Florida Property Claims Lifecycle Data Call Reporting Form

pursuant to Section 624.424(11), Florida Statutes

If you need any assistance during the filing process, please contact OIR at:

Research@floir.com



Due by March 1, 20___

Form OIR-B1-2222 Effective Date 08/22 69O-171.011

Florida Property Claims Lifecycle Data Call Reporting Form Instructions

WHAT: As a result of the passage of SB 76 during the 2021 Legislative Session, codified as section 624.424(11), Florida Statutes, each authorized insurer or insurer group issuing personal lines or commercial lines residential property insurance policies shall report, for each such line of insurance, an annual Florida Property Claims Lifecycle Data Call Reporting Form detailing closed claim experience. For this data call, insurers are required to provide information related to closed claims for personal or commercial residential property policies to include:

Claims closed in Florida in the prior calendar year for Sections A-1, A-2, A-3 and A-4.

Insurers are also asked to submit supplemental data on claims closed in Florida in the prior calendar year for Section A-5, if available

WHO: This data call must be completed by insurers licensed in Florida for the following lines of business:

- Allied Lines
- Commercial Multi-Peril
- Farmowners Multi-Peril
- Homeowners Multi-Peril
- Mobile Homeowners Multi-Peril
- Mobile Homeowners Physical Damage Only
- Property (Fire)

<u>WHEN:</u> The Florida Property Claims Lifecycle Data Call Report is due by 5 PM ET annually, March 1, via the Insurance Regulation Filing System (IRFS) located at:

irfs.fldfs.com

NO DATA: A "No data" option may only be used by insurers with no personal or commercial residential closed claims in the prior calendar year for the lines of business listed above.

FIELDS TO BE COMPLETED: Insurers are required to complete all fields in Sections A-1, A-2, A-3, and A-4. Section A-5 includes supplemental information insurers are also asked to provide if available.

If an insurer is unable to complete a field in Sections A1-A4, describe in detail why they are unable to provide the data and what steps will be taken to remedy this in the future.

INDIVIDUAL SUBMISSIONS: Data should be submitted on an individual company basis. Once submitted, data may be aggregated at the group level by OIR.

TRADE SECRET SUBMISSIONS: An affidavit must accompany a filing that is submitted as a trade secret per section 624.4213, Florida Statutes. Refer to the Contacts tab for additional information.

DUE DATE: 5 PM ET, March 1, 20_

Responses to the data call are required to be submitted to OIR no later than the due date using the Insurance Regulation Filing System (IRFS) located at:

https://irfs.fldfs.com

Failure to respond to the data call may result in administrative action.

HELP: Contact IRFS Support at 850-413-3147 or by email at:

Research@floir.com

Instructions for using the IRFS Filing System are found at https://floir.com/sitedocuments/IRFSFilingInstructions.pdf

Definitions and Additional Guidance:

Commercial lines residential coverage, per section 627.4025(1), Florida Statutes, "consists of the type of coverage provided by condominium association, cooperative association, apartment building, and similar policies, including polices covering the common elements of a homeowners association."

Litigation is defined as when a lawsuit has been filed and served on an insurer.

Supplemental claim is defined as a claim for additional loss or damage from the same peril which the insurer has previously adjusted or for which costs have been incurred while completing repairs or replacement pursuant to an open claim for which timely notice was previously provided to the insurer

Reopened claim is a claim that an insurer has previously closed, but that has been reopened upon an insured's request for additional costs for loss or damage previously disclosed to the insurer.

Name of Attorney should be the first attorney listed on the claim.

No deductions for salvage, subrogation or reinsurance received or expected should be made.

Wind only policies should be reported in the corresponding policy form—eg HO, DP or MH.

Responses for the fields "Type of Policy," "County," "Peril," and "Type of Vendor" are limited to the responses shown in the "Valid Responses' worksheet.

There should only be one row per claim on Section A-1, but there may be multiple rows per claim for Sections A-2, A-3, and A-4. For example, if there are multiple vendors on a claim, submit multiple rows of data.

To coords for Florida Dar sumbar.

Contact Information Please provide company and individual contact information on this v	worksheet	VALIDATION CHECKS Required Data Field Complete?
Report Date (Date Completed) mm/dd/yyyy		FALSE
Please provide the name of the individual who completed this form.		FALSE
What is this individual's email address?		FALSE
What is the best number where this individual can be reached?		FALSE
What is the Company's name?		FALSE
What is the Company's NAIC Code? (Enter five zeroes if none)		FALSE
What is the Company's Florida Company Code?		FALSE
What is the Company's FEIN?		FALSE
What is the Company's NAIC group code? ("0000" if no NAIC group code exists)		FALSE
Is this supplemental report being submitted as trade secret? If yes, once this supplemental report is uploaded, you must upload the affidavit as required by section 624.4213, Florida Statutes.		FALSE
Comments regarding information in the data call. If you do not have any comments, type N/A.		FALSE

Section A-1		

DETAILED CLAIM INFORMATION FOR EVERY PROPERTY CLAIM CLOSED BETWEEN JANUARY 1, 20__ AND DECEMBER 31, 20__

		Locatio	n of Claim					Peril As	,		Date		Paid by Insurer		_	_	_		VALI	DATION CHECKS?			
Claim ID	Type of Policy (See Valid Responses)	Zip Code	County (See Valid Responses)	Date of Initial Loss/Incident mm/dd/yyyy	Date Reported to Insurer mm/dd/yyyy	Date Initially Closed mm/dd/yyyy	Date Most Recently Closed mm/dd/yyyy	Reported to Insurer in Column G (See Valid Responses)	Date Claim Initially Closed with Payment in Column G? (Y/N/Unknown)	Date Re-Opened Claim Reported to Insurer (if applicable) mm/dd/yyyy	Supplemental Claim Reported to Insurer (if applicable) mm/dd/yyyy	Indemnity	LAE	Trade Secret	Row Complete?	Required Fields Complete?	Is Policy Type Valid?	Is Zip Code Valid?	Is County Valid?	ls Peril Valid?	Is Y/N/Unknown Data Correct? (Column J)	Is Date Re-Opened Claim Reported Correct?	Is Date Supplemental Claim Reported Correct?
s. 624.424(11)(a)	s. 624.424(11)(b)	s. 624.424(11)(c)	s. 624.424(11)(d)	s. 624.424(11)(e)	s. 624.424(11)(g)	s. 624.424(11)(h)	s. 624.424(11)(k)	s. 624.424(11)(f)	s. 624.424(11)(h)	s. 624.424(11)(t)	s. 624.424(11)(j)	s. 624.424(11)(n)	s. 624.424(11)(o)										
														No	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE

Section A-2: Vendor Information

DETAILED CLAIM INFORMATION FOR EVERY PROPERTY CLAIM CLOSED BETWEEN JANUARY 1, 20__ AND DECEMBER 31, 20__

				VALIDATION CHECKS?					
Claim ID	Type of Vendor (See Valid Responses)	Vendor/ Company Name	Trade Secret?	Row Complete?	Required Fields Complete?	ls Type of Vendor Valid?			
s. 624.424(11)(a)	s. 624.424(11)(f)	s. 624.424(11)(f)							
			No	TRUE	TRUE	TRUE			

Litigation? (Y/N/Unknown) Florida Bar Number (V/N/Unknown) Florida	Florida Bar Number Name of Attorney Name of Inclumn Name of Inclumn Name of Attorney Name of Inclumn Name o							Contingency Fee						VALIDATI	VALIDATION CHECKS?			
UD Litigation Attorney, Num Attorney, Num Attorney, Fee, Ped Attorney, Ee, Ped Attorney, Ee, Ped Attorney, Ee, Ped Confingency, Fee, Aved Trade Secret Revivalidation RowValidation RowV	Highton Attorney_Num Attorney_Num Attorney_Fee_Pd Attorney_Ee_Pd Attorney_Ee_Pd Contingency_Fee_And Toda Secret Revivalidation Revivalidation Revivalidation Revivalidation Revivalidation Revivalidation Revivalidation Rev	Claim ID Litt	Litigation? N/Unknown)	Florida Bar Number	Name of Attorney	Attorney Fees	Attorney Expenses	Multiplier Requested by	Multiplier Awarded to Attorney in	Secret?	Row Complete?	Required Fields Complete?	Is Y/N/Unknown Data Correct (Column B)?	Is Data Correct (Column E)?	Is Data Correct (Column F)?	ls Data Correct (Column G)?	ls Data Correct (Column H)?	
		. 624.424(11)(a) s. 6:	. 624.424(11)(t)	s. 624.424(11)(m)	s. 624.424(11)(m)	s. 624.424(11)(p)	s. 624.424(11)(q)	s. 624.424(11)(r)	s. 624.424(11)(s)									
NO TRUE TRUE TRUE TRUE TRUE TRUE TRUE TRUE	NO TRUE TRUE TRUE TRUE TRUE TRUE TRUE TRUE	n_ID L	Litigation	Attorney_Num	Attorney_Nm	Attorney_Fee_Pd	Attorney_Exp_Pd	Contingency_Fee_Req	Contingency_Fee_Awd		RowValidation	RowValidation						

Section A-4: Public Adjuster Information

DETAILED CLAIM INFORMATION FOR EVERY PROPERTY CLAIM CLOSED BETWEEN JANUARY 1, 20__ AND DECEMBER 31, 20__

			VALIDA	TION CHECKS?
Claim ID	Name of Adjuster	Trade Secret?	Row Complete?	Required Fields Complete?
s. 624.424(11)(a)	s. 624.424(11)(l)			
		No	TRUE	TRUE

Section A-	5: Suppleme	ntal Informa	ition									
DETAILED	CLAIM INFOR	MATION FO	R EVERY PRO	OPERTY CLA	IM CLOSED E	BETWEE	EN JANUAR	Y 1, 20 AND DECEN	ABER 31, 20			
									V.	ALIDATION CHECKS?		
Claim ID	Initial Invoice/ Demand Amount from Vendor		Final Paid Amount to Vendor by Insurer		Amount of Insurer's Defense Costs for this Claim	Trade Secret?	Required Fields Complete?	ls Data Correct (Column B)?	Is Data Correct (Column C)?	ls Data Correct (Column D)?	Is Y/N/Unknown Data Correct (Column E)?	ls Data Correct (Column F)?
s. 624.424(11)(a)												
						No	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE

Type of Policy	
Code	<u>Description</u>
DP-1	Dwelling Fire - Basic Coverage
DP-3	Dwelling-Fire - Broad Coverage
DP-Oth	Dwelling-Fire - Other than DP-1 and DP-3
HO-3	Owners type policy, includes HO-1, HO-2, HO-3, HO-5
HO-4	Tenants policy
HO-6	Condo Unit Owners policy
HO-8	Modified Coverage Form policy
MDP	Mobile Home Dwelling policy
MHO-3	Mobile Homeowners Multi-Peril policy
MHO-Oth	Mobile Homeowners policy - Other than MHO-3
CRC	Commercial Residential - Condo Only policy (CMP and CP)
CRO	Commercial Residential - Non-Condo policy (CMP and CP)
OTH	Other than listed above

	County of Loss
	Machua
	Baker
В	Bay
В	Bradford
В	Brevard
В	Broward
C	Calhoun
C	Charlotte
C	Citrus
C	lay
C	Collier
C	Columbia
С	e Soto
С	Dixie
	Duval
	scambia
	lagler
	ranklin
	Gadsden
6	Gilchrist
	Blades
	Gulf
H	lamilton
	lardee
H	lendry
H	lernando
	Highlands
H	Hillsborough
	lolmes
li	ndian River
J	ackson
J	efferson
	afayette
	ake
	ee
	eon
	evy
	iberty
	Madison
٨	Manatee
	Marion Aartin
	Martin
	Miami-Dade
٨	Monroe Jassau
١	lassau Valoosa
	Okaloosa
	Okeechobee Orango
	Orange
-	Osceola Palm Beach
r	
r	Pasco Pinellas
P	rineiias Polk
p	utnam
c	aint Johns
c	aint Lucie
2	anta Rosa
	arasota
S	eminole
-	iumter
	iuwannee
T	aylor aylor
	Jnion
	/olusia
٧	Vakulla
V	
V	Valton
V	Valton Vashington
V	Valton Vashington JNKNOWN

Type of Peril	
<u>Code</u>	<u>Description</u>
AOP	All Other Perils
FIRE	Fire or Lightning Peril
HURR	Hurricane
OBJ	Falling Objects Peril
OTH WATER	Water - Other than Accidental Discharge or Overflow of Water or Steam Peril
SINK	Sinkhole
WATER	Accidental Discharge or Overflow of Water or Steam Peril
WIND	Windstorm or Hail Peril - Other than Hurricane

Type of Vendor	
Code	<u>Description</u>
ELEC	Electrical
FLOOR	Flooring
GEN	General Contracting
INSPECT	Inspection
MOLD	Mold
OTH	Other
PLUMB	Plumbing
ROOF	Roof repairs
WATER	Water Mitigation
UNKNOWN	Unknown Vendor Type

Y/N	
l	
Inknown	

Policyholder Vendor