POLICY IN FORCE STANDARDIZED DATA REQUEST
Travel

DRAFT

Field Name	Start	Length	Type	Decimals	Description
InsCity	765	20	A		Insured city
InsSt	785	2	A		Insured state
InsZip	787	5	A		Insured ZIP code
DtEff	792	10	D		Date the coverage begins [MM/DD/YYYY]
PolEpDt	802	10	D		Date the coverage ends [MM/DD/YYYY]
CertNo	812	10			