

# General Emergency Assessment Reporting (GEAR)

pursuant to Section 215.555 and 627.351, Florida Statutes

**The data call is for all insurers with an active Property & Casualty Line of Business at any time during the reporting Quarter.**

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The Data Collection and Analysis Modules (DCAM) application is to be used to submit your data. It can be found by clicking on the below address: <https://apps.fldfs.com/DCAM/Logon.aspx>

Section 215.555 (6)(b)(3), Florida Statutes, states the following:

"Emergency assessments shall be collected from policyholders. Emergency assessments shall be remitted by insurers as a percentage of direct written premium for the preceding calendar quarter as specified in the order from the Office of Insurance Regulation. The office shall verify the accurate and timely collection and remittance of emergency assessments and shall report the information to the board in a form and at a time specified by the board. Each insurer collecting assessments shall provide the information with respect to premiums and collections as may be required by the office to enable the office to monitor and verify compliance with this paragraph."

**The following dates are established by statute as deadlines for submitting data the Office. Data must be received at the Office no later than 11:59 PM ET in order to avoid referral to the Market Investigations Unit for action.**

*First Quarter (January 1 through March 31) is due Tuesday, May 15, 2012*

*Second Quarter (April 1 through June 30) is due Wednesday, August 15, 2012*

*Third Quarter (July 1 through September 30) is due Thursday, November 15, 2012*

*Fourth Quarter (October 1 through December 31) is due Friday, March 1, 2012*

The required reporting template and survey for each reporting quarter will be available within DCAM on the first day after each reporting quarter has concluded (*Example: the First Quarter report may be filed beginning April 1*). These are the items to be included in your company's submission:

- The data template, which must be downloaded from within DCAM at the close of each reporting period, must be completed, then uploaded. It may be completed and uploaded in either Excel 2003 (.xls) or Excel 2007 (.xlsx) format.
- Survey describing elements of your data template and your remittances to the Florida Hurricane Catastrophe Fund and Citizens Property Insurance Corporation. All items must receive a response, even if they do not apply to your company.
- Your company's submission must contain a Notarized Affidavit, signed by a company officer, stating the information provided is accurate, to the best of their knowledge. A link to a sample version is available below.
- Any additional and optional information that is deemed important to the overall submission. These optional items may be uploaded as PDF documents under the "Supporting Documentation" component.
- The "Response to Request for Clarification" component should be used only as a response area after submission; upload documents to this component should the Office request additional information to complete your filing.

Please note: Additional underlying documentation shall be made available upon request of the Office.

#### **Helpful links:**

The user's guide for DCAM can be found here:

<https://apps.fldfs.com/DCAM/Help/DCAMUserGuide.pdf>

Sample copy of company officer affidavit (scroll down to the OIR-DO-1688 box and click on the "Sample Notarized Affidavit" link):

[http://www.floir.com/siteDocuments/GEAR\\_Certification\\_Notarized\\_Affidavit\\_Sample.doc](http://www.floir.com/siteDocuments/GEAR_Certification_Notarized_Affidavit_Sample.doc)

If you have any questions regarding this request, please contact the Market Research Unit at 850-413-3147 or via email:

[QuarterlyAssessmentsReporting@floir.com](mailto:QuarterlyAssessmentsReporting@floir.com)

Your prompt cooperation in this effort will be greatly appreciated.

## STEPS FOR PROCESSING AND REPORTING DATA TO THE OFFICE OF INSURANCE REGULATION:

### OVERVIEW PROCESS:

- > Enter DCAM using the link <https://apps.fldfs.com/DCAM/Logon.aspx>
- > If you have not used DCAM before, you must first create an account and subscribe to a company(ies) using the provided instructions.
- > Select the option "Create a Filing".
- > Choose "company" and the correct company for which you are creating the filing (you must do this for each company you represent).
- > Select the menu option for this data activity (GEAR General Emergency Assessment Reporting).
- > Select the correct year and period (quarter) for your filing.
- > Select DATA for the data activity purpose; there is no longer a NO DATA option. Companies without premium in the assessable lines must still report premium in the other P&C Lines to match to their Schedule T. Companies with an active P&C Line of Business status but without reportable premium must submit a null (blank) template representing their quarterly report.
- > After creating the filing you should continue to the workbench to view the components by clicking on the work file number, which shows in blue type.
- > There are five components. Select components by clicking directly on the component name.
- > DATA filers must click on the data template component and download the template to their local drive.
- > Complete the template according to instructions below then upload the template from this same component screen.
- > Select the Survey Component and respond to all questions. DATA filers will need to have their template on hand to answer all questions accurately.
- > Complete an affidavit, signed by a company officer and formatted as a PDF document, and upload it to the Affidavit Component.
- > Upload any additional documents that are necessary to explain your filing under "Supporting Documentation" (this is an optional step).
- > Do not upload documents to the "Response for Request for Clarification" component; this is for later use should questions arise about your submission.
- > When all mandatory components are marked Completed you must click on the SUBMIT button in the pink box.
- > Make corrections to your data template if you receive validation errors after submitting your filing.
- > If you do not receive validation errors, your filing is considered appropriately filed only after you receive an email receipt showing your file log number.

### EXPLANATION OF ROWS, COLUMNS, AND VALIDATIONS IN THE DATA TEMPLATE AND SURVEY COMPONENT:

The GEAR data template must be downloaded from DCAM each quarter for the purpose of reporting direct premiums written and assessments. The full template contains four tabs: (1) Version - includes contact information and reporting date reminders; (2) Instructions - DCAM user instructions, overall GEAR processing instructions, and template data entry instructions; (3) A\_FHCF - Worksheet A covers assessments for the Florida Hurricane Catastrophe Fund (referred to as the "CatFund"); and (4) B\_Citizens - Citizens Emergency Assessments for Citizens Property Insurance Corp. All data entry is conducted only on the last two tabs. WE STRONGLY RECOMMEND YOU COMPLETE THE A\_FHCF TAB BEFORE COMPLETING THE B\_Citizens TAB, THEN RETURN TO THE SURVEY AND AFFIDAVIT (explained in the last section).

### Definitions and Explanation of Premium Reporting

For the Florida Office of Insurance Regulation's (OIR) data collection purposes, the provided Direct Premiums Written (DPW) in this submission are to tie back to the company's reported DPW on its Florida Annual Statement Exhibit of Premiums and Losses and Quarterly /Annual Statement Schedule T - Exhibit of Premiums Written.

The National Association of Insurance Commissioners (NAIC), in its Statutory Issue Paper No. 53 - Property Casualty Contracts - Premiums, defines written premium as "the contractually determined amount charged by the reporting entity to the policyholder for the effective period of the contract based on the expectation of risk, policy benefits and expenses associated with the coverage provided by the terms of the insurance contract."

As defined in Section 627.403, FS, "Premium" is the consideration for insurance, by whatever name called. Any "assessment," or any "membership," "policy," "survey," "inspection," "service" or similar fee or charge in consideration for an insurance contract is deemed part of the premium.

Therefore, for this data collection, include all premiums arising from policies underlying the Office's included data collection reporting categories as issued by the reporting company acting as the primary insurance carrier. However, these premiums should be adjusted for any return or additional premiums arising from endorsements, cancellations, audits, and retrospective rating plans. Endorsement entries are to be consistent with the original entries. The assessment is applicable to an MGA fee, policy fee, or any other fees or assessments, as long as the insurance company considers those fees "premium" when reporting the annual statement. Note that the assessment is not to be applied to any premium finance charges or installment fees.

In summary, Direct Premiums Written (DPW) are to include: Gross premiums, including policy and membership fees, less return premiums and premiums on policies not taken. DPW are also to be reported for the full policy term.

## Reportable Lines of Business and Assessable Lines of Business

The GEAR data template makes use of the NAIC's Property & Casualty Schedule T. The Lines of Business on this reporting form are repeated in the GEAR data template. They are shown below by NAIC Line number:

NAIC Line Number	NAIC Line of Business	FHCF Assessable?	Citizens Assessable?
1	Fire	YES	YES
2.1	Allied lines	YES	YES
2.2	Multiple peril crop	YES	NO
2.3	Federal flood	NO	NO
3	Farmowners multiple peril	YES	YES
4	Homeowners multiple peril	YES	YES
5.1	Commercial multiple peril (non-liability portion)	YES	YES
5.2	Commercial multiple peril (liability portion)	YES	YES
6	Mortgage guaranty	YES	NO
8	Ocean marine	YES	NO
9	Inland marine	YES	NO
10	Financial guaranty	YES	NO
11	Medical malpractice	NO	NO
12	Earthquake	YES	YES
13	Group accident and health	NO	NO
14	Credit A&H (group and individual)	NO	NO
15.1	Collectively renewable A&H	NO	NO
15.2	Non-cancelable A&H	NO	NO
15.3	Guaranteed renewable A&H	NO	NO
15.4	Non-renewable for stated reasons only	NO	NO
15.5	Other accident only	NO	NO
15.6	Medicare Title XVIII exempt from state taxes and fees	NO	NO
15.7	All other A&H	NO	NO
15.8	Federal employees health benefits program premium	NO	NO
16	Workers' compensation	NO	NO
17.1	Other liability-occurrence	YES	NO
17.2	Other liability-claims-made	YES	NO
17.3	Excess workers' compensation	NO	NO
18	Products liability	YES	NO
19.1	Private passenger auto no-fault (personal injury)	YES	NO
19.2	Other private passenger auto liability	YES	NO
19.3	Commercial auto no-fault (personal injury protection)	YES	NO
19.4	Other commercial auto liability	YES	NO
21.1	Private passenger auto physical damage	YES	NO
21.1	Private passenger auto physical damage (Mobile Home Premiums Only)	NO **	YES
21.2	Commercial auto physical damage	YES	NO
22	Aircraft (all perils)	YES	NO
23	Fidelity	YES	NO
24	Surety	YES	NO
26	Burglary and theft	YES	NO
27	Boiler and machinery	YES	NO
28	Credit	YES	NO
30	Warranty	YES	NO
34	Aggregate write-ins (Mobile Home Premiums Only)	NO **	YES
34	Aggregate write-ins for other lines of business	YES	NO
** Represents Lines assessable only in part (by Citizens) related only to Mobile Homes			

## Completing the A\_FHCF Tab

### COLUMN DEFINITIONS:

- > The first column is the Line of Business number and the Summary Lines (at the bottom). These numbers relate directly to the NAIC Lines of Business codes shown in the table above.
- > The second column is the description of the Line of Business or the Summary Line.
- > Columns showing Assessable Rate amounts at the top and on Summary Line S\_15 at the bottom are organized into specific time periods. Reported premium must be entered into the proper column, by Line, according to the date each policy was issued or renewed. Note the date ranges at the top of each column before finalizing your entries. The Rate Column with 0.0% rate is used for the non-assessable time period (policies issued or renewed prior to 1/1/2007) or for entering total premium on non-assessable Lines (all other columns are "grayed out" to avoid confusion).
- > The Totals Column will provide the row totals as premium is entered on the page. No editing may be made directly to the Totals Column, but only to the row values that contribute to each row total.
- > The last column is the Validation Column. All validations must appear as "TRUE" at the time of uploading the data into DCAM or the template will be rejected. Only one row validation occurs on the A\_FHCF tab, and it is described under Row Definitions.

### ROW DEFINITIONS:

- > Enter premium as reported on the Schedule T under the appropriate Lines of Business (Lines 1 through 34, listed in the table above).
- > Summary Line S\_1 is an auto-calculated line that reports the premium totals by rate and total for the quarter (in the Totals Column).

- > Summary Line S\_2 is the reported premium for the First Quarter. It is auto-calculated for the first reporting quarter only (the amount shown becomes a carry-over from the amount in the Totals Column from Summary Line S\_1). For other quarters the filer must enter the total premium previously reported on the GEAR data template. If the amount was amended after the original report was filed, enter the amended report amount and provide an explanation in the GEAR Survey Component.
- > Summary Line S\_3 is the reported premium for the Second Quarter. It is auto-calculated for the second reporting quarter only (the amount shown becomes a carry-over from the amount in the Totals Column from Summary Line S\_1). For later quarters the filer must enter the total premium previously reported on the GEAR data template. If the amount was amended after the original report was filed, enter the amended report amount and provide an explanation in the GEAR Survey Component. Note that this cell will be "Grayed out" in the First Quarter filing.
- > Summary Line S\_4 is the reported premium for the Third Quarter. It is auto-calculated for the third reporting quarter only (the amount shown becomes a carry-over from the amount in the Totals Column from Summary Line S\_1). For the fourth quarter the filer must enter the total premium previously reported on the GEAR data template. If the amount was amended after the original report was filed, enter the amended report amount and provide an explanation in the GEAR Survey Component. Note that this cell will be "Grayed out" in the First and Second Quarter filings.
- > Summary Line S\_5 is the reported premium for the Fourth Quarter. It is auto-calculated for the fourth reporting quarter only (the amount shown becomes a carry-over from the amount in the Totals Column from Summary Line S\_1). Otherwise it is not applicable to the filing and will appear "grayed out".
- > Summary Line S\_6 is an auto-calculated line that reports the premium total for all quarters reporting through the current filing period. The amount calculated will be the sum of the premium showing in the Totals Column from Summary Lines S\_2, S\_3, S\_4, and S\_5.
- > Summary Line S\_7 requires the filer to enter the total cumulative premiums shown on the quarterly Schedule T report filed with the NAIC. This amount must equal the total shown in the Totals Column on Summary Line S\_6. If not, determine if a report was amended or an amendment not filed. The corrections must be made before the correct amount can be entered. Explain these actions on the Survey Component (first question that appears related to data template explanations). Note that the only validation that occurs on this tab is in the Validation Column on this row. DCAM will not permit uploading of the data template unless the validation appears as "TRUE". This can only occur when the Summary Line S\_6 and S\_7 totals are equivalent.
- > Summary Line S\_8 shows the difference between the premium amounts in the Totals Column on Summary Lines S\_6 and S\_7. The amount shown on Summary Line S\_8 should always be zero. If this is not true, read the instructions related to Summary Line S\_7 above.
- > Beginning with Summary Line S\_9 calculations are made to determine the assessable premium on the report to be filed, not to reconcile premium totals with the Schedule T. Summary Line S\_9 is the sum of all assessable premium shown on the A\_FHCF tab (those lines indicated with a "YES" under the "FHCF Assessable?" column in the table above). These are auto-calculated fields, with the row total appearing in the Totals Column.
- > Summary Line S\_10 allows filers to record FAJUA Pass Through Payments as adjustments to the assessable premium. These payments are collected by the FAJUA and therefore should not be reported on the GEAR data template as assessable premium. The payments must be reported by the rate (column) under which they were collected.
- > Summary Line S\_11 allows filers to record adjustments to previous quarters, such as those that would be declared in the event amended filings had taken place. Record the premium amounts according to the applicable premium and provide proper explanation in the Survey Component.
- > Summary Line S\_12 allows filers to record other adjustments not otherwise qualified on the GEAR data template. Examples could be Federal Crop adjustments and non-assessable premium included from other assessments, fees, and surcharges. To claim this adjustment, you must enter the premium amount according to the applicable rate, then describe the type of adjustment and explain the purpose of the adjustment in the Survey Component. This is handled by two separate questions in the early part of the Survey Component.
- > Summary Line S\_13 is a row of auto-calculated fields that report the sum of premium entered on Summary Lines S\_10, S\_11, and S\_12. The amount showing in the Totals Column for this row will always be the sum of all premium adjustments claimed.
- > Summary Line S\_14 is a row of auto-calculated fields that report the total assessable written premium. This is calculated by subtracting the amount shown on Summary Line S\_13 from the amount shown on Summary Line S\_9 for each column. Assessments are based on the calculated amounts on this row.
- > Summary Line S\_15 is a restatement of the column rate shown at the top of each column (header). It does not apply to the Totals Column.
- > Summary Line S\_16 is a row of auto-calculated fields that report the amount due for the FHCF assessment for each column and the sum total. The amount shown in each rate column is calculated by multiplying the premium amount on Summary Line S\_14 by the rate shown on Summary Line S\_15. The total assessment due is the sum of these rate column totals and is shown in the Totals Column of Summary Line S\_16.

## Completing the B\_Citizens Tab

### COLUMN DEFINITIONS:

- > Columns in the B\_Citizens tab are identical to those in the A\_FHCF tab except that the rate columns set up for entering premium are based on different time periods and different rates. Be sure to select the proper column when entering premium because the rate columns do not line up identically with those under the A\_FHCF tab.
- > The B\_Citizens tab contains a few more row validations in the Validation Column, but fewer lines to enter premium. This is because most Lines completed on the A\_FHCF tab are not assessable on the Citizens tab so the row totals are simply carried over to the Totals Column on the B\_Citizens tab.

### ROW DEFINITIONS:

- > Enter premium as reported on the Schedule T under the appropriate assessable Lines of Business (1, 2.1, 3, 4, 5.1, 5.2, 12, 21.1, and 34). The remaining Lines will reflect the totals from the A\_FHCF tab in the Totals Column and therefore are not re-entered.

- > Line 21.1 is divided into an assessable portion (shown as Line 21.1(a)) and a non-assessable portion (shown as Line 21.1(na)). Include only the portion of Line 21.1 premium that is Mobile Home Premium on Line 21.1(a). This amount must be less than or equal to the total amount shown on Line 21.1 of the A\_FHCF tab. The portion of Private Passenger Auto Physical Damage premium that is not Mobile Home Premium must be entered on Line 21.1(na). In this way, the sum of Lines 21.1(a) and 21.1(na) on the B\_Citizens tab will be equal to the total on Line 21.1 of the A\_FHCF tab.
- > Line 34 is divided into an assessable portion (shown as Line 34(a)) and a non-assessable portion (shown as Line 34(na)). Include only the portion of Line 34 premium that is Mobile Home Premium on Line 34(a). This amount must be less than or equal to the total amount shown on Line 34 of the A\_FHCF tab. The portion of Aggregate Write-Ins for Other Lines of Business premium that is not Mobile Home Premium must be entered on Line 34(na). In this way, the sum of Lines 34(a) and 34(na) on the B\_Citizens tab will be equal to the total on Line 34 of the A\_FHCF tab.
- > Summary Line S\_1 is an auto-calculated line that reports the premium totals by rate and total for the quarter (in the Totals Column). The row validation occurs in the Validation Column to ensure that the total premium entered on the B\_Citizens tab is the same premium total reported on the A\_FHCF tab. If the validation on Summary Line S\_1 is "FALSE", then there is an error in the premium amounts that have been entered on at least one of the two tabs.
- > The remaining Summary Lines are used and defined identically to the descriptions in the A\_FHCF tab instructions except some of the Summary Lines do not apply to Citizens and have therefore been concealed in the background for the sake of convenience.

## Completing the GEAR Survey Component

The Survey Component is one of five components you will find after you have created your filing (refer to the bulleted list near the top of this page). After you have completed the GEAR data template, the Survey Component collects additional information about your filing, including any needed justifications and explanations regarding remittances sent to the CatFund and Citizens Property Insurance Corp. and any imbalances in Schedule T reporting and assessable fees due. All questions must be answered on the Survey. Responses must be complete and topical to the question. Where possible, include information in the responses that will sufficiently avoid the need for uploads of special documents to the Supporting Documentation Component (described in the bulleted list near the top of this page), but use the Supporting Documentation Component when the Survey Component does not provide adequate space or opportunity to accommodate the limits of your explanation. When preparing your filing, a response of "N/A" (not applicable) is acceptable for most questions (except radio button responses and those that require numeric or date-type data). The affidavit affirms that all responses will be truthful.

The Survey will open on your screen but will not allow you to submit your filing until all questions are answered. You may save your Survey responses at any time by selecting the "Save" or "Save and Return" options at the bottom of the Survey. In either case you will be permitted to return to the Survey at any time to complete and verify your responses.

The following questions comprise the GEAR data activity Survey:

Question Number	Survey Question	Data Type and Masks	Valid Values
1	Reporting Period - Quarter/Year	Choices can be selected from a drop-down menu, but the quarter must match the filing or a validation error will occur.	1Q2012
2	Please provide the name of the individual responsible for this filing	Text field; 64 characters	Any text entry will be validated
3	What is her or his email address?	Text field; 250 characters	Any text entry will be validated
4	What is the best number where she or he can be reached?	Text field; 32 characters	Any text entry will be validated
5	What is the Company's Consumer Information Website?	Text field; 250 characters	Any text entry will be validated
6	Provide explanation for non-zero amount showing in Tab A_FHCF, Line S_8, Totals Column; Enter 'NA' if zero.	Text field; 4,000 characters	Any text entry will be validated
7	Provide explanation for all non-zero amounts showing in Tab A_FHCF, Line S_11, 'Adjustments to Previous Quarters'; Enter 'NA' if all amounts on Line S_11 are zero.	Text field; 4,000 characters	Any text entry will be validated
8	Provide description for 'Other' if non-zero amount shows anywhere in Tab A_FHCF, Line S_12; Enter 'NA' if all amounts on Line S_12 are zero.	Text field; 1,000 characters	Any text entry will be validated
9	Provide explanation for all non-zero amounts showing in Tab A_FHCF, Line S_12, 'Other'; Enter 'NA' if all amounts on Line S_12 are zero.	Text field; 4,000 characters	Any text entry will be validated
10	Enter FHCF Amount of Quarterly Remittance	Numeric field; no decimals; currency style, limit of 12 significant digits	Any number will be validated
11	Enter FHCF Date of Quarterly Remittance in MM/DD/YYYY format	Date-formatted field	Valid dates in MM/DD/YYYY format
12	Enter Transfer Confirmation or Approval Tracking Code for FHCF Quarterly Remittance	Text field; 64 characters	Any text entry will be validated
13	Explain Group Payments submitted to FHCF for the quarter by providing the amount remitted per company with accompanying NAIC code per amount for the remittance described in the preceding three questions	Text field; 4,000 characters	Any text entry will be validated
14	Provide explanation for all non-zero amounts showing in Tab B_Citizens, Line S_11, 'Adjustments to Previous Quarters'; Enter 'NA' if all amounts on Line S_11 are zero.	Text field; 4,000 characters	Any text entry will be validated
15	Provide description for 'Other' if non-zero amount shows anywhere in Tab B_Citizens, Line S_12; Enter 'NA' if all amounts on Line S_12 are zero.	Text field; 4,000 characters	Any text entry will be validated
16	Provide explanation for all non-zero amounts showing in Tab B_Citizens, Line S_12, 'Other'; Enter 'NA' if all amounts on Line S_12 are zero.	Text field; 4,000 characters	Any text entry will be validated

(Survey is continued below)

17	Provide explanation for quarterly FHCF remittance amount not equalling the amount shown on Summary Line S_16, Totals Column of the A_FHCF tab. This would include any credits taken. Enter 'NA' if remittance and assessment total are equal.	Text field; 4,000 characters	Any text entry will be validated
18	Enter Citizens Amount of Remittance (Month One of Quarter)	Numeric field; no decimals; currency style, limit of 12 significant digits	Any number will be validated
19	Enter Citizens Date of Remittance in MM/DD/YYYY format for Month One of Quarter	Date-formatted field	Valid dates in MM/DD/YYYY format
20	Enter Citizens Transfer Confirmation or Approval Tracking Code (Month One of Quarter)	Text field; 64 characters	Any text entry will be validated
21	Explain Group Payments submitted to Citizens for Month One of the quarter by providing the amount remitted per company with accompanying NAIC code per amount for the remittance described in the preceding three questions; Enter 'NA' if payment was for a single company	Text field; 4,000 characters	Any text entry will be validated
22	Enter Citizens Amount of Remittance (Month Two of Quarter); Enter '0' if no second remittance	Numeric field; no decimals; currency style, limit of 12 significant digits	Any number will be validated
23	Enter Citizens Date of Remittance in MM/DD/YYYY format for Month Two of Quarter; Enter '01/01/2001' if no second remittance	Date-formatted field	Valid dates in MM/DD/YYYY format
24	Enter Citizens Transfer Confirmation or Approval Tracking Code (Month Two of Quarter); Enter 'NA' if no second remittance	Text field; 64 characters	Any text entry will be validated
25	Explain Group Payments submitted to Citizens for Month Two of the quarter by providing the amount remitted per company with accompanying NAIC code per amount for the remittance described in the preceding three questions; Enter 'NA' if payment was for a single company	Text field; 4,000 characters	Any text entry will be validated
26	Enter Citizens Amount of Remittance (Month Three of Quarter); Enter '0' if no third remittance	Numeric field; no decimals; currency style, limit of 12 significant digits	Any number will be validated
27	Enter Citizens Date of Remittance in MM/DD/YYYY format for Month Three of Quarter; Enter '01/01/2001' if no third remittance	Date-formatted field	Valid dates in MM/DD/YYYY format
28	Enter Citizens Transfer Confirmation or Approval Tracking Code (Month Three of Quarter); Enter 'NA' if no third remittance	Text field; 64 characters	Any text entry will be validated
29	Explain Group Payments submitted to Citizens for Month Three of the quarter by providing the amount remitted per company with accompanying NAIC code per amount for the remittance described in the preceding three questions; Enter 'NA' if payment was for a single	Text field; 4,000 characters	Any text entry will be validated
30	Provide explanation for sum of Citizens quarterly remittance amounts not equalling the amount shown on Summary Line S_16, Totals Column of the B_Citizens tab. This would include any credits taken. Enter 'NA' if remittance and assessment total are equal.	Text field; 4,000 characters	Any text entry will be validated
31	Provide explanation for difference in reporting First Quarter Direct Premiums Written, Summary Line S_2 on the A_FHCF tab, previously and on this template; Enter 'NA' if amount entered is identical to that previously reported.	Text field; 4,000 characters	Any text entry will be validated
32	Provide explanation for difference in reporting Second Quarter Direct Premiums Written, Summary Line S_3 on the A_FHCF tab, previously and on this template; Enter 'NA' if amount entered is identical to that previously reported.	Text field; 4,000 characters	Any text entry will be validated
33	Provide explanation for difference in reporting Third Quarter Direct Premiums Written, Summary Line S_4 on the A_FHCF tab, previously and on this template; Enter 'NA' if amount entered is identical to that previously reported.	Text field; 4,000 characters	Any text entry will be validated
NOTES: (1) The response to the first question will be locked to prevent accidental use during the wrong quarter; (2) The last three questions appear on Surveys distributed at certain quarters of the year.			

If you have any questions regarding this request, please contact the Market Research Unit at 850-413-3147 or via email:

[QuarterlyAssessmentsReporting@flor.com](mailto:QuarterlyAssessmentsReporting@flor.com)