Conducting a search

While you are only required to fill out one of the four options, the more information you enter, the better the results. Below are the possible user input fields.

Required on all orders:

- Ordering Carrier Name (Prefilled based on account)
- Ordering Carrier Policy Number
- Claim Number
- Claim State
- Date of Loss
- Participant Type

One of the following four options is required:

Option 1

- First Name
- Last Name
- Street Address
- City
- State
- Zip Code

Option 2

- Phone (10 digits)
- Type of Phone

Option 3

VIN (Vehicle Identification Number)

Option 4

- License Plate
- License Plate State

Optional on all orders:

- SSN (9 digits no formatting characters)
- Date of Birth (mm/dd/yyyy)
- Drivers License Number
- Drivers License State

Reading the report

General Information Section

The General Information section provides a summary of the information included in the report.

| Field | Description |
|------------------------|--|
| Participant No. | Three character alphanumeric value assigned by the ordering company |
| Participant Policy No. | Claimant's policy number |
| Participant Type | This indicates the participant's role in the claim. Participant types include: Insured Claimant Other |
| Participant Carrier | Name of the ordering carrier |

Messages

The Messages section contains general messages related to the entire order, as well as other messages related to order data items.

Order Validation Message Descriptions

| Message | Description |
|--|--|
| Insufficient Data | Missing any of the required input fields. |
| No Data Found | All products returned No Hits or Errors. |
| Invalid Account number | The system does not recognize the account number submitted in the inquiry. |
| Internal Product Error. Please call LexisNexis at | An internal system error occurred during preparation of the PDF report. |
| 1-800-236-9993. | |

| Message | Description |
|---|--|
| Branded Title based on a VIN (vehicle identification number) search. | VIN was provided in the client inquiry. The title associated with the provided VIN is Branded. |
| Branded Title based on a license plate search. | License plate and license state were provided in the client inquiry. The title associated with the provided plate and state is Branded. |
| Party on the order appears to be a registered owner of the vehicle on the order. | Name and address plus VIN or license plate and license state were provided in the client inquiry. A registered owner associated with the provided vehicle information appears to match the name and address provided on the order. |
| Party on the order does not appear to match a registered owner of the vehicle on the order. | Name and address plus VIN or license plate and license state were provided in the client inquiry. None of the registered owners associated with the provided vehicle information appear to match the name and address provided on the order. |
| Discovered vehicle does not appear to match the order vehicle. | Vehicle Year and Make plus VIN or license plate and license state were provided in the client inquiry for the referenced vehicle. The vehicle year and make associated with the provided VIN or plate and state do not appear to match the provided vehicle information. |

Order Validation Message Descriptions

| Message | Description |
|---|--|
| Developed Subject is based on provided name and address. | Name and address were provided in the client inquiry. A match was found for the provided name and address. |
| Developed Subject is based on provided VIN. | VIN was provided in the client inquiry. A match was found on the VIN that enabled development of Subject information. |
| Developed Subject is based on provided license plate and state. | License plate and license state were provided in the client inquiry. A match was found on the plate and state that enabled development of Subject information. |

| Developed Subject is based on | Phone number was provided in the client inquiry. A match |
|-------------------------------|--|
| provided phone number. | was found for the phone number that enabled development |
| | of Subject information. |
| | |

If a hit is found in Carrier Discovery, the Date of Loss provided in the inquiry is matched with policy data to determine whether coverage existed, or may have existed, on the date of loss, or up to 30 days prior.

Date of Loss (DOL) Message Descriptions

| Message | Description |
|---|---|
| Match during DOL based on a Name and Address search. | A policy was found that was in effect on the Date of Loss and the subject was listed on the policy on the Date of Loss. |
| Subject not listed on a policy on the DOL. | A policy was found that was in effect on the Date of Loss and the subject was previously listed on the policy during that term. However, the Date of Loss occurred after the subject was no longer listed on the policy. |
| the policy expiration date or the | A policy was found where the latest term ended or the policy cancelled no more than 30 days prior to the Date of Loss. The subject was listed on the policy when the latest term ended or the policy cancelled. |
| No policy found applicable to DOL based on a Name and Address search. | No policy term was found that was both in effect on the Date of Loss and also listed the subject during that policy term. |
| _ | A policy was found that was in effect on the Date of Loss and the VIN was listed on the policy on the Date of Loss. |
| DOL. | A policy was found that was in effect on the Date of Loss and the VIN was previously listed on the policy during that term. However, the Date of Loss occurred after the VIN was no longer listed on the policy. |
| the policy expiration date or the cancellation date based on a VIN | A policy was found where the latest term ended or the policy cancelled no more than 30 days prior to the Date of Loss. The VIN was listed on the policy when the latest term ended or the policy cancelled. |

| No policy found applicable to DOL | No policy term was found that was both in effect on the Date |
|-----------------------------------|--|
| based on a VIN search. | of Loss and also listed the VIN during that policy term. |

Claims Datafill Subject Section

The Subject section of the report contains information related to the inquiry subject.

Claims Datafill Subject Section Column Descriptions

| Column name | Description |
|-------------------|--|
| Inquiry Data | This column displays data submitted on the inquiry, including: name, address, and phone number. |
| Developed Subject | This column displays data developed from various data sources. Two addresses are provided if both addresses have been seen in public records activity within the last two months. An attempt will be made to provide two phone numbers. However, the same phone number may exist in more than one data source. |
| Risk Indicator | This column may display advisory messages with respect to the address, SSN (Social Security number) and phone number. |

Subject Field Descriptions

The following table lists all the fields that appear in the Subject section of a Claims Datafill report. It also provides a description of each field, as well as the information that can be returned.

Subject Field Descriptions

| Field | Description |
|--------------|--|
| Name | Subject name |
| Address Type | Type of address provided in the inquiry It can display any of the following: Education Former Mailing Primary |

| | Property |
|-----------|--|
| | Residence |
| | • Risk |
| | • Work |
| Address1 | Subject's address |
| Address2 | Subject's second address |
| | Provided if seen in public records activity within the last two months |
| SSN | Subject's SSN |
| DOB | Subject's DOB (date of birth) |
| DLN Type | Type of driver license |
| | It can display one of the following: |
| | Commercial |
| | Personal |
| DLN State | Subject's DLN (driver license number) State |
| DLN | Subject's DLN |
| Phone | Subject's phone number |

Claims Datafill Vehicle Section

The Vehicle section of the report contains information related to the inquiry vehicle.

Vehicle Field Descriptions

The following table lists all the fields that appear in the Vehicle section of a Claims Datafill report. It also provides a description of each field, as well as the information that can be returned.

Vehicle Field Descriptions

| Field | Description |
|-------|---|
| VIN | VIN for the vehicle associated with the claim |

| Year | Year the vehicle was manufactured |
|------------------|--|
| Make | Manufacturer of the vehicle |
| Model | Model of the vehicle |
| License State | Driver license-issuing state of the vehicle associated with the claim |
| License Plate | Driver license plate associated with the claim |
| Interested Party | Address of party who has a legal interest in the vehicle associated with the claim |
| Address | |
| Interested Party | It can display any of the following: Lease Holder Legal Owner Lessee Lien Holder |

Policy Information on Developed Subject

The Policy Information on Developed Subject section contains policy information related to the developed subject.

This section will be present in the report under the following conditions:

• A subject is developed and policy information is found for the developed subject that may provide coverage on the date the loss occurred.

Policy Information on Developed Vehicle

The Policy Information on Developed Vehicle section contains policy information related to the developed vehicle.

This section will be present in the report under the following conditions:

- Vehicle information is present in the client inquiry.
- A vehicle is developed and policy information is found for the developed vehicle that may provide coverage on the date the loss occurred.

Policy Information Field Descriptions

The following table lists all the fields that appear in the Policy Information sections of a Claims Datafill report. It also provides a description of each field, as well as the information that can be returned.

Policy Information Field Descriptions

| Field | Description | | | | |
|---------------------|--|--|--|--|--|
| AM Best No. | Issuer's AM Best number | | | | |
| Policy Type | Type of policy | | | | |
| | Possible values include: | | | | |
| | • AU = Auto | | | | |
| | MO = Motorcycle | | | | |
| Policy Number | Carrier's policy number | | | | |
| Policy Address | Carrier's address | | | | |
| Carrier Name | Carrier that issued the policy | | | | |
| Inception Date | Policy inception date | | | | |
| Term Start | Date the vehicle was added to the policy term | | | | |
| Term End | Date the vehicle was canceled from the policy term | | | | |
| Policy Status | Status of the policy as of the date of the inquiry | | | | |
| | Possible values include: | | | | |
| | In-effect | | | | |
| | Expired | | | | |
| | Canceled | | | | |
| | Disputed | | | | |
| Cancellation Reason | Reason the policy was most recently canceled | | | | |
| | The following values can be displayed: | | | | |
| | COMP = Canceled by company | | | | |
| | CUST = Customer request | | | | |

| | LAPS = Lapse/expiration | | | | | |
|-------------|---|--|--|--|--|--|
| | MISR = Material misrepresentation | | | | | |
| | NONP = Non pay | | | | | |
| | OTHER = Other | | | | | |
| | RTCK = Return checkSOLD = Sold | | | | | |
| | | | | | | |
| | TRAN = Transfer | | | | | |
| First Name | Subject first name | | | | | |
| Last Name | Subject last name | | | | | |
| Description | Relationship of the individual to the primary policyholder | | | | | |
| | Possible values include: | | | | | |
| | Primary Policyholder | | | | | |
| | Secondary Policyholder | | | | | |
| | Excluded Driver | | | | | |
| | Employee of Primary Policyholder | | | | | |
| | Other | | | | | |
| | Listed Driver | | | | | |
| DLN State | State where Driver License Number was issued | | | | | |
| DLN | Driver License Number | | | | | |
| SSN | SSN of the vehicle operator or policyholder, depending on who was matched | | | | | |
| Term From | Policy term start date | | | | | |
| Term To | Policy term end date | | | | | |
| DOB | DOB of the vehicle operator or policyholder, depending on who was matched | | | | | |
| Year | Vehicle model year | | | | | |

| Make | Vehicle make | | | | |
|-------------------|--|---------------------------|--|--|----------------------------|
| Model | Vehicle model | | | | |
| VIN | Vehicle Identification Number associated with the claim | | | | |
| Leased | When available, indicates whether the vehicle is leased | | | | |
| Туре | Vehicle type | | | | |
| Notification Date | Date the vehicle was first associated with the policy as supplied by the carrier or the date that LexisNexis received notification | | | | |
| Coverage Code and | Coverage code and descriptive text | | | | |
| Description | Possible values include: | | | | |
| | BI = Bodily injury | | | | |
| | CO = Collision | | | | |
| | CP = Comprehensive | | | | |
| | CS = Combined Single BI/PD | | | | |
| | ME = Medical Expense | | | | |
| | MP = Medical Payments NB = Uninsured Motorist/BI | | | | |
| | | | | | NP = Uninsured Motorist/PD |
| | PD = Property Damage | | | | |
| | PI = Personal Injury Protection | | | | |
| | | RR = Rental Reimbursement | | | |
| | TL = Towing & Labor | | | | |
| | UB = Underinsured Motorist/BI | | | | |
| | UM = Uninsured Motorist | | | | |
| | UN = Underinsured Motorist | | | | |
| | UP = Underinsured Motorist/PD | | | | |
| | Other | | | | |