyname.com</login>
    <password>abcd1234</password>
    <filing_version>1</filing_version>
    <number_of_filings>5</number_of_filings>
    <total_of_filing_premiums>15000.15</total_of_filing_premiums>
  </filing_header>
  <filing type="new" xml_tran_id="1">
    <customer_id>0753</customer_id>
    <filing_type_id>1</filing_type_id>
    <policy_number>XMLExample-1609-SLL-m</policy_number>
    <individual_licensee_number>56142</individual_licensee_number>
    <effective_date>01/01/2006</effective_date>
    <expiration_date>01/01/2007</expiration_date>
    <type_of_coverage>29</type_of_coverage>
    <description_of_insured_operation>21</description_of_insured_operation>
    <insured_name>John Smith</insured_name>
    <location_of_risk>211 Welsh Pool Road</location_of_risk>
    <city>Exton</city>
    <state>PA</state>
    <zipcode>19341</zipcode>
    <multistate_risk>0</multistate_risk>
    <eligible_insurers>
      <eligible_insurer>
        <org_id>48123</org_id>
        <property_limit>10000000</property_limit>
        <casualty_limit>0</casualty_limit>
        <premium>1000.01</premium>
        <policy_premium>1000.01</policy_premium>
      </eligible_insurer>
    </eligible_insurers>
    <revenue_rec_date>01/01/2006</revenue_rec_date>
    <personal_lines_service_fee>0.00</personal_lines_service_fee>
    <commercial_lines_service_fee>0.00</commercial_lines_service_fee>
    <pr_image_filename>Test1609-1.pdf</pr_image_filename>
  </filing>
  <filing type="new" xml_tran_id="2">
    <customer_id>0753</customer_id>
    <filing_type_id>2</filing_type_id>
    <policy_number>XMLExample-1609-B-m</policy_number>
    <individual_licensee_number>56142</individual_licensee_number>
    <effective_date>01/01/2006</effective_date>
```

```

<expiration_date>01/01/2007</expiration_date>
<type_of_coverage>19</type_of_coverage>
<description_of_insured_operation>17</description_of_insured_operation>
<insured_name>John Smith</insured_name>
<location_of_risk>211 Welsh Pool Road</location_of_risk>
<city>Exton</city>
<state>PA</state>
<zipcode>19341</zipcode>
<multistate_risk>0</multistate_risk>
<eligible_insurers>
  <eligible_insurer>
    <org_id>48123</org_id>
    <property_limit>10000000</property_limit>
    <casualty_limit>0</casualty_limit>
    <premium>2000.02</premium>
    <policy_premium>2000.02</policy_premium>
  </eligible_insurer>
</eligible_insurers>
<revenue_rec_date>01/01/2006</revenue_rec_date>
<personal_lines_service_fee>0.00</personal_lines_service_fee>
<commercial_lines_service_fee>0.00</commercial_lines_service_fee>
</filing>
<filing type="new" xml_tran_id="3">
  <customer_id>0753</customer_id>
  <filing_type_id>3</filing_type_id>
  <policy_number>XMLExample-1610-A-m</policy_number>
  <individual_licensee_number>56142</individual_licensee_number>
  <effective_date>01/01/2006</effective_date>
  <expiration_date>01/01/2007</expiration_date>
  <type_of_coverage>19</type_of_coverage>
  <description_of_insured_operation>17</description_of_insured_operation>
  <insured_name>John Smith</insured_name>
  <location_of_risk>211 Welsh Pool Road</location_of_risk>
  <city>Exton</city>
  <state>PA</state>
  <zipcode>19341</zipcode>
  <multistate_risk>0</multistate_risk>
  <eligible_insurers>
    <eligible_insurer>
      <org_id>48123</org_id>
      <property_limit>10000000</property_limit>
      <casualty_limit>0</casualty_limit>
      <premium>3000.03</premium>
      <policy_premium>3000.03</policy_premium>
    </eligible_insurer>
  </eligible_insurers>
  <revenue_rec_date>01/01/2006</revenue_rec_date>
  <personal_lines_service_fee>0.00</personal_lines_service_fee>
  <commercial_lines_service_fee>0.00</commercial_lines_service_fee>
</filing>
<filing type="new" xml_tran_id="4">
  <customer_id>0753</customer_id>
  <filing_type_id>4</filing_type_id>
  <policy_number>XMLExample-1610-B-m</policy_number>
  <purchasing_group_id>36828</purchasing_group_id>
  <individual_licensee_number>56142</individual_licensee_number>

```

```

<effective_date>01/01/2006</effective_date>
<expiration_date>01/01/2007</expiration_date>
<type_of_coverage>19</type_of_coverage>
<description_of_insured_operation>17</description_of_insured_operation>
<insured_name>John Smith</insured_name>
<location_of_risk>211 Welsh Pool Road</location_of_risk>
<city>Exton</city>
<state>PA</state>
<zipcode>19341</zipcode>
<multistate_risk>0</multistate_risk>
<eligible_insurers>
  <eligible_insurer>
    <org_id>48123</org_id>
    <property_limit>10000000</property_limit>
    <casualty_limit>0</casualty_limit>
    <premium>4000.04</premium>
    <policy_premium>4000.04</policy_premium>
  </eligible_insurer>
</eligible_insurers>
<revenue_rec_date>01/01/2006</revenue_rec_date>
<personal_lines_service_fee>0.00</personal_lines_service_fee>
<commercial_lines_service_fee>0.00</commercial_lines_service_fee>
</filing>
<filing type="new" xml_tran_id="5">
  <customer_id>0753</customer_id>
  <filing_type_id>5</filing_type_id>
  <policy_number>XMLExample-1604-E-M</policy_number>
  <effective_date>01/01/2006</effective_date>
  <expiration_date>01/01/2007</expiration_date>
  <type_of_coverage>22</type_of_coverage>
  <description_of_insured_operation>21</description_of_insured_operation>
  <insured_name>John Smith</insured_name>
  <location_of_risk>211 Welsh Pool Road</location_of_risk>
  <city>Exton</city>
  <state>PA</state>
  <zipcode>19341</zipcode>
  <multistate_risk>0</multistate_risk>
  <eligible_insurers>
    <eligible_insurer>
      <org_id>48123</org_id>
      <property_limit>10000000</property_limit>
      <casualty_limit>0</casualty_limit>
      <premium>5000.05</premium>
      <policy_premium>5000.05</policy_premium>
    </eligible_insurer>
  </eligible_insurers>
  <revenue_rec_date>01/01/2006</revenue_rec_date>
  <personal_lines_service_fee>0.00</personal_lines_service_fee>
  <commercial_lines_service_fee>0.00</commercial_lines_service_fee>
</filing>
</filings>

```

6.9 Multiple Eligible Insurers and Ineligible Insurers

Below is a sample XML file that contains a filing with five eligible insurers and three ineligible insurers. Please note the following.

- The “customer_id” field is required for each filing.
- The **Total of Filing Premiums** in the File Header section must be the total premium for eligible and ineligible insurers.
- The maximum number of eligible insurers is ten.
- If there are any ineligible insurers, the tag **Explanation_for_1606A** must be included in the file.
- The maximum number of ineligible insurers is three.
- The name of each ineligible insurer must be provided.

```
<?xml version="1.0" ?>
<filings>
  <filing_header>
    <login>jane.doe@agencyname.com</login>
    <password>abcd1234</password>
    <filing_version>1</filing_version>
    <number_of_filings>1</number_of_filings>
    <total_of_filing_premiums>1111111.10</total_of_filing_premiums>
  </filing_header>
  <filing type="new" xml_tran_id="1">
    <customer_id>0753</customer_id>
    <filing_type_id>1</filing_type_id>
    <policy_number>XMLExample-MultipleInsurers6</policy_number>
    <individual_licensee_number>56142</individual_licensee_number>
    <effective_date>01/01/2006</effective_date>
    <expiration_date>01/01/2007</expiration_date>
    <type_of_coverage>29</type_of_coverage>
    <description_of_insured_operation>21</description_of_insured_operation>
    <insured_name>John Smith</insured_name>
    <location_of_risk>211 Welsh Pool Road</location_of_risk>
    <city>Exton</city>
    <state>PA</state>
    <zipcode>19341</zipcode>
    <multistate_risk>0</multistate_risk>
    <eligible_insurers>
      <eligible_insurer>
        <org_id>48123</org_id>
        <property_limit>1000</property_limit>
        <casualty_limit>1000</casualty_limit>
        <premium>100</premium>
        <policy_premium>100</policy_premium>
      </eligible_insurer>
      <eligible_insurer>
        <org_id>10512</org_id>
        <property_limit>10000</property_limit>
        <casualty_limit>10000</casualty_limit>
        <premium>1000</premium>
        <policy_premium>1000</policy_premium>
      </eligible_insurer>
      <eligible_insurer>

```

```

    <org_id>10513</org_id>
    <property_limit>100000</property_limit>
    <casualty_limit>100000</casualty_limit>
    <premium>10000</premium>
    <policy_premium>10000</policy_premium>
  </eligible_insurer>
  <eligible_insurer>
    <org_id>39908</org_id>
    <property_limit>1000000</property_limit>
    <casualty_limit>1000000</casualty_limit>
    <premium>100000</premium>
    <policy_premium>100000</policy_premium>
  </eligible_insurer>
  <eligible_insurer>
    <org_id>40659</org_id>
    <property_limit>10000000</property_limit>
    <casualty_limit>10000000</casualty_limit>
    <premium>1000000</premium>
    <policy_premium>1000000</policy_premium>
  </eligible_insurer>
</eligible_insurers>
  <explanation_for_1606A>This text explains why non-admitted were
used</explanation_for_1606A>
  <ineligible_insurers>
    <ineligible_insurer>
      <car_name>Insurance Company A</car_name>
      <property_limit>10</property_limit>
      <casualty_limit>10</casualty_limit>
      <premium>10</premium>
      <policy_premium>10</policy_premium>
    </ineligible_insurer>
    <ineligible_insurer>
      <car_name>Insurance Company B</car_name>
      <property_limit>1</property_limit>
      <casualty_limit>1</casualty_limit>
      <premium>1.00</premium>
      <policy_premium>1.00</policy_premium>
    </ineligible_insurer>
    <ineligible_insurer>
      <car_name>Insurance Company C</car_name>
      <property_limit>2</property_limit>
      <casualty_limit>2</casualty_limit>
      <premium>0.10</premium>
      <policy_premium>0.10</policy_premium>
    </ineligible_insurer>
  </ineligible_insurers>
  <revenue_rec_date>01/01/2006</revenue_rec_date>
  <personal_lines_service_fee>0.00</personal_lines_service_fee>
  <commercial_lines_service_fee>0.00</commercial_lines_service_fee>
  <pr_image_filename>Test1609-1.pdf</pr_image_filename>
</filing>
</filings>

```

Below is the Eligible Insurer portion of the filing after it was successfully imported.

MULTI-STATE RISK						
Does the policy cover risks in the Commonwealth of Pennsylvania plus one or more other state or territory? <input type="radio"/> Yes <input checked="" type="radio"/> No						
ELIGIBLE INSURERS		Add Another Insurer		Remove Last Insurer		
	Eligible Insurer Number	Eligible Insurer	Property Limit	Casualty Limit	PA Premium	Policy Premium
1	48123	ACE EUROPEAN GROU	\$ 1,000	\$ 1,000	\$ 100.00	\$ 100.00
2	10512	ADMIRAL INSURANCE C	\$ 10,000	\$ 10,000	\$ 1,000.00	\$ 1,000.00
3	10513	ADRIATIC INSURANCE C	\$ 100,000	\$ 100,000	\$ 10,000.00	\$ 10,000.00
4	39908	ALEA LONDON LIMITED	\$ 1,000,000	\$ 1,000,000	\$ 100,000.00	\$ 100,000.00
5	40659	TORUS SPECIALTY INSL	\$ 10,000,000	\$ 10,000,000	\$ 1,000,000.00	\$ 1,000,000.00
Total from Eligible Insurers			\$ 11,111,000	\$ 11,111,000	\$ 1,111,100.00	\$ 1,111,100.00

Below is the Ineligible Insurer portion of the filing after it was successfully imported.

	Ineligible Insurer	Property Limit	Casualty Limit	PA Premium	Policy Premium
1	INSURANCE COMPANY A	\$ 10	\$ 10	\$ 10.00	\$ 10.00
2	INSURANCE COMPANY B	\$ 1	\$ 1	\$ 1.00	\$ 1.00
3	INSURANCE COMPANY C	\$ 2	\$ 2	\$ 0.10	\$ 0.10
Total from Eligible and Ineligible Insurers		\$ 11,111,013	\$ 11,111,013	\$ 1,111,111.10	\$ 1,111,111.10
Full explanation of why the risk could not be placed with admitted or eligible surplus lines insurers					
THIS TEXT EXPLAINS WHY NON-ADMITTED WERE USED					

7 XML INTERFACE ERRORS

The Electronic Filing System has three types of error checking.

- User Interface Errors: these are web page errors detected immediately upon entry. For example, if an incorrect date is entered (1/32/2009) the web page will immediately reject the entry.
- XML Interface Errors: these are XML Import data errors detected during processing of the XML text file.
- Validation Errors: these are invalid logic errors. Please refer to the appendix in the [Procedures Manual](#) for a list.

Below is the list of XML Interface Errors.

XML Errors List (Non-Validation)	
xml_data	unable to parse xml data
xml_data	unable to parse xml file [xml_file.PostedFile.FileName]
xml_data	XML file was not uploaded!
xml_data	Login information for [filing_check.GetLoginId()] was not valid
xml_data	User [filing_check.GetLoginId()] does not have permission to file via XML
xml_data	Filing header information was not valid
image_file	Unable to unzip images file
image_file	Images file must be a .zip file
xml_tran_id	An xml_tran_id was not supplied
xml_tran_id	A duplicate xml_tran_id was supplied
psla_id	A psla_id was not supplied
psla_id	Unable to find policy with PSLA ID [curr_aff_id]
<any field>	Invalid data type for field, expecting [schema_mapping.destination_field_type]
kind_text	Could not find match for text: [affidavit.Affidavit[0].kind_text]
class_text	Could not find match for text: [affidavit.Affidavit[0].class_text]
sll_indv_id	Could not find SLL Individual ID for [affidavit.Affidavit[0].sll_indv_lic_num]
sll_indv_id	No Individual License number was entered