

Surcharge Notice Form Data Field Definitions

- **Insurance Company Name.** This field contains the insurance company name of the insurer that issued the Surcharge Notice.
- **(Insurance Company Code).** This field contains the three-digit Insurance Company Code of the insurer that issues the Surcharge Notice.
- **Operator Information: Name.** This field contains the full name of the operator involved in the accident. When completing the name, do not omit “Jr.”, “Sr.”, “II”, etc. If the vehicle was unattended and involved in a downward grade collision, identify the person who last operated the vehicle.
- **Operator Information: Address.** This field contains the street address, city, state and zip code of the operator involved in the accident.
- **Operator Information: Date of Birth.** This field contains the date of birth of the operator involved in the accident.
- **Operator Information: Driver’s License No.** This field contains the operator’s driver license number exactly as it appears on the driver license.
- **Operator Information: State Code.** This field contains the code for the state, territory, country, or Canadian province that issued the operator’s driver license from “[Appendix M](#) State Code”.
- **Accident Information: Accident Date.** This field contains the date the accident occurred.
- **Accident Information: Surcharge Notice Date.** This field contains the date the Surcharge Notice was issued for the surchargeable At Fault accident claim and reflects the Notice Date in the corresponding SDIP Claim Source Record.
- **Accident Information: Location Code.** This field contains the three-digit code for the incident location. Use the location code from the appendix for “Premium and Accident Town Tables” of the [Massachusetts Private Passenger Automobile Statistical Plan](#). If the incident occurred outside of Massachusetts, use the appropriate Out-of-State Town Code.
- **Accident Information: Policy No.** This field contains the Policy Number by which the policy may be referenced in insurance company files.

- **Accident Information: Claim No.** This field contains the Claim Identification Number by which the claim may be referenced in insurance company files.
- **Accident Information: Standard of Fault Code.** This field contains the Standard of Fault Code from "[Appendix J](#) Surcharge Code (Standard of Fault)".
- **Accident Information: Standard of Fault Explanation.** This field contains the complete description for the Standard of Fault Code displayed in field number 13.
- **Insurance Agent.** This field contains the full name and mailing address of the insured's insurance agent. This field contains the full name and mailing address of the insurer if no insurance agent is involved.
- **Policyholder: Name.** This field contains the full name of the policyholder if the policyholder is not the involved operator. When completing the name, do not omit "Jr.", "Sr.", "II", etc. Enter the value "SAME" in this space if the policyholder is the involved operator.
- **Policyholder: Address.** This field contains the street address, city, state and zip code for the policyholder identified in field number 16.
- **Policyholder: Date of Birth.** This field contains the date of birth of the policyholder identified in field number 16.
- **Policyholder: Driver's License No.** This field contains the policyholder's driver license number exactly as it appears on the driver license.
- **Policyholder: State Code.** This field contains the code for the state, territory, country, or Canadian province that issued the policyholder's driver license from "[Appendix M](#) State Code".