

Florida Office of Insurance Regulation  
**Catastrophe Reporting Form Instructions**

Simplified Version of Catastrophic Event Data Reporting and Analysis Form (CEDRA), OIR-DO-1681

If you have any questions during your submission process, please contact [DisasterReporting@flor.com](mailto:DisasterReporting@flor.com)

**Overview**

Section 624.307, FS, establishes the authority of the Office of Insurance Regulation (Office) to “collect, propose, publish, and disseminate information relating to the subject matter of any duties imposed upon it by law.”

Disaster reporting is to be made on the Catastrophe Reporting Form (CRF) located at <https://irfs.fldfs.com> in the Office’s Insurance Regulation Filing System (IRFS). A notice will specify the dates of reporting and the frequency of such reporting until the conclusion of the data collection; the CRF will be used at each reporting deadline. At the end of the data collection it is possible that the Office will require that the CEDRA Form (OIR-DO-1681) be filed once as a closing report for all claims activity related to the catastrophe.

Both the CRF and CEDRA are filed through IRFS. See the end of this document for detailed instructions on how to navigate the IRFS.

To submit a trade secret filing, see page 7 for instructions.

**Each submission must be made on an individual basis. Combined or consolidated reports will not be accepted.**

**Required Filers and General Reporting Definitions**

All entities writing direct premiums in Florida and authorized, approved or otherwise eligible to provide the coverages indicated below are required to submit the following data as instructed by the Office’s Emergency Order(s) associated with a disaster event:

1. Homeowners
2. Dwelling
3. Mobile Homeowners
4. Commercial Residential
5. Commercial
6. Private Flood
7. Business Interruption
8. Other Lines of Business, to be specified

The Office may perform a reasonability validation of the residential reporting collected with this form and the data submitted by your company in the “Commercial and Personal Residential Property Supplemental Quarterly Report” (QUASR) system as defined in **Section 624.424(10), FS, and Rule 69O-137.009, F.A.C.**

For the purposes of this reporting, the following definitions, as provided in Section 627.4025(2), FS, are to be used.

(a) "Hurricane Coverage" is coverage for loss or damage caused by the peril of windstorm during a hurricane. The term includes ensuing damage to the interior of a building, or to property inside a building, caused by rain, snow, sleet, hail, sand, or dust if the direct force of the windstorm first damages the building, causing an opening through which rain, snow, sleet, hail, sand, or dust enters and causes damage.

(b) "Windstorm" for purposes of paragraph (a) means wind, wind gusts, hail, rain, tornadoes, or cyclones caused by or resulting from a hurricane which results in direct physical loss or damage to property.

(c) "Hurricane" for purposes of paragraphs (a) and (b) means a storm system that has been declared to be a hurricane by the National Hurricane Center of the National Weather Service. The duration of the hurricane includes the time period, in Florida:

1. Beginning at the time a hurricane watch or hurricane warning is issued for any part of Florida by the National Hurricane Center of the National Weather Service;
2. Continuing for the time period during which the hurricane conditions exist anywhere in Florida; and
3. Ending 72 hours following the termination of the last hurricane watch or hurricane warning issued for any part of Florida by the National Hurricane Center of the National Weather Service.

## Required Data Elements

All numeric values are to be whole numbers unless otherwise indicated on the reporting form. When required by Emergency Order, the Catastrophe Reporting Form will be available within the IRFS filing system. "Data filing" means reporting entity has received property claims from the DISASTER EVENT. "No data filing" means the reporting entity has no property exposure in Florida, or, the reporting entity has property exposure in Florida but has received no property claims as a result of the DISASTER EVENT. The "Contacts" tab (Section A) is the first tab to appear after the Version (front) tab in the Catastrophe Reporting Form template.

Section A: Contact and Statewide Modeling Information			
THIS IS REQUIRED INFORMATION that is to be provided each time the Catastrophe Reporting Form is submitted to the Office of Insurance Regulation. <i>If you need additional information write to DisasterReporting@flor.com.</i>	STORM EVENT NAME	VALIDATION CHECKS	TRADE SECRET?
	<b>Contact and General Questions</b>	Responses - Verify pre-populated cells are accurate before submission	Required Data Field Complete?
What is the as-of date of the data submitted? (MM/DD/YYYY)		FALSE	N/A
Please provide the name of the individual who completed this form.		FALSE	N/A
What is this individual's email address?		FALSE	N/A
What is the best number where this individual can be reached?		FALSE	N/A
What is the Company's name?		FALSE	N/A
What is the Company's NAIC Code? ("00000" if no NAIC Code exists)		FALSE	N/A
What is the Florida Company Code?		FALSE	N/A
What is the Company's FEIN?		FALSE	N/A
What is the Company's NAIC group code? ("0000" if no NAIC group code exists)		FALSE	N/A
What is the State of domicile?		FALSE	N/A
First report only - Attach model output for the company's book of business for this event. Dollar Amount of Estimated Gross Payable Loss from Event (Gross of Reinsurance). This includes any anticipated claim expense or cost incurred by the direct insurer during the processing of the claim (Loss Adjustment Expense). Include all property and casualty lines of business. <i>If necessary, estimate projected total losses gross of reinsurance based on your reinsurance chart. The Office realizes this number may change in future reports as actual claims are reported, paid and settled with the reinsurers. (in whole dollars)</i>		FALSE	No
Projected Net Retention Resulting from the Event - Include all property and casualty lines of business. <i>If necessary, estimate projected net retention based on your reinsurance chart. The Office realizes this number may change in future reports as actual claims are reported, paid and settled with the reinsurers. (in whole dollars)</i>		FALSE	No
Dollar Amount of Estimated Payable Loss from Event covered by Reinsurance or Other Loss-Transfer Agreements. <i>If necessary, estimate projected losses covered by reinsurance based on your reinsurance chart. The Office realizes this number may change in future reports as actual claims are reported, paid and settled with the reinsurers. (in whole dollars)</i>		FALSE	No
What is the full name of the Model and Version Used for Financial Projections? If no Model and Version used, enter NA. (maximum of 250 characters)		FALSE	No
Did the company turn on the following switches when running the Model?			No
Long-Term		FALSE	No
Demand Surge		FALSE	No
Storm Surge (Flood only)		FALSE	No
If the Name and Version of Model Used for Financial Projections is N/A, how did the Company evaluate the losses reported? (maximum of 250 characters)		TRUE	No

The disaster event name, as shown in the Order, will appear at the top of this page; FALSE validations to the right will appear TRUE when valid data is entered in the Responses (by row).

The "Summary" tab (Section B) is the next tab in the template. Florida Statewide Totals are displayed based on values entered in the County entries (by Line) of the remaining tabs. Three columns of this summary table allow statewide reporting by Line rather than at the County level (Paid Allocated Loss Adjustment Expense, Case Incurred Loss Adjustment Expense and Case Allocated Loss Adjustment Expense). **Only the cells highlighted in yellow are required to be completed in Section B**, at which time the FALSE validation messaging will appear as TRUE.

Section B: Summary of Data: Florida Statewide Totals for this Report				This Page Is Not Trade Secret				HURRICANE ALPHA Report Date Not Entered				Validation Checks
Lines of Business	Policies in Force	Total Insured Value of Policies in Force	Number of Claims Reported	Claims Closed with Payment	Claims Closed without Payment	Number of Open Claims	Percent of Claims Closed	Paid Loss Excluding Loss Adjustment Expense (in Whole Dollars)	Paid Allocated Loss Adjustment Expense (in Whole Dollars)	Case Incurred Loss Excluding Loss Adjustment Expense (in Whole Dollars)	Case Allocated Loss Adjustment Expense (in Whole Dollars)	Required Data Fields Complete?
<b>Residential Property</b>	0	\$0	0	0	0	0	0.0%	\$0	\$0	\$0	\$0	TRUE
Homeowners			0	0	0	0	0.0%	\$0				FALSE
Dwelling			0	0	0	0	0.0%	\$0				FALSE
Mobile Homeowners			0	0	0	0	0.0%	\$0				FALSE
Commercial Residential			0	0	0	0	0.0%	\$0				FALSE
<b>Commercial Property</b>			0	0	0	0	0.0%	\$0				FALSE
Private Flood			0	0	0	0	0.0%	\$0				FALSE
Business Interruption			0	0	0	0	0.0%	\$0				FALSE
Other Lines of Business*			0	0	0	0	0.0%	\$0				FALSE
<b>TOTALS</b>	0	\$0	0	0	0	0	0.0%	\$0	\$0	\$0	\$0	TRUE
<i>Statewide Policies in Force (column K), Total Insured Value of Policies in Force (column L), Paid ALAE (column S), Case Incurred Loss (column T), and Case ALAE (column U) must be entered for each line of business.</i>												
*Select the coverages included in the "Other Lines of Business" section:												TRUE
<input type="checkbox"/> Fire <input type="checkbox"/> Farmowners Multi-Peril <input type="checkbox"/> Ocean Marine <input type="checkbox"/> Inland Marine <input type="checkbox"/> PPA Physical Damage <input type="checkbox"/> Commercial Auto Physical Damage <input type="checkbox"/> Aircraft <input type="checkbox"/> Glass <input type="checkbox"/> Boiler and Machinery <input type="checkbox"/> Industrial Fire <input type="checkbox"/> Industrial Extended Coverage <input type="checkbox"/> Multi-Peril Crop <input type="checkbox"/> Surplus Lines Property & Casualty												

Section C begins with Data Definitions.

### **Section C - Insurance Types (Appearance by Tab)**

For every "Claims and Payment by County of Occurrence," the submitter is to provide the following information for each county where claims were received for the reporting EVENT as described below:

As this template may be applied to disaster reporting, "EVENT" means a storm system that has been declared by the National Hurricane Center of the National Weather Service. The duration of the "reporting event" includes the time period, in Florida:

- a. Beginning at the time a storm watch or storm warning is issued for any part of Florida by the National Hurricane Center of the National Weather Service;
- b. Continuing for the time period during which the storm conditions exist anywhere in Florida; and
- c. Ending 72 hours following the termination of the last storm watch or storm warning issued for any part of Florida by the National Hurricane Center of the National Weather Service.

#### **Definitions used throughout Sections B & C:**

**All Other Lines of Business, by Florida County:** Includes all property lines of business, including auto, but excluding workers' compensation, professional liability, mortgage/financial guaranty, fidelity, and property/casualty claims.

**Business Interruption, by Florida County:** Includes losses under a commercial policy for loss of income, operating expenses, and extra expenses while a business is restoring operations.

**Case Allocated Loss Adjustment Expense (in Whole Dollars):** It is one of the largest expenses for which an insurer has to set aside funds (along with contingent commissions).

**Case Incurred Loss (in Whole Dollars):** Indemnity case reserves and payments to date. Estimates of Incurred but not reported (IBNR) should not be included.

**Commercial Claims Received, by Florida County:** Coverages sold to commercial owners which is not Commercial Residential. Normally reported on lines 1 - Fire; 2 - Allied Lines; 5.1 - Commercial Multi-Peril (non-liability portion) or 5.2 - Commercial Multi-Peril (liability portion) on the NAIC Annual Statement Exhibit of Premiums and Losses (State Page).

**Commercial Residential Claims Received, by Florida County:** Commercial residential insurance purchased by commercial entities for apartment buildings, condominium associations and homeowner associations. Normally reported on lines 1 - Fire; 2 - Allied Lines; 5.1 - Commercial Multi-Peril (non-liability portion) or 5.2 - Commercial Multi-Peril (liability portion) on the NAIC Annual Statement Exhibit of Premiums and Losses (State Page).

**Dwelling Claims Received, by Florida County:** Coverages sold to property owners or tenants occupying a described property that is used exclusively for residential purposes. Generally reported on line 1 - Fire on the NAIC Annual Statement Exhibit of Premiums and Losses (State Page).

**Florida County and Multiple Florida Counties:** All entries must be submitted according to the boundaries of the 67 legal counties in the State of Florida, except when multiple counties are involved. The "County of Occurrence Unknown at Time of Reporting" category may only be utilized after every effort has been made to assign each claim to the specific county in which the loss occurred. Additional detail may be requested for each claim reported in this category.

**Homeowners Claims Received, by Florida County:** Coverages sold to homeowners, condominium unit-owners, and tenants occupying a described property that is used exclusively for residential purposes. Generally reported on line 4 - Homeowners Multi-Peril on the NAIC Annual Statement Exhibit of Premiums and Losses (State Page).

**Mobile Homeowners Claims Received, by Florida County:** Coverages sold to mobile homeowners occupying a described property that is used exclusively for residential purposes. Generally reported on lines 1 - Fire or 4 - Homeowners Multi-Peril on the NAIC Annual Statement Exhibit of Premiums and Losses (State Page).

**Number of Claims Closed with Payment:** This means a claimant has received payment and no additional payments are expected to be incurred by the insurer for this specific claim. These claims are mutually exclusive from, and are not to be included in, the "Number of Claims Closed without Payment."

**Number of Claims Closed without Payment:** This means claims that have been denied or where no payment is to be made to the policyholder, and includes claims determined to be below the policy deductible. These claims are mutually exclusive from, and are not to be included in, the "Number of Claims Closed with Payment."

**Number of Claims Reported:** Any claim or notice to an insurer or its agent by a claimant or an insured that reasonably apprises the insurer that a loss has occurred. Include only those Florida claims received on a direct basis AND only those claims associated with the Reporting Categories contained in Section C of this workbook (see Section C tabs).

**Number of Open Claims:** This means a claimant has received payment for a claim, but additional payments are expected to be incurred by the insurer for that specific claim. These claims are mutually exclusive from and are not to be included in the "Number of Claims Closed with Payment," and "Number of Claims Closed without Payment"

**Paid Loss (in whole dollars):** Indemnity payments but excludes adjustment expense. Payments should be net of actual salvage and subrogation recoveries. For applicable lines, include losses associated with loss of use, additional living expense, fair rental value, etc.

**Policies in Force (Florida Only):** The number of policies in force through the last day of the reporting period, including policies assumed from Citizens Property Insurance Corporation.

**Private Flood Claims Received, by Florida County:** Flood insurance coverage underwritten by private insurers that is not associated with the Federal Flood Insurance Program. Generally reported on line 2.1 - Allied Lines on the NAIC Annual Statement Exhibit of Premiums and Losses (State Page).

**Total Insured Value of Policies in Force (Florida Only):** For personal lines residential policies, total dollar coverage amounts for structure, appurtenant structures, contents and loss of use. For commercial lines residential policies, total dollar coverage amounts for structures and contents.

<b>Data Validations</b>	
<b>Two validations are used in the Section C tabs of this data template:</b>	
<b>Row Validation Check #1:</b>	"Number of Claims Closed with Payments" "Number of Claims Closed without Payments" + "Number of Open Claims" "Number of Claims Reported"
<b>Row Validation Check #2:</b>	<b>If the "Number of Claims Reported" = 0, then "Paid Loss" must also = 0.</b>
<b>Submitting a "Trade Secret" Filing</b>	
<p>Trade secret filings may be completed in accordance with Sec. 624.4213, F.S. This is done on a tab with a trade secret window option by clicking on the down-arrow that appears when the box is selected, then choosing "Trade Secret Information on this Page". To qualify for trade secret protection, the filer must additionally file a properly-executed trade secret affidavit in the appropriate filing component designed for this purpose. Regardless of a filing's trade secret status, all filings may be part of post-event aggregate reporting.</p>	
<b>If You Need Assistance . . .</b>	
<p>If you have any questions or need assistance in filing, please contact Market Data Collections at 850-413-3147 or via email:</p> <p style="text-align: center;"><a href="mailto:DisasterReporting@flor.com">DisasterReporting@flor.com</a></p>	

The lower portion of the Section C Data Definitions explains the validations, trade secret procedures, and how to receive filing assistance. Section C includes two basic validations (as shown above) to cause FALSE validations to become TRUE. The trade secret option is available on all Section C tabs, but must be properly executed in accordance with Sec. 624.4213, F.S. The Market Data Collections Section of the Office handles all data collection related queries by phone call and email. If you have a need to contact the Office, be sure to state that the call is about the Catastrophe Reporting Form data collection.

The remainder of Section C presents identical tabs collecting the Number of Claims Reported, Closed (with and without Payment), Open and Paid Loss. Only one such tab (for Homeowners) is shown on the next page, however there are eight such tabs in the Catastrophe Reporting Form corresponding to the list shown on the first page of these instructions.

Section C: Homeowners Claims and Payments by County of Occurrence								
Please distribute your claims data in appropriate rows below.								
HURRICANE ALPHA								
County of Occurrence	Number of Claims Reported	Number of Claims Closed with Payment	Number of Claims Closed without Payment	Number of Open Claims	Paid Loss (in Whole Dollars)	Validation Checks	Error Messages	TRADE SECRET?
								As Set
ALACHUA						TRUE		No
BAKER						TRUE		No
BAY						TRUE		No
BRADFORD						TRUE		No
BREVARD						TRUE		No
BROWARD						TRUE		No
CALHOUN						TRUE		No
CHARLOTTE						TRUE		No
CITRUS						TRUE		No
CLAY						TRUE		No
<i>(Middle portion removed to allow a one-page view)</i>						TRUE		
WALTON						TRUE		No
WASHINGTON						TRUE		No
County of Occurrence Unknown at Time of Reporting						TRUE		No
Statewide Total (Auto-Calculated)	0	0	0	0	\$0			

The disaster event name and trade secret box appear at either side at the top; after 67 county lines an “Unknown at Time of Reporting” line occurs before the Statewide Totals. Users cannot enter in the Statewide Totals cells because they are auto-calculated.



### More on Validations

Validations were defined two pages prior. As the template is used, when Number of Claims or Paid Loss are entered in Section C of the template, validations immediately determine whether the numbers being entered are valid. Error messages that may appear are shown in the example below. For Volusia County the total number of claims closed (with and without payment) plus open does not equal the total number of claims reported. In Walton County no claims are entered for the Paid Loss triggering a validation error.

SUWANNEE						TRUE		No
TAYLOR						TRUE		No
UNION						TRUE		No
VOLUSIA	44	20	50	2	\$200,000	FALSE	K+L+M must equal J	No
WAKULLA						TRUE		No
WALTON					\$45,000	FALSE	Must have claims to have payments	No
WASHINGTON						TRUE		No
County of Occurrence Unknown at Time of Reporting						TRUE		No
Statewide Total (Auto-Calculated)	44	20	50	2	\$245,000			

Questions about anything in this document may be referred to Market Data Collections at 850-413-3147, or by email at [DisasterReporting@flor.com](mailto:DisasterReporting@flor.com).

## **INSTRUCTIONS FOR FILING THE CATASTROPHE REPORTING FORM (CRF) DATA CALL:**

Use the Insurance Regulation Filing System (IRFS) for reporting your CRF data submissions. In addition to the instructions below, there is an online tutorial with screenshots here:

<https://www.floir.com/siteDocuments/IRFSFilingInstructions.pdf>

You can create an account, reset your password or login to IRFS at <https://irfs.fldfs.com/>

From the My Account menu in the upper right section of the page, update your username, password, and profile as well as maintain the list of companies for which you are eligible to file (this is the “Entity Management” option). Before you can create a filing, you must select at least one company in Entity Management.

Click “Create Filing” in the upper right section of the page, then click “Begin” in the Data Collection box. There are four steps shown across the top of the screen. You only need to complete steps one, two and four for this data call. For step one, select your company, then click “Next.” For step two, select the Catastrophe Reporting Module. Select the “DATA” option under the “Purpose” column if you have claims to report or the “NO” data option if you have no claims to report. You may skip step three, which is for group filings (not permitted with this data call) by clicking “Next”. At step four, click “Create” and confirm the filing. After doing so, the filing will be on your “Workbench.” View and edit your filing by clicking its “Filing ID,” which is shown as an underlined number on the first column to the left.

### **DETAILED STEPS FOR COMPLETING COMPONENTS OF THIS DATA CALL:**

Select components by clicking on the plus sign “+”, which expands the component.

#### **REQUIRED COMPONENTS:**

- Expand the “Contacts” component. Click “Add Company Contact” to view all subscribed filers for your company. You may add additional contacts to receive notice of your filing. Please contact Market Data Collections at 850-413-3147, or by email at [DisasterReporting@floir.com](mailto:DisasterReporting@floir.com) if an unknown account appears. The text box at the bottom of the “Contacts” component allows you to include additional email addresses of non-subscribers of the company. Include as many as needed, separating each email address with a semicolon. When done, click “Save.”
- **REQUIRED FOR A DATA FILING:** Expand the “Florida CRF Template” component and download the Excel template file. Complete this file so that no “FALSE” values appear in any of the tabs. Verify that each data tab is complete before uploading. Expand the “Reporting of Aggregate County-wide Claims Data” component and select the correct response for your company. If uploading trade secret data, expand the “Trade Secret Affidavit” component and upload your trade secret affidavit. Expand the “Claims Survey” component and answer all questions with a red asterisk (\*) and mark all trade secret responses “Trade Secret.”
- **REQUIRED FOR A NO DATA FILING: IF THE COMPANY DOES NOT HAVE CLAIMS TO REPORT, THE COMPANY MUST STILL FILE A NO DATA REPORT.** Expand the “No Data Survey ” component and respond to the question. This is mandatory. This is a simple one-question survey that substitutes for an affidavit of no data.

When all mandatory components display a green "Complete" status, your filing may be submitted to OIR by clicking the “Submit” button above the listed components. Make sure to click “Confirm” to finalize your submission.

You will receive an email from [irfs@floir.com](mailto:irfs@floir.com) showing your Filing ID. If the email does not arrive after a few minutes, refresh your Workbench and check the “Submission Status.” The status will show “Submitted” or “Received.” If the status does not change from “Submitted,” complete any components marked incomplete then resubmit the filing or contact the Market Data Collections Section for assistance.

If you have any questions regarding this filing process, please email them to: [DisasterReporting@floir.com](mailto:DisasterReporting@floir.com) Your prompt cooperation in this effort is greatly appreciated. Thank you.

Florida Office of Insurance Regulation  
Market Data Collections Section  
850-413-3147