

Contract Year 2009 Proof of Loss Report Florida Hurricane Catastrophe Fund (FHCF)

Company Name: _____ **Co. NAIC No.:** _____

Group NAIC No. (if applicable): _____ **Losses as of (most current data available):** _____

HURRICANE: _____ **PCS CAT. NO.:** _____ **Report Due Date:** _____

SECTION I - MANDATORY

ULTIMATE NET LOSSES ON COVERED POLICIES

	Commercial- Residential	Residential	Mobile Home	Tenants	Condominium Unit Owners	Total
A. Paid Loss*						
B. Outstanding Loss*						
C. IBNR (unknown losses)*						
D. TOTAL*						

* Report Ultimate Net Losses only. Do not include Loss Adjustment Expenses. If your company has negative IBNR numbers, report the negatives; do not net with the Outstanding Loss numbers. See Article V of the Reimbursement Contract for the definitions of Covered Event, Covered Policy, and Ultimate Net Loss. See Article VI of the Reimbursement Contract for specific coverage exclusions. Copies of this Proof of Loss Report, the Reimbursement Contract, and additional information can be found on the Internet at www.sbafla.com/fhcf or <http://fhcf.paragon.aonbenfield.com>.

SECTION II - OPTIONAL

ESTIMATED RECOVERABLE FROM THE FHCF (excluding reimbursements under 215.555(4)(b)4)

Section II is provided for your Company's use only. The FHCF will calculate loss reimbursements based on the information provided under Section I above.

		<u>Incurred Basis</u>
A. Incurred Ultimate Net Loss	(Sec. I.D.)	
B. Less Actual Retention		
C. Subtotal (minimum of -0-)	(A - B)	
D. Elected Coverage Percentage		
E. Ultimate Net Loss Excess Retention	(C x D)	
F. LAE (5% of Incurred Losses in Excess of Retention)	(E x 5%)	
G. Estimated Recoverable from the FHCF on Incurred Basis**	(E + F)	

****Estimated recoverables are limited by your Company's share of the claims paying capacity of the FHCF, as limited pursuant to Sections 215.555(4)(c), (16) and (17), Florida Statutes.**

		<u>Paid Basis</u>
A. Paid Ultimate Net Loss	(Sec. I.A)	
B. Less Actual Retention		
C. Subtotal (minimum of -0-)	(A - B)	
D. Elected Coverage Percentage		
E. Ultimate Net Loss Excess of Retention	(C x D)	
F. LAE (5% of Paid Losses in Excess of Retention)	(E x 5%)	
G. Total Estimated Recoverable	(E + F)	
H. Previous Reimbursements		
I. <u>Estimated</u> Recoverable from the FHCF this request**	(G - H)	

Company Name: _____

Hurricane: _____

SECTION III - MANDATORY

SIGNATURES

The undersigned does hereby confirm that all losses reported under Section I of this Proof of Loss Report are losses under FHCF Covered Policies and have been incurred by the named Company. All reported information is subject to examination by the State Board of Administration of Florida (SBA).

Signature: _____ Executive Title: _____ Date: _____

Printed or Typed Name of Executive: _____

Signature: _____ Executive Title: _____ Date: _____

Printed or Typed Name of Executive: _____

RECORDS RETENTION REQUIREMENTS

Companies reporting losses and receiving reimbursements or advances from the FHCF for paid losses from Covered Events are subject to examination by the FHCF or its agents pursuant to the Reimbursement Contract entered into between the Company and the FHCF. Therefore, all companies shall retain complete and accurate records of all losses paid by the FHCF until the FHCF has completed its examination of the Company. All records, including Form FHCF-L1B (Proof of Loss Report), correspondence, and supporting documentation, must be available with computer runs produced containing the information below. Upon notice of an examination, the Company will be required to provide the following information along with the information outlined in Form FHCF-LAP1 "Loss Reimbursement Examination Advance Preparation Instructions" for the applicable Contract Year.

1. Detailed claims listing which supports the losses reported on the Proof of Loss Report including:

- | | | |
|------------------------------|-------------------------------------|---|
| • Claim number | • County code | • Paid loss – contents |
| • Date of loss | • County name | • Paid loss – additional living expense |
| • Policy number | • ZIP Code | • Outstanding loss reserve |
| • Policy effective date | • Paid loss – habitational building | |
| • FHCF type of business code | • Paid loss – appurtenant structure | |

2. Claim files which include documentation of the following:

- | | | |
|---------------------|--|--|
| • Claim number | • Policy number and location of property | • Evidence of salvage received |
| • Date of loss | • Amount of loss adjustment expense | • Evidence of whether the deductible was applied |
| • Amount of loss | • Copies of checks for payment of losses | • Receipts for any additional living expenses paid |
| • Claim description | • Adjuster reports with estimate of losses | |

3. Detailed exposure listing, which was retained at the time the exposure data was submitted to the FHCF, for the Contract Year the loss occurred. See the SBA Exam File specifications section of the Data Call applicable to the Contract Year the loss occurred.

4. Additional detail on the loss examination requirements can be accessed on the Internet at www.sbafla.com/fhcf.

NOTE: Companies must submit a detailed claims listing to support the losses reported in the Proof of Loss Report at the same time it submits its first Proof of Loss Report for a specific Covered Event that qualifies the company for reimbursement under that Covered Event, and should be prepared to supply a detailed claims listing for any subsequent Proof of Loss Report upon request. Refer to Form FHCF-LAP1 for the required file layout. The Proof of Loss Reports and the detailed claims listing are required to be sent to the FHCF Administrator, Paragon Strategic Solutions Inc, 8200 Norman Center Drive, Bloomington, MN 55437. If your company submits its Proof of Loss Reports electronically through the FHCF's Online Claims System at www.sbafla.com/fhcf, the detailed claims listing must be attached in an ASCII format.