VERSION 20.01.A

Assignment of Benefits (AOB) Data Call

pursuant to section 624.316, Florida Statutes

If you need any assistance during the filing process, please contact OIR at AOBinfo@floir.com



FLORIDA OFFICE OF INSURANCE REGULATION

Filing Due by March 31, 2020

Assignment of Benefits (AOB) Data Call Instructions

The Florida Office of Insurance Regulation (OIR) is conducting a data call to collect information related to Assignment of Benefits (AOB), pursuant to sections 624.316 and 624.307, Florida Statutes. Insurers were notified in June of 2019 by Informational Memorandum OIR-19-02M that a data call to evaluate the preliminary impact of recent AOB legislation (HB 7065) would be issued.

WHAT: Information related to AOB for personal and commercial property claims (excluding inland marine and liability-only claims) closed in Florida between January 1, 2017 and February 29, 2020.

WHO: This AOB data call must be completed by insurers licensed in Florida for the following lines of business:

•Allied Lines

- Commercial Multi-Peril
- Earthquake
- Farmowners Multi-Peril
- Homeowners Multi-Peril
- Industrial Extended Coverage
- Industrial Fire
- Mobile Homeowners Multi-Peril
- Mobile Homeowners Physical Damage Only
- Property (Fire)

NO DATA: A "No data" option may only be used by insurers with no claims closed between January 1, 2017 and February 29, 2020 for the lines of business listed above.

MANDATORY FIELDS: All columns of the data call are mandatory fields for insurers with closed claims within the referenced timeline for the lines of business listed above. However, if AOB information is not known for closed claims during the referenced timeframe for the lines of business listed above, leave the columns blank.

IMPORTANT: AOB fields within this data call template will be required in a data call prescribed by law to be completed in 2022. Insurers must modify systems now to collect this data as soon as possible.

NO GROUP SUBMISSIONS: Data must be submitted on an individual company basis only.

TRADE SECRET SUBMISSIONS: An affidavit must accompany a filing that is submitted as a trade secret per section 624.4213, Florida Statues. Refer to the Contacts tab for additonal information.

DUE DATE: 5 PM ET, Tuesday, March 31, 2020

Responses to the data call are required to be submitted to OIR no later than the due date using the Insurance Regulation Filing System (IRFS) located at:

https://irfs.fldfs.com

Failure to respond to the data call may result in administrative action.

HELP: Contact IRFS Support at 850-415-3147 or by email at:

AOBinfo@floir.com

Instructions for using the IRFS Filing System are found at

https://floir.com/sitedocuments/IRFSFilingInstructions.pdf

Definitions and Additional Guidance:

Date of AOB - The date of the AOB is the effective date of the agreement, not the date that the insurer received the AOB.

Re-Opened Claims - If a claim was previously closed, but was re-opened and remained open as of February 29, 2020, do not include the claim.

Multiple Assignees - If there are multiple assignees, only list the claim once. Provide the earliest AOB date in column M and provide the combined dollar amounts for the demand/offer/judgment information in columns N, O, and P.

"Judgment Obtained," "Presuit Settlement Demand," and "Presuit Settlement Offer" are defined in section 627.7152(1), Florida Statutes.

No deductions for salvage, subrogation or reinsurance received or expected should be made.

Responses for the fields "Type of Policy," "County," and "Peril" are limited to the responses shown in the 'Valid Responses' worksheet.

Contact Information		VALIDATION CHECKS
Please provide company and individual contact information on this we	orksheet	Required Data Field Complete?
Report Date (Date Completed)		FALSE
Please provide the name of the individual who completed this form.		FALSE
What is this individual's email address?		FALSE
What is the best number where this individual can be reached?		FALSE
What is the Company's name?		FALSE
What is the Company's NAIC Code? (Enter five zeroes if none)		FALSE
What is the Company's Florida Company Code?		FALSE
What is the Company's FEIN?		FALSE
What is the Company's NAIC group code? ("0000" if no NAIC group code exists)		FALSE
Is this filing being submitted as trade secret? If yes, change cell A1 in the Data Call tab to say "TRADE SECRET". In addition, once this spreadsheet is uploaded, you must upload the affidavit as required by section 624.4213, Florida Statutes.		FALSE
Comments regarding information in the data call. If you do not have any comments, type N/A.		FALSE

								ASSIGNM															
				DETAILED	D CLAIM INFO	RMATION FOR EA	CH CLAIM CL	OSED <u>BETWE</u>		RY 1, 201	7 AND	FEBRUARY	<u>29, 2020</u> ((Excluding	i Inland Ma	arine and Lia							
				0					Date					Assignee's	Insurer's Presuit	Judgment	Total Amou	int Paid by Insurer			VALIDATION CH	ECKS?	
NAIC Company Code	Company Name	Claim ID	Type of Policy (See Valid Responses)	County of Loss (See Valid Responses)	Building Replacement Cost (\$)	Peril (See Valid Re	il esponses)	Of Loss/Incident	Reported to Insurer	Closed	AOB? (Y/N/Unk)	Number of AOBs? (if applicable)	Date of AOB (if applicable)	Presuit Settlement Demand (\$) (if applicable)	Settlement Offer (S) (if applicable)	Obtained by Liti Assignee (\$) (Y/ (if applicable)	ation? /Unk) Indemnity (\$)	ALAE (\$)	Row Complete?	Required Data Field Complete?	Required Data Matches Policy Type?	Required Data Matches County?	Required Data Matches Peril?
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
-																			TRUE	TRUE	TRUE	TRUE	TRUE
-																			TRUE	TRUE	TRUE	TRUE	TRUE
-																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																		_	TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
-																			TRUE	TRUE	TRUE	TRUE	TRUE
-																			TRUE	TRUE	TRUE	TRUE	TRUE
-																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																		-	TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
L																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
								-										-	TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
-																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE
																			TRUE	TRUE	TRUE	TRUE	TRUE

							ASSIGNM	IENT OF	BENEF	ITS (A	OB) DATA	CALL										
				DETAILE	D CLAIM INFO	RMATION FOR EACH CLAIM (CLOSED <u>BETW</u>	EEN JANUA	ARY 1, 20 [.]	17 AND	FEBRUARY	29, 2020	(Excluding	g Inland Ma	rine and Lia	oility-Only (laims)					
								Date					Assignee's			Total A	ount Paid by Insurer			VALIDATION CH	ECKS?	
NAIC Company Code	Company Name	Claim ID	Type of Policy (See Valid Responses)	County of Loss (See Valid Responses)	Building Replacement Cost (\$)	Peril (See Valid Responses)	Of Loss/Incident	Reported to Insurer	Closed		Number of AOBs? (if applicable)	Date of AOB (if applicable)	Presuit Settlement Demand (\$) (if applicable)	(\$) (if applicable)	Obtained by Lit Assignee (\$) (Y)	ation? I/Unk) Indemnit	(\$) ALAE (\$)	Row Complete?	Required Data Field Complete?	Required Data Matches Policy Type?	Required Data Matches County?	Required Data Matches Peril?
																		TRUE	TRUE	TRUE	TRUE	TRUE
																		TRUE	TRUE	TRUE	TRUE	TRUE
																		TRUE	TRUE	TRUE	TRUE	TRUE
																		TRUE	TRUE	TRUE	TRUE	TRUE
																		TRUE	TRUE	TRUE	TRUE	TRUE
																		TRUE	TRUE	TRUE	TRUE	TRUE
																		TRUE	TRUE	TRUE	TRUE	TRUE
																		TRUE	TRUE	TRUE	TRUE	TRUE
																		TRUE	TRUE	TRUE	TRUE	TRUE
																		TRUE	TRUE	TRUE	TRUE	TRUE
				_														TRUE	TRUE	TRUE	TRUE	TRUE
																		TRUE	TRUE	TRUE	TRUE	TRUE
																		TRUE	TRUE	TRUE	TRUE	TRUE
																		TRUE	TRUE	TRUE	TRUE	TRUE
																		TRUE	TRUE	TRUE	TRUE	TRUE
																		TRUE	TRUE	TRUE	TRUE	TRUE
																		TRUE	TRUE	TRUE	TRUE	TRUE

Type of Policy
DP-1 Dwelling Fire - Basic Coverage
DP-3 Dwelling-Fire - Broad Coverage
DP-Oth Dwelling-Fire - Other that DP-1 and DP-3
HO-3 Owners type policies, includes HO-1, HO-2, HO-3, HO-5
HO-4 Tenants policies
HO-6 Condo Unit Owners policies
HO-8 Modified Coverage Form
MDP Mobile Home Dwelling policy
MHO-3 Mobile Homeowners Multi-Peril policy
MHO-Oth Mobile Homeowners policy - Other than MHO-3
CRC Commercial Residential - Condo Only policy
CRO Commercial Residential - Non-Condo policy
CNR Commercial Non-Residential policy
OTH Other than listed above

Peril	
Falling Ol	bjects Peril
Fire or Li	ghtning Peril
Hurrican	2
Accident	al Discharge or Overflow of Water or Steam Peril
Water - C	Other than Accidental Discharge or Overflow of Water or Steam Peril
Windstor	m or Hail Peril - Other than Hurricane
All Other	Perils

Al	ounty of Loss achua
	aker
Ba	
	adford
	evard
Br	
	alhoun
	narlotte
Ci	trus
Cl	ay
	ollier
	olumbia
	e Soto
	xie
	uval cambia
	agler
Fr	anklin
	adsden
	lchrist
	ades
	ulf
	amilton
	ardee
He	endry
	ernando
	ghlands
	llsborough
	olmes
In	dian River
Ja	ckson
Je	fferson
La	fayette
	ike
	e
	on
	evy berty
	adison
	anatee
	arion
	artin
M	iami-Dade
M	onroe
N	assau
	kaloosa
0	keechobee
0	range
0	sceola
Pa	alm Beach
	isco
	nellas
	olk
	utnam
	iint Johns
	iint Lucie
	inta Rosa
Sa	
	minole
	ımter
	iwannee
	ylor
	nion
	olusia
	'akulla
	alton
	ashington