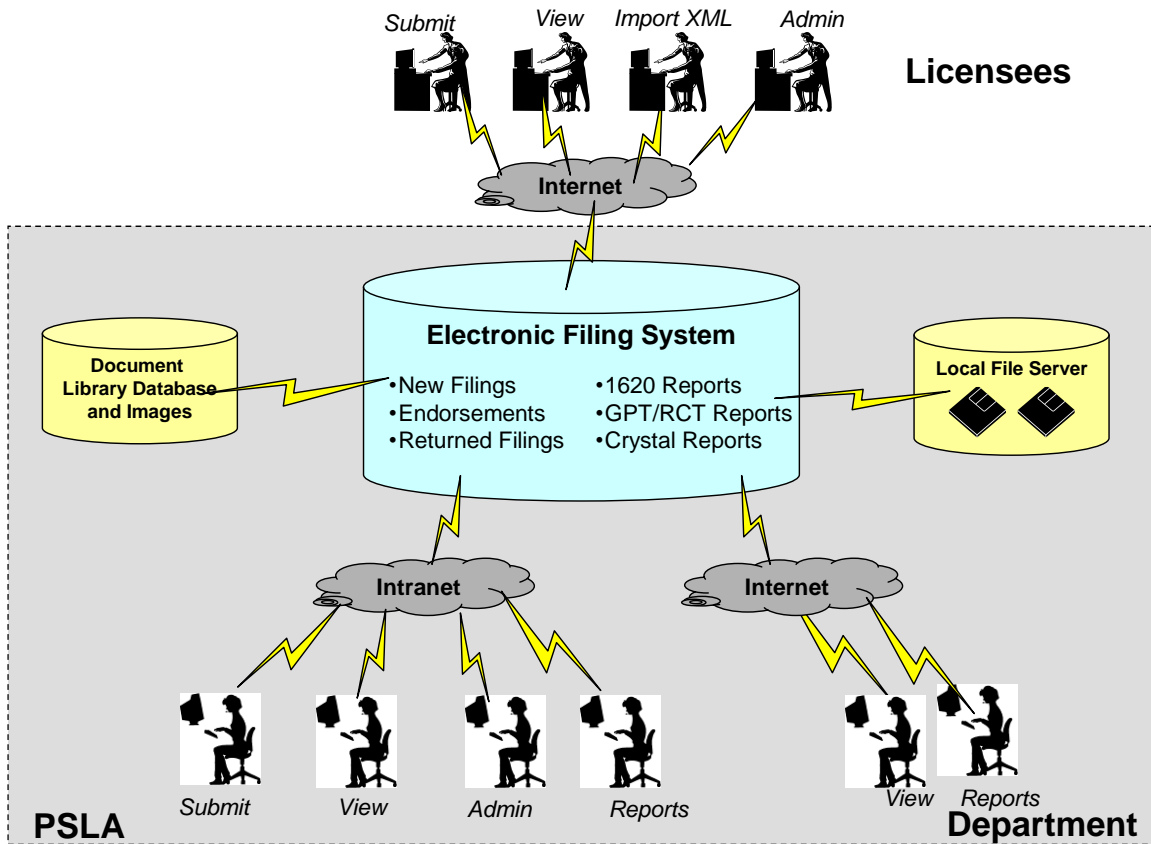


# Electronic Filing System User Manual for XML Export/Import



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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 agency would like to electronically submit the filing information directly into the PSLA Electronic Filing System (EFS). 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 a PSLA email address
- PSLA's Electronic Filing System queries the PSLA inbox, opens the attached XML text file, validates filing information in the XML text file, and imports it into PSLA's EFS 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 into EFS

A single XML file may contain information for multiple policies but the typical usage is to have one policy per XML file. Agencies are responsible for ensuring the XML file is correct and many have reported that **troubleshooting an XML file that contains multiple policies is challenging**. 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](mailto:efshelp@pasla.org) if you are interested in the XML Export/Import function.

## 1.1 Document History

Date	Description
9/27/2024	Third Generation EFS Release 2.0. Added XML Tags for the Personal Lines Service Fee and Commercial Lines Service Fee. Refer to the <a href="#">XML Tag Name</a> section <ul style="list-style-type: none"> <li>Updated Effective, Expiration, and Revenue Recognition Dates in XML examples</li> <li>Updated images to include Personal Lines Service Fee and Commercial Lines Service Fee</li> </ul>
11/30/2024	Third Generation EFS Release 3.0. Removed the following items. <ul style="list-style-type: none"> <li>Location of Risk Street Address</li> <li>Property Limit</li> <li>Casualty Limit</li> </ul>

## 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, PA Premium and Policy 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	PA Premium	Policy Premium
1	22416	LLOYD'S, LONDON (UNDERWRITERS AT)	\$1,000.00	\$2,000.00
Total from Eligible Insurers			\$1,000.00	\$2,000.00

...the analogous XML file contains the following.

```
<multistate_risk>1</multistate_risk>
<eligible_insurers>
  <eligible_insurer>
    <org_id>22416</org_id>
    <premium>1000.00</premium>
    <policy_premium>2000.00</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	PA Premium	Policy Premium
1	22416	LLOYD'S, LONDON (UNDERWRITERS AT)	\$1,000.00	\$2,000.00
2	48123	CHUBB EUROPEAN GROUP SE	\$1,500.00	\$3,000.00
Total from Eligible Insurers			\$2,500.00	\$5,000.00

the analogous XML file contains the following.

```
<multistate_risk>1</multistate_risk>
<eligible_insurers>
  <eligible_insurer>
    <org_id>22416</org_id>
    <premium>100.00</premium>
    <policy_premium>200.00</policy_premium>
  </eligible_insurer>
  <eligible_insurer>
    <org_id>48123</org_id>
    <premium>1500.00</premium>
    <policy_premium>3000.00</policy_premium>
  </eligible_insurer>
</eligible_insurer>
```

### 3 XML FILE FORMAT

A single XML file may contain multiple policies, **but agencies have experienced that it is more difficult to troubleshoot an XML file containing multiple policies.** Thus while a single XML file may contain multiple policies, PSLA recommends an XML file only contain a single policy.

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 policy in the XML file must be numbered in contiguous sequential order starting with “1”. 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 row 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>11/20/2024</effective_date>
    <expiration_date>11/20/2025</expiration_date>
    <type_of_coverage>29</type_of_coverage>
    <description_of_insured_operation>75</description_of_insured_operation>
    <insured_name>John Smith</insured_name>
    <city>West Conshohocken</city>
    <state>PA</state>
    <zipcode>19428</zipcode>
    <multistate_risk>1</multistate_risk>
    <eligible_insurers>
      <eligible_insurer>
        <org_id>20416</org_id>
        <premium>1000</premium>
        <policy_premium>2000</policy_premium>
      </eligible_insurer>
    </eligible_insurers>
    <revenue_rec_date>11/20/2024</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.

<b>Type of Filing</b> (please select one): 1609-SLL/1609-PR <input type="checkbox"/> 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 <input type="text" value="JOHN SMITH"/>			
Location of Risk Zip <input type="text" value="19428"/>		Location of Risk City <input type="text" value="WEST CONSHOCKEN"/>	
		State <input type="text" value="PA"/>	
<b>Type of Coverage</b> Umbrella or Excess Liab. Follow Form - CAS <input type="text"/> Umbrella or Excess Liab. Follow Form - CAS <input type="text"/>		<b>Description of Insured's Operation</b> <input type="text" value="Automotive - Dealer"/> Automotive - Dealer <input type="text"/>	
Effective Dates (term) of Coverage			
Effective Date (mm/dd/yyyy) <input type="text" value="11/20/2024"/>		Expiration Date (mm/dd/yyyy) <input type="text" value="11/20/2025"/>	
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			
	<b>Eligible Insurer Number</b>	<b>Eligible Insurer</b>	<b>PA Premium</b>
	<b>Policy Premium</b>		
1	<input type="text" value="22416"/>	LLOYD'S, LONDON (UNDERWRITERS AT)	\$ 1,000.00
			\$ 2,000.00
Total from Eligible Insurers			\$ 1,000.00
			\$ 2,000.00

## 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
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

Affidavit Form Label	XML Tag	Data Type	Filing Types				
			1 1609-SLL	2 1609-B	3 1610-A	4 1610-B	5 1604-E
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
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 – <a href="#">see list</a>	Required	Required	Required	Required	Required
Description of Insured Operation	description_of_insured_operation	Integer – <a href="#">see list</a>	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
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						
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	personal_lines_service	Decimal	Optional	Optional	Optional	Optional	Optional



Affidavit Form Label	XML Tag	Data Type	Filing Types				
			1 1609-SLL	2 1609-B	3 1610-A	4 1610-B	5 1604-E
Fee	_fee						
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: Not applicable in Release 3.0
- 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](mailto: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 in the XML text file 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.**

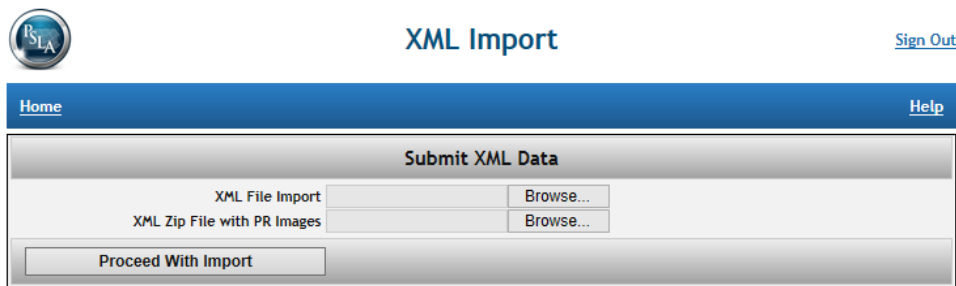
### 5.2 Import a Batch of Filings via a Web Page

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](mailto: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 text file 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](#)

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

**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"/>	<a href="#">Web-1609SLL-NoPR-Apr28</a>	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>XXXXX</individual_licensee_number>
    <effective_date>11/20/2024</effective_date>
    <expiration_date>11/20/2025</expiration_date>
    <type_of_coverage>32</type_of_coverage>
    <description_of_insured_operation>75</description_of_insured_operation>
    <insured_name>John Smith</insured_name>
    <city>Exton</city>
    <state>PA</state>
    <zipcode>19341</zipcode>
    <multistate_risk>0</multistate_risk>
    <eligible_insurers>
      <eligible_insurer>
        <org_id>48123</org_id>
        <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>
```

</filings>

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

<b>Type of Filing</b> (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				
<b>DECLARATION BY SURPLUS LINES LICENSEE</b>				
<b>Insured Name</b> XML EXAMPLE FOR 1609-PR				
<b>Location of Risk Zip</b> 19341		<b>Location of Risk City</b> Exton		
<b>State</b> PA				
<b>Type of Coverage</b> BOP/SMP - PROP/CAS		<b>Description of Insured's Operation</b> Automotive - Dealer		
BOP/SMP - PROP/CAS		Automotive - Dealer		
<b>Effective Dates (term) of Coverage</b>				
<b>Effective Date</b> (mm/dd/yyyy) 11/20/2024		<b>Expiration Date</b> (mm/dd/yyyy) 11/20/2025		
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.				
<b>MULTI-STATE RISK</b>				
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				
<b>ELIGIBLE INSURERS</b>				
	<b>Eligible Insurer Number</b>	<b>Eligible Insurer</b>	<b>PA Premium</b>	<b>Policy Premium</b>
1	10512	ADMIRAL INSURANCE COMPANY	\$ 1,000.00	\$ 10,000.00
<b>Total from Eligible Insurers</b>			\$ 1,000.00	\$ 10,000.00
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"/> <b>Omissions</b> : the Omissions box is not available after 12/31/2010.				
<b>Revenue Recognition Date</b>		11/20/2024		
<b>Tax</b>	\$ 300.00	<input type="checkbox"/> Check here ONLY if <b>Tax Exempt</b>		
<b>Total Stamping Fee</b>	\$ 20.00	The correctly received date is 1 days after the effective date		
<b>SERVICE FEES</b>				
<b>Personal Lines Service Fee</b>		<b>Commercial Lines Service Fee</b>		
\$ 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>Delinquent Producer</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-PR wo PR </policy_number>
    <individual_licensee_number>XXXXX</individual_licensee_number>
    <effective_date>11/20/2024</effective_date>
    <expiration_date>11/20/2025</expiration_date>
    <type_of_coverage>32</type_of_coverage>
    <description_of_insured_operation>75</description_of_insured_operation>
    <insured_name>XML Example for 1609-PR wo PR</insured_name>
    <city>Exton</city>
    <state>PA</state>
    <zipcode>19341</zipcode>
    <multistate_risk>0</multistate_risk>
    <eligible_insurers>
      <eligible_insurer>
        <org_id>10512</org_id>
        <premium>1000</premium>
        <policy_premium>1000</policy_premium>
      </eligible_insurer>
    </eligible_insurers>
    <revenue_rec_date>11/20/2024</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>Delinquent Producer</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.

<b>Type of Filing</b> (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				
<b>DECLARATION BY SURPLUS LINES LICENSEE</b>				
<b>Insured Name</b> XML EXAMPLE FOR 1609-PR				
<b>Location of Risk Zip</b> 19341		<b>Location of Risk City</b> Exton		<b>State</b> PA
<b>Type of Coverage</b> BOP/SMP - PROP/CAS		<b>Description of Insured's Operation</b> Automotive - Dealer		
BOP/SMP - PROP/CAS		Automotive - Dealer		
<b>Effective Dates (term) of Coverage</b>				
<b>Effective Date</b> (mm/dd/yyyy) 11/20/2024		<b>Expiration Date</b> (mm/dd/yyyy) 11/20/2025		
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.				
<b>MULTI-STATE RISK</b>				
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				
<b>ELIGIBLE INSURERS</b>				
	<b>Eligible Insurer Number</b>	<b>Eligible Insurer</b>	<b>PA Premium</b>	<b>Policy Premium</b>
1	10512	ADMIRAL INSURANCE COMPANY	\$ 1,000.00	\$ 10,000.00
<b>Total from Eligible Insurers</b>			\$ 1,000.00	\$ 10,000.00
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"/> <b>Omissions</b> : the Omissions box is not available after 12/31/2010.				
<b>Revenue Recognition Date</b>		11/20/2024		
<b>Tax</b>	\$ 300.00	<input type="checkbox"/> Check here ONLY if <b>Tax Exempt</b>		
<b>Total Stamping Fee</b>	\$ 20.00	The correctly received date is 1 days after the effective date		
<b>SERVICE FEES</b>				
<b>Personal Lines Service Fee</b>		<b>Commercial Lines Service Fee</b>		
\$ 0.00		\$ 0.00		
<b>Producer (FORM 1609-PR)</b>				
<input checked="" type="checkbox"/> Check here if after numerous attempts you were <b>unable to obtain the 1609-PR form</b> from the producer. This election on your part does not remove your obligation and continuing efforts to obtain a properly completed 1609 PR form. This will continue to be an incomplete filing on your agency record. 1609-SLL filings without a 1609-PR form will be reported to PID. <b>Effective January 1, 2011 there is a non-refundable Missing PR Stamping Fee.</b>				
<b>Producer Name</b> Delinquent Producer		<b>Producer Address</b> 12345 Street Philadelphia PA		

## 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>
    <individual_licensee_number>XXXXX</individual_licensee_number>
    <effective_date>11/20/2024</effective_date>
    <expiration_date>11/20/2025</expiration_date>
    <type_of_coverage>32</type_of_coverage>
    <description_of_insured_operation>75</description_of_insured_operation>
    <insured_name>XML Example for 1609-PR Multistate</insured_name>
    <city>Exton</city>
    <state>PA</state>
    <zipcode>19341</zipcode>
    <multistate_risk>1</multistate_risk>
    <eligible_insurers>
      <eligible_insurer>
        <org_id>10512</org_id>
        <premium>1000</premium>
        <policy_premium>5000</policy_premium>
      </eligible_insurer>
    </eligible_insurers>
    <revenue_rec_date>11/20/2024</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>Test-1609-1.pdf</pr_image_filename>
```



</filing>  
</filings>

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

<b>Type of Filing</b> (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			
<b>DECLARATION BY SURPLUS LINES LICENSEE</b>			
<b>Insured Name</b> XML EXAMPLE FOR 1609-PR MULTISTATE			
<b>Location of Risk Zip</b>		<b>Location of Risk City</b>	
19341		Exton	
<b>State</b> PA			
<b>Type of Coverage</b>		<b>Description of Insured's Operation</b>	
BOP/SMP - PROP/CAS		Automotive - Dealer	
BOP/SMP - PROP/CAS		Automotive - Dealer	
<b>Effective Dates (term) of Coverage</b>			
<b>Effective Date</b> (mm/dd/yyyy)		<b>Expiration Date</b> (mm/dd/yyyy)	
11/20/2024		11/20/2025	
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.			
<b>MULTI-STATE RISK</b>			
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			
<b>ELIGIBLE INSURERS</b>			
	<b>Eligible Insurer Number</b>	<b>Eligible Insurer</b>	<b>PA Premium</b>
1	10512	ADMIRAL INSURANCE COMPANY	\$ 1,000.00
			\$ 5,000.00
		<b>Total from Eligible Insurers</b>	\$ 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"/> <b>Omissions</b> : the Omissions box is not available after 12/31/2010.			
<b>Revenue Recognition Date</b>		11/20/2024	
<b>Tax</b>	\$ 150.00	<input type="checkbox"/> Check here ONLY if <b>Tax Exempt</b>	
<b>Total Stamping Fee</b>	\$ 20.00	The correctly received date is 1 days after the effective date	
<b>SERVICE FEES</b>			
<b>Personal Lines Service Fee</b>		<b>Commercial Lines Service Fee</b>	
\$ 0.00		\$ 0.00	

## 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>
    <individual_licensee_number>XXXXX</individual_licensee_number>
    <effective_date>11/20/2024</effective_date>
    <expiration_date>11/20/2025</expiration_date>
    <type_of_coverage>32</type_of_coverage>
    <description_of_insured_operation>75</description_of_insured_operation>
    <insured_name>XML Example for 1609-B</insured_name>
    <city>Exton</city>
    <state>PA</state>
    <zipcode>19341</zipcode>
    <multistate_risk>0</multistate_risk>
    <eligible_insurers>
      <eligible_insurer>
        <org_id>10512</org_id>
        <premium>1000</premium>
        <policy_premium>1000</policy_premium>
      </eligible_insurer>
    </eligible_insurers>
    <revenue_rec_date>11/20/2024</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.

<b>Type of Filing</b> (please select one):				
1609-B		for use after continuous surplus lines placement per Surplus Lines Law Section 1609(b)		
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				
<b>DECLARATION BY SURPLUS LINES LICENSEE</b>				
<b>Insured Name</b> XML EXAMPLE FOR 1609-B				
<b>Location of Risk Zip</b>		<b>Location of Risk City</b>		
19341		Exton		
<b>State</b>		PA		
<b>Type of Coverage</b>		<b>Description of Insured's Operation</b>		
BOP/SMP - PROP/CAS		Automotive - Dealer		
BOP/SMP - PROP/CAS		Automotive - Dealer		
<b>Effective Dates (term) of Coverage</b>				
<b>Effective Date</b> (mm/dd/yyyy)		<b>Expiration Date</b> (mm/dd/yyyy)		
11/20/2024		11/20/2025		
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.]				
<b>MULTI-STATE RISK</b>				
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				
<b>ELIGIBLE INSURERS</b>				
	<b>Eligible Insurer Number</b>	<b>Eligible Insurer</b>	<b>PA Premium</b>	<b>Policy Premium</b>
1	10512	ADMIRAL INSURANCE COMPANY	\$ 1,000.00	\$ 1,000.00
<b>Total from Eligible Insurers</b>			\$ 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"/> <b>Omissions</b> : the Omissions box is not available after 12/31/2010.				
<b>Revenue Recognition Date</b>		11/20/2024		
<b>Tax</b>	\$ 30.00	<input type="checkbox"/> Check here ONLY if <b>Tax Exempt</b>		
<b>Total Stamping Fee</b>	\$ 20.00	The correctly received date is 1 days after the effective date		
<b>SERVICE FEES</b>				
<b>Personal Lines Service Fee</b>		<b>Commercial Lines Service Fee</b>		
\$ 0.00		\$ 0.00		

## 6.5 Filing Type 1610-A

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>XXXXX</individual_licensee_number>
    <effective_date>11/20/2024</effective_date>
    <expiration_date>11/20/2025</expiration_date>
    <type_of_coverage>32</type_of_coverage>
    <description_of_insured_operation>75</description_of_insured_operation>
    <insured_name>XML Example for 1610-A</insured_name>
    <city>Exton</city>
    <state>PA</state>
    <zipcode>19341</zipcode>
    <multistate_risk>0</multistate_risk>
    <eligible_insurers>
      <eligible_insurer>
        <org_id>48123</org_id>
        <premium>1000</premium>
        <policy_premium>1000</policy_premium>
      </eligible_insurer>
    </eligible_insurers>
    <revenue_rec_date>11/20/2024</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.

<b>Type of Filing</b> (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			
<b>DECLARATION BY SURPLUS LINES LICENSEE</b>			
<b>Insured Name</b> XML EXAMPLE FOR 1610-A			
<b>Location of Risk Zip</b>	<b>Location of Risk City</b>	<b>State</b>	
19341	Exton	PA	
<b>Type of Coverage</b>		<b>Description of Insured's Operation</b>	
BOP/SMP - PROP/CAS		Automotive - Dealer	
BOP/SMP - PROP/CAS		Automotive - Dealer	
<b>Effective Dates (term) of Coverage</b>			
<b>Effective Date</b> (mm/dd/yyyy)		<b>Expiration Date</b> (mm/dd/yyyy)	
11/20/2024		11/20/2025	
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.			
<b>MULTI-STATE RISK</b>			
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			
<b>ELIGIBLE INSURERS</b>			
	<b>Eligible Insurer Number</b>	<b>Eligible Insurer</b>	<b>PA Premium</b>
1	10512	ADMIRAL INSURANCE COMPANY	\$1,000.00
			\$1,000.00
		<b>Total from Eligible Insurers</b>	\$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"/> <b>Omissions</b> : the Omissions box is not available after 12/31/2010.			
<b>Revenue Recognition Date</b>		11/20/2024	
<b>Tax</b>	\$ 30.00	<input type="checkbox"/> Check here ONLY if <b>Tax Exempt</b>	
<b>Total Stamping Fee</b>	\$ 20.00	The correctly received date is 1 days after the effective date	
<b>SERVICE FEES</b>			
<b>Personal Lines Service Fee</b>		<b>Commercial Lines Service Fee</b>	
\$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”\_id field is required. Please contact PSLA to identify 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>
    <purchasing_group_id>46719</purchasing_group_id>
    <individual_licensee_number>XXXXX</individual_licensee_number>
    <effective_date>11/20/2024</effective_date>
    <expiration_date>11/20/2025</expiration_date>
    <type_of_coverage>32</type_of_coverage>
    <description_of_insured_operation>75</description_of_insured_operation>
    <insured_name>XML Example for 1610-B</insured_name>
    <city>Exton</city>
    <state>PA</state>
    <zipcode>19341</zipcode>
    <multistate_risk>0</multistate_risk>
    <eligible_insurers>
      <eligible_insurer>
        <org_id>10512</org_id>
        <premium>1000</premium>
        <policy_premium>1000</policy_premium>
      </eligible_insurer>
    </eligible_insurers>
    <revenue_rec_date>11/20/2024</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.

<b>Type of Filing</b> (please select one):			
1610-B		for use with Purchasing Groups per Surplus Lines Law Section 1610(b)	
<b>Name of Purchasing Group:</b>			
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			
<b>DECLARATION BY SURPLUS LINES LICENSEE</b>			
<b>Insured Name</b> XML EXAMPLE FOR 1610-B			
<b>Location of Risk Zip</b>		<b>Location of Risk City</b>	
19341		Exton	
<b>State</b> PA			
<b>Type of Coverage</b>		<b>Description of Insured's Operation</b>	
BOP/SMP - PROP/CAS		Automotive - Dealer	
BOP/SMP - PROP/CAS		Automotive - Dealer	
<b>Effective Dates (term) of Coverage</b>			
<b>Effective Date</b> (mm/dd/yyyy)		<b>Expiration Date</b> (mm/dd/yyyy)	
11/20/2024		11/20/2025	
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.			
<b>MULTI-STATE RISK</b>			
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			
<b>ELIGIBLE INSURERS</b>			
	<b>Eligible Insurer Number</b>	<b>Eligible Insurer</b>	<b>PA Premium</b>
1	10512	ADMIRAL INSURANCE COMPANY	\$ 1,000.00
			\$ 1,000.00
		<b>Total from Eligible Insurers</b>	\$ 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"/> <b>Omissions</b> : the Omissions box is not available after 12/31/2010.			
<b>Revenue Recognition Date</b>		11/20/2024	
<b>Tax</b>	\$ 30.00	<input type="checkbox"/> Check here ONLY if <b>Tax Exempt</b>	
<b>Total Stamping Fee</b>	\$ 20.00	The correctly received date is 1 days after the effective date	
<b>SERVICE FEES</b>			
<b>Personal Lines Service Fee</b>		<b>Commercial Lines Service Fee</b>	
\$ 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](http://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>
    <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>XML Example for 1604-E</insured_name>
    <city>Exton</city>
    <state>PA</state>
    <zipcode>19341</zipcode>
    <multistate_risk>0</multistate_risk>
    <eligible_insurers>
      <eligible_insurer>
        <org_id>10512</org_id>
        <premium>1000</premium>
        <policy_premium>1000</policy_premium>
      </eligible_insurer>
    </eligible_insurers>
    <revenue_rec_date>11/20/2024</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.

<b>Type of Filing</b> (please select one):			
1604-E (Export) ▼		for use in reporting Export Filings that qualify per Surplus Lines Law Section 1604(2)(ii)	
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			
<b>DECLARATION BY SURPLUS LINES LICENSEE</b>			
<b>Insured Name</b> XML EXAMPLE FOR 1604-E			
<b>Location of Risk Zip</b>		<b>Location of Risk City</b>	
19341		Exton	
<b>State</b> PA			
<b>Type of Coverage</b>		<b>Description of Insured's Operation</b>	
Liquor Law Liability (Monoline) - CAS/EXP		Gas/Oil Dealer	
Liquor Law Liability (Monoline) - CAS/EXP ▼		Gas/Oil Dealer ▼	
Effective Dates (term) of Coverage			
<b>Effective Date</b> (mm/dd/yyyy)		<b>Expiration Date</b> (mm/dd/yyyy)	
11/20/2024		11/20/2025	
<b>MULTI-STATE RISK</b>			
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			
<b>ELIGIBLE INSURERS</b>			
	<b>Eligible Insurer Number</b>	<b>Eligible Insurer</b>	<b>PA Premium</b>
1	10512	ADMIRAL INSURANCE COMPANY	\$ 1,000.00
			\$ 1,000.00
		<b>Total from Eligible Insurers</b>	\$ 1,000.00
			\$ 1,000.00
<input type="checkbox"/> <b>Omissions</b> : the Omissions box is not available after 12/31/2010.			
<b>Revenue Recognition Date</b>		11/20/2024	
<b>Tax</b>	\$ 30.00	<input type="checkbox"/> Check here ONLY if <b>Tax Exempt</b>	
<b>Total Stamping Fee</b>	\$ 20.00	The correctly received date is 1 days after the effective date	
<b>SERVICE FEES</b>			
<b>Personal Lines Service Fee</b>		<b>Commercial Lines Service Fee</b>	
\$ 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 xml\_tran\_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>XXXXX</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>
    <city>Exton</city>
    <state>PA</state>
    <zipcode>19341</zipcode>
    <multistate_risk>0</multistate_risk>
    <eligible_insurers>
      <eligible_insurer>
        <org_id>48123</org_id>
        <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>XXXXX</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>
<city>Exton</city>
<state>PA</state>
<zipcode>19341</zipcode>
<multistate_risk>0</multistate_risk>
<eligible_insurers>
  <eligible_insurer>
    <org_id>48123</org_id>
    <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>XXXXX</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>
  <city>Exton</city>
  <state>PA</state>
  <zipcode>19341</zipcode>
  <multistate_risk>0</multistate_risk>
  <eligible_insurers>
    <eligible_insurer>
      <org_id>48123</org_id>
      <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>XXXXX</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>
  <city>Exton</city>
  <state>PA</state>
  <zipcode>19341</zipcode>
  <multistate_risk>0</multistate_risk>

```

```

    <eligible_insurers>
      <eligible_insurer>
        <org_id>48123</org_id>
        <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>
    <city>Exton</city>
    <state>PA</state>
    <zipcode>19341</zipcode>
    <multistate_risk>0</multistate_risk>
    <eligible_insurers>
      <eligible_insurer>
        <org_id>48123</org_id>
        <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>
    <city>Exton</city>
    <state>PA</state>
    <zipcode>19341</zipcode>
    <multistate_risk>0</multistate_risk>
    <eligible_insurers>
      <eligible_insurer>
        <org_id>48123</org_id>
        <premium>100</premium>
        <policy_premium>100</policy_premium>
      </eligible_insurer>
      <eligible_insurer>
        <org_id>10512</org_id>
        <premium>1000</premium>
        <policy_premium>1000</policy_premium>
      </eligible_insurer>
      <eligible_insurer>
        <org_id>10513</org_id>
        <premium>10000</premium>
        <policy_premium>10000</policy_premium>
      </eligible_insurer>
      <eligible_insurer>

```

```

        <org_id>39908</org_id>
        <premium>100000</premium>
        <policy_premium>100000</policy_premium>
    </eligible_insurer>
    <eligible_insurer>
        <org_id>40659</org_id>
        <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>
            <premium>10</premium>
            <policy_premium>10</policy_premium>
        </ineligible_insurer>
        <ineligible_insurer>
            <car_name>Insurance Company B</car_name>
            <premium>1.00</premium>
            <policy_premium>1.00</policy_premium>
        </ineligible_insurer>
        <ineligible_insurer>
            <car_name>Insurance Company C</car_name>
            <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.

ELIGIBLE INSURERS				
	Eligible Insurer Number	Eligible Insurer	PA Premium	Policy Premium
1	10512	ADMIRAL INSURANCE COMPANY	\$ 100.00	\$ 100.00
2	10513	ADRIATIC INSURANCE COMPANY	\$ 1,000.00	\$ 1,000.00
3	22416	LLOYD'S, LONDON (UNDERWRITERS AT)	\$ 10,000.00	\$ 10,000.00
4	39135	AGENT ALLIANCE INSURANCE COMPANY	\$ 100,000.00	\$ 100,000.00
5	10521	AIG SPECIALTY INSURANCE COMPANY	\$ 1,000,000.00	\$ 1,000,000.00
<b>Total from Eligible Insurers</b>			\$ 1,111,100.00	\$ 1,111,100.00

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

<input checked="" type="checkbox"/>	Check here if <a href="#">FORM 1606-A</a> is attached as a portion of the risk has been assigned in accordance with Section 1606 to a non-admitted insurer not on the Pennsylvania Insurance Department's current list of eligible surplus lines insurers.		
REPORT OF TRANSACTION WITH UNLICENSED INSURER(S) IN ACCORDANCE WITH SECTION 1606 OF ARTICLE XVI. SURPLUS LINES OF THE INSURANCE COMPANY LAW, ACT OF MAY 17, 1921, P.L. 682, NO. 284, AS AMENDED			
<b>DECLARATION BY SURPLUS LINES LICENSEE (FORM 1606-A)</b>			
A portion of the above risk was placed with the following non-admitted insurer(s) which does not appear on the Pennsylvania Insurance Department's current list of eligible surplus lines insurers:			
	<a href="#">Ineligible Insurer</a>	<a href="#">PA Premium</a>	<a href="#">Policy Premium</a>
1	Insurance Company A	\$ 10.00	\$ 10.00
2	Insurance Company B	\$ 1.00	\$ 1.00
3	Insurance Company C	\$ 0.10	\$ 0.10
<b>Total from Eligible and Ineligible Insurers</b>		\$ 1,111,111.10	\$ 1,111,111.10
<a href="#">Full explanation</a> 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.

<b>XML Errors List (Non-Validation)</b>	
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