



PRIVATE FLOOD INSURANCE DATA CALL

File Creation Assistance

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FILE FORM AND FORMAT

The template provided must include six tabs in the following order: Part 1, Part 2, Part 3, Part 4, Part 5, Part 6.

ORDER MATTERS: DO NOT REARRANGE THE TABS OR DATA CONTAINED IN THE TEMPLATE. REARRANGING THE TEMPLATE WILL RESULT IN A FAILED SUBMISSION.

Please do not include special characters including dollar symbols or quotation marks ANYWHERE in the file or the data will be mapped incorrectly resulting in a failed submission.

Part 1 should include the following elements.

Data Element	Input Requirements
NAIC Company Code	REQUIRED. Submission will fail if no valid cocode is found. Numeric (max length = 5 characters)
Company Name	REQUIRED. Submission will fail if no value is found. Alphanumeric
NAIC Group Code	Numeric
Group Name	Alphanumeric
Submission Contact Name	Alphanumeric
Contact E-Mail Address	example@naic.org (typical address characters are approved such as: dash, underscore, period, numerals) REQUIRED. Submission will fail if no valid email is found.

Data Year

Year	No decimals or special characters allowed. Negative values NOT allowed.
Number of Claims Open Beginning of Current Year	Numeric No decimals or special characters allowed. Negative values NOT allowed.
Number of Claims Opened during the Reporting Year	Numeric No decimals or special characters allowed. Negative values NOT allowed.
Number of Claims Open End of Current Year	Numeric No decimals or special characters allowed. Negative values NOT allowed.
Number of Claims Closed with Payment	Numeric

CROSS FIELD VALIDATION

If premium earned (column G) is greater than zero, policies in force either end of prior year (column N) or end of current year (column O) should also be greater than zero. If you earned premium, you must have had policies in force.