Insurance Disaster REPORTING SYSTEM

MEMORANDUM

Date: September 30, 2005

TO: **TO ALL PROPERTY AND CASUALTY INSURERS WRITING BUSINESS IN ANY OF THE STATES OF ALABAMA, FLORIDA, LOUISIANA, MISSISSIPPI AND TEXAS**

From: Walter A. Bell, Commissioner, Alabama Department of Insurance
Kevin M. McCarty, Commissioner, Florida Office of Insurance Regulation
J. Robert Wooley, Commissioner, Louisiana Department of Insurance
George Dale, Commissioner, Mississippi Insurance Department
Mike Geeslin, Commissioner, Texas Department of Insurance

SUBJECT: HURRICANE RITA REPORTING REQUIREMENTS

Due to the recent catastrophic impact of Hurricane Rita on the Gulf Coast, Alabama, Florida, Louisiana, Mississippi and Texas (the Collective States), are participating in a coordinated data gathering effort with a common Insurance Disaster Reporting System. This effort is necessary to provide much needed information to state insurance regulators, as well as information for local, state, and federal officials responsible for making policy decisions for the relief and rebuilding effort over the next several months and years.

All property and casualty insurers transacting direct business in the Collective States, including surplus lines carriers, are required to submit to the Disaster Reporting System, certain information for claims resulting from Hurricane Rita and the financial impact of Hurricane Rita on a state-by-state basis for each of the Collective States. The information will be collected in three phases:

- **PHASE I: Claims, Financial Projections and General Information** (Biweekly basis)
- **PHASE II: Line-of-Business Reporting** (Monthly basis)
- **PHASE III: General Claims Adjudication Data** (Monthly basis)

Information regarding Hurricane Rita should be submitted to the secured Insurance Disaster Reporting System at the following website: https://www.insurance-disaster-reporting.org. Additionally, the Collective States' Departments of Insurance have outlined below the initial Reporting Guidelines and Reporting Criteria for each phase. Information or data submitted is confidential and shall be disclosed to other state insurance regulators or state and federal regulatory bodies only if necessary to further the requesting entity's regulatory authority and only if the entity to whom disclosure is made has the legal authority necessary to protect from disclosure and to otherwise preserve the confidential or privileged nature of the confidential information it receives.

REPORTING GUIDELINES:

PHASE I – Claims, Financial Projections and General Information

Each insurer shall provide the required information beginning at **8:00 AM CT on Monday, October 10, 2005** for the most recent information available. Each insurer's initial submission shall be completed not later than 5:00 PM CT on Wednesday, October 12, 2005. The required information under PHASE 1 shall continue to be provided on a biweekly basis not later than 5:00 PM CT each Wednesday, until the insurer receives notice from the Collective States regarding changes to the Reporting Guidelines. The information for Hurricane Rita can be submitted on a company or group basis; however, the basis must be consistently applied throughout future reporting periods. Please have the *NAIC company co-code/group-code* available for the company/group, as well as the *NAIC Internet Filing ID* when accessing the system.

If a company has no exposure in each of the Collective States, under the PHASE I report type, select: *"The Company has no exposure in [*State*]."* Continue through the end of the Reporting Guidelines process. Once this task has been performed, the company will not need to report again for Hurricane Rita for any phase, unless the company gains direct exposure in one of the Collective States.

If the company has exposure in each of the Collective States, but has not yet received claims as a result of Hurricane Rita, under the PHASE I report type, select: *"The Company has exposure in [*State*], but has not yet received any claims as a result of Hurricane Rita."* Continue through the end of the Reporting Guidelines process. Once this task has been performed, the company will not need to report again for Hurricane Rita, until the company receives one (1) or more claims during the required reporting timeframe in one of the Collective States.

PHASE II – Line-of-Business Reporting

The required information shall be submitted on a monthly basis, not later than 5:00 PM CT on the fifth (5th) business day of the each month, for the immediately preceding month. Each insurer shall provide the required information beginning at **8:00 AM CT on Tuesday, November 1, 2005**. The first report shall be for the **month of October** and shall be submitted not later than 5:00 PM CT on Monday, November 7, 2005. Each submission shall contain the cumulative results experienced by the insurer from Hurricane Rita. If a company has no exposure in one of the Collective States, the company will not need to report for this phase, unless the company gains direct exposure in one of the Collective States.

PHASE III – General Claims Adjudication Data

The required information shall be submitted on a monthly basis, not later than 5:00 PM CT on the fifth (5th) business day of the each month, for the immediately preceding month. Each insurer shall provide the required information beginning at **8:00 AM CT on Thursday, December 1, 2005**. The first report shall be for the **month of November** and shall be submitted not later than 5:00 PM CT on Wednesday, December 7, 2005. If a company has no exposure in one of the Collective States, the company will not need to report for this phase, unless the company gains direct exposure in one of the Collective States.

REPORTING CRITERIA:

If a company has exposure in each of the Collective States and has received claims as a result of Hurricane Rita, the following information must be submitted on a state-by-state basis for each of the Collective States:

Claims Information for Areas in Which Claims Have Occurred

1. Number of Claims Reported to Date, by County;
2. Number of Claims Determined to be a Total Loss, by County (Total loss is defined as a claim that requires settlement of the maximum amount of insurance on the covered property.);
3. Total Claim Payments to Date, by County (Claim payments include additional living expenses (ALE), business interruption (BI), structure coverage, and contents coverage.);

Financial Projections

4. Best Estimate of Expected Gross Loss resulting from the hurricane;
5. Projected Net Retention resulting from the hurricane (net of all reinsurance, include any state Hurricane Catastrophe Fund coverage);

General Information

6. Location, contact information and hours of operation for any mobile response units that are currently assisting with the hurricane; and
7. Contact information for the individual submitting the information.

The following information should be provided for these specific lines of business:

- ❑ Fire and Allied Lines,
- ❑ Farmowners,
- ❑ Homeowners,
- ❑ Mobile Homeowners,
- ❑ Commercial Multi-Peril,
- ❑ Commercial Auto Physical Damage,
- ❑ Private Passenger Auto (PPA) Physical Damage,
- ❑ Ocean Marine,
- ❑ Flood insurance, and
- ❑ Other Lines.

1. Total number of claims reported to date.
2. Total number of claims determined to be a total loss (Total loss is defined as a claim that requires settlement of the maximum amount of insurance on the covered property.).
3. Total dollar ($) amount paid to policyholders, excluding contents and structure coverage, but including Additional Living Expenses (ALE) paid, business interruption paid, and casualty exposure paid.
4. Total dollar ($) amount of contents coverage paid.
5. Total dollar ($) amount of structure coverage paid.
6. Total dollar ($) amount of claim payments made to date. This column should equal the total of Items 3, 4, and 5 above.

The specified lines of business are consistent with those defined by the *National Association of Insurance Commissioners (NAIC) Property/Casualty Annual Statement Instructions* and detailed in the statutory financial statements of the company.

For the purposes of this report:

- "Adjusted" is defined as a claim that has been evaluated and for which a settlement offer has been made to the claimant.
- A "closed claim" is defined as a claim that has been settled, the claimant has received payment, and no additional payments for this claim are expected to be incurred by the insurer.
- Aging should begin with the date the claim was reported.
- For Items 7 through 13, include only claims that are still open or have been reopened, not those claims which have been closed.
- If a claim has been closed and then reopened, do not report them in both categories; report it as an open claim only.

1. Total number of claims reported to date;
2. Total number of claims where the company has made contact with the policyholder;
3. Total number of adjusted claims (includes claims that have been adjusted as a result of desk reviews or on-site examinations);
4. Average number of days to adjust the claims reported in Item 3 above;
5. Number of closed claims where no additional payments to the policyholder are anticipated;
6. The average number of days to close the claims reported in Item 5 above;
7. Number of claims open for less than thirty (30) days;
8. Number of claims open for thirty (30) days or more than thirty (30) days and less than sixty (60) days;
9. Number of claims open for more than thirty (30) days and less than sixty (60) days, where only additional living expense (ALE) payments have been made to policyholders;
10. Number of claims open for more than sixty (60) days and less than ninety (90) days;
11. Number of claims open for more than sixty (60) days and less than ninety (90) days, where only additional living expense (ALE) payments have been made to policy holders;
12. Number of claims open for more than ninety (90) days; and
13. Number of claims open for more than ninety (90) days, where only additional living expense (ALE) payments have been made to policyholders.

The Collective States' Departments of Insurance will issue further instructions regarding this method of disaster reporting when necessary. If an insurer has any questions regarding submitting information on the Disaster Reporting System, the *NAIC Internet Filing ID* for a company or group, and/or general questions regarding the Reporting Guidelines or Reporting Criteria, please contact the **NAIC Help Desk at 816-783-8727 or e-mail at help@naic.org.**

However, if an insurer has concerns with their ability to produce any of the Reporting Criteria, please contact each state in which losses have been incurred at the following:

Alabama: Alabama Department of Insurance at (334) 269-3550 or e-mail at Insdept@insurance.alabama.gov

Florida: Market Research Program – Data Collection Unit at (850) 413-3147 or e-mail at DisasterReporting@fldfs.com

Louisiana: Actuarial Division at 225-342-4689 or e-mail at disasterreporting@ladoi.com

Mississippi: Examination Division at (601) 359-3569 or e-mail at finanexam@mid.state.ms.us

Texas: Financial Program at (512) 322-5040 or e-mail at neal.rockhold@tdi.state.tx.us