Interrogatories – Private Flood Stand – Alone (first dollar coverage)

1-08	Does the reporting company have stand-alone (first dollar coverage) to report? (Y/N)	Yes/No

1-09 If Yes, has the company had a significant event/business strategy that would affect stand-alone (first dollar coverage) data for this 030.004 Tw -10.315 -1.1481.96 338. 15 >.6 (-1.141 Tdc9 re/P <<716.6 (hiv)-2 (er)-6 (age)10.5 ())-6 (da)

1-22	Does the reporting company have endorsements to a homeowners policy (first dollar coverage) to report? (Y/N)	Yes/No
1-23	If Yes, has the company had a significant event/business strategy that would affect endorsements to a homeowners policy (first dollar coverage) data for this reporting period? (Y/N)	Yes/No
1-24	If Yes, explain.	Comment
1-25	If Yes, has the endorsements to a homeowners policy (first dollar coverage) block of business or part of this block of business been sold, closed or moved to another company during the year? Y/N	Yes/No
1-26	If Yes, explain.	Comment

1-27   If Yes, does the number of endorsements to a homeowners policy (first dollar coverage) in force at the beginning of the reporting

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 sold, closed or moved to another company during the year? Y/N	Yes/No
1-40	If Yes, explain.	Comment
1-41	If Yes, does the number of endorsements to a policy other than homeowners (first dollar coverage) in force at the beginning of the reporting period in this report match the number of endorsements in force at the end of the reporting period for the first prior year report? (Y/N)	Yes/No

1-42

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

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 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.

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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- means the offer of private flood through <u>an addition </u>to a property insurance policy <u>other than a homeowners policy </u>through endorsement, rider, amendment or any other means.

—An action brought in a court of law in which one party, the plaintiff, claims to have incurred a loss as a result of the action of another party, the defendant.
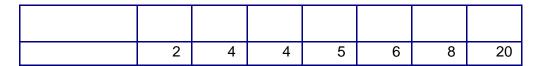
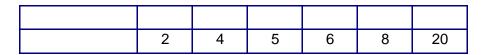For purposes of reporting lawsuit in the MCAS blank:

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Calculation Clarification / Example:

- To determine the Median Days to Final Payment you must first determine the number of days it took to settle each claim. This is the difference between the date the loss was reported to the company, or the date the request for supplemental payment was received, to the date of final payment. The Median Days to Final Payment is the median value of the number of days it took to settle all claims closed with payment during the period.

     - A median is the middle value in a distribution arranged in numerical order (either lowest to highest or highest to lowest). If the distribution contains an odd number of elements, the median is the value above, and below which lie an equal number of values. If the distribution contains an even number of elements, the median is the average of the two middle values. It is not the arithmetic mean (average) of all of the values.

Consider the following simple example of the number of days it took to settle each of the following seven claims:

	2	4	4	5	6	8	20

In this situation, the Median Days to Final Payment would be 5 because it is the middle value. There are exactly 3 values below the median (2, 4, & 4) and 3 values above the median (6, 8, 20). If the data set had included an even number of values, then the median would be the average of the two middle values as demonstrated below.

	2	4	5	6	8	20

Median Days to Final Payment = (5 + 6)/2 = 5.5

Example: A carrier reports the following closing times for paid claims.

< 30	22
31-60	13
61-90	18
91-180	11
181-365	12
>365	15

Property & Casualty Market Conduct Annual Statement

Private Flood Data Call & Definitions