2-37	Number of claims closed without payment within 181-365 days
2-38	Number of claims closed without payment beyond 365 days
2-39	Number of

### Schedule 4- Homeowners 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 company and if necessary, recreate the MCAS results as reported in this filing.

NOTE: The company must provide the name for at least two individuals who are able to attest that the criteria listed above have been met, and attest to the overall accuracy of the MCAS filing. Both attestors should have participated in the review and validation of the filing. We recommend that one person be the individual with operational responsibility for the source data such as a responsible individual from claims, underwriting or compliance. We recommend that the second person should be a responsible IT person that participated in the creation of the data in the filing.

ID	Description	
4-58	First Attestor Information (First Name, Middle Name, Last Name, Suffix, Title)	
4-59	Second Attestor Information (First Name, Middle Name, Last Name, Suffix, Title)	
4-60	Overall Comments for the Period	

#### Definitions:

In determining what business to report for a particular state, unless otherwise indicated in these instructio

- (3-45) Number of dwelling fire policies in force at the end of the period.
  Include dwelling policies that meet the definition of a dwelling policy as defined within this document. This would typically include policies written on forms DP-1, DP-2 and DP-3.
- (3-46) Number of homeowner policies in force at the end of the period.
  Include homeowner policies that meet the definition of a homeowner policy as defined within this document. This would typically include policies written on forms HO-1, HO-2, HO-3, HO-5, HO-7 and HO-8.
- (3-47) Number of tenant/renter/condo policies in force at the end of the period. Include tenant/renter/condo policies that meet the definition of a tenant/renter/condo policy as defined within this document. This would typically include policies written on forms HO-4 and HO-6.
- (3-48) Number of all other residential property policies in force at the end of the period. Include other policies that meet the specifics of MCAS reporting, but that do not fall into one of the categories requested in questions 3-45, 3-46 and 3-47. If your company only write policies that fall into the forms specified for questions 3-45, 3-46 and 3-47, this number will be 0.

Cancellations Includes all cancellations of the policies where the cancellation effective date is during the reporting year. The number of cancellati

The calculation of the number of days is from the original inception date of the policy, not the renewal date.

This time frame should be used regardless of individual state requirements related to erwriting

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 not (wi)4(th)-109(n)4(o T799(W)3)5(e)-3(d)-99(W)

Coverage - Personal Property Personal Property provided under Homeowners Policies.

Coverage - Liability Liability insurance provided under Homeowners Policies.

Coverage - Medical Payments Medical Payments provided under Homeowners Policies.

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.

Rep

#### without payment

uring 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 com 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 2/1/01 to allow time for supplemental requests.

- The claim would be reported as open in sion and closed in
- $\circ\,$  The number of days to final payment would be calculated as 30 days and reported in the

Date the Claim was Reported The date an insured or claimant first reported his or her loss to either the company or insurance agent.

Direct Written Premium - The total amount of direct written premium for all polices covered by the market conduct annual statement (new and renewal) written during the reporting period.

#### Calculation Clarification:

Premium amounts should be determined in the same manner as used for the financial annual statement.

If premium is refunded or additional premium is written during the reporting period (regardless of the applicable policy effective date), th

Closing Time# of Claims

< 30	22
31-60	13

18

<u>31-60</u>

61-90

0q0.00000912 0 612 792 reW\*nBT/F3 11.04 Tf1 0 0 1 99.984 @q0.00000912 0 612 792 reW\*nB 91-180