
Florida Hurricane Catastrophe Fund

Contract Year 2013 Detailed Claims Listing Instructions

Each Florida Hurricane Catastrophe Fund (FHCF) member Company must submit a Detailed Claims Listing (as described below) 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. Each Company is also required to retain, and make available upon request, a Detailed Claims Listing which supports each subsequent Proof of Loss Report submitted to the FHCF.

File Layout

The Detailed Claims Listing, which supports the losses reported in the Proof of Loss Report(s), by hurricane, must match the aggregate total amounts for paid losses and outstanding losses reported on page 1 of the Proof of Loss Report. The Detailed Claims Listing must be provided as a Microsoft Access database or in a fixed-width ASCII (text) format, and contain the following fields (do not include symbols, such as -, +, #, \$, ", /) in the order listed. **Policy numbers in the Detailed Claims Listing must be in the same format as policy numbers provided in the FHCF Exposure Exam File.**

FIELD #	DESCRIPTION	POSITION	LENGTH	TYPE	NOTES
1	Claim Number	1	20	Text	Only numbers and letters are acceptable
2	Date of Loss	21	8	Text	mmddyyyy
3	Policy Number	29	30	Text	Only numbers and letters are acceptable and must match the policy numbers and format provided in the 2013 Exposure Exam File for policies required to be reported at 6/30/13
4	Policy Effective Date	59	8	Text	mmddyyyy
5	FHCF Type of Business Code	67	1	Text	Only use the codes on pg 8 of the Contract Year 2013 FHCF Data Call
6	County Code	68	3	Text	Only use the codes on pg 26 of the Contract Year 2013 FHCF Data Call
7	County Name	71	20	Text	All capital letters
8	ZIP Code	91	5	Text	
9	Paid Loss – Habitational Building*	96	12	Text	Enter zeros if none
10	Paid Loss – Appurtenant Structures *	108	12	Text	Enter zeros if none
11	Paid Loss – Contents *	120	12	Text	Enter zeros if none
12	Paid Loss – Additional Living Expense *	132	12	Text	Enter zeros if none
13	Outstanding Loss Reserve	144	12	Text	Enter zeros if none

***Note: A breakdown of paid losses is required.**

Example: A record with the following information:

FIELD #	DESCRIPTION	TYPE	ENTRY
1	Claim Number		336733
2	Date of Loss		09102013
3	Policy Number		HCP5670996
4	Policy Effective Date		02152013
5	FHCF Type of Business Code	Residential	2
6	County Code		049
7	County Name		HARDEE
8	ZIP Code		33890
9	Paid Loss – Habitational Building		12100
10	Paid Loss – Appurtenant Structures		3600
11	Paid Loss – Contents		8000
12	Paid Loss – Additional Living Expense		1500
13	Outstanding Loss Reserve		5000

Sample record layout:

00000000000000336733091020130000000000000000000HCP567099602152013204900000000000000
HARDEE3389000000001210000000000360000000000800000000001500000000005000

Each record must have this type of layout. Since each field has a defined length, please “zero fill” the positions in each field that will not be used. Each record must be 155 characters in length.

You must provide a separate Detailed Claims Listing to support the Proof of Loss Report(s) for each event. If your Company is unable to provide a Detailed Claims Listing that matches the losses reported in the Proof of Loss Report(s), you should immediately contact the FHCF staff for further instructions.

Reporting Losses for policies assumed from Citizens Property Insurance Corporation (Citizens)

If your Company receives reimbursement from the FHCF for losses on policies assumed from Citizens and the policies, subsequent to the reimbursement, revert back to Citizens, then your Company must deduct those losses from all future Proof of Loss Reports submitted to the FHCF.

Remittance of Required Documents

The reports must be provided on a CD-ROM that is labeled with the Company name, Contract Year, hurricane(s), and file name(s). Save each Detailed Claims Listing with the name applicable to each hurricane. Be sure to check your CD-ROM to be certain the files were saved and can be opened. Also please check your totals to make sure they match the Proof of Loss Report submitted.

Retention of Records

Your Company is required to maintain records of all losses paid by the FHCF until the FHCF has completed its examination of the Company and commutation for the Contract Year (if applicable) has been concluded. The records retention requirement, as stipulated in the Proof of Loss Report, page 2, requires the Company to maintain all records, including the Proof of Loss Report, Detailed Claims Listing, correspondence, and supporting documentation to support each Proof of Loss Report submitted to the FHCF.