



**OFFICE OF INSURANCE REGULATION**  
*Bureau of Property & Casualty Forms and Rates*

PRIVATE PASSENGER AUTOMOBILE  
 EXCESSIVE PROFITS REPORT

(COMPLETE FOR FIRST 3 VALUATION DATES)

COMPANY/GROUP NAME \_\_\_\_\_

--	--	--	--	--

FL CERT OF AUTHORITY

--	--	--	--

ACCIDENT YEAR

AS  
OF  
3/31

--	--	--	--

VALUATION YEAR

(CHECK ONE)

<input type="checkbox"/>	(A1) VOLUNTARY BUSINESS
<input type="checkbox"/>	(A2) FJUA BUSINESS

	SPECIFY NUMBER OF COMPANIES INCLUDED IN THIS REPORT
--	---

ITEM DESCRIPTION	(1) BI	(2) PIP	(3) PD	(4) UM	(5) MP	(6) COMP	(7) COLL
(1) CAL. YR. TOTAL LIMITS WRITTEN PREMIUM							
(2) CAL. YR. TOTAL LIMITS EARNED PREMIUM							
(3) ACC. YR. TOTAL LIMITS PAID LOSSES							
(4) ACC. YR. TOTAL LIMITS CASE LOSS RESERVES							
(5) ACC. YR. TOTAL LIMITS IBNR LOSS RESERVES							
(6) ALLOCATED LOSS ADJUSTMENT EXPENSE PAID							
(7) ALLOCATED LOSS ADJUSTMENT EXPENSE RESERVES							
(8) UNALLOCATED LOSS ADJUSTMENT EXPENSE INCURRED							
(9) CAL. YR. POLICYHOLDER DIVIDENDS INCURRED							
(10) OTHER ACQUISITION EXPENSES							
(11) GENERAL EXPENSES							
(12) EXPENSES FOR AGENTS COMMISSIONS							
(13) EXPENSES FOR TAXES, LICENSES & FEES							
*****CONTROL TOTALS***** (SUM OF ITEMS 1 - 13 FOR EACH COLUMN)							
(14) INCURRED LOSS DEVELOPMENT FACTOR**							
(15) ALLOCATED L.A.E. DEVELOPMENT FACTOR**							
(16) FACTOR FOR PROFIT AND CONTINGENCIES**							



**OFFICE OF INSURANCE REGULATION**  
**Bureau of Property & Casualty Forms and Rates**

\*\*ALL FACTORS MUST BE SHOWN TO THREE DECIMAL PLACES, EXAMPLE: 1.200 OR 0.986 OR 0.015. (ATTACH DERIVATIONS FOR DEVELOPMENT FACTORS.)

**PRIVATE PASSENGER AUTOMOBILE  
LOSS RESERVE COMPARISON REPORT**

(COMPLETE FOR LAST 4 VALUATION DATES)

COMPANY/GROUP NAME \_\_\_\_\_

--	--	--	--	--

FL CERT OF AUTHORITY

--	--	--	--

ACCIDENT YEAR

AS  
OF  
3/31

--	--	--	--

VALUATION YEAR

(B1) VOLUNTARY  
PRIVATE PASSENGER  
BUSINESS

SPECIFY NUMBER OF  
COMPANIES INCLUDED IN  
THIS REPORT

ITEM DESCRIPTION	(1) BI	(2) PIP	(3) PD	(4) UM	(5) MP	(6) COMP	(7) COLL
(1) ACC. YR. TOTAL LIMITS PAID LOSSES							
(2) ACC. YR. TOTAL LIMITS CASE LOSS RESERVES							
(3) ACC. YR. TOTAL LIMITS IBNR LOSS RESERVES							
(4) ALLOCATED LOSS ADJUSTMENT EXPENSE PAID							
(5) ALLOCATED LOSS ADJUSTMENT EXPENSE RESERVES							
(6) UNALLOCATED LOSS ADJUSTMENT EXPENSE INCURRED							
*****CONTROL TOTALS***** (SUM OF ITEMS 1 - 6 FOR EACH COLUMN)							

PERSON TO CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PLEASE TYPE OR PRINT



**OFFICE OF INSURANCE REGULATION**  
***Bureau of Property & Casualty Forms and Rates***

**PRIVATE PASSENGER AUTOMOBILE EXCESSIVE PROFITS**

**CERTIFICATION**

I, \_\_\_\_\_, \_\_\_\_\_  
(Name of Officer) (Title)

of \_\_\_\_\_ do hereby certify  
(Company/Group Name)

that the information on the Private Passenger Automobile Excessive Profits Reporting Form DI4-307 is a full and true statement of the experience of the said insurer and that the form has been completed in accordance with instructions provided. I also acknowledge that I understand that this data is being provided in accordance with Section 627.066, Florida Statutes and will be used to calculate excessive profits in accordance with this statute.

\_\_\_\_\_  
(Signature) (Date)

Note: This certification must be signed by a company officer having appropriate authority.



**OFFICE OF INSURANCE REGULATION**  
***Bureau of Property & Casualty Forms and Rates***

**INSTRUCTION SHEET**

**GENERAL INSTRUCTIONS**

- A. Data is to be reported by company or by group if under common management. A list of all companies included in the report and their 5 digit Florida certificate of authority number should be provided. If you are filing on a group basis, use the Florida certificate of authority number of the company that has the largest private passenger premium volume.
- B. Fill out the forms completely including the coding boxes at the top of the pages.
- C. The types of coverage are:
- (1) BI = Bodily Injury Liability
  - (2) PIP = Personal Injury Protection
  - (3) PD = Property Damage Liability
  - (4) UM = Uninsured Motorists
  - (5) MP = Medical Payments
  - (6) COMP = Comprehensive
  - (7) COLL = Collision
- D. If coverages are written on a combined basis and the data cannot be separated, then code this data under the most appropriate individual coverage. Miscellaneous coverages should be coded under the most appropriate individual coverage. (Example: Towing should be reported under Comprehensive.) Include an explanation in the cover letter of your report whenever necessary. NOTE: All coverages must be reported.
- E. Every company writing private passenger automobile business in Florida must report their data. There are no exceptions. Do not report data for Commercial Auto, Mobile Homes, Motorcycles, Vendors Single Interest, or Unlicensed Recreational Vehicles.
- F. Negative amounts should be placed in parenthesis. Zero amounts should be shown as “-0”.
- G. Forms are due July 1 of each year. Send your forms to:

Office of Insurance Regulation  
Bureau of Property/Casualty Forms and Rates  
Private Passenger Auto Section  
200 East Gaines Street  
Tallahassee, FL 32399-0330



**OFFICE OF INSURANCE REGULATION**  
***Bureau of Property & Casualty Forms and Rates***

**PAGE 1- PRIVATE PASSENGER AUTOMOBILE EXCESSIVE PROFITS REPORT**

- A. File a separate form for each accident year for voluntary business and for Florida Joint Underwriting Association (FJUA) business. If you authorize the Automobile Insurance Plan Service Office (AIPSO) to file the FJUA business on your behalf then you do not need to complete this form for your FJUA business.
- B. Each report should include data from three (3) accident years. For example, your 1989 report (i.e., the report due July 1, 1989 with data evaluated as of 3-31-89) should include data from accident years 1986, 1987, and 1988 evaluated as of 3-31-89. Your 1990 report should include data from accident years 1987, 1988, and 1989 evaluated as of 3-31-90.
- C. If you report Accident Year Total Limits IBNR Loss Reserves in item (5), provide appropriate supporting data for these figures. If you do not report IBNR Loss Reserves enter “-0-”.
- D. Provide an explanation of the methodology involved in the determination of the Allocated Loss Adjustment Expenses Reserves reported in item (7) including appropriate supporting data.
- E. Provide an explanation of the methodology involved in the determination of the Unallocated Loss Adjustment Expenses Incurred reported in item (8) including appropriate supporting data.
- F. If Calendar Year Policyholder Dividends Incurred are reported in item (9), explain how the dollar amounts were determined.
- G. Provide an explanation of the methodology involved in the determination of the Other Acquisition Expenses reported in item (10) including appropriate supporting data.
- H. Provide an explanation of the methodology involved in the determination of the General Expenses reported in item (11) including appropriate supporting data.
- I. Provide an explanation of the methodology involved in the determination of the Expenses for Agent’s Commissions reported in item (12) including appropriate supporting data.
- J. Provide an explanation of the methodology involved in the determination of the Expenses for Taxes, Licenses and Fees reported in item (13) including appropriate supporting data.
- K. Provide an explanation of the methodology involved in the determination of the Incurred Loss Development Factors reported in item (14) including appropriate supporting data. This data should be consistent with the incurred losses to which the factors are applied. Note – the Incurred Loss Development Factors are multiplied by the sum of items (3), (4), and (5).
- L. Provide an explanation of the methodology involved in the determination of the Allocated Loss Adjustment Expense Development Factors reported in item (15) including appropriate supporting data. This data should be consistent with the allocated loss adjustment expenses to which the factors are applied. Note – the Allocated Loss Adjustment Expense Development Factors are applied to the sum of items (6) and (7).



**OFFICE OF INSURANCE REGULATION**  
***Bureau of Property & Casualty Forms and Rates***

- M. Show how the budgeted Factors for Profit and Contingencies reported in item (16) were determined. Note – these factors should track with the rate filings in effect during the particular calendar year and should reflect investment income.

**PAGE 2 - PRIVATE PASSENGER AUTOMOBILE EXCESSIVE PROFITS REPORTS**

- A. Page 2 requires the reporting of accident year loss and loss adjustment expense data with evaluations as of 51, 63, 75, and 87 months from the beginning of each accident year. When combined with Page 1, this results in the loss and loss adjustment expense data for each accident year being reported at seven (7) evaluation dates.
- B. File a separate report for each accident year for voluntary business only.
- C. Each report should include data from four (4) accident years. For example, your 1989 Report (i.e., the report due July 1, 1989 with data evaluated as of 3-31-89) should include data from accident years 1982, 1983, 1984, and 1985 evaluated as of 3-31-89. Your 1990 Report should include data from accident years 1983, 1984, 1985, and 1986 evaluated as of 3-31-90.
- D. Items (1) through (6) on Page 2 should be consistent with items (3) through (8) on Page 1 and the methodology involved in the determination of these figures should be the same as the methodology involved in the determination of the figures on Page 1.
- E. If Accident Year Total Limits IBNR Loss Reserves are reported on Page 1, then they should also be reported on Page 2. If you do not report IBNR Loss Reserves on Page 1, then you should enter “-0-” on Page 1 and Page 2.

**FORM DI4-307 CERTIFICATION**

This certification should accompany each report and should be completed and signed by a company officer having appropriate authority.