



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

AUTOMOBILE LIABILITY INSURANCE REPORTING

Instructions

- This form must be completed and submitted by insurance company.
- Print or type information legibly.
- Complete **one form for each** vehicle or non-vehicle specific policy.
- Specifications and data elements are defined in the "Oregon Automobile Insurance User Guide."
- Mail the completed form to:

ALIR Program
DMV Services
1905 Lana Ave NE
Salem OR 97314

Insurance Company Information

INSURANCE COMPANY NAME	NAIC NUMBER
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Policy Information

POLICY NUMBER	
EFFECTIVE DATE (Complete only if transaction type is NBS or LOD)	TERMINATION DATE (Complete only if transaction type is XLC)

Transaction Type: (Check one box)

- NBS New Business
 XLC Cancelled Business
 LOD Initial Load of Business

Policy Type: (Check one box)

- V Vehicle Specific
 NF Non-Vehicle Specific (Fleet)
 NO Non-Vehicle Specific (Owner)
 NS Non-Vehicle Specific (Other)

Primary Insured's Information

Check one box: Person Organization

PRIMARY INSURED'S COMPLETE NAME	DATE OF BIRTH (Month, Day, Year)
PRIMARY INSURED'S ADDRESS	CITY, STATE, ZIP CODE

Complete this information for non-vehicle specific policies:

INSURED'S CUSTOMER ID NUMBER	JURISDICTION
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Vehicle Data

This section must be completed for all vehicle specific policies.
The Vehicle Identification Number must be complete; those vehicles 1981 or newer must contain 17 digits.

VEHICLE IDENTIFICATION NUMBER (VIN)		
VEHICLE YEAR	VEHICLE MAKE	OREGON VEHICLE PLATE (This field is optional)