Property & Casualty Market Conduct Annual Statement

Private Flood Data Call & Definitions

Line of Business: Private Flood

Reporting Period: January 1, 2022 through December 31, 2022

Filing Deadline: April 30, 2023

Contact Information

MCAS Administrator	The person responsible for assigning who may view and input company data.
MCAS Contact	The person most knowledgeable about the submitted MCAS data. This person can be the same as the MCAS Administrator.
MCAS Attestor	The person who attests to the completeness and accuracy of the MCAS data.

Coverages

Stand-Alone Policies (First D5 (4v 4r)2(s)4t)5 (se9( )-17(F)9(8)27(F)9(20465 ref57-2((s9

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Interrogatories - Private Flood Endorsements to a Policy other than Homeowners (first dollar coverage)

1-36	Does the reporting company have endorsements to a policy other than homeowners (first dollar coverage) to report? (Y/N)	Yes/No
1-37	If Yes, has the company had a significant event/business strategy that would affect endorsements to a policy other than homeowners (first dollar coverage) data for this reporting period? (Y/N)	Yes/No
1-38	If Yes, explain.	Comment
1-39	If Yes, has the endorsements to a policy other than homeowners (first dollar coverage) block of business or part of this block of business been	

Interrogatories - Private Flood Endorsements to a Policy other than Homeowners (excess coverage)

Interrogatories - Private Flood Additional Comments

1-50	Additional state specific claims comments (optional):	Comment
1-51	Additional state specific underwriting comments (optional):	Comment

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Section 4—Private Flood Lawsuits and Complaints

Provide an answer for each of the coverages.

4-82	Number of lawsuits open at beginning of the period
4-83	Number of lawsuits opened during the period
4-84	Number of lawsuits closed during the period
4-85	Number of lawsuits closed during the period with consideration for the consumer
4-86	Number of lawsuits open at end of period
4-87	Number of complaints received directly from any person or entity other than the DOI

Schedule 5––Private Flood Attestation

By completing the attestation information, those named understand, agree and certify on behalf of the named company that:

1. They are authorized to submit the Market Conduct Annual Statement on behalf of the named company and to bind the company to the statements in this attestation;
2. They are knowledgeable of the information required to be provided in the Market Conduct Annual Statement filed by this company and have reviewed this filing;
3. To the best of their knowledge and belief, this filing represents a full and accurate statement of the information required to be provided in the Market Conduct Annual Statement pursuant to the applicable instructions; and
4. They are aware that the state insurance department(s) receiving the data may initiate regulatory action as authorized by law in a specific jurisdiction if the data submitted in the MCAS is inaccurate, incomplete, or found to be materially false, misleading or omissive.
5. They affirm that the company is able to accurately trace the data as reported to its source within the compy a io, 8.96(tact Bt BMC 1 .6(i)4 .6(t)1p2.1 (m)0.7Tw r(i)4.6(ae)5.2 MC)0.252srce ty a io,,2 488miae

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Definitions:

Private Flood Insurance– Coverage that insures residential property against the peril of flood.

Include:

- Mobile/manufactured homes intended for use as a dwelling.
- Individual unit condo coverage
- Stand-alone policies
- Endorsements or riders to residential property insurance policies
- First dollar and excess policies

Exclude:

- NFIP policies
- Commercial policies
- Condo master policies
- Lender-placed or creditor-placed policies.
- Private flood written on a surplus lines basis

Report experience for Private Flood regardless of whether the coverage is provided as a stand-alone policy or endorsement or rider to another residential property insurance policy and regardless of the line of business in the statutory annual statement in which the experience is reported and regardless of whether the coverage is first dollar or excess.

Participation Requirements: All companies licensed and reporting at least $50,000 of private flood written premium for all coverages reportable in MCAS within any of the participating MCAS jurisdictions.

Cancellations – Includes all cancellations of the policies where the cancellation effective date is during the reporting year. The number of cancellations should be reported on a policy basis regardless of the number of dwellings insured under the policy.

Report cancellations separately for:

- Policies cancelled for non-payment of premium or non-sufficient funds.

  These should be reported every time a policy cancels for the above reasons. (i.e., if a policy cancels for non-pay three times in a policy period and is reinstated each time; each cancellation should be counted.)
- Policies cancelled at the insured's request.
- Policies cancelled for underwriting reasons.

Exclude:

- Policies cancelled for 're-write' purposes where there is no lapse in coverage.

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Clarification:

- If a claim is reopened for the sole purpose of refunding the insured's deductible, do not count it as a paid claim.
- For claims where the net payment is $0 due to subrogation recoveries, report the number of claims in which any amount was paid to the insured; do not net the payment with subrogation recoveries when counting the number of paid claims

Calculation Clarification:

- For each coverage identifier, the sum of the claims closed with payment across each closing time interval should equal the total number of claims closed with payment during the reporting period.

Handling Additional Payment on Previously Reported Claim / Subsequent Supplemental Payment for claims closed with payment during the reporting period:

- If a claim is reopened for a subsequent supplemental payment, count the reopened claim as a new claim. Calculate a separate aging on that supplemental payment from the time the request for supplemental payment was received to the date of the final payment was made.

Claims Closed Without Payment – Claims closed with no payment made to an insured. The number of days to closure is the difference between the date the claim was closed and the date the claim was reported and/or reopened. See also "Date of Final Payment".

Include:

- All claims that were closed during the reporting period regardless of the date of loss or when the claim was received.
- Claims where no payment was made to an insured even though payment was made for company loss adjustment expenses.
- A demand for payment for which it was determined that no relevant policy was in-force at the time of the loss if a claim file was set up and the loss was investigated.
- Claims that are closed because the amount claimed is below the insured's deductible.

Calculation Clarification:

- For each coverage identifier, the sum of the claims closed without payment across each closing time interval should equal the total number of claims closed without payment during the reporting period.

Complaint – any written communication that expresses dissatisfaction with a specific person or entity subject to regulation under the state's insurance laws. An oral communication, which is subsequently converted to a written form in order to be analyzed and acted upon, will meet the definition of a complaint for this purpose.

Include:

- Any complaint regardless of the subject of the complaint (claims, underwriting, marketing, etc.)
- Complaints received from third parties.

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Date of Final Payment – The date final payment was issued to the insured/claimant.

Calculation Clarification:

- If partial payments were made on the claim, the claim would be considered closed with payment if the final payment date was made during the reporting period regardless of the date of loss or when the claims was received.
- Report a claim as “closed with payment” or “closed without payment” if it is closed in the company’s claims system during the reporting period (even if the final payment was issued in a prior reporting period.
- If a claim remains open at the end of the reporting period (even though a final payment has been issued) it should be reported as open. Only when the claim is closed in the company’s claims system, would you report the days to final payment.

Example:

- A claim is open on 11/1/00 and final payment is made on 12/1/00. The claim is left open until 2/1/. The claiand fm72na.6 (nal)]10.6 (t)6 (n t)-11.3 (r .6 (1/)]TJ)-2 (e-2 ( )]TJ6 (pay)-2 (nal)]TJ)5 (e)10

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The sum of the claims reported across each closing time interval is 91, so that the median is the 46th claim. This claim falls into the closing time interval "61-90 days." Any reported median that falls outside of this range (i.e. less than 61 or greater than 90) will indicate a data error.

NAIC Company Code – The five-digit code assigned by the NAIC to all U.S. domiciled companies which filed a Financial Annual Statement with the NAIC.

NAIC Group Code – The code assigned by the NAIC to identify those companies that are a part of a given holding company structure. A zero indicates that the company is not part of a holding company.

New Business Policy Written – A newly written agreement that puts insurance coverage into effect during the reporting period.

Exclude:

- 'Re-written' policies unless there was a lapse in coverage.

Non-Renewals – A policy for which the insurer elected not to renew the coverage for circumstances allowed under the "non-renewal" clause of the policy.

Include:

- All company-initiated non-renewals of the policies where the non-renewal effective date is during the reporting period.

Exclude:

- Policies where a renewal offer was made, and the policyholder did not accept the offer.
- Instances where the policyholder requested that the policy not be renewed.

Calculation Clarification:

- The number of nonrenewals should be reported on a policy basis regardless of the number of dwellings insured under the policy.

Policies or Endorsements In-Force - Coverage, through the relevant policy or endorsement, was in effect at some point in time during the specified time frame. Time frames used in this MCAS include at the end of the prior reporting period, at the beginning of the current reporting period, at any point during the current reporting period and at the end of the current reporting period.

Stand-alone private flood: Private flood insurance provided through a policy providing only coverage for the peril of flood.

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