

# Market Conduct Report of Rescinded Policies Florida Office of Insurance Regulation



FLORIDA OFFICE OF  
INSURANCE REGULATION

## Pursuant to Section 627.728, Florida Statutes

This template is provided for reporting Private Passenger policies that have been rescinded by authorized Florida insurance carriers.

**DEADLINE FOR COMPLETING AND SUBMITTING THIS DATA FILING IS WITHIN 90 DAYS OF A POLICY RESCISSION.**

Data must be submitted on an individual company basis only.

The Data Collection and Analysis Modules (DCAM) application is required to be used to submit your data. Locate DCAM at the following address:

<https://apps8.fldfs.com/DCAM/Logon.aspx>

### COMPONENTS OF THE FILING

Your Market Conduct Report of Rescinded Policies (MCRP) Data Filing will include the following components:

- Reporting Template - This is an Excel file. It is downloaded from within DCAM, completed in Excel on a local computer, then uploaded back into DCAM, which conducts its own validation. If no errors are received, then the template will appear in a window on the Filing Component page. If additional templates are needed because not enough rows are available on the current template, then click on "Add/Upload" additional times until all templates are uploaded successfully.
- Other Information/Documents - Upload any information in the available formats needed to explain any data or other portion of the filing.
- 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.

The user's guide for DCAM is located at:

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

If you have any questions regarding DCAM support, please contact the Market Data Collections Unit at 850-413-3147, or by email:

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

Your prompt cooperation in this effort will be greatly appreciated.

## General Instructions

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

#### OVERVIEW PROCESS:

> Enter DCAM using the link

<https://apps8.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 instruction guide. Note that if you attempt to Create a Filing before subscribing and completing your account you will be sent back to this step.
- > Select the option "Create a Filing" then click on "Next".
- > 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 the Module and Event (Select "Market Conduct Report of Rescinded Policies" on both screens)
- > Select the Period associated with the rescission date you are filing. For example, "Policies Rescinded in 2016". If it doesn't appear contact the Office at the below email address or phone number. Make sure to report your NAIC or Florida company code.
- > For Purpose select the DATA option. There is not a NO DATA option because filers are required to file data. Note the "Submission Due Date" which shows is not an actual submission deadline but a date 90 days after the end calendar year at which time all rescinded policies for the prior year must have been submitted.
- > Verify and complete the filing shown by clicking on "Create Filing" then "Okay" on the "Are you Sure?" pop-up. Finally, click on "Return to the Workbench".

- > The filing will appear under the "Data" tab on the Workbench. View the filing by clicking on the work file number, which shows in blue type. This takes you to the Filing Component List page.
- > Select components by clicking directly on the component name. This takes you to the Filing Component screens.
- > The data template is a required component of this filing. Click on the data template name then download by selecting the "Download" link. Allow Excel to open the template on your local computer.
- > Save the data template to your local drive - you may add to it as needed and upload it back to the same page in DCAM when you are ready (just as long as you are reporting all policies within 90 days of rescission).

Steps for completing the template:

- Open the Contacts page and verify the information displayed.
  1. Enter the submission date on the top line when you are ready to submit.
  2. Complete any other responses that are not present or in need of correction so that all data validations on the right-hand are "TRUE".
- Policy information is entered on the Policy tab. Complete the columns as shown:
  1. Policy Holder's Name
  2. Policy Number (Enter a Single Policy Per Row)
  3. Date of Application for Coverage (Policy Effective Date)
  4. Date of Rescission of this Policy (Date of Decision to Rescind This Policy)
  5. Has a Claim Been Filed on This Policy? (Yes or No)
    - If "No", then the row will evaluate to a data validation value of "TRUE" on the right-hand side meaning the row is complete.
    - If "Yes", then you must enter the Claim Number and Date of Claim in the last two columns.
      - > Note that four rows per policy are provided for multiple claims.
- The Policyholder tab is made available to allow manual printing of the OIR-B3-493 Form. Instructions are on this tab. Requests are entered on this tab and affect the output on the OIR-B3-493 tab, which is the Print tab (i.e., after requesting a form be created, skip to this tab and print the page). This process may be repeated for any of the 50 lines on the Policy tab by clearing the yellow block on the Policyholder tab and clicking <Enter>. This process is for the benefit of the filer. These forms do not need to be emailed or delivered in any form to the Office. **Documentation, either electronically stored or otherwise, should be maintained by the filer.**
- When all policies are entered and all validation values on the Contacts and Policy tabs are "TRUE", the template is ready to be uploaded into DCAM.

> Complete the template then upload it to the same Filing Component screen by selecting "Add/Upload" then "Browse" to find your file. Keep in mind all validation cells in the template must display TRUE before the template can be successfully uploaded. A FALSE value means there is a problem with your data.

> Make corrections to your data template if you receive validation errors after uploading your template.

- > You may repeat the upload procedure and submit more than one template.
- > If you were unable to complete needed responses in the data template, then upload those documents under the "Other Information/ Documents" component. Any supplemental or optional documents may also be uploaded there.
- > Do not upload documents to the "Response for Request for Clarification" component; this is for later use should questions arise about your submission.
- > When you have loaded the components submit your filing by clicking on the SUBMIT button in the pink box (scroll up if you don't see it). Do NOT click on SUBMIT until you have uploaded all of your templates - the system does not know how many you will upload!
- > Your submission is considered filed *only after* you receive an email receipt showing your file log number. This file log number IS NOT the same as the work file number on your workbench. If, after an hour or two, your filing is still on your workbench, then the filing was not received. Determine your error and re-submit the filing; if assistance is needed use the contact information above to reach the Market Data Collections Unit.

If you have any questions, please contact the Market Data Collections Section via email: [MCRP@floir.com](mailto:MCRP@floir.com) or telephone 850-413-3147.

**THE MCRP TEMPLATE FORMAT IS SHOWN ON THE FOLLOWING PAGES**

**MCRP Template Contacts Tab**

Except for the Submission Date, the below information is usually pre-populated from the user’s account information.

Contact Information		VALIDATION CHECKS
THIS IS REQUIRED INFORMATION that is to be provided each time the data template is submitted to the Office of Insurance Regulation.		Required Data Field Complete?
<i>Be sure to verify the cells we have pre-filled - they must be accurate!</i>		
Enter Submission Date	4/1/2016	TRUE
Please provide the name of the individual responsible for the coordination and submission of this requested information		FALSE
What is her or his email address?		FALSE
What is the best number where she or he can be reached?		FALSE
What is the Company’s Name? (Group filings not allowed)		FALSE
What is the Company’s NAIC Code? ("00000" if no NAIC Code exists)		FALSE
What is the Florida Company Code?		FALSE
What is the Company’s FEIN?		FALSE
Count of rows with validation errors on "Policy" tab:	NONE	TRUE

**MCRP Template Policy Tab**

A line number request placed on the Policyholder tab will generate the printable OIR-B3-493 form using Policy tab information.

Section B - Policy Information										
THIS IS REQUIRED INFORMATION that is to be provided each time the data template is submitted to the Office of Insurance Regulation.										
Line No.	POLICY HOLDER'S NAME	POLICY NUMBER (Enter a Single Policy Per Row)	DATE OF APPLICATION FOR COVERAGE (Policy Effective Date)	DATE OF RESCISSION OF THIS POLICY (Date of Decision to Rescind This Policy)	HAS A CLAIM BEEN FILED ON THIS POLICY? (Yes or No)	CLAIM REF.	CLAIM NUMBER (One Per Row; Up to Four Per Policy)	DATE OF CLAIM (Must Correspond to Claim Number on Row)	VALIDATION CHECK	ROWS WITH ERRORS: NONE
1						A			TRUE	
						B			TRUE	
						C			TRUE	
						D			TRUE	
2						A			TRUE	
						B			TRUE	
						C			TRUE	
						D			TRUE	
3						A			TRUE	
						B			TRUE	
						C			TRUE	
						D			TRUE	
4						A			TRUE	
						B			TRUE	
						C			TRUE	
						D			TRUE	
5						A			TRUE	
						B			TRUE	
						C			TRUE	
						D			TRUE	

The above format continues for 50 Policy lines, 4 Claims lines per Policy.

**MCRP Template Policyholder Tab**

Use this tab to request a printable OIR-B3-493 form. Maintenance of this form is optional and intended for the filer's records only.

**Policyholder Information  
Form OIR-B3-493**

***The purpose of this tab is to generate the OIR-B3-493 form on the next tab***

Should a printed version of the OIR-B3-493 be required, enter the Line Number then press <Enter>

**ENTER LINE NUMBER FROM POLICY TAB (Column F)**

*After ordering a report, go to the OIR-B3-493 tab and print the page;  
You may clear the block above and re-enter other Line Numbers for additional reports*

**MCRP Template OIR-B3-493 Tab**

**A line number request placed on the Policyholder tab will generate the printable OIR-B3-493 form using Policy tab information.**

FLORIDA OFFICE OF INSURANCE REGULATION  
REPORT OF RESCINDED POLICY

RETURN THIS COMPLETED FORM TO:

OFFICE OF INSURANCE REGULATION  
MARKET INVESTIGATIONS UNIT  
ROOM 220, LARSON BUILDING  
TALLAHASSEE, FL 32399-4210

DATE SUBMITTED \_\_\_\_\_

COMPANY FEDERAL ID# \_\_\_\_\_

FULL COMPANY NAME \_\_\_\_\_

POLICY HOLDER'S NAME \_\_\_\_\_

DATE OF APPLICATION FOR COVERAGE \_\_\_\_\_

POLICY NUMBERS \_\_\_\_\_

HAS A CLAIM BEEN FILED ON THIS POLICY      YES    \_\_\_\_\_      NO    \_\_\_\_\_

IF YES:

CLAIM NO    \_\_\_\_\_      DATE    \_\_\_\_\_

DATE OF RESCISSION OF THIS POLICY    \_\_\_\_\_

THE FOLLOWING MUST BE RETAINED FOR THREE (3) CALENDAR YEARS FROM THE DATE SUBMITTED TO THE DEPARTMENT OF INSURANCE:

1. REPORT OF RESCINDED POLICY
2. INITIAL APPLICATION
3. COPY OF POLICY
4. COPY OF CLAIMS FORMS FILED
5. ALL DOCUMENTATION USED AS A BASIS FOR RESCISSION
6. NAME, BUSINESS ADDRESS AND TELEPHONE NUMBER OF ANY INDEPENDENT CLAIMS ADJUSTING SERVICE WHERE FILES MAY BE LOCATED

Form OIR-B3-493  
Rev. 7/2006