



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

AUTOMOBILE LIABILITY INSURANCE REPORTING

Instructions

- 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)
<p>Transaction Type: (Check one box)</p> <p><input type="checkbox"/> NBS New Business</p> <p><input type="checkbox"/> XLC Cancelled Business</p> <p><input type="checkbox"/> LOD Initial Load of Business</p>	
<p>Policy Type: (Check one box)</p> <p><input type="checkbox"/> V Vehicle Specific</p> <p><input type="checkbox"/> NF Non-Vehicle Specific (Fleet)</p> <p><input type="checkbox"/> NO Non-Vehicle Specific (Owner)</p> <p><input type="checkbox"/> NS Non-Vehicle Specific (Other)</p>	

Primary Insured's Information

<p>Check one box: <input type="checkbox"/> Person <input type="checkbox"/> Organization</p>	
PRIMARY INSURED'S COMPLETE NAME	DATE OF BIRTH (Month, Day, Year)
PRIMARY INSURED'S ADDRESS	CITY, STATE, ZIP CODE
<p>Complete this information for non-vehicle specific policies:</p>	
INSURED'S CUSTOMER ID NUMBER	JURISDICTION

Vehicle Data

<p>This section must be completed for all vehicle specific policies.</p> <p>The Vehicle Identification Number must be complete; those vehicles 1981 or newer must contain 17 digits.</p>		
VEHICLE IDENTIFICATION NUMBER (VIN)		
VEHICLE YEAR	VEHICLE MAKE	OREGON VEHICLE PLATE (This field is optional)