

Florida Hurricane Catastrophe Fund

Contract Year 2015 Detailed Claims Listing Instructions

Each Florida Hurricane Catastrophe Fund (FHCF) Company must submit a Detailed Claims Listing (as described below) to support the losses reported in the Proof of Loss Report. If requested by the FHCF, a Detailed Claims Listing supporting the losses reported in the Interim Loss Report may be required. Note that Incurred But Not Reported (IBNR) losses are not to be included in the Detailed Claims Listing. A Detailed Claims Listing is required:

1. When the Company submits its first Proof of Loss Report for a specific Covered Event that qualifies the Company for reimbursement under that Covered Event;
2. Annually at each year-end until the earlier of completion of the FHCF commutation process or until all claims and losses resulting from the Covered Event are fully discharged, including any adjustments to such losses due to salvage or other recoveries;
3. Upon notice of a loss reimbursement examination by the FHCF;
4. Upon request of the FHCF in support of any other filed Proof of Loss Report; and
5. Upon request of the FHCF in support of an Interim Loss Report.

File Layout

The Detailed Claims Listing, which supports the losses reported in the Proof of Loss Report for a specific hurricane, must match the aggregate total amounts for paid losses and outstanding losses reported on page 1 of the Proof of Loss Report. The Detailed Claims Listing must be provided in a pipe delimited text file containing the following fields in the order listed. (For the pipe “|” symbol, press the *Shift* key and the \ key.) **Policy numbers in the Detailed Claims Listing must be in the same format as policy numbers provided in the FHCF Data Call submission.**

Field #	Description	Minimum Length	Maximum Length	Type	Notes
1	Claim Number	1	20	Special	Include characters A-Z, 0-9, and “-” only
2	Date of Loss	8	8	Numeric	Must use “yyyymmdd” format only (include leading zeros for single-digit months and days)
3	Policy Number	1	30	Special	Include characters A-Z, 0-9, and “-” only ; must match the policy numbers and format provided in the 2015 Data Call file for policies required to be reported at 6/30/15
4	Policy Effective Date	8	8	Numeric	Must use “yyyymmdd” format only (include leading zeros for single-digit months and days)
5	FHCF Type of Business Code	1	1	Numeric	Only use the codes on pg 8 of the Contract Year 2015 FHCF Data Call
6	County Code	1	3	Numeric	Only use the codes on pg 29 of the Contract Year 2015 FHCF Data Call
7	County Name	3	20	Special	Include characters A-Z and “-” only
8	ZIP Code	5	5	Numeric	
9	Paid Loss – Habitational Building*	1	12	Numeric	Report whole dollar amounts only (no decimals). If an amount is zero, then enter 0.
10	Paid Loss – Appurtenant Structures *	1	12	Numeric	
11	Paid Loss – Contents *	1	12	Numeric	
12	Paid Loss – Additional Living Expense *	1	12	Numeric	
13	Outstanding Loss Reserve	1	12	Numeric	

***Note: A breakdown of paid losses is required.**

Example: A record with the following information:

FIELD #	DESCRIPTION	TYPE	ENTRY
1	Claim Number		336733
2	Date of Loss		20150910
3	Policy Number		HCP5670996
4	Policy Effective Date		20150215
5	FHCF Type of Business Code	Residential	2
6	County Code		49
7	County Name		HARDEE
8	ZIP Code		33890
9	Paid Loss – Habitational Building		12100
10	Paid Loss – Appurtenant Structures		3600
11	Paid Loss – Contents		8000
12	Paid Loss – Additional Living Expense		1500
13	Outstanding Loss Reserve		5000

Sample record layout:

336733|20150910|HCP5670996|20150215|2|49|HARDEE|33890|12100|3600|8000|1500|5000

You must provide a separate Detailed Claims Listing to support the Proof of Loss Report(s) for each event.

Reporting Losses for policies assumed from Citizens Property Insurance Corporation (Citizens)

If your Company receives reimbursement from the FHCF for losses on policies assumed from Citizens and the policies, subsequent to the reimbursement, revert back to Citizens, then your Company must deduct those losses from all future Proof of Loss Reports submitted to the FHCF.

Remittance of Required Documents

The Detailed Claims Listing(s) must be submitted via the FHCF Online Claims System at the same time the associated Proof of Loss Report(s) is filed. The Online Claims System is available at www.sbafla.com/fhcf under Insurer Information, Online Claims.

Retention of Records

Your Company is required to maintain records of all losses paid by the FHCF until the FHCF has completed its examination of the Company and commutation for the Contract Year (if applicable) has been concluded. The records retention requirement, as stipulated in the Proof of Loss Report, page 2, requires the Company to maintain all records, including the Detailed Claims Listing, correspondence, and supporting documentation to support each Proof of Loss Report submitted to the FHCF.