Contract Year 2013 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

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.

Incurred Basis

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) and (17), Florida Statutes.

Paid Basis

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. Estimated Recoverable from the FHCF this request**	(G – H)	

Company Name: _____   **Hurricane:** _____

<u>**SECTION III - MANDATORY**</u>   **SIGNATURES**

We, the undersigned, do state that, to the best of our knowledge, all data reported under Section I of this Proof of Loss Report is accurate and is for losses under FHCF Covered Policies incurred by the named Company (Company) for the named hurricane. All reported information is subject to examination by the State Board of Administration of Florida (SBA). We are each, respectively, executive officers of the Company, acting within our authority in making this declaration, and we have conducted, or have had conducted, a thorough review of the Company's records and systems to determine the truth of this statement.

Signature: _____   Executive Title: _____   Date: _____

Printed or Typed Name of Executive: _____

Signature: _____   Executive Title: _____   Date: _____

Printed or Typed Name of Executive: _____

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RECORDS RETENTION REQUIREMENTS

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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 and commutation for the Contract Year (if applicable) has been concluded. 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
   - Date of loss
   - Policy number
   - Policy effective date
   - FHCF type of business code
   - County code
   - County name
   - ZIP Code
   - Paid loss – habitational building
   - Paid loss – appurtenant structure
   - Paid loss – contents
   - Paid loss – additional living expense
   - Outstanding loss reserve

2. **Claim files which include documentation of the following:**
   - First notice of loss
   - Claim number
   - Date of loss
   - Amount of loss for each category of coverage (building, appurtenant structure, contents, and additional living expense)
   - Claim description
   - Payment history
   - Policy number and location of property
   - Amount of loss adjustment expense
   - All adjuster estimates, including public adjuster estimates if provided to the Company
   - Copies of checks for payment of losses
   - Evidence of salvage received
   - Evidence of whether the deductible was applied
   - Receipts for any additional living expenses paid
   - Evidence to show the loss was a direct result of a hurricane
   - Documentation of policyholder's legal fees and/or public adjuster fees paid, if provided to the Company

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-DCL 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 Tower, 5600 West 83rd Street, Suite 1100, Minneapolis, 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.